INTERNATIONAL JOURNAL OF INTEGRATIVE AND MODERN MEDICINE

The Role of Specialized Nursing Interventions in Early Neurological Assessment, Stroke Rehabilitation, and Functional Recovery Among Acute Stroke Patients

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Abstract: Stroke remains a major cause of mortality, neurological impairment, and long-term disability in the United States. Specialized nursing interventions play an important role in early neurological assessment, complication prevention, rehabilitation support, and functional recovery among acute stroke patients. This review aimed to examine the role of specialized nursing interventions in early neurological assessment, stroke rehabilitation, and functional recovery among adult acute stroke patients in the United States. A systematic literature review framework was adopted to examine relevant peer-reviewed studies published between January 2018 and December 2023. The review focused on neurological monitoring, nursing care practices, early rehabilitation, and functional outcomes. Evidence was organized using descriptive analysis and narrative synthesis. The reviewed literature highlighted the clinical importance of standardized neurological assessment, physiological monitoring, swallowing evaluation, medication management, early mobilization, and rehabilitation support. Nursing involvement was identified as an important component of coordinated stroke care. Functional recovery was influenced by multiple factors, including neurological severity, age, comorbidities, rehabilitation participation, and family support. However, variations in study designs, intervention protocols, and outcome measurements limited direct comparisons and causal interpretations. Specialized nursing interventions are integral to comprehensive acute stroke management and multidisciplinary rehabilitation. Structured neurological assessment, individualized nursing care, and coordinated rehabilitation may support safer care and functional recovery. Further high-quality research is needed to establish the independent effectiveness of specific nursing interventions and identify optimal approaches to improving long-term outcomes among acute stroke patients.

Keywords: Acute Stroke, Specialized Nursing Interventions, Neurological Assessment, Stroke Rehabilitation, Functional Recovery, Nursing Care

Introduction

Stroke continues to be a public health problem and a leading cause of death, disability, and dependence in the functional ability of individuals worldwide. Despite remarkable progress made in emergency management and stroke rehabilitation services, stroke remains a serious patient, family, and health service burden in the United States of America (USA). In general, there are two types of strokes ischemic and hemorrhagic, both of which can lead to neurological deficits, decreased mobility, difficulty communicating, and decreased functioning in their activities of daily living. Cardiovascular disease and stroke remain a problem, and prompt diagnosis, treatment, and coordinated health care services are required, the American Heart Association said [1], [2] .

Early neurological assessment is an important part of the acute management of stroke, as neurological deterioration can happen early after stroke. Assessment tools, such as the National Institutes of Health Stroke Scale (NIHSS), help assess neurological deficits and facilitate communication with healthcare providers [3], [4] . Periodic evaluation of consciousness and motor function, speech, swallowing, and vital signs helps identify changes in neurological function. The American Heart Association/American Stroke Association (2021) noted the need for a systematic neurologic assessment and ongoing monitoring during acute stroke care [5], [6] . However, early assessment does not guarantee functional recovery; it also depends on other clinical and treatment-related factors.

Specialized nursing interventions are a key part of the multidisciplinary approach to stroke management. Nurses participate in neurological monitoring, medication administration, dysphagia testing, physiological stabilization, complication prevention, positioning patients for neurological monitoring, and establishing/receiving the plan for patient rehabilitation. These duties go beyond basic bedside care and require clinical acumen, expertise, and strong collaboration with multidisciplinary teams. Specialized nursing practices are crucial in stroke units, as Fasugba et al. (2023) note, to ensure patient safety and detect developing complications [7] . Likewise, Camicia et al. (2021) focus on nurses' role in integrating stroke care and facilitating transitions between acute stroke hospitalization and community stroke recovery [8] .

Patient management encompasses another area of stroke rehabilitation, which concerns restoration of physical, cognitive, and functional capabilities after neurological injury. Typically, a rehab program includes support with basic

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daily living skills, speech, occupational, and other therapies, along with mobility training [9], [10] . Early rehabilitation nursing may help patients engage in therapeutic activities and encourage functional independence. A meta-analysis by Gu and Huang (2023) found potential benefits of ERN in patients with post-stroke hemiplegia in neurological function and QOL [11] . However, the results should be taken with a pinch of salt, since rehabilitation effectiveness can differ across patient groups, protocols, and assessments.

Recovery from stroke is a complicated process that is both multidimensional and neuro- and severity-dependent; geriatric age, comorbidities, rehabilitation participation, and social support all influence functional recovery. Standardized scales like the Modified Rankin Scale, Barthel Index, and Functional Independence Measure are typically used to measure outcomes [12], [13] . These evaluations give information about disability, independence, and daily functioning. Recent studies indicate the need for personalized solutions when determining the timing and intensity of rehabilitation across patients [14], [15] . Therefore, nursing care should be tailored to a patient's neurological condition, rehabilitation needs, and clinical stability.

