

Reasoning Form for CVA in ICU

Reasoning Form for CVA in ICU

Patient Name:

- To identify & address the person for treatment
- To read the investigation of a person for treatment.

Age:

- To know the prognosis of person
- To know about age related co-morbidities contributing the present condition

Gender:

- To cover the body parts during the treatment.
- Consideration to be kept of personal Hygiene.

IP Number:

- To search for latest investigations in hospital information system.

Date of Examination:

- To know the present status/prognosis with the prior examination

Date of Admission:

- To know the duration of stay in hospital and identify the chronicity of disease.

Examiners Name

- So as to enquire/clarify any doubts regarding the prior status of patient.

Relevant history details:

- Date of onset of signs and symptoms and grade of progression, so as to know the severity and type (Ischemic/Hemorrhagic) of condition.
- Type of Medical and Surgical treatment done, to handle the person with care during treatment and to the severity of condition.
- Medicine details (eg: sedatives) so as to be aware of pharmacokinetics and dynamics and to decide the treatment, as not to interfere with drug effects.
- History of intubation/extubation so as to be aware of complications due to the same.
- Feeding status (Any presence of NG tube or PEG tube – which suggest intactness of Gag reflex), check for presence of cough and altered breathing may lead to aspirational pneumonia.
- Any associated comorbidities (DM, HTN, Obesity, Seizures, Cardiac issues etc.)
- Use of any assistive equipment's (Suction machine to remove secretions)
- Technological assistance – if the patient is using any pacemaker, hearing aids etc.
- Any old surgery which is relevant with present status eg: Joint replacement surgery's

General Examination:

- Temperature
 - Will act as indicator for underlying worsening pathologies.
 - Will help us to decide whether to proceed with treatment session or has to be postponed.
- Heart Rate
 - Help us to decide the maximum HR during the treatment
- Respiratory Rate:
 - Help us to know the status of lungs for appropriate treatment.

Reasoning Form for CVA in ICU

- Blood Pressure:
 - Acts as a red flag for any underlying CVS pathology.
- Spo₂:
 - To monitor the person o₂ capacities during treatment
 - To decide the changes treatment strategies.
- Ventilator parameters-
 - Mode: To know the dependency of respiratory system on ventilator
 - SpoO₂: To decide the changes treatment strategies.
- Edema:
 - To be aware of so as to maintain or prevent a particular position
- Decubitus:
 - In order to prevent contracture or stiffness.
 - To be aware of pattern of synergy.
- Skin evaluation
 - To be aware of vulnerable skin over bony prominences
 - Regular check for any change in color or pigmentation in the skin to predict bed sore in early stages.

Neurological Examination

Higher Mental Functions (HMF):

- Level of Consciousness (LoC): GCS:
 - To know the severity of condition
 - To know the degree of prognosis/deterioration
 - To decide appropriate domains in treatment.
- Speech: (Aphasia, Dysphonia, Dysarthria)
 - To decide the means of communicate with person
- Orientation: (Time, Place, Person)
 - To decide appropriate domains w.r.t to regain orientation in treatment.
 - To avoid domains of treatment which requires great attention.

Cranial Nerve Examination

- Optic:
 - Check the intactness of vision so as to decide mode of delivery of treatment

Sensory Examination

- The sensory evaluation depends upon the status of HMF of the individual .If the patient has issues in HMF therapist cannot do the sensory evaluation as the values of the sensory evaluation is highly subjective.
- The superficial and deep sensations of the affected area, so as to be alert for any bedsores.

Motor Examination

- Tone- UL and LL
 - To start appropriate treatment and to maintain relevant positioning
 - Quality
 - Is the tone same always, or fluctuating, happens during change in the position
 - Is it symmetrical
 - Is it dependent on time – Day or night it changes
 - Quantity:
 - MAS (Modified Ashworth scale) to be taken if there is Hypertonia- Spasticity (MAS Is simple , reliable test done near bed side)
- Range of Motion (RoM)
 - Of all available joints

Reasoning Form for CVA in ICU

- Passive ranges to be checked of the affected side to check for any pain in the joints due to immobility
- Synergy Type: U.L and L.L
 - To maintain position and to prevent stiffness in the same group of muscles
- Voluntary Control Grading (VCG if present): UL and LL
 - To grade the muscle group so as to know the recovery status of the muscle.

Sensory-Motor Link (Reflex's)

- Note that the position of the patient, Correct tapping site and adequate tapping stimulus should be given and the results to be compared with normal side.
- If needed facilitation for the reflex to be given by Clenching the teeth, Gripping of an object or Jendrassik maneuver
- Perform DTR and grade for UL and LL
- Pathological reflex:
 - Babinski sign (Extensor response suggest Pyramidal tract involvement)
 - Oppenheim reflex,
 - Chaddock sign

Assessment of Chest:

- On Observation- Breathing Pattern: Chest Movements:
- On Auscultation- Air Entry: Added Sounds:
- Secretion: Color: Type:
 - To deliver relevant treatment based on the affected domains of the above.
 - To improve the respiratory hygiene
 - To improve the quality of breathing, reducing secretions

Assessment of Shoulder:

- On observation alignment of the shoulder joint
- On palpation check for any presence of sulcus sign. (Palpate between acromion and superior aspect of humeral head)
- Check for any presence of X-ray of the shoulder joint.
- Grading of shoulder subluxation by Van Langenberghe and Hogan Scale

Bed Sores: Site, Size, Length, Depth, Color & Grade

- To assess the risk of bedsore using Braden scale
- To add up relevant positioning for the same and to be aware of comorbidities relevant to the same.

Tightness: Site and Side.

- To be aware for prevention and for further worsening of the above

Condition specific outcome measures

- GCS
- MMSE
- Modified Ashworth scale

Investigation:

- To update every time with the changes occurring and to be aware of any complication occurring due to any part of treatment

Problem List:

Reasoning Form for CVA in ICU

- To summarize the whole list of problems found during examination and to address treatment relevantly.

Goals:

Short Term:

- Maintain Posture of affected side
- Betterment the GCS, MMSE and MAS Score
- Attainment of chest hygiene and improvement in vitals.

JSSSCPT