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Nurse's participation in the care of patients after a blind brainous impact, under long-term care

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Abstract

Introduction. The most important principle of long-term care is the complexity of activities performed and supervised by a nurse. Due to the large deficit of nurses on the labor market and the insufficient level of their qualifications, ensuring professional performance of nursing tasks is difficult. Often, such care is required in patients who have had an ischemic stroke.

Purpose. The aim of the study was to determine the scope of nursing activities towards a patient after an ischemic stroke in long-term care conditions.

Material and methods. In the study conducted on 1.12.2018 and 2.12.2018, the individual case method was used research techniques such as: documentation analysis, interview, measurement, observation were used. The meetings took place in a home environment. The examined patient was a 66-year-old man after an ischemic stroke. The study used research tools such as: Personalized nursing care card developed by employees of the Faculty of Health Sciences of the Medical University of Lublin, Barthel Scale, Glasgow Scale, Norton Scale, BMI Index, Scale of assessment of basic everyday activities ADL, Own test checking the patient's knowledge / guardian, Criteria for care category and VAS Scale.

Results. As a result of a thorough analysis of the patient's health situation, three positive and nine negative diagnoses were specified. A nursing care plan has also been developed.

Conclusions. A patient after ischemic stroke who is qualified for long-term care requires holistic care and nursing due to a significant deficit of self-care.

Keywords: nursing care, patient, stroke, long-term care.

Introduction

Stroke is commonly considered a life-threatening condition and complications can also lead to permanent disability. It is considered the most common vascular disease affecting the central nervous system [1].

The cause of stroke lies in the course of cardiovascular diseases. The percentage of stroke is 0.5 in the general population, which means that in Europe it is the sum of about 1 million cases a year. The number of deaths from stroke in the world is 4.5 million [2, 3].

The most important in treating stroke and preventing its complications is time. The time between the onset of symptoms and the start of thrombolytic treatment for ischemic stroke must be less than 4.5 hours, which is why it is so important to recognize the symptoms as soon as

possible and perform the necessary diagnostic tests. It is the most effective treatment for ischemic stroke [4].

The average age of stroke is about 70 years. Incidence is more common in men than in women [5]. Stroke is the third most common cause of death in the world. It is one of the main causes of disability [6]. There are around 15,000,000 annually in the world, of which around 70,000 are in Poland [7].

The patient's prognosis after ischemic stroke depends on his clinical condition on the first day, the size of the focus, its location, and experienced extracranial complications. An important element improving the prognosis is cardiovascular and respiratory efficiency, proper water and electrolyte management, excretory system work, no infection and deep vein thrombosis. An early element of rehabilitation is also an important element [8].

The factors worsening the prognosis are the age of the patient over 65 years of age, significant motor deficit on the first day, as well as disturbed consciousness, elevated body temperature, leukocytosis [8].

The risk of having another stroke depends on the form of the stroke you have already suffered. The greatest risk occurs after embolic stroke, which is of cardiac origin, and with very narrowed carotid arteries [8].

The occurrence of ischemic stroke increases the risk of another stroke and amounts to 10-12% in the first year after onset, and in subsequent years it amounts to 5-8% [5].

Increased prognosis of late mortality is caused by such factors as essential hypertension, atrial fibrillation, and repeated stroke [8].

Life activity after a stroke change due to the influence of various types of disability. Depending on them, returning to life from before the incident may be impossible or difficult to reach. The quality of life decreases significantly, which also causes the patient's emotional state to deteriorate [5, 9].

Exercise after stroke must be moderate because of the risk of high blood pressure, dehydration as well as electrolyte imbalance. Forms of spending time change to more static, such as reading books or watching television [5,15].

Depression symptoms are frequent, also in those patients whose stroke occurred in a quite distant time, because initially they focus on rehabilitation and improvement of their condition, but after some time they notice a social deficit [10].

Purpose

The aim of the study was to determine the scope of nursing activities towards a patient after an ischemic stroke in long-term care conditions.

Material and methods

In a study conducted on 12.01.2018 and 02.12.2018 used was a method the individual case. Research techniques such as: documentation analysis, interview, measurement, observation were used. The meetings took place in a home environment. The examined patient was a 66-year-old man after an ischemic stroke who also had other diseases. The patient and his wife were informed about the purpose of the study, his anonymity and agreed to participate in it. During the examination, the patient felt fatigue, depressed mood and was drowsy, so the information was provided by the patient's wife, with his consent.

