

NURSING CARE PLAN FOR ISCHEMIC STROKE:

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Implementation	Rationale	Evaluation
<p>Subjective Data: Patient reports sudden weakness on the right side.</p> <p>Objective Data: Facial droop, slurred speech, and diminished right limb strength.</p>	Ineffective Cerebral Tissue Perfusion related to arterial blockage as evidenced by unilateral weakness and dysarthria.	<p>Short-Term: Stabilize neurological function within 1-2 hours.</p> <p>Long-Term: Improve motor function and speech clarity.</p>	Initiate thrombolytic therapy if within the window; continuously monitor neurological status.	Administer medications as ordered; assess neurological status every 15 minutes; document changes.	Rapid treatment may reduce the extent of brain damage and improve recovery outcomes.	Neurological assessments show improvement; patient reports enhanced motor and speech function.
<p>Subjective Data: Patient expresses difficulty swallowing and fear of choking.</p> <p>Objective Data: Observed coughing during swallowing attempts.</p>	Risk for Aspiration related to dysphagia secondary to neurological deficits.	<p>Short-Term: Prevent aspiration and maintain airway integrity.</p> <p>Long-Term: Patient safely resume oral intake with improved swallowing.</p>	Implement swallowing precautions; consult with a speech-language pathologist; keep the patient NPO if necessary.	Monitor for signs of aspiration; assist with safe feeding practices; reposition during meals.	Minimizing the risk of aspiration reduces the likelihood of respiratory complications.	No episodes of aspiration; improved swallowing function on subsequent assessments.
<p>Subjective Data: Patient and</p>	Deficient Knowledge	<p>Short-Term: Within 24 hours,</p>	Provide comprehensive education on stroke care,	Conduct individualized	Educated patients are more likely to	Patient and family verbalize key

<p>family express anxiety regarding recovery. Objective Data: Family demonstrates uncertainty about home care.</p>	<p>regarding stroke management and rehabilitation as evidenced by expressed concerns and questions.</p>	<p>patient and family verbalize understanding of care plan. Long-Term: Adherence to rehabilitation and medication regimen.</p>	<p>risk factors, and lifestyle modifications; supply written materials.</p>	<p>teaching sessions; provide brochures and follow-up opportunities for questions.</p>	<p>participate in their recovery and adhere to treatment protocols.</p>	<p>points; demonstrate improved confidence in care management.</p>
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