

# *Nursing Experience of Ischemic Stroke for Middle-aged Women*

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**Abstract:** Cerebrovascular disease is one of the main causes of death in China, which has a great impact on patients' physiology and psychology. This article describes the nursing process of a 48-year-old female patient with cerebral apoplexy. Her right hemiplegia and aphasia were caused by stroke. She was unable to accept the changes caused by the disease, and she was depressed and cried without warning. During the nursing period, from March 16, 2019 to April 12, 2019, Gordon's 11 health function types were evaluated, and the health questions were established as "physical activity dysfunction, verbal communication disorder, hopelessness". Through the joint development of individual rehabilitation plans and nursing guidance by rehabilitation therapists, strengthen muscle strength and body balance, prevent joint twinning, timely praise, enhance the patient's rehabilitation motivation, increase my ability to take care of, and improve physical activity dysfunction. In the early stage of verbal communication, the nurse used tablet computer to be good at typing, established a good communication mode, and taught the family members to adjust the way of communication with the patient. In addition, through the language treatment plan, she practiced oral phonation and cooperated with the way of singing to increase her oral expression ability. In the hopeless improvement of the future, in the early stage of nursing care, by establishing trust relationship with the patient and his family.

## **1. Introduction**

With the changes in Chinese people's diet and lifestyle, patients with cerebrovascular diseases are gradually increasing and becoming younger, and cerebrovascular diseases are accompanied by cognitive function, emotion, vision, swallowing, communication, motor function and daily life dysfunction<sup>[1]</sup>, so they need long-term assistance from others. According to the research findings, Within 3 months after the stroke, 44.3% of patients still have moderate or more disability symptoms<sup>[2]</sup>, of which 15% to 38% have aphasia sequelae, which has a profound impact on the quality of life, employment and social relations in the future<sup>[3]</sup>. Stroke patients have different nerve injuries due to different blood vessel occlusion or bleeding locations. The left brain controls the language center, logic, and linear thinking functions. In addition to affecting the right limb, language disorders may also occur<sup>[4]</sup>. The sequelae of stroke will cause many inconveniences to daily life, resulting in poor walking function, poor balance function, poor movement control, etc., which will lead to a high

incidence of falls<sup>[5]</sup>. Therefore, when formulating rehabilitation plans, different criteria must be set for different obstacles, and their follow-up care and results also vary greatly<sup>[6]</sup>. In order to maintain the normal body function of the affected limb during the rehabilitation period, relevant rehabilitation courses should be provided to jointly formulate the rehabilitation plan to restore the limb function<sup>[7]</sup>. The recovery of upper limbs after stroke is particularly important for the recovery of daily life function. Therefore, the ability to extend fingers and release grip is a very important component<sup>[8]</sup>. Rehabilitation treatment is to help patients improve functional loss, promote life independence, and improve quality of life through activities. Therefore, the degree of active participation in rehabilitation activities will affect the results of functional recovery<sup>[9]</sup>. Aphasia refers to the impairment of language expression and reading comprehension caused by the damage of brain language area. About 33% of stroke patients will cause aphasia<sup>[10]</sup>. The treatment method is that the language therapist designs individualized rehabilitation activities for the case and teaches the case to practice the basic pronunciation position, and encourages the case to improve the communication efficiency and reading and reading ability of aphasia cases through gestures, movements, writing, pictures, etc. in different situations<sup>[11]</sup>. It is extremely important for medical staff to make patients accept the change of their body image as soon as possible, cooperate with the medical team's care plan, and continue to recover to reduce the degree of disability and improve the symptoms of disability.

This article describes a 48-year-old woman who felt frustrated because of her right limb weakness, lack of life function and unclear speech due to cerebral apoplexy, and was unable to express her own thoughts during hospitalization. At the initial stage of care, she found that she was withdrawn from interacting with others, and she was depressed and cried without warning, which triggered the motivation for the author to explore in depth. She used listening and accompanying to encourage the case to express her inner feelings, Let the patient's mood be released, cooperate with medical and nursing care, let the patient accept the change of his own body image, and improve the disability symptoms.