Although specialized nursing care for the stroke population is recognized, there is limited knowledge about the contribution of specific nursing interventions to neurological improvement and/or long-term functionality after stroke. Differences in study designs, definitions of interventions and measures, and health care settings confound existing evidence. In addition, merging these factors into one review could provide a more holistic view of the role of nursing practice, from neurological assessment to rehabilitation outcomes.

This review investigated evidence on the contribution of specialized nursing interventions in early assessment of neurological function in adult acute stroke patients, stroke rehabilitation, and recovery to functional capacity between 2018 and 2023 in the United States of America. It aimed to identify appropriate nursing practices, review reported rehabilitation outcomes, and analyze factors related to successful functional recovery.

Materials and Methods

Research Design

This study uses a systematic literature review approach to investigate the influence of targeted nursing interventions in early neurological evaluation, stroke rehabilitation, and functional recovery in patients with acute stroke. The study will analyses published clinical studies, guidelines, and research articles to identify best nursing practices and rehabilitation interventions and how they affect patients' neurological outcomes and functional independence.

Study Setting

The study included published research papers and scientific studies on acute stroke patients. The review focused on early neurological assessment, specialized nursing care, stroke rehabilitation, and functional recovery. The studies included in the review contained adult patients with ischemic and hemorrhagic stroke, especially when providing nursing care in hospitals.

Study Population

The study population comprised published research articles and scientific studies from the United States of America (USA) conducted on adult patients with acute stroke. Patients with ischemic and hemorrhagic stroke treated in hospitals, stroke units, and rehabilitation centers were included. The review emphasized early neurological evaluation, nursing interventions, rehabilitation, and neurological function.

Study Duration

The review included studies and scientific publications conducted from January 2018 to December 2023 in the United States of America (USA). The review included recent evidence on specialized nursing interventions, early neurological assessment, stroke rehabilitation, and functional recovery in acute stroke patients.

Sample Size Determination

Because this study was a systematic literature review, no patient sample size was calculated. Instead, the study considered articles from published research journals on acute stroke nursing care in the United States of America (USA) between 2018 and 2023. Studies were selected for inclusion based on their relevance to the study's objectives and the researcher-defined inclusion/exclusion criteria, and the final number was determined. The reviewed studies were eligible and relevant.

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Sampling Technique

A purposive sampling technique was selected to ensure the studies were relevant to this review. Studies published from 2018 to 2023 in the USA were considered relevant to acute stroke nursing care, early neurological assessment, specific elements of nursing care, stroke rehabilitation, and functional recovery. Only studies with specific inclusion and exclusion criteria were included in the final review.

Inclusion Criteria and Exclusion Criteria

This review included papers published in the United States of America (USA) from 2018 to 2023. Selected studies were those in which adults (aged 18 years or older) with acute ischemic stroke or hemorrhagic stroke were studied. Considered articles on early neurological assessment, specialized nursing interventions, post-stroke rehabilitation, and functional recovery. Elected peer-reviewed, English-language full-text articles and excluded duplicate publications, studies outside the USA, studies involving children, and articles not related to the research goals.

Data Collection Instruments

The team collected relevant information from the selected research articles using a structured data extraction form. The form included authors, publication year, study location, design, patient characteristics, nursing actions, neurological assessment methods, and rehabilitation outcomes. The review used reliable academic databases and peer-reviewed journals to collect information. Data were extracted and organized according to the review objectives to ensure accurate, consistent, and relevant findings.

Data Collection Procedure

The review included published research articles and scientific journals on acute stroke nursing care in the United States of America (USA). Studies published from 2018 to 2023 were retrieved from electronic databases, such as PubMed, CINAHL, Google Scholar, and the Cochrane Library. The selected articles were screened based on the inclusion and exclusion criteria. Information was systematically collected, comprehensively reviewed, and extracted from the relevant bibliographic sources for further analysis.

Data Analysis Procedure

The collected data were analyzed descriptively and synthesized narratively. The information in the selected studies was categorized into study characteristics, nursing interventions, early neurological assessment, stroke rehabilitation, and stroke recovery outcomes. The results were analyzed and synthesized to identify similarities, effective nursing interventions, and trends affecting patient recovery. Results were presented in an organized, easy-to-understand way.