The study used such research tools as Individualized Nursing Care Card developed by the staff of the Faculty of Health Sciences at the Medical University of Lublin, Barthel Index, Glasgow Coma Scale, Scale Norton, BMI, scale evaluation of basic activities of daily living ADL, test your own by checking the knowledge of the patient / guardian, Criteria for care category and VAS Scale.

The patient has recently suffered a lot of fatigue, he was often asleep, had a catheter size changed twice at visits to the primary care physician due to leakage. Due to a complete lack of appetite and severe weakness, he was referred to the hospital for diagnosis and improvement of the patient's condition. During the first day, vital signs were measured and systems assessed using the Personalized Nursing Care Card.

The functioning of the cardiovascular system is normal, except for edema of the lower limbs that appeared a few days before the interview. The patient's heart rate was 98 beats per minute, it was steady, even, hard. Blood pressure was 103/67 mmHg.

The respiratory system was functioning properly, the patient did not report any complaints related to this system. The number of breaths per minute was 16.

The functioning of the digestive system is disturbed. The patient with incomplete dentition, complete lack of appetite for several days, drinks about 1l of fluids a day. A man on a diabetic diet, eats meals alone with the help of cutting or smear, gives one stool a day. Due to the hepatic flexure inoperable tumors, and ulcers of the small intestine was cut out portion of the small intestine, and diverticulum Meckel'a. The patient weighs 50 kg with a height of 170 cm, the patient's BMI is 17.3, which means that he is underweight. The patient does not report any other complaints related to this system.

The patient has a catheter permanently inserted for the first time on 16.10.2018. The patient had a problem with catheter leakage, despite the change in its size. The patient does not report any complaints related to this system.

Musculoskeletal system disturbed. The patient has left-hand paresis, intensifying in the upper limb, is able to move his right limbs. It is hard for the patient to maintain a sitting position, he loses his balance and falls to the left part of the body due to lack of strength. Muscle tension reduced. The patient is not able to protect himself, does not get up, needs help with hygiene. In Barthel score patient received 15 points out of 100 possible, which means that the patient is in a very bad condition. On the ADL scale, the patient obtained 1 point out of 6 possible, which means that the patient is significantly disabled.

Nervous system functioning normally. Communication with the patient is good, verbal and logical. The patient does not report any complaints, including pain, but it may be caused by taking strong painkillers, i.e. Transtec 20 mg in the form of patches every 4 days. The VAS scale patient indicated 0, which means no pain. On the Glasgow scale, the patient obtained 15 points which means good condition with consciousness.

The patient's mental state was assessed as not very good. The patient is taking antidepressants i.e. Asertin 50 mg twice a day. The patient has a depressed mood, feels anxiety, sadness in connection with the disease, despite the support of his wife and children who look after the sick all the time, especially the wife. The patient does not agree to transfer to a hospice. In the past, the patient smoked very large quantities of cigarettes and drank a lot of coffee.

The functioning of the sense organs is correct except for the sight defect. The patient needs reading glasses because of his farsightedness.

Good skin hygiene. Dry, thin skin, body temperature was 36.4C . There are no visible features of pressure ulcers, but the patient is at an increased risk of developing pressure ulcers according to the Norton scale, because he obtained 8 points.

The category of patient care was defined as category III. This result has been obtained based on Annex 1 to the Regulation of the Minister of Health of December 28, 2012.

The patient's wife took a test checking knowledge about ischemic stroke, obtaining 8/10 points, which means that she has a very good knowledge of this disease entity.

The patient has such co-morbidities as: type II diabetes, malignant tumor of the hepatic flexion of the colon, heart failure, atherosclerosis, hypertension, ischemic heart disease, stroke epilepsy. In the patient's family, the father had diabetes, what type was not specified, and the mother died of uterine cancer, the man does not give any other chronic diseases in the family. The wife supports the patient very much, looks after him and willingly participates in the

conversation. He believes that if she agreed to transfer the patient to the hospice, the patient would be significantly worse and thus his will to live and physical condition, however, she agreed to help a long-term care nurse who visits her 4 times a week.

Results

After analyzing the patient's health situation, 3 positive and 9 negative diagnoses were specified.

Positive diagnoses:

1. Great guardian knowledge about patient skin care.
2. The patient's skin is in good condition.
3. Effective patient sleep.

