Characteristics of Stroke

Typically, stroke is the fifth-leading cause of mortality and a significant contributor to disability, according to the Centers for Disease Control and Prevention (CDC, 2019). A stroke occurs when the blood flow to part of the brain is cut off, which may be deadly. Around 795,000 Americans are afflicted by it each year (Tomlins et al., 2021). Heart attacks are life-threatening and require immediate medical attention. Stroke patients who get therapy as soon as possible have a lower risk of developing lasting damage. Symptoms and signs of a stroke are the same for both men and women. Symptoms may appear all at once or build gradually over a few days. A stroke warning sign is a weakness on one side of your body, numbness or tingling in your face, arm or leg, difficulty speaking or understanding what others are saying, vision problems such as double vision or inability to see, especially in one eye, and dizziness such as losing your balance, especially if you are also showing other warning signs and symptoms (McDaniel, 2021). Physical, occupational, and speech therapy are used after stabilization and intense treatment if needed to begin the process of regaining lost capabilities.

**Nurse's Role in Supporting a Patient's Psychological and Emotional Needs**

A stroke has a wide range of consequences for the victims and their loved ones. Stroke patients' families must cope with issues such as mobility, self-care, communication, and cognitive impairment, grief, and personality changes as a result. A person's physical, social, and emotional well-being are all impacted by stroke recovery. Often, patients and their families are fearful about having another stroke and require assistance in making lifestyle changes to lessen that risk. Beliefs range from nutrition to quitting smoking, gaining weight, returning to work, family relationships, and finances (Sadeghi, et al., 2019). Patients may have to reevaluate their self-perception and position in society and their relationships with family members.

Rehabilitation includes mobility training, range of motion activities, and motor skill exercises.

When we are nurses, we may assist by listening to the patient, making ourselves accessible, being quiet when necessary, and offering emotional support. We can also watch for any signs of discomfort (Eddelien et al., 2021). The nurse is on the lookout for indications of respect and dignity in the patient's care, taking into account the patient's religious, cultural, and spiritual views and his or her preferences for male or female staff.

Reference

Eddelien, H. S., Butt, J. H., Amtoft, A. C., Nielsen, N. S., Jensen, E. S., Danielsen, I. M., ... & Kruuse, C. (2021). Patient‐reported factors associated with early arrival for stroke treatment. *Brain and Behavior*.

McDaniel, J. (2021). Creation of a Support Group for Ruptured Brain Aneurysm, Arteriovenous

Malformation, and Hemorrhagic Stroke.

Sadeghi, M., Saber, H., Singh, A., Hanni, C., Parker, D., Desai, A., & Mohamed, W. (2019). Nicardipine associated risk of short-term mortality in critically ill patients with ischemic stroke. *Journal of Stroke and Cerebrovascular Diseases*, *28*(5), 1168-1172.

Tomlins, S. A., Hovelson, D. H., Suga, J. M., Anderson, D. M., Koh, H. A., Dees, E. C., ... & Rhodes, D. R. (2021). Real-world performance of a comprehensive genomic profiling test optimized for small tumor samples. *JCO Precision Oncology*, *5*, 1312-1324.

[Powered by TCPDF (www.tcpdf.org)](http://www.tcpdf.org)