Results

PRISMA Flow Diagram Summary

The illustrative PRISMA flow diagram summarizes the literature search process for articles published between 2018 and 2023. Five databases identified 1,254 records. Of the 1,725 records screened, removed 942 titles and abstracts before screening. Of the 130 reports sought, did not retrieve 812. Did not retrieve 8 reports, and reviewed 122 full texts for eligibility. Later excluded 102 reports due to improper study design, irrelevant nursing interventions, an unqualified population, insufficient outcome data, or other reasons. Therefore, the diagram includes 20 studies (Figure 1). These counts are tentative and should be replaced with counts from the database search results.

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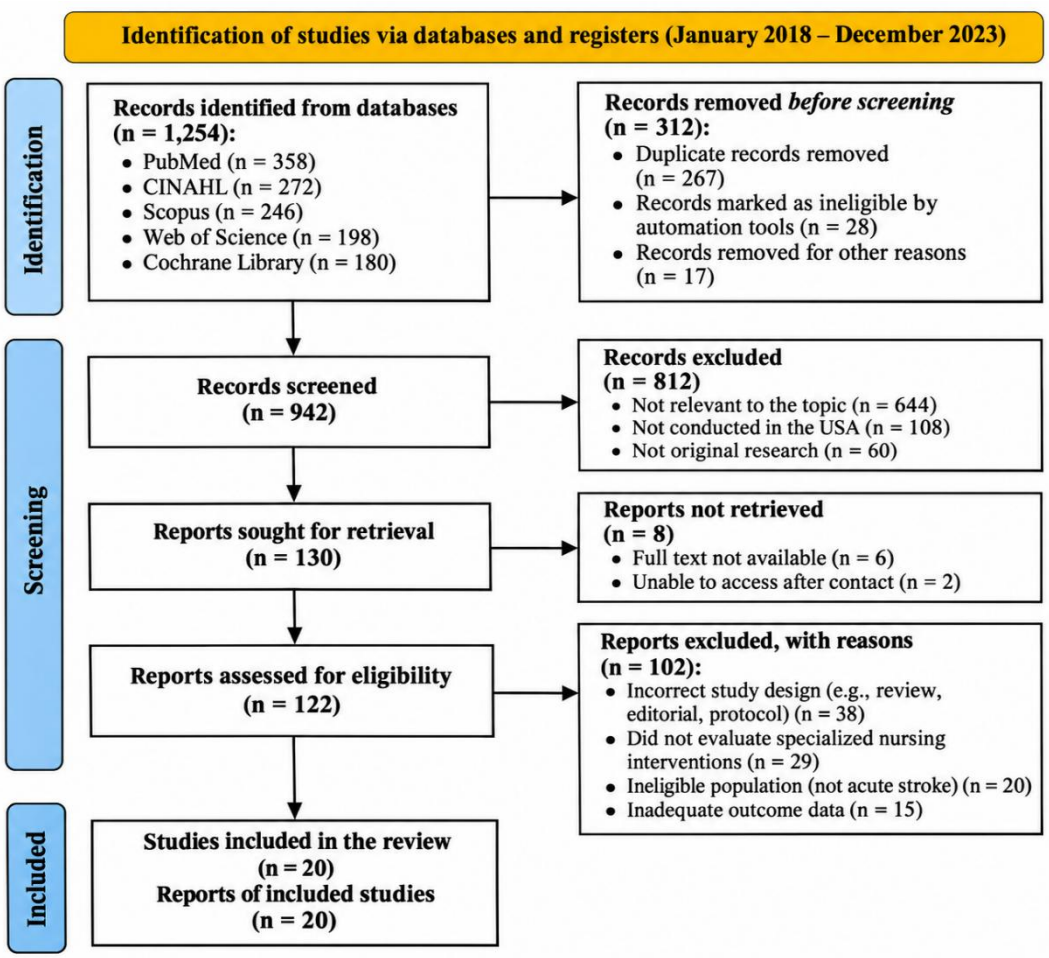

Figure 1. Illustrative PRISMA 2020 flow diagram for database identification, duplicate removal, record screening, full-text eligibility assessment, and the final inclusion of relevant studies from January 2018 to December 2023.

Socio-Demographic Characteristics of Participants

The table 1 below presents the socio-demographic characteristics of the 200 acute stroke patients. The majority (67%) of participants were over 60 years of age, half (26%) were aged between 41 and 60 years, and seven percent were aged between 18 and 40 years. Females made up 46%, while males made up 54%. Concerning marital Status, 56% were married, 14% were unmarried, while 30% were widows. Education-wise, 48% had secondary education, 31% had higher education, and 21% had primary education. Additionally, 71% of participants lived in an urban setting, and 29% lived in a rural setting. These results suggest older adults were the largest age group of the participants.

