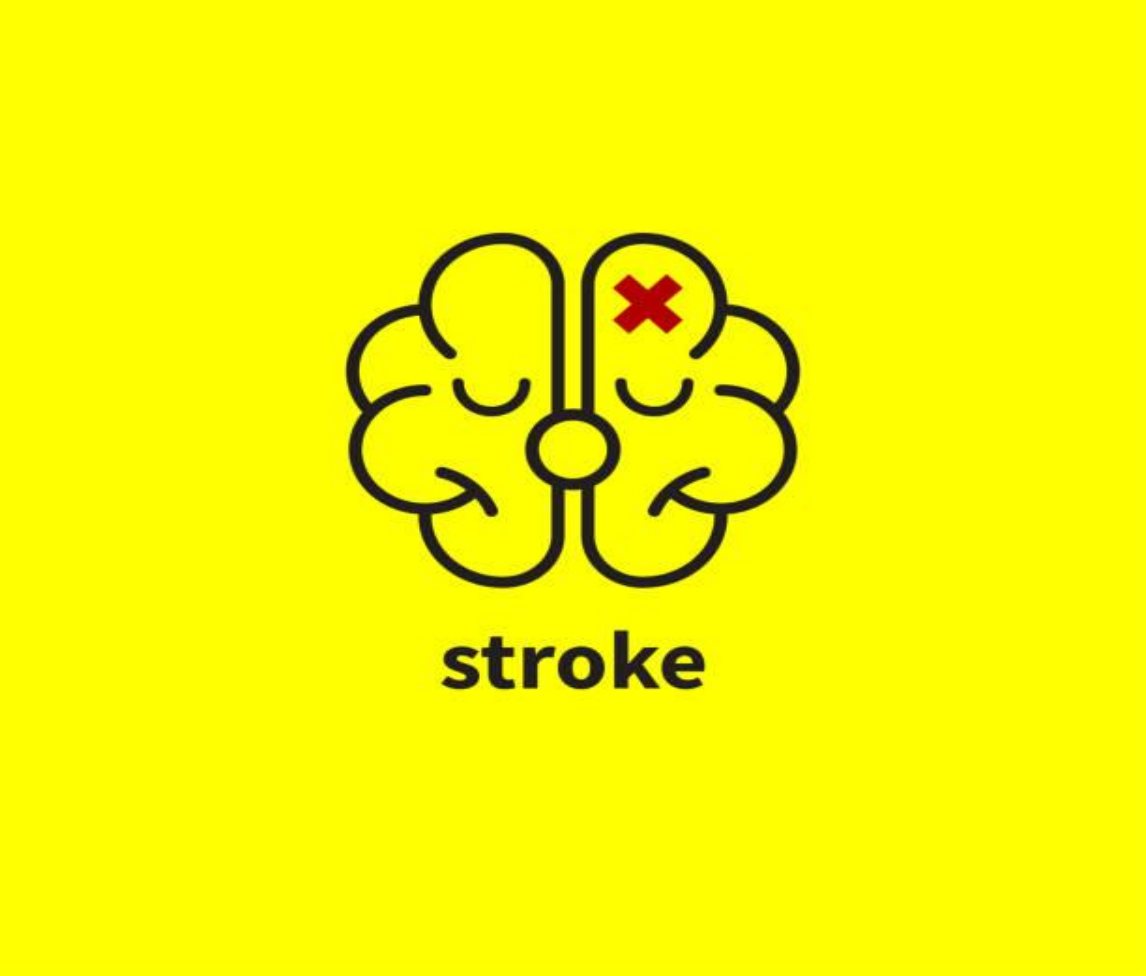
Medicare Training



Manual for Stroke Awareness

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understand the management of risk factors for stroke
- Understand the importance of emergency response and treatment for stroke
- Understand the management of stroke
- Know what a stroke is
- Know how to recognise stroke

Complementary Manuals

- Basic First Aid
- Person-Centred Approaches
- Mental Capacity Act 2005

Chapter One

Dealing Stroke

A stroke is a medical emergency which causes long term disabilities and death. About 152,000 strokes occur every year in the UK alone (that's about 1 every 5 minutes). (Stroke Association 2013)

Although there are factors which increase individual's risk of stroke (see Chapter two); anyone can have a stroke regardless of age, gender or lifestyle. As a care provider you need to be aware that strokes can occur at any time, they can affect your clients, your colleagues or your friends and family and the damage they do is life shattering.

