CVA

Definition: A stroke or CVA, commonly referred to as a stroke, is a sudden loss of brain function due to interruption of blood flow to parts of the brain, which is almost the third leading cause of death in the world.

Types of CVA:

Ischemic strokes: In this attack, the blood flow to the brain is cut off due to blockage in the blood vessels and a part of the brain becomes ischemic.

Hemorrhagic strokes: This type of stroke is caused by bleeding into the brain or subarachnoid tissue, the most common cause of which is rupture of cerebral arteries due to uncontrolled high blood pressure.

Clinical symptoms:

Symptoms depend on the location of the lesion and the extent of the blood vessel being blocked: numbness or weakness of the muscles in the face or legs, especially on one side of the body, confusion, dysarthria (difficulty in speaking), impaired vision, difficulty in walking, and lack of balance, severe and sudden headaches

A stroke in the left hemisphere of the brain causes weakness or paralysis of the right half of the body.

Hemiplegia (unilateral paralysis of the body) and hemiparesis (unilateral muscle weakness of the body) are the most common movement disorders.

Diagnosis: Complete physical and neurological examination, CT scan of the brain, MRI and, if necessary, cerebral angiography

Risk factors: high blood pressure, old age, smoking, high cholesterol, obesity, diabetes, cardiovascular disease, male sex (stroke is twice as common in men as women)

Treatment:

Current thrombolytic therapy should be started within 3 hours of a stroke. However, thrombolytic therapy can be used in people with the following conditions: over 81 years of age, less than 3 hours after the accident, definitive diagnosis of ischemic stroke, systolic blood pressure below 81 and diastole below 88, no use of heparin and warfarin, no history of major surgery for 81 days and head surgery for 3 months before other treatments are supportive.

Nursing interventions:

In patients with hemiplegia, when there is no control over the voluntary muscles, place the external organs in one direction to avoid nerve damage, especially the ulnaroproneal, the position of the body changes every 2 hours, but the time of sleeping towards the numb part should be less. Because it leads to more sensory disturbances.
It is necessary to use passive exercises and prevent the formation of pulmonary clots and amblyopia.

**Dysphagia control (difficulty in swallowing):**

Due to dysfunction of the tongue, mouth, palate, throat, and larynx, these patients should be monitored for coughing, food accumulation on one side of the mouth, or reflux through the nose through swallowing.

These patients are at high risk for aspiration pneumonia, dehydration, and malnutrition. After controlling the swallowing reflex, a concentrated liquid or puree diet is started.

**Note: Keep the patient upright to prevent aspiration.**

**Controlling the function of bladder and bowel:** After the onset of CVA, the patient develops transient incontinence, because the bladder loses its tone. Intermittent catheterization is performed using the sterile method.

Note: Permanent urinary incontinence indicates bilateral brain damage.

Patients may have difficulty in controlling intestine movements or constipation. Constipation is more common. If a high-fiber diet and fluid intake are not prohibited, drinking 2 to 3 liters per day is recommended, it is recommended to have a defecation at a certain time (usually after breakfast).

**Maintaining the health of the skin:** In a patient who has suffered a stroke, due to sensory changes and inability to react to pressure and discomfort in rotating or moving, there is a risk of tissue fragility. Changing the position every 2 hours reduces the pressure on the skin. The skin should be clean and dry. Gentle massage of healthy skin (not red) and proper nutrition will help keep it healthy.

**Improving the family's methods of coping with the disease:** The patient’s family members have a very important role in supporting and consulting with the patient. The family needs to know that rehabilitation activities may take a long time.

If you have any questions or ambiguities, call the following number:

023-33437821, Internal ward of Kosar Hospital