

Harding: Lewis's Medical-Surgical Nursing, 13th Edition

NGN Case Study

Title: Atrial Fibrillation and Stroke

Scenario: A 62-year-old woman has been feeling heart palpitations and shortness of breath for a few weeks. To date, she has not sought treatment. Today, her husband noticed that she was having slurred speech and difficulty walking, so he brought her to the Emergency Department. She was able to walk in but needed assistance. Nursing assessment reveals the following: radial pulse too rapid to count, apical pulse 160 beats per minute and irregular, blood pressure 168/98, respirations 24, and oral temperature 99.4°F (37.4°C). SpO₂ was 95% on room air. EKG shows atrial fibrillation with rapid ventricular response of 164. Skin is warm, flushed, and dry. Reports a headache, and falls asleep during the interview, with a decreased level of consciousness. Tries to answer questions; speech is slurred. Right hand grip weaker than left hand. Lower legs have 1+ edema bilaterally. States her last bowel movement was 2 days ago.

NGN Item Type: Highlighting/Enhanced Hot Spot

Highlight the assessment findings that require immediate follow-up by the nurse.

Answers:

A 62-year-old woman has been feeling heart palpitations and shortness of breath for a few weeks. To date, she has not sought treatment. Today, her husband noticed that she was having slurred speech and difficulty walking, so he brought her to the Emergency Department. She was able to walk in but needed assistance. Nursing assessment reveals

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Rationale:

The immediate concern is that the patient is for a stroke due to a clot that may have formed while the patient has been in atrial fibrillation. The rapid rate and irregular rhythm of atrial fibrillation must be addressed immediately to reduce the risk of formation of further clots. The nurse will act immediately upon signs and symptoms that indicate a stroke in order to prevent or minimize permanent damage to the brain. The signs and symptoms of a stroke in this case include slurred speech, decreased level of consciousness, headache, falling asleep easily, and unequal hand grips. Additional assessment findings of immediate concern are atrial fibrillation noted on EKG, rapid apical pulse, elevated blood pressure, and increased respirations. Other assessment findings, such as the oral temperature, 1 + lower leg edema, slightly distended abdomen, and bowel movement status, do not require immediate follow-up by the nurse; these findings can be followed up later, after the atrial fibrillation and stroke are addressed.

Cognitive Skill: Recognizing Cues

Learning Outcome: N/A per this assignment