It's important, therefore, that you know how to recognize when a stroke is occurring; how to deal with the emergency and how to care for stroke survivors. As prevention is always better than cure we will also look at what can be done to protect people from strokes.

When someone has a stroke their lives depend on the people around them, both to improve their chances of survival and to support them through the months and years that their recovery will take. Care of stroke survivors needs to be a team effort with input from a variety of medical professionals to aid improvements in physical and mental health.

Definition of Stroke

A stroke is a sudden interruption in the supply of blood to the brain; it's a medical emergency which requires immediate treatment if the person experiencing it is to survive.
Strokes have two main causes:

- Blockages (Ischaemic stroke)
- Bleeds (haemorrhagic stroke)

The majority of strokes (85%) are caused by blockages; these can be due to clots forming in the brain, clots from elsewhere in the body moving to the brain, or tiny blood vessels deep in the brain becoming blocked.
Bleeds can occur within the brain or in the space between the brain and the skull.
These are intracerebral hemorrhages and subarachnoid hemorrhages.

Whatever the cause of the stroke the effect is to prevent oxygen reaching parts of the brain resulting in the death of brain cells and the loss of brain functions. The actual way that the person is affected will depend on the parts of the brain which have been damaged; the general health of the person at the time of the stroke and the severity of the damage done.

Stroke Identification

When a stroke happens, you must act immediately to keep the length of time that the brain is being deprived of oxygen to a minimum. There are certain signs and symptoms that may indicate to you that a person is having a stroke and they are:

- Numbness or weakness in the face, arm or leg – this can cause the mouth to droop and prevent them from raising their arms to the same level
- Trouble speaking or understanding – they may not be able to repeat a simple sentence, think of correct words or follow basic instructions
- Unexplained dizziness
- Blurred or poor vision in one or both eyes
- Loss of balance or a sudden fall
- Difficulty swallowing
- Severe, persistent headache
- Confusion
- Reduced consciousness / loss of consciousness

A simple way of identifying that someone may be having a stroke is to carry out the FAST test:

Face – can the person smile? Has one side of their mouth drooped?

Arms – can they lift both arms?

Speech – can they speak clearly?

Time – to call 999 if the person has any of these symptoms

Emergency Actions

Ideally the situation should be dealt with by a trained first aider; the manual 'Basic First Aid' gives further information about techniques such as CPR.

Conscious casualty:

- Help them to lie down and place something suitable under their head to keep it and their shoulders raised
- If they are dribbling turn their head to one side
- Call 999 for an ambulance
- Keep the casualty calm and monitor their condition. Be prepared to act on any changes

Unconscious Casualty:

- Open their airway and check for breathing
- If they are breathing place in the recovery position and monitor
- If they are not breathing commence CPR
- Call 999 for an ambulance

Transient Ischaemic Attacks (TIAs)

A Transient Ischaemic Attack is also known as a mini stroke; the effects are similar to those of a stroke, but they usually disappear within 24 hours. TIAs must not be ignored, they should

still be treated as medical emergencies because they are a sign that the person is at risk of having a stroke or heart attack and this could happen at any time.

There is a one in ten chance that a person will have a major stroke in the four weeks after they have a TIA.