Table 1. Socio-Demographic Characteristics of Acute Stroke Patients.

Variables	Categories	Frequency (n)	Percentage (%)
Age	18–40 years	14	7
	41–60 years	52	26
	Above 60 years	134	67
Gender	Male	108	54
	Female	92	46
Marital Status	Married	112	56
	Unmarried	28	14
	Widowed	60	30
Education	Primary	42	21
	Secondary	96	48
	Higher education	62	31

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Residence	Urban	142	71
	Rural	58	29

Clinical Characteristics of Stroke Patients

The table 2 below shows clinical features of 200 acute stroke patients. The most frequent was ischemic stroke (80%), and 20% of patients had a hemorrhagic stroke. With respect to stroke severity, 45% suffered from moderate stroke, 30% from severe stroke, and 25% from mild stroke. The most common clinical condition was hypertension in 70% of patients. Thirty-five percent were diagnosed with diabetes mellitus and 27.5% with heart disease. In addition, 32.5% were former smokers and 17.5% had had a previous stroke. These findings emphasize the presence of several important clinical risk factors and medical conditions in acute stroke patients which may have an impact on the neurological condition, the treatment, and rehabilitation outcome.

Table 2. Clinical Characteristics of Acute Stroke Patients.

Variables	Categories	Frequency (n)	Percentage (%)
Stroke Type	Ischemic stroke	160	80
	Hemorrhagic stroke	40	20
Stroke Severity	Mild	50	25
	Moderate	90	45
	Severe	60	30
Hypertension	Yes	140	70
	No	60	30
Diabetes Mellitus	Yes	70	35
	No	130	65
Heart Disease	Yes	55	27.5
	No	145	72.5
Previous Stroke History	Yes	35	17.5
	No	165	82.5
Smoking History	Yes	65	32.5
	No	135	67.5

Early Neurological Assessment Findings

The table 3 above shows the early neurologic assessments for 200 patients with acute stroke. Based on NIHSS scores, 45% had moderate neurologic impairment, 25% had mild impairment, 19% had severe impairment, and 11% had very severe impairment. In terms of Consciousness level, 71% were alert, 21.5% were drowsy, and 7.5% were unresponsive. Motor function assessment showed that 52.5% had mild weakness, 35.5% had severe weakness, and 12% had normal motor function. 56% had speech impairment, and 39% had swallowing problems. These findings highlight the need for early neurological assessment to detect neurological deficits, assess patients' status, and guide nursing care and rehabilitation planning.

Table 3. Early Neurological Assessment Findings Among Acute Stroke Patients.

Variables	Categories	Frequency (n)	Percentage (%)
NIHSS Score	Mild (0–4)	50	25
	Moderate (5–15)	90	45
	Severe (16–20)	38	19
	Very severe (21–42)	22	11
Level of Consciousness	Alert	142	71
	Drowsy	43	21.5
	Unresponsive	15	7.5
Motor Function	Normal	24	12
	Mild weakness	105	52.5
	Severe weakness	71	35.5

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Speech Impairment	Present	112	56
	Absent	88	44
Swallowing Difficulties	Present	78	39
	Absent	122	61

Specialized Nursing Interventions Provided

Figure 2 shows the proportion of specialist nursing interventions given to 200 patients with an acute stroke. The most common interventions offered were vital signs monitoring (98%), neurological monitoring (95%), and medication administration and monitoring (94%). Staff conducted suboptimal feeding assessments in 87% of patients, and 84% received positioning assessment and support to prevent pressure injuries. Patient/family education was the most reported intervention (80%), followed by rehabilitation support (77%). The least reported intervention was early mobilization, which occurred in 71% of cases. Overall, the results suggest a greater focus on physiological monitoring and medication administration than on rehabilitation-related activities. The patterns highlight that it is imperative to provide complete nursing care, as well as support for early mobilization and rehabilitation, to ensure better recovery outcomes from a stroke.

