

CASE STUDY: CVA – Cerebrovascular Accident, hemorrhagic stroke

History of Present Illness:

This 50-year-old female has not seen a doctor in a number of years and reports headaches over the past 2 weeks, which she treated at home with ibuprofen. The night of admission, she went to bed but woke around midnight to get some water and ibuprofen, and fell. Her husband heard her fall and when he arrived at her side he noted she was not moving her left side and was confused and disoriented. She also had garbled speech and was complaining of headache by holding her head and moaning. The husband called 911 and EMS arrived approximately 5 to 10 minutes after the fall. The paramedics stated that she vomited on way to the hospital and again in the emergency department (ED). Her blood pressure on way was 208 over palpable, she was in sinus rhythm, and her blood sugar was 91. The EMS assessment also noted confusion, garbled speech, and absence of movement on her left side to painful stimuli. EMS called the ED on way to initiate a "stroke alert." The estimated time elapsed from the fall to the patient's arrival in the ED is 15 to 20 minutes.

Due to the rapid decline of this patient's neurological status, the patient was intubated in the ED, IVF's with Normal Saline solution initiated. Her blood pressure was severely elevated on admission so intravenous hydralazine was administered. Citicoline 1gm intravenously as loading dose started.

Further physical examination and diagnostic evaluation was done. Stat ECG shows normal sinus rhythm. A stat non-contrast computed tomography (CT) scan of head and CT angiography followed. The patient's CT scan shows a large 6-cm right-sided intraparenchymal hemorrhage with a 16-mm leftward midline shift. While CT angiography results did not identify an aneurysm.

Hemorrhagic stroke was the initial diagnosis and pertinent stroke management followed due to rapidly declining neurological status, she was rushed to the operating room for an emergent right craniotomy and hemorrhagic clot removal. She was then admitted to the ICU for further monitoring and management.

Medical History:

- (-) diabetes, hypertension, heart disease, cancer, and seizure.
- (-) recent fevers, chills, nausea, vomiting, dyspnea, cough, pain in the chest, abdomen, or back.
- (-) complained of numbness, tingling, paresthesia, or edema of the extremities.
- (-) history of fall and trauma to the head for the past 2 weeks
- (+) recurrent headaches mildly relieved with ibuprofen.

Hemorrhagic Stroke Case Study For Nurses

S Nieto

A decorative graphic element consisting of a light blue horizontal bar with a rounded right end, and a red circular shape partially visible behind it.

Hemorrhagic Stroke Case Study For Nurses:

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