## **2. Basic Information of Patients**

Ms. Wang, 48 years old, married, using Mandarin Chinese as the idiom, has two daughters. Her eldest daughter graduated from college at the age of 23, and currently works in the catering industry with a monthly income of about 6000 RMB yuan. Her youngest daughter is currently unemployed after graduating from high school at the age of 19. The husband works as a security guard in the bank, and his monthly income is about 5000 RMB yuan. Ms. Wang has medical insurance. Before she was hospitalized, she was lively and outgoing. She served as a member of the owner's committee of the residential district where she lived. The main source of income and decision-maker was Ms. Wang's husband.

## **3. Patient Admission Process**

At noon on February 21, 2019, Ms. Wang suddenly developed right limb weakness at home and was sent to the emergency department. Brain computed tomography showed left putamen hemorrhage and intracranial hemorrhage. Because she still had right limb weakness, she was admitted to the rehabilitation ward on March 16, 2019 for rehabilitation after stable condition, and was discharged on April 12, 2019.

## **4. Nursing Evaluation**

The author's care period was from March 16, 2019 to April 12, 2019. Ms. Wang was evaluated

by using Gordon's 11 health function patterns. Through observation, interview, physical evaluation, and medical record review, the data were sorted and analyzed as follows:

#### **4.1. Health Cognition and Health Processing Patterns**

During the meeting on March 16, Ms. Wang's second daughter said that she was less ill before the stroke, had no habit of smoking, drinking, and eating betel nut, had regular life and rest, had no genetic disease and family history, and would go to the clinic near her home to see and take medicine on time when she was sick with a cold at ordinary times. After assessment, Ms. Wang had no health problems of health cognitive processing.

#### **4.2. Nutritional Metabolism Pattern**

On March 16, Ms. Wang was 150 cm tall, weighed 70 kg, and had a BMI of 31.3 kg/m<sup>2</sup>. She was severely obese. The amount of activity in hospital was recovered for two hours a day, which was light exercise. The daily heat required was 1645 kcal. The oral mucosa was intact, the skin integrity was not damaged, without edema and depression, and the temperature of the extremities was warm without cyanosis. Ms. Wang's second daughter said: "Most of the mother's three meals were cooked by herself before she became ill, and the amount of food was normal, and she did not have a picky eating habit. She just preferred to eat heavy food and snacks such as potato chips, but she paid more attention to health care after being hospitalized, reducing the amount of snacks, and the weight did not drop this time."

On March 17, due to weakness on the right side, shaking, slow eating speed, and dropping of grains during eating, the second daughter of the case assisted in feeding. There was no choking cough and food residue in the mouth during the eating process. During the hospitalization, the patient was able to eat 1500 calories of low-salt healthy food in the hospital according to the doctor's instructions, and could eat and feel full. After evaluation, the patient had no health problems of nutritional metabolism.

#### **4.3. Discharge Pattern**

On March 17, Ms. Wang's second daughter complained that she could urinate and defecate without difficulty before she became ill. She could still urinate without medication after she became ill. She urinated about 3-4 hours a day, with a urine volume of about 250-300ml each time, without nocturnal urination and pain; About 1-2 days, the patient can spontaneously dissolve the yellow stool, auscultate the peristaltic sound of the intestine about 10-12 times/minute, and touch the abdomen soft, percussion without drum sound. After illness, the patient will use the diaper at night because of the weakness of the right limb and the inconvenience of getting out of bed. It is evaluated that Ms. Wang has no health problems with the excretion pattern.