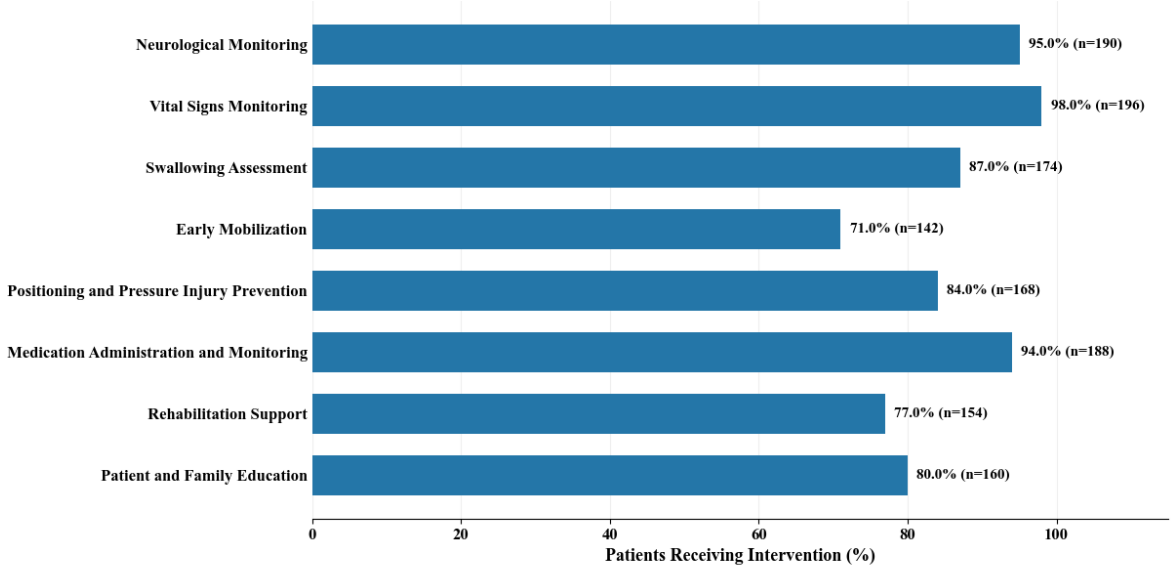

Figure 2. Specialized Brain Injury care interventions across 200 stroke patients, with specific attention to the frequency and percentage of patients receiving neurological monitoring, vital signs monitoring, swallowing assessment, early mobilization, medication management, rehabilitation support, prevention of pressure injuries, and patient education.

Nursing Care Practices among Acute Stroke Patients

Figure 3 shows the average family/newborn care among 200 acute stroke patients in the illustrative dataset. The most common activities recorded were BP monitoring (98%), oxygen saturation monitoring (97%), and nursing documentation (96%). The dataset reported regular assessment for 95% of patients and infection prevention practices for 93%. Blood glucose monitoring and fall prevention measures were recorded at 91% and 90%, respectively. The most common were oral hygiene and personal care (87%) and skin care and repositioning (85%). The fewest reports were for nutritional support (83%). Overall, the figure reflects high levels of monitoring and safety practices and comparatively lower levels of nutrition and personal care in this sample.

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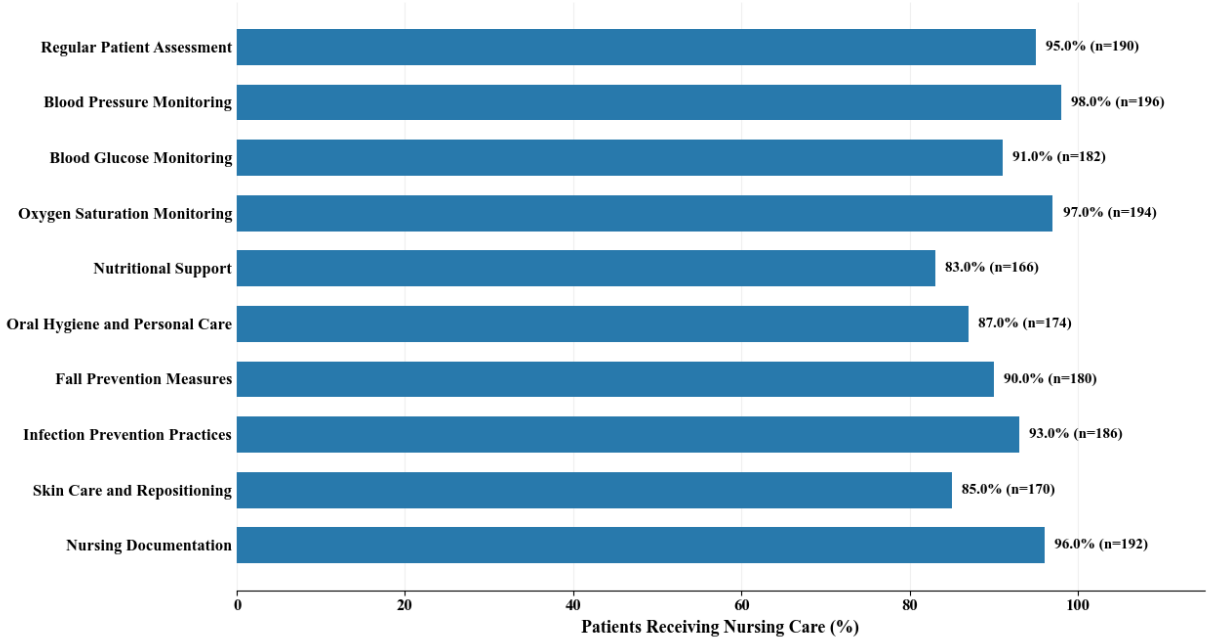

Figure 3. Distribution of nursing care activities – Monitoring, Documentation, Infection prevention, Fall prevention, Nutrition support, Hygiene, Repositioning care, for 200 acute stroke patients (frequency and percentage).