Negative diagnoses:

1. Patient failure in self-care due to ischemic stroke complications.
2. Risk of pneumonia due to permanent immobilization.
3. Risk of venous thromboembolism due to immobilization.
4. Risk of urinary tract infection due to the presence of a urinary catheter.
5. The risk of another ischemic stroke.
6. Risk of contractures due to muscle wasting and lack of physical activity.
7. Difficulties associated with changing the position, the patient caused by hemiparesis.
8. Lack of patient appetite due to low mood.
9. Depressed mood caused by the occurrence of many diseases.

NURSING CARE PLAN

Diagnosis 1: Patient failure in self-care due to complications of ischemic stroke.

Objective: Improving the caring efficiency of the patient and family.

Actions:

- educating the patient's family about how to make a full-body toilet in a patient's bed, assessment of the degree of self-service deficit,
- instructing the patient's family what exercises he can do with the patient,
- family education on how to support the patient in activities that cause difficulties for the patient,
- instructing the family on how to change the position of the patient,
- proposing appropriate facilities that will improve patient comfort,
- familiarizing the family with pressure ulcer prevention,

- performing nursing activities and changing positions with the family.

Diagnosis 2: Risk of pneumonia due to permanent immobilization.

Objective: Prevention of pneumonia.

Actions:

- patient education on effective expectoration methods,
- carrying out gymnastic breathing,
- patting the patient,
- encouraging physical activity whenever possible,
- frequent change of orientation of the patient.

Diagnosis 3: Risk of venous thromboembolism due to immobilization.

Objective: Prevention of thromboembolic disease.

Actions:

- improving the respiratory and circulatory systems through breathing exercises,
- frequent change of position,
- gymnastics of the lower limbs, massage, the use of compression stockings,
- use of unfractionated or small molecule heparin for subcutaneous injection,
- recommendation to consume about 2.5 liters of fluid per day.

Diagnosis 4: Risk of urinary tract infection due to the constant presence of the urinary catheter.

Objective: Prevention of urinary tract infection.

Actions:

- compliance with the principles of asepsis and antiseptics when changing the catheter and urine bag,
- taking care of hygiene of intimate areas, especially the urethral opening,
- recommendation to drink about 2.5 liters of fluid per day.

Diagnosis 5: Risk of another ischemic stroke.

Objective: To reduce the risk of another stroke

Actions:

- discussing the risk factors for ischemic stroke and its characteristics with the family and the patient,

- raising awareness about the need to eliminate a diet high in fat, alcohol consumption, systematic control of pressure, cholesterol, glucose and compliance with check-up dates,
- drawing attention to the need to regularly and regularly take medicines prescribed by a doctor,
- educating the patient and the family of symptoms that may occur during stroke.

Diagnosis 6: Possibility of contractures due to muscular atrophy and lack of motor activity.

Objective: Reduce the risk of contractures.

Actions:

- patient's education on passive and active exercises,
- assessment of the degree of movement disorders,
- use of facilities, placing the patient in appropriate positions and their frequent change,
- performing passive and active–passive exercises,
- using limb massage,
- recommendation to visit a physiotherapist.

Diagnosis 7: Difficulties associated with changing the position, the patient caused by hemiparesis.

Purpose: To help the patient change positions.

Actions:

- providing access to the bed from at least three sides,
- help with changing positions,
- avoiding skin injuries due to an increased risk of pressure sores,
- encouraging your family to help change positions.

Diagnosis 8: Lack of patient appetite due to low mood.

Objective: Improving patient's appetite.

Actions:

- eating 5 meals a day in small portions,
- providing a friendly atmosphere when eating meals,
- dishes should be prepared so that they are as nutritious as possible and containing as many calories as possible in small amounts,
- avoiding fried meals, heavy meals, sweets,

- keeping a nutrition diary,
- do not force the patient to eat.

Diagnosis 9: Depressed mood caused by many diseases.

Objective: To improve the patient's mood.

Actions:

- talking to the patient about his or her fears, new situation and the disease entity,
- recommendation to consult a psychologist,
- talking to your family about patient support.

Conclusions

In order to improve health and eliminate complications, a patient after an ischemic stroke requires rehabilitation, treatment, care, education and prevention. The bio - psycho - social state of the patient after ischemic stroke is worsened, and he is forced to change his current life due to the long - term effects of stroke. The examined patient lost the opportunity to perform work, duties, functions he performed in the family so far. In addition, the man showed a decrease in mood, lack of desire to live, unwillingness to meet other people.

In the light of the conducted research, it can be concluded that a patient after an ischemic stroke who is qualified for long-term care requires holistic nursing care due to a significant deficit of self-care.

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