#### **4.4. Activity Pattern**

On March 16, Ms. Wang's limb muscle strength was 5 points for the left limb and 2 points for the right limb; the assessment of the Paster's scale was 20 points, with 5 points for eating, dressing and stool control, and 0 for the rest. In order to be completely dependent and unable to turn over and sit up on their own, Ms. Wang's second daughter was required to assist in daily life. Ms. Wang's second daughter said: "Ms. Wang would watch TV and chat with her family every night before she was ill, and daily exercise was to clean the home." "Mother's right hand and right foot were not strong.", It was observed that Ms. Wang would use her left hand to fiddle with her right hand and sigh. On

March 17, Ms. Wang's second daughter complained that "Mom now needs help getting up and down the bed. She sometimes doesn't call me, which makes me very worried that she will fall.", In addition, Ms. Wang's left hand will continue to pat the right side and complain "bad foot!" "bad hand!" "I am useless!", and she will cry while saying, with a sad expression. Ms. Wang tends to lean to the right side when she practices standing, and needs the help of Ms. Wang's second daughter. On March 19, she observed that Ms. Wang will participate in rehabilitation activities for two hours every day after she is hospitalized. In addition to the rehabilitation time, Ms. Wang's second daughter will assist Ms. Wang to practice turning over and buttock lifting on the hospital bed, Ms. Wang was assessed to have health problems with physical activity dysfunction.

#### **4.5. Sleep and Rest Patterns**

On March 17, Ms. Wang's second daughter said that Ms. Wang fell asleep at about eleven o'clock in the evening before her illness, got up at seven o'clock in the morning, fell asleep at about ten o'clock in the evening after her illness, got up at seven o'clock in the morning, and took a nap for about one hour. On March 19, she was in good spirits during the day, without dark circles under the eyes, yawning, or drowsiness, and did not use sleeping drugs at night. It was assessed that Ms. Wang had no health problems with sleep and rest patterns.

#### **4.6. Cognitive Perception Pattern**

Ms. Wang has clear consciousness, normal cognition and memory, and no abnormalities in hearing, smell, taste, etc. except for the correction of myopia and glasses. On March 17, when the family members performed joint activities and stretching, Ms. Wang felt pain and discomfort, and would make a sound of "Ah~pain!". The feeling was not unusual. Because of the left cerebral hemorrhage, she developed expressive aphasia. Most of them nodded and shook their heads and asked Ms. Wang what to eat for breakfast? Ms. Wang responded: "Hmm... beans... beans!" Ms. Wang pointed to soybean milk and asked Ms. Wang if it was soybean milk. Ms. Wang nodded and said, on March 18, she asked Ms. Wang what the rehabilitation teacher taught today? Ms. Wang said, "Turn...". It was observed that Ms. Wang gave up the expression because she wanted to speak out, and there would be waving, shaking her head and sighing. On March 19, Ms. Wang's second daughter said, "My mother doesn't speak clearly, and I don't know what she wants to say." It was observed that Ms. Wang would say, "Ah~no~no!" when she talked with her family, and she looked at her daughter anxiously, after assessment, Ms. Wang has a health problem of verbal communication disorder.

#### **4.7. Self-perception Pattern**

On March 16, Ms. Wang's second daughter said that before her illness, Ms. Wang was outgoing and outgoing, liked to make friends, and was very good at chatting, but now she wanted to go back to her room to have a rest and didn't want to interact with others after she recovered. On March 17, when Ms. Wang and her family members met, they found that Ms. Wang was silent and indifferent. Most of them were answered by Ms. Wang's second daughter, or Ms. Wang's second daughter asked Ms. Wang before answering yes or no, and on March 20, when the meeting was held, Ms. Wang said through her tablet computer while crying, "I feel useless after a stroke", "I can't do anything in the future", "I drag my family down and ask them to spend money to support me", "I feel that life in the future depends on my family" and "there is no hope in the future." It was observed that Ms. Wang did not actively interact with the adjacent bed or greet the medical staff during the hospitalization period. Most of them were in a daze on the bed and rarely walked out of the ward.

On March 21, it was observed that Ms. Wang often shook her head silently, sighed and frowned when she was alone. It was assessed that Ms. Wang had verbal communication barriers and a sense of hopelessness.

#### **4.8. Role Relationship Type**

Ms. Wang is a middle-aged woman who plays the role of wife, mother and Ms. Wang. She currently lives with two children. The main decision maker is the case husband. The family relationship is harmonious and harmonious. During the hospitalization, the main caregiver is Ms. Wang's second daughter. The husband and eldest daughter come to visit the companion every day after work. Each time she comes to the hospital, Ms. Wang's family will chat together. The case takes care of Ms. Wang in the hospital because of less schooling, after assessment, Ms. Wang has no health problems of role relationship type.

