Table 1. Medications Commonly Prescribed After Ischemic Stroke

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| Category of drug | Name of drug | Indication | Nursing Implications |
| Anti-platelet drug | Aspirin (ASA) | AHA/ASA guidelines recommend giving aspirin, 325 mg orally, within 24-48 hours of ischemic stroke onset. ASA administration should be delayed for at least 24 hours after rt-PA administration. The benefit of aspirin is modest but statistically significant and appears principally to involve the reduction of recurrent stroke. | Monitor for signs of bleeding, including easy bruising. Prevent andreduce trauma with appropriate use of bed alarms, soft-bristletoothbrushes, and electric razors. Educate patients about theincreased risk of bleeding when taking aspirin with NSAIDs andanticoagulants (Pezotti & Freuler, 2012). |
|  | Dipyridamole (Persantine) | The combination of extended-release dipyridamole and aspirin reduces the risk of stroke, death, and myocardial infarction (MI). It is used for the secondary prevention of ischemic stroke and TIAs.  | Side effects include d[izziness](http://www.webmd.com/first-aid/understanding-dizziness-basics), [stomach](http://www.webmd.com/digestive-disorders/picture-of-the-stomach) upset, [diarrhea](http://www.webmd.com/digestive-disorders/digestive-diseases-diarrhea), [vomiting](http://www.webmd.com/digestive-disorders/digestive-diseases-nausea-vomiting), [headache](http://www.webmd.com/migraines-headaches/default.htm), and flushing. To reduce the risk of dizziness and lightheadedness, advise patients to get up slowly when rising from a sitting or lying position. |
|  | Clopidogrel (Plavix) | Clopidogrel inhibits platelet aggregation and is indicated for the reduction of atherothrombotic events following a recent stroke. | Carefully monitor for signs of bleeding; particularly GI bleeding, especially when co-administered with NSAIDs, aspirin, heparin, or warfarin. Lab tests: Periodic platelet count and lipid profile.Report promptly any unusual bleeding (e.g., black, tarry stools).Avoid chronic aspirin or NSAID use unless approved by physician. Do not breast feed while taking this drug. |
| Anti-coagulants | Warfarin (Coumadin) | Warfarin is a Vitamin K antagonist used to reduce the risk of death, recurrent MI, and thromboembolic events such as stroke or systemic embolization after MI. | Monitor for signs of occult and frank bleeding. Monitor vital signs and level of consciousness. Institute precautions to prevent trauma, including bed alarms. Monitor PT/INR. Administer vitamin K/fresh frozen plasma/clotting factors as ordered. Educate patients concerning consistent intake of green leafy vegetables and importance of frequent laboratory monitoring (McCarron, 2010). |
|  | Dabigatran (Pradaxa) | Dabigatran is an inhibitor of thrombin that prevents clot formation. It may be used as an alternative to warfarin for the prevention of stroke and systemic thromboembolism in patients with atrial fibrillation and risk factors for stroke. | Monitor for signs of occult and frank bleeding. Monitor vital signs and level of consciousness. Monitor CBC. Institute precautionssuch as bed alarms to prevent trauma. Educate patients about theincreased risk of bleeding when taken with aspirin, NSAIDs, andother anticoagulants (Pezzotti & Freuler, 2012). |
|  | Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Savaysa) | Rivaroxaban, apixaban and edoxaban are Factor Xa inhibitors indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.  | Same as above |
| Anti-hypertensives | ACE inhibitors, Angiotensin receptor blockers, Beta-blockers, or Calcium antagonists | Various anti-hypertensives, such as ACE inhibitors, beta-blockers or calcium antagonists may be used for patients with systolic blood pressure higher than 220 mm Hg or diastolic blood pressure above 120 mm Hg. In those patients, a reasonable goal is to lower blood pressure by 15% during the first 24 hours after onset of stroke. Care must be taken to not lower blood pressure too quickly or aggressively, since this could worsen perfusion in the penumbra. | Monitor pulse; hold medication if bradycardia or hypotension present. Monitor BP and observe for postural hypotension. Monitor K+ level. Avoid use of salt substitute (principal ingredient: potassium salt) and potassium supplements because of the potential for hyperkalemia. Notify physician of a persistent nonproductive cough, especially at night, accompanied by nasal congestion. Stop drug promptly if swelling of face, eyelids, tongue, lips, or extremities occurs. |
| Anti-lipidemia | “Statins” (eg. Atorvastatin, Simvastatin) | HMG-CoA reductase inhibitors limit synthesis of cholesterol by the liver.  | Periodically monitor cholesterol (including HDL, LDL, and total cholesterol levels), triglycerides, creatine kinase, and other hepatic enzymes. Risk of hepatotoxicity is increased with concurrent use of acetaminophen or alcohol. Monitor for signs of statin-induced rhabdomyolysis, such as dark colored urine, muscle pain, and elevated hepatic enzymes. Patient should avoid grapefruit. |

Table adapted from Jauch, Saver, Adams, et al (2013). American Heart Association / American Stroke Association Guidelines for the Early Management of Patients With Acute Ischemic Stroke. *Stroke*, 44, p.870-947. Available at: http://stroke.ahajournals.org/content/44/3/870