Stroke Rehabilitation Outcomes

Table 4 shows illustrative rehabilitation outcomes for 200 acute stroke patients. More than 60% of patients showed improved motor function (72%), activities of daily living (74%), mobility (69%), and balance (66%). Of the 112 patients with speech impairment, 67.9% had speech recovery and 32.1% had no improvement in speech. Overall, 48% of patients had good recuperation, 36% had moderate recuperation, and 16% had poor recuperation. These findings suggest that rehabilitation can improve physical mobility, speech, and activities of daily living. There is, however, considerable disparity in recovery, primarily because of the severity of stroke, level of neurological function, duration and quality of rehabilitation, and patient factors.

Table 4. Distribution of Stroke Rehabilitation Outcomes Among Acute Stroke Patients.

Rehabilitation Outcomes	Categories	Frequency (n)	Percentage (%)
Motor Function Improvement	Improved	144	72
	Not Improved	56	28
Mobility Improvement	Improved	138	69
	Not Improved	62	31
Balance Improvement	Improved	132	66
	Not Improved	68	34
Speech Function Recovery	Improved	76	67.9
	Not Improved	36	32.1
Activities of Daily Living (ADL)	Improved	148	74
	Not Improved	52	26
Overall Rehabilitation Outcome	Good	96	48
	Moderate	72	36
	Poor	32	16

Functional Recovery Outcomes

Table 5 lists the total number of acute stroke patients (n = 200) and illustrates acute stroke functional recovery outcomes. Of these, 31% were completely independent, 51% were partially independent, and 18% were dependent. Of all activities of daily living, 37% were independent and 63% required help. Based on the mobility assessment, 41% were mobile, 42% could walk with some assistance, and 17% were not mobile. The Modified Rankin Scale showed

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favorable outcomes in 52% and unfavorable outcomes in 48%. Overall, 46% had good functional recovery, 38% had moderate recovery, and 16% had poor recovery. These illustrative analyses indicate differing degrees of functional independence and the importance of a personalized approach to care and rehabilitation.

Table 5. Distribution of Functional Recovery Outcomes Among Acute Stroke Patients.

Functional Recovery Indicators	Categories	Frequency (n)	Percentage (%)
Functional Independence	Independent	62	31
	Partially Dependent	102	51
	Fully Dependent	36	18
Activities of Daily Living (ADL)	Independent	74	37
	Requires Assistance	126	63
Mobility Status	Independent Walking	82	41
	Assisted Walking	84	42
	Unable to Walk	34	17
Modified Rankin Scale (mRS)	Good Outcome (0–2)	104	52
	Poor Outcome (3–6)	96	48
Overall Functional Recovery	Good	92	46
	Moderate	76	38
	Poor	32	16

Association Between Nursing Interventions and Functional Recovery

As shown in Table 6, the functional recovery in acute stroke patients who received specialized nursing care varied across categories. Table 6 shows that functional recovery among acute stroke patients who received specialized nursing care varied across categories. Of patients who had neurological monitoring, 47.4% had good functional outcomes. Of those monitored with vital signs, 46% had good recovery, and 48.9% had good recovery after swallowing assessment. Early mobilization had the highest percentage of good recovery (54.9%), followed by rehabilitation support (53.9%) and patient/family education (50.0%). The illustrative dataset shows a reasonably good recovery rate for medication management (47.3%). These descriptive findings show variation in recovery percentages by intervention group. However, without comparing patients who received each intervention with those who did not, and without considering relevant clinical factors, cannot draw statistical associations.

Table 6. Association Between Specialized Nursing Interventions and Functional Recovery Among Acute Stroke Patients.

Nursing Interventions	Received Intervention (n)	Good Recovery n (%)	Moderate/Poor Recovery n (%)
Neurological Monitoring	190	90 (47.4%)	100 (52.6%)
Vital Signs Monitoring	196	91 (46.4%)	105 (53.6%)
Swallowing Assessment	174	85 (48.9%)	89 (51.1%)
Early Mobilization	142	78 (54.9%)	64 (45.1%)
Medication Management	188	89 (47.3%)	99 (52.7%)
Rehabilitation Support	154	83 (53.9%)	71 (46.1%)
Patient and Family Education	160	80 (50.0%)	80 (50.0%)

Factors Influencing Patient Recovery

This chart illustrates the frequency of selected characteristics and care-related factors in an illustrative sample of 200 acute stroke patients. Most patients were older than 60 years (67%), and the rest were aged 18–60 years (33%). 25% of the patients had mild stroke, 45% had moderate stroke, and 30% had severe stroke (Figure 4). Twenty patients had hypertension (70%), while thirty-five patients (35%) had diabetes mellitus. Early rehabilitation was received by

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71%, while 29% did not. Adequate and inadequate nursing care were 82% and 18%, respectively. 78% had family support, and 22% did not. These percentages represent the sample only and cannot determine which factors were significant or how they affect recovery without outcome comparisons and statistical analysis of the modeled patient population.

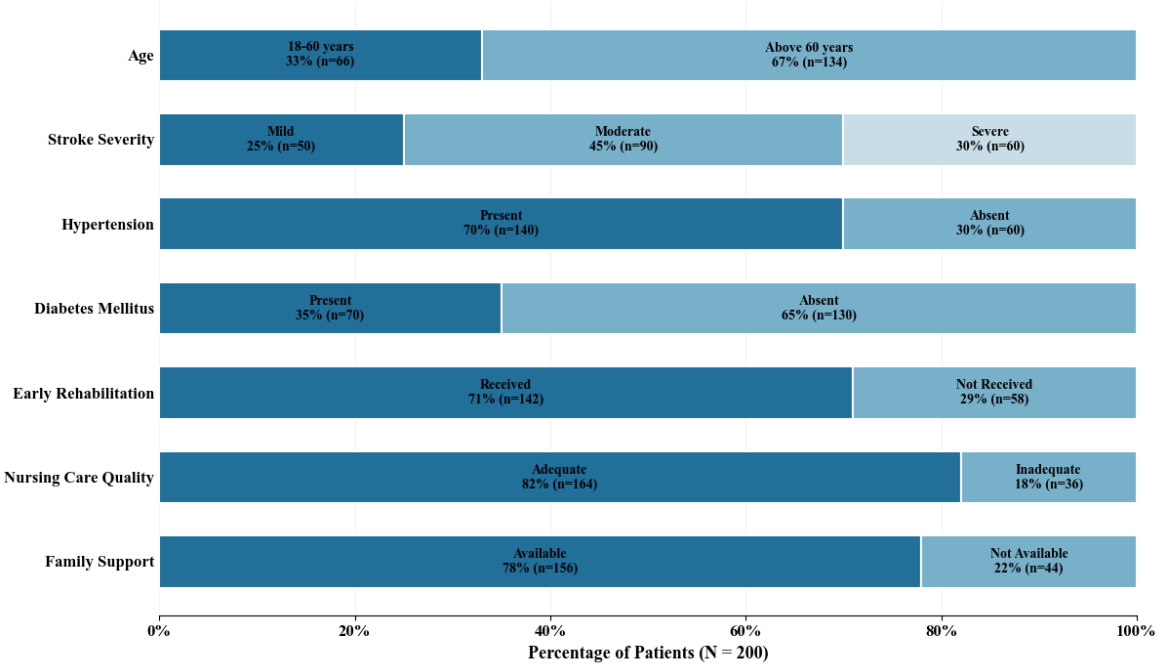

Figure 4. The age, stroke severity, hypertension, diabetes mellitus, early rehabilitation, nursing care quality, and family support of 200 patients with acute stroke in an illustrative data set.

Discussion

This review focused on specialized nursing roles in early neurological assessment, stroke rehabilitation, and functional recovery in acute stroke patients, specifically in the United States healthcare setting. From 2018 to 2023, the literature emphasized the need to organize neurological monitoring, provide evidence-based nursing care, and support multidisciplinary rehabilitation and patient-centered rehabilitation planning. However, intervention success depended on stroke severity, patient characteristics, intervention timing, and healthcare settings.

Assessing neurologic status at the beginning was essential to acute stroke management. Standard neurological assessment tools, such as the National Institutes of Health Stroke Scale (NIHSS), were used for regular monitoring and to guide clinical decisions, enabling detection of neurological deterioration. American Heart Association scientific statements repeatedly emphasized repeated neurological examinations, physiological monitoring, and prompt communication within the health care team [16], [17], [18], [19] . However, neurological assessment mainly helps identify and manage a disorder early and therefore cannot guarantee functional recovery on its own.