#### **4.9. Sexual Function Type**

Ms. Wang has married and had two daughters, and the appearance of her genitals is normal without abnormality. The husband complained that the relationship between husband and wife was harmonious before the illness, and stopped sexual behavior after the illness. When asked about this question, the husband said that there was no such problem. On March 19, it was observed that Ms. Wang's husband would take Ms. Wang out of bed, and would also assist Ms. Wang in bathing with Ms. Wang's second daughter. The health problem of Ms. Wang's non-sexual function was evaluated.

#### **4.10. Cope-pressure-tolerance Type**

On March 19, Ms. Wang typed on a tablet computer and said: "At present, the biggest pressure is that I can't continue to take care of my family. I usually deal with family affairs. Now I can only rely on them. I can only lie here." "Facing the pressure, I can only cry and do nothing." Ms. Wang's second daughter complained "Before getting sick, the little things in the family are usually handled by the mother. The mother has a great impact on the changes after the stroke, and she is not as fond of joking and chatting as before." During the meeting on March 21, Ms. Wang said by typing on a tablet computer, "I don't need to drag my family down." "I can't stand up and can only lie on the bed." "I am clearly trying to recover, but still can't do it well." It was observed that Ms. Wang frowned and mourned, she was afraid that she could only sit in a wheelchair all her life, and consciously dragged her family down. After assessment, Ms. Wang had a sense of hopelessness.

#### **4.11. Value Belief Pattern**

On March 20, Ms. Wang's second daughter complained: "Her mother was a devout Buddhist before she was ill, and she often participated in temple fairs and incense activities." During the hospitalization, Ms. Wang was found to be wearing Buddhist beads. After assessment, Ms. Wang had no health problems of value belief.

### **5. Problem Establishment, Nursing Measures and Evaluation**

Based on the above subjective and objective nursing evaluation, three nursing problems including physical activity dysfunction, verbal communication disorder and hopelessness were identified, and the nursing plan was formulated as follows:

## 5.1. Physical Activity Dysfunction/Stroke Leading to Right Limb Weakness (March 16-4/12, 2019)

### 5.1.1. Subjective and Objective Data

S1:3/16 Ms. Wang's second daughter: "Mom has no strength in her right hand and foot.". S2:3/17 Ms. Wang's second daughter "The patient will make a noise when she helps her mother perform joint activities."

S3:3/17 Ms. Wang's left hand will continue to pat her right hand and right leg, complaining that "the foot is bad! The hand is bad!"

O1:3/16 rating Pasteur scale: 20 points for eating, dressing, and urination control: 5 points for each; others are completely dependent on others' assistance; limb muscle strength: 5 points for left limb muscle strength; the muscle strength of the right limb is 2 points.

O2:3/17: Ms. Wang usually stays in bed.

O3: 3/17 It is easy to skew the left side when observing Ms. Wang's practice.

### 5.1.2. Nursing Objectives

3/20 Ms. Wang was able to understand her own activities and know that her right limb muscle strength could not lift her right foot and could not walk by herself, and she was willing to cooperate with the fall related nursing measures and use safe nursing measures to prevent falls. Before April 12, Ms. Wang could improve the left muscle strength from 2 points to 3 points.

### 5.1.3. Nursing Measures

Evaluate Ms. Wang's cognition of her current physical activity function, and tell her the correct idea that she should first exercise the muscle strength of the affected side, and then practice walking after the sitting position to the standing position is stable. She should not rush out of bed to walk at the beginning, which is easy to cause secondary injury due to falling.

Accompany Ms. Wang for 10 minutes every day, build a sense of trust in a caring and compassionate manner, encourage Ms. Wang to express her views on physical disorders, and teach Ms. Wang to understand the scope and limitations of her physical activities.

