Stroke: Nursing Priorities

Nursing

Recognising sudden focal deficit, escalating fast, and the checks before anything oral.

Sudden onset is the key word. Escalate on suspicion, not on certainty.

Recognise · sudden and focal

- **Facial droop, one side**
- **Arm or leg weakness, one side**
- **Speech disturbance or comprehension loss**
- **Sudden visual loss or double vision**
- **Sudden severe headache, or loss of balance**
- **Note the time last known well**

Nursing priorities

- **Escalate immediately under local pathway**
- **Airway position; nil by mouth until screened**
- **Blood glucose — hypoglycaemia mimics stroke**
- **Observations and neurological monitoring**
- **Swallow screen before food, fluid or oral drugs**
- **Pressure area and positioning care from hour one**

Educational reference. Thrombolysis and thrombectomy are strictly time-limited and protocol-driven. Local stroke pathway governs every