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# Diploma in Pharmacy 2<sup>nd</sup> Year

## Pharmacotherapeutics

### Experiment

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Stroke ( real / hypothetical )

#### Aim:

To Prepare and Discuss notes on Subjective, Objective, Assessment and Plan for Stroke ( real / hypothetical )

#### Reference :

‘ Dr. Gupta G.D. , Dr. Sharma Shailesh, Dr. Sharma Rahul Kumar, “Practical Manual of Pharmacotherapeutics” Published by Nirali Prakashan, Page no 40 - 43

#### Theory :

##### 1.Stroke

##### i) Case I

##### a. Subjective:

- **Name:** XYZ
- **Age:** 67 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 25/02/2016
- **Reason for Admission:** While eating breakfast Michael experienced sudden onset slurring of speech, had facial droop on his left hand side with weakness in left side upper and lower limbs.
- **Past Medical History:** Asthma Dx Aged 8. Hypertension Grade 1- Dx 5 years ago, Prediabetes Dx 3 years ago

- **Past Medication History:** Seretide Accuhaler, Ventolin (As Required - Not Required for over 1 Year), Thiazide
- **Family History:** Nil
- **Allergies and Social History:** Nil

**b. Objective:**

- **Height:** 5'3"
- **Weight:** 72 Kg
- **BP:** 145/90 mmHg
- **PR:** 82 bpm
- **RS:** 21/min
- **Temperature:** 38.5°C
- **Oxygen Saturation:** 97%

**c. Assessment:**

- **Physical Examination:** FAST + ve
  - Left Facial Droop
  - Left Motor Weakness: Upper Limb 0/5, Lower Limb 2/5
  - Slurred Speech
  - Confusion
  - Altered Sensation
  - Mild Left Sided Neglect
- **CT Scan:** Hyper density in the M<sub>1</sub> Segment of the Right Middle Cerebral Artery, with no other signs suggestive of an Ischemic Stroke noted. Provisional diagnosis of Acute Ischemic Stroke secondary to occlusion of the MI was made Patient was treated with intravenous Tissue Plasminogen Activator (IPA) at 1 h 54 min after symptom onset.

- **MRI:**

- Multimodal MRI Scan completed at 3 h 09 min after symptom onset demonstrated Ischemic Changes confined predominantly to the Right Middle Cerebral Artery
- Perfusion-weighted MRI showed larger perfusion abnormality, indicating presence of a substantial volume of potentially salvageable penumbral tissue.
- Time-of-flight magnetic resonance angiography showed a loss of signal in the Right Internal Carotid Artery and Middle Cerebral Artery.

- **Cerebral Angiography**

- Cerebral angiogram performed post MRI demonstrated Occlusive Thrombus extending from the Right Internal Carotid Artery Origin through the Right Middle Cerebral Artery Trunk.
- Recanalization was attempted by Endovascular Thrombectomy performed 4 h 19 min after symptom onset

#### **d. Plan : Medical management**

- **Thrombolysis and Endovascular Mechanical Thrombectomy:**

- Discussed with family & patient
- Treated with intravenous Tissue Plasminogen Activator (IPA) at 1 h 54 min after symptom onset.
- Endovascular thrombectomy Initiated at 3hr

- **Stroke Unit:**

- Admitted to acute stroke unit
- 24 hour monitoring
- MDT referral received within 24 Hours OT, SLT & PT

## ii) Case II

### a) Subjective:

- **Name:** XYZ
- **Age:** 70 yrs
- **Sex:** Male
- **Unit:** MED II
- **DOA:** 25/09/2014
- **Reason for Admission:** complaints of dizziness and episodes of blacking out resulting from hypotension.
- **Past Medical History:** obesity, hypokalemia, anemia, hypertension, hyperlipidemia, osteoarthritis, lower extremity edema, and a chronic aortic dissection status post ascending aortic dissection repair, angioedema, hypothyroidism, and nocturnal hypoxia
- **Past Medication History:** The patient was taking Coreg (Carvedilol), a beta blocker and Imdur used to treat high blood pressure.
- **Family History:** All family history is unremarkable with the exception of his father being diagnosed with heart disease and his mother being diagnosed with asthma
- **Allergies and Social History:** Nil .

### b) Objective:

- **Height:** 5'4                      **Weight:** 229 pounds
- **BP:** 140/100 mmHg
- **CVS:** Normal S<sub>1</sub> and S<sub>2</sub>
- **PR:** 85 bpm
- **RS:** 21/mm
- **Temperature:** 38.5°C
- **Oxygen Saturation:** 98%

c) **Assessment:** Laboratory findings of blood glucose level

- **Diagnosis:**

- **Preferred Practice Pattern:** 5D: Impaired Motor Function and Sensory Integrity Associated with Non-progressive Disorders of the Central Nervous System Acquired in Adolescence or Adulthood.

- **Medical Diagnosis (ICD-9 Codes):** Ischemic CVA, 434.91

- **. Prognosis:** Rehab potential was good for the patient to undergo inpatient physical therapy to increase activity tolerance so that the patient may be considered for admission to the Acute Rehab Unit

- **Anticipated Duration and Frequency of Intervention:** While in inpatient PT, the patient received physical therapy 2x/day for 45 minute sessions. The patient was referred to be evaluated for acceptance into ARU. Anticipated duration of ARU stay was 6 weeks. While in ARU, the patient received a more intensive rehabilitation which consisted of 3 hours of therapy/day, 5 days per week with an additional shorter session on the weekend.

d) **Plan:** Physical therapy planned to treat patient while in the hospital for 45 minute sessions, 2x/day, and 5 days/week. Focus treatment on neuromuscular re-education, therapeutic exercise and gait training Recommended admission to Acute Rehab Unit of the hospital following MD approval, where patient would undergo intensive rehab and an extended stay, so that he could improve his functional independence and achieve his goal to return to home.

## Result :

Notes on subjective, objective, assessment and plan for Stroke (real/ hypothetical) disease conditions was prepared and discussed.