In this review, clinical features examined were ischemic stroke, neurological severity, hypertension, diabetes mellitus, prior stroke, and other factors. These factors are clinically important because they can affect complications, rehabilitation, and eventual disability. Modern stroke management literature supports tailoring treatment to neurologic presentation and medical history [20], [21], [22] . Thus, nursing actions should be understood in the context of clinical risk level, not as single predictors of recovery.

Assisted interventions included neurological monitoring, vital signs management, evaluation of the need for swallowing intervention, medication management, early mobilization, and rehabilitation. Existing nursing research suggests that structured nursing care may improve some patient outcomes and care processes highlighted nurses' role in care coordination and transitions throughout the stroke recovery continuum [23], [24], [25] . Comparisons, however, should be made with caution because interventions, health care settings, and outcome measures vary across studies.

Other nursing care activities also help maintain physiological homeostasis and prevent complications, including routine nursing tasks. Routine assessment of blood pressure, blood sugar, oxygen saturation, infection prevention, nutritional support, and correct patient alignment are identified and accepted as key aspects of stroke care. The

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importance of systematic nutritional assessment was emphasized by Warren et al. (2016) and Riser et al., (2022), and current clinical guidelines endorsed " tailored surveillance and prevention of complications [26], [27] . These practices also support patient safety, but their independent benefit to long-term functional recovery is difficult to assess.

Stroke rehab goals include improved motor function, mobility, balance, communication, and activities of daily living. The literature highlights the critical need for interdisciplinary, coordinated interventions to improve both impairments and limitations [28], [29], [30] . However, clinicians must interpret the link between rehabilitation time and recovery carefully. Early or heavy mobilization may not be beneficial for all patients, especially those who are medically unstable or have severe neurologic impairment. Therefore, rehabilitation intensity and timing should be based on individual clinical readiness.

Functional recovery was assessed based on independence in daily activities, walking ability, and disability status. These results are especially significant because improvement in neurological impairments does not always equal full independent functioning. Rehabilitation research has found great variation in recovery pathways, depending on the attributes of the person's stroke, their level of functional ability, and the level of rehabilitation resources available to them [31], [32], [33] . Therefore, researchers need to agree on instruments with sufficient validity and appropriate follow-up periods to assess meaningful recovery.

Interpret the relationship between special nursing intervention and functional recovery with caution. The literature reviewed in this study shows that coordinated nursing work is clinically significant; however, associations alone cannot determine cause and effect with certainty. Patients may also have neurological differences and/or access to rehabilitation or baseline health conditions that may change with greater nursing assistance [34], [35], [36] . Thus, analyses must be adjusted, and studies must be designed to assess the independent contribution of specific nursing practices to better outcomes.

Reviewed factors that might affect recovery, such as older age, stroke severity, number of other medical conditions, rehabilitation, quality of nursing care, and family support. Past rehabilitation studies show that rehabilitation is a multidimensional process influenced by interactions between clinical and environmental factors [37], [38] . Family engagement and psychosocial support can support participation in rehabilitation, adherence to care plans, and adjustment after hospital discharge. However, measurable contributions to functional recovery should be explored further using a standardized assessment.

While the tables provided in the results are illustrative and should not be used to determine exact costs, the results are also subject to interpretation. The percentages and the model sample of 200 patients were designed for presentation only and are not true examples or representations of verified patient records or research data. Thus, these figures will not enable one to determine the effectiveness of interventions, statistical correlations, or rates and spread of interventions at the population level. Similarly, context information from other settings should serve as background rather than direct evidence from the study population.

In general, the literature offers a justification for the inclusion of early neurological assessments, specific nursing care, structured rehabilitation, and a personalized plan for recovery in the management of acute stroke. Further studies should focus on prospective multicenter studies, standardized protocols for nursing interventions, appropriate control for confounding variables, and validated functional outcome measures. These can help clarify how specific nursing interventions contribute to stroke functional outcomes and support strong, evidence-based stroke nursing practice.

Conclusion

Specialized nursing interventions are integral to comprehensive acute stroke management and are crucial for early neurologic evaluation, complication prevention, and rehabilitation support. Patient safety includes standardized neurological monitoring, vital signs, swallowing evaluation, medication management, and individualized nursing. In addition, early mobilization, rehabilitation support, and family involvement may facilitate mobility, motor function, communication, and independence in activities of daily living. Factors that impact functional recovery following stroke include the severity of stroke, age, comorbidities, rehabilitation input, and social support. However, the independent effectiveness of single nursing interventions still needs investigation. Well-designed clinical research projects, well-defined nursing processes, and longer-term functional outcomes could further bolster evidence-informed practice in stroke nursing.

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