Similar symptoms and other condition

The clients you work with may be at risk of a variety of health problems; some of these may have symptoms similar to those of stroke. It is worth knowing what these are to recognise that there may be more than one explanation for changes in an individual's mental or physical health. Examples include:

- Dementia – confusion and trouble speaking or understanding speech are common symptoms of various types of dementia; vascular dementia is itself caused by bleeds in the brain and may come on suddenly after a major stroke
- Infections – certain types of infection such as urinary tract, chest and kidney can cause confusion particularly in older sufferers. This should improve when treatment takes effect
- Tumours – on rare occasions symptoms such as headaches, blurred or poor vision, and loss of mental capacity may lead to the discovery of a tumor
- Migraine headache – blurred vision and pain are among the common symptoms
- Seizures – if a person who has not been diagnosed with epilepsy has a seizure the signs and symptoms may be mistaken for those of a stroke. It's worth noting that strokes are a primary cause of epilepsy as the damage done to the brain can cause long term problems with cell function
- Low blood sugar (hypoglycaemia) due to diabetes – this can result in reduced responsiveness and understanding and lead to loss of consciousness
- Delirium – confusion comes on very suddenly and lasts for hours or days

Chapter Two

Reducing stroke occurrences

When you have responsibility for the health and wellbeing of a group of people it's important to identify individual's vulnerability to illness and disease and to use this information to protect them.

There are well documented risk factors for stroke; some of these are unchangeable, others can be managed to reduce the chances of strokes occurring.

Risk factors:

- Gender – under the age of 75 men are at greater risk than women
- Race – people with a South Asian or African Caribbean background have a greater than average chance of stroke
- Age – as you get older your chances of having a stroke increase
- Family history – you are at greater risk if a member of your close family has had a stroke

These factors cannot be altered, but we can use them to target prevention advice and health support. Clients' GPs should be able to provide advice based on their specific risk factors and medical history.
The following are chronic health conditions and lifestyle choices that increase individual's chances of having a stroke:

- Smoking
- Drinking alcohol
- Taking drugs
- Poor diet
- Lack of exercise
- Hypertension (high blood pressure)
- High cholesterol
- Diabetes
- Atrial fibrillation (irregular heartbeat)

Stroke prevention can be primary – before the person has a stroke; or secondary - after the person has had a stroke to prevent further strokes occurring. The above list of risk factors will help you to identify clients who are in need of primary prevention; clients who have already experienced a stroke should be more motivated to make appropriate changes. It may be challenging to convince people who have not yet had a stroke that they need to make changes 'in case'.

Caring about Life-style

The Care Quality Commission's essential standards of quality and safety say that in relation to outcome 1 'respecting and involving people who use services', people must be 'given relevant information to encourage them to change lifestyle behaviors that are placing their

health at risk, so they can make an informed choice about whether they wish to lead a healthier life.'

The guidance makes it clear that it is up to the individual whether they actually make changes or not. The following would be unacceptable care practices even if you believed you were acting in the client's best interests:

- Refusing to serve 'normal' desserts to a client with diabetes
- Denying a client access to cigarettes
- Withholding money to prevent a client from purchasing 'unhealthy' items
- Imposing a strict calorie controlled diet regime
- Forcing a client to exercise

Mental Capacity Act 2005

The Mental Capacity Act was introduced to protect the rights of potentially vulnerable individuals to take actions and make decisions for themselves. It begins with the principle that everyone must be assumed to have capacity to make decisions until it is proved otherwise and makes it a legal requirement for care and medical professionals to base decision making on the best interests of their clients.

Where the client has capacity they can make their own decisions; this right cannot be taken from them even if their choices or actions appear unwise.

Where the client lacks capacity they must be supported to participate as fully as possible in the decision making process – their wishes and feelings must be taken into account. If they can communicate their consent or refusal in any way, including through behavior, this must be respected.

(For further information refer to Approved Care Training manual 'Mental Capacity Act 2005')

The CQC's guidelines and the terms of the Mental Capacity Act limit the ways in which you can act to improve clients' lifestyles. You must respect them as competent adults even if you feel that they are making harmful choices.

When you identify that an individual could benefit from improving an aspect of their lifestyle and behavior it's important that you find an appropriate way to support them to do this. There are some dos and don'ts to follow when attempting to influence other people.

Do:

- Use a person-centred approach based on fairness, respect and partnership
- Make sure you are acting in the best interests of the person
- Respect the individual's cultural and religious identity
- Identify benefits that are meaningful to the individual
- Educate, inform and empower.

Don't:

- Restrict the individual's freedