



Cerebrovascular Accident: A Case Study

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ABSTRACT

A cerebrovascular accident (CVA), or stroke, is a syndrome characterized by the rapid onset (minutes to hours) of [neurologic symptoms](#) such as [hemiparesis](#), sensory abnormalities, and [aphasia](#). Any vascular insult resulting in a focal neurologic deficit lasting longer than 24 hours constitutes a CVA. Subtypes of CVA include hemorrhagic and [ischemic stroke](#). CVA is characterized by Sudden Numbness or weakness in the face, arm or legs, especially on one side of the body.

Keywords: Cerebrovascular accident, hemiparesis, sensory abnormalities, aphasia, focal neurologic deficit

1. INTRODUCTION

Cerebrovascular accident (CVA) is the medical term for a stroke. A stroke is when blood flow to a part of your brain is stopped either by a blockage or the rupture of a blood vessel⁽¹⁾ The incidence each year is 2.5 cases per 100,000 in children between birth and 14 years old. The male-to-female ratio is 1:1.⁽²⁾ There are mainly two types of stroke ischemic and haemorrhagic stroke. Ischemic stroke is the most common type which occurs due to the loss of blood supply to an area of the brain. Hemorrhagic stroke is the another type occurs due to bleeding into the brain by the rupture of a blood vessel. Hemorrhagic stroke Consists of intracerebral haemorrhage (ICH) and subarachnoid haemorrhage (SAH).⁽³⁾ The biggest risk factor for stroke is high blood pressure. Other risk factors include high blood cholesterol, tobacco smoking, obesity, diabetes mellitus, a previous TIA, end-stage kidney disease, and atrial fibrillation.

2. CASE PRESENTATION

Here we present a case of Cerebrovascular accident. A 44 years old female, housewife visited in IGMC Shimla, HP with the chief complaints of altered sensorium, decreased communication, Numbness and weakness of right side. She was experiencing above mentioned symptoms from last few hours.

Past Medical History:

Patient was having significant history of Hypertension since 2020 for which she was taking Telmisartan 40 mg.

Past Surgical History:

Patient has no significant past surgical history.

General Examination:

Weight: 64 kg

Height: 164cm

BMI: 23.88Kg/m²

Physical activity: Patient is currently bed ridden.

3. SPECIAL PRESENTATION

NCCT head revealed that her left middle cerebral artery was with an acute infarct. Presence of loss of grey white matter differentiation in left insular cortex region of left posterior limb of internal capsule. Other investigation has been done like 2D Echo Cardiograph, X-ray, CBC, LFT, RFT, ECG, angiogram.

4. TREATMENT

Tab Aspirin+ Clopidogrel (75mg+75mg) OD

Tab Atorvastatin (40 mg) OD

Tab Telmisartan+ Amlodipine (40mg+5mg) BD

Inj. Mannitol (500mg) TDS

5. INTERVENTION

Patient was being provided with proper medications.no surgical management was planned still. Patient was advised to follow Mediterranean diet.

6. CARE PLAN

1. Moderate exercise for at least 30 minutes a day was recommended to Patient.
2. Instructed her to take foods that contain potassium because it reduces the risk for stroke. Example baked potatoes with skin, plain yogurt, grapefruit, orange juice, bananas.
3. Diet Plan of Mediterranean diet was given to patient which also reduces the risk of heart disease.

7. OUTCOME

After providing an optimum care to the patients:

1. Patient was advised to follow the care plan as advised.
2. Patient was advised for follow up after 15 days.

8. DISCUSSION

Cerebrovascular accident also termed as Stroke, is a neurological deficit of cerebrovascular cause that persists beyond 24 hours or is interrupted by death within 2 hours. The causes of CVA can be any blockage or rupture of arteries, hypertension (being the most common), diabetes, heart and blood vessel diseases followed by clinical features of paralysis, blurred or double vision, altered sensorium, muscle weakness, balance disorders⁽⁴⁾. Diagnosis is done with complete history and physical examination, CT Scan, Xray, MRI, Angiograms, ECG.

9. REFERENCES

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