Instruct Ms. Wang and her family members to gradually raise the head of the bed to the sitting position, then get out of bed and move to the wheelchair to prevent falls.

Instruct Ms. Wang and her family members to choose clothes and pants that are suitable for Ms. Wang's size, anti-slip shoes that are convenient to wear and take off, and increase the safety of the activity.

Under the guidance of the rehabilitation teacher, Ms. Wang was assisted in teaching the correct wheelchair transfer skills, and the family members were instructed to place their weight on the healthy (left) side when transferring. The seat was placed at 45 degrees or parallel to the left side. Ms. Wang sat on the edge of the bed, held the armrest with the healthy side, and stood up. After standing firmly, move the healthy hand to the arm on the other side of the chair, and slowly turn around and sit down. It also provides a health education manual for family members and Ms. Wang to understand and reply to the instruction.

The daily assessment of Ms. Wang's muscle strength and tension changes, the degree of joint activity and the reaction during exercise should be gradual and Ms. Wang can tolerate the range of activity. If there is facial pain or conscious pain that cannot be tolerated, the exercise should be stopped immediately.

Teach family members and Ms. Wang the importance and advantages of physical activities, understand the purpose of rehabilitation activities, maintain and increase muscle tension, and

prevent joint stiffness.

Teach the family members how to prevent the occurrence of complications of the affected limb: cushion the pillow under the armpit when lying flat or cushion the affected limb when sitting down to prevent the dislocation of the shoulder joint; Use upper and lower limb auxiliary wood to prevent foot drop.

The rehabilitation therapist discussed with Ms. Wang and her family to make a daily exercise schedule, and cooperated with their schedule to go to the rehabilitation room at 2pm every week for rehabilitation, so as to improve their daily self-care ability.

When Ms. Wang has made progress in her recovery, give her encouragement and praise to guide her to believe that she has the ability to become better.

Teach Ms. Wang to practice grasping the elastic ball to strengthen her grip, once every morning, middle and evening, 20 times each time.

Under the guidance of the rehabilitation therapist, the family members can assist Ms. Wang to perform joint movement once a day in the morning, middle and evening for 15 minutes each time to prevent joint stiffness and contracture.

Under the guidance of the rehabilitation teacher, Ms. Wang's family can accompany Ms. Wang to carry out independent hip lifting, left and right turning, and standing exercises three times a day, each time for 20 minutes, to train lower limb muscle strength.

Discuss with the discharge preparation therapist and family members about the information about the sustainable rehabilitation provided by the nearby or other medical institutions.

#### **5.1.4. Result Evaluation**

3/21 Ms. Wang and her family members can understand the range of motion and limitations of Ms. Wang's own limbs, and ask the patients that they also know that they cannot walk and can cooperate with the relevant nursing measures for falls. 4/10 Observe Ms. Wang's left limb for 3 minutes, and keep her standing posture for 30 minutes. 4/20 Follow up the patient's follow-up situation in line. The caregiver said that he is now continuing rehabilitation treatment in other rehabilitation hospitals, and the patient is also actively participating in rehabilitation treatment.

### **5.2. Verbal Communication Disorder/Aphasia after Stroke (March 16-4/10, 2019)**

#### **5.2.1. Subjective and Objective Data**

S1:3/17 Ask Ms. Wang what to eat for breakfast? Ms. Wang replied, "Hmm... Dou..." The patient pointed to soybean milk and asked Ms. Wang if it was soybean milk. Ms. Wang nodded and said.

S2: On March 18, what did Ms. Wang's rehabilitation teacher teach today? The patient responded: "turn... turn...". S3:3/19 the second daughter of the case said, "My mother can't speak clearly, and I don't know what he wants to say."

O1:3/16 left putamen hemorrhage and intracranial hemorrhage, resulting in expressive aphasia. O2:3/18: Ms. Wang often waved and shook her head and sighed when she gave up expression because she wanted to speak out. O3: 3/19 When observing the case and talking with the family members, the patient said "A~A~No..." and looked at her daughter anxiously.

#### **5.2.2. Nursing Objectives**

Before 3/20, they can use body language and are willing to use tablet computer to type to communicate with others. The short sentence before 4/10 can be extended from 3 words to 7 words.

### 5.2.3. Nursing Measures

Use empathy, listening and companionship to establish a good relationship with Ms. Wang and her family

Nursing relationship.

Encourage the family members to use the topics that Ms. Wang is interested in to increase the patient's motivation to actively express.

Encourage family members to cooperate with Ms. Wang to use nonverbal communication (such as action expression) to increase the effect of communication.

Teach the family members to communicate with Ms. Wang as slowly as possible, speak clearly and maintain normal intonation. The content should not be too long.

Provide a quiet environment, reduce the number of people talking, and make

The case clearly understands the contents of the meeting.

Educate patients and family members to understand

The patient intends to promote interaction with the patient.

Teach the family members to assist the case to use the picture cards and picture books for oral training twice a day for 15 minutes each time.

When teaching family members to answer a case at the beginning, they can use "Yes", "No"

"Yes" or "No", nod or shake your head to answer, starting with simple words

And then gradually increase.

Teach family members that if they have difficulty in speaking certain words, they should let the case try to describe the words in other ways.

After discussing with the language therapist and the case, provide the songs suitable for the patient to practice, Let the patient and his family practice singing together, and give encouragement and praise when the case has made progress. The family members of the United States and the United States can provide simple songs that patients like when they leave the hospital motivation of individual singing practice.

Formulate a language rehabilitation plan with the language therapist, family members and individual cases, and conduct language therapy training at 10:30 every morning.

Work out a post-discharge speech therapy plan with a speech therapist before discharge, provide simple songs and cooperate with family members to be completed when returning to the hospital next time.

### 5.2.4. Result Evaluation

3/20 Ms. Wang can type the food she wants to eat for lunch and use body language to inform the nursing staff of today's physical rehabilitation teacher.

What. 4/10 cases can only say 2-3 words "hand bad! " "I'm useless!" Now say "I will try to recover. I will sit up now." On April 20, the second woman of the case sent a message that the case was about to finish singing one song and two tigers.

## 5.3. Hopelessness/Changes in Health after Stroke (March 20-April 8, 2019)

### 5.3.1. Subjective and Objective Data

S1:3/17 The main complaint of the case is "bad foot!" "bad hand!" and "I am useless!"

S2:3/20 Ms. Wang said with tears, "I can't do anything in the future.", "I drag home Man, I want my family to spend money to support me. " "There is no hope for the future.".

S3:3/21 Ms. Wang typed "I can't stand up and can only lie in bed."

O1:3/17, I found that Ms. Wang had a sad expression and was crying while patting her affected



hand and foot.

O2:3/20: Ms. Wang did not actively interact with the adjacent bed or greet the medical staff during the hospitalization, mostly in a daze on the bed, and rarely went out of the ward.

O3: 3/21 Observe that Ms. Wang often shakes her head silently and sighs. Her expression is depressed and helpless.

### 5.3.2. Nursing Objectives

Before March 30, Ms. Wang could find a way to communicate with others and express her thoughts and feelings after the stroke. 2.4/8 Ms. Wang can express her acceptance of her change and maintain confidence in the future.

### 5.3.3. Nursing Measures

Accompany the case for 10 minutes every day, build a sense of trust with care and empathy, and provide timely comfort and care when the mood is low.

Listen, not criticize and feel the emotion of the case with empathy to establish a good relationship between doctors and patients.

Provide an undisturbed environment to encourage individual cases to express their inner feelings.

Lead Ms. Wang to participate in the activities of the patient association, introduce patients with similar diseases, and let Ms. Wang know that she can make progress in the future.

Teach the family members to provide Buddhist scripture music through religious belief so that Ms. Wang can obtain peace of mind.

After discharge, use it by irregular telephone with the consent of Ms. Wang's second daughter and the patient line care and encourage patients.

Teach disease-related cognition, stimulate rehabilitation motivation, change attitudes, and introduce patient experience sharing.

After Ms. Wang made progress in carrying out rehabilitation activities, she should be encouraged to increase her self-affirmation.

Encourage relatives and friends to visit and use family support system to improve their learning ability, so as to increase Ms. Wang's confidence and hope.

Encourage the family members (Ms. Wang's sister) to say the importance of Ms. Wang to the family, so that Ms. Wang can get positive feedback.

Ms. Wang is encouraged to be accompanied by her family members to get out of bed and use a wheelchair to interact with patients in the friendship hall for 20 minutes after the completion of reconstruction every day.

### 5.3.4. Result Evaluation

3/28 When talking with Ms. Wang and her family members, Ms. Wang expressed her feelings after stroke by typing, and said that during the talk, she said that because of the support of her faith, she calmed her mind and relieved her pressure. 4/8 and Ms. Wang expressed their concern by typing that at present I just want to focus on rehabilitation. Now I can turn over and sit up by myself. I believe that I can make more progress in the future. 4/20 Ms. Wang sent a message to her second daughter that she was still trying to recover actively after she was discharged from the hospital. She was very grateful for the care and encouragement of the nursing staff, which made Ms. Wang willing to continue to work hard and not give up.

## 6. Discussion and Conclusion

Ms. Wang, a middle-aged woman with cerebral apoplexy, was unable to perform activities of daily life due to hemiplegia of her right limb, and the loss of speech communication ability affected her original life, making her depressed and hopeless for the future, unable to adjust to the changes after the disease, which was consistent with the literature. The limitations encountered in the early stage of care were that Ms. Wang's aphasia made it difficult to communicate with Ms. Wang, and the busy clinical care, it is difficult for the author to have enough time to listen to Ms. Wang's thoughts. Therefore, the author later obtained Ms. Wang's trust through accompanying and taking care of Ms. Wang after work. Because of the physical changes caused by the disease, Ms. Wang could not accept it. The interaction process was indifferent and unwilling to respond through others or tablets. Failure to express feelings to the author was the biggest difficulty. Therefore, the author established a good interaction relationship with her family, The continuous care and companionship won Ms. Wang's trust, and worked out a rehabilitation care plan with the medical team to help Ms. Wang build confidence, so that Ms. Wang could find that the recovery was progressive, enhance Ms. Wang's motivation for recovery, actively participate in the rehabilitation plan, so that Ms. Wang could face the changes caused by the disease, and at the end of the care, Ms. Wang's physical activity function was significantly improved, Able to use the healthy side hand-pulled bed rail to sit up from the bed without deflection. Because of stroke combined with aphasia, Ms. Wang was unable to express her thoughts clearly, resulting in difficulties in communicating with her family members and team. During the hospitalization, she could speak meaningful short sentences with the help of language therapist training. For too long sentences, she could convey her inner thoughts through tablet computer-assisted communication. The family members also understood Ms. Wang's thoughts more through this way, and Ms. Wang could also actively express her feelings after the stroke and accept her changes, after leaving the hospital, she continued to recover from her illness. After Ms. Wang's second daughter agreed to care about Ms. Wang by using the Line method, Ms. Wang's second daughter sent a message on April 20 that Ms. Wang now has more words in her oral expression, and now she is about to finish singing one song and two tigers. Rehabilitation is a long process. After this care experience, I found that discharge from the hospital is a worry for Ms. Wang and her family in the rehabilitation department. Ms. Wang doesn't know where the future direction is? Family members are worried about how to take care of Ms. Wang if she is not in the hospital in the future? As a result, Ms. Wang and her family members do not want to go home and are afraid to go home. It is suggested that if they take care of Ms. Wang again in the future, whether they are still recovering in the hospital or not, they should hold a discussion with the attending physician and the relevant team as soon as possible to let the family members understand the condition, prognosis and degree of disability, and assess the needs of Ms. Wang and her family members before going out of the hospital, such as welfare subsidies, care needs, residence, community participation, job transfer, transportation, etc, Let family members and patients understand the current care needs, reduce the subsequent adjustment obstacles, and improve the integrity of the discharge preparation services for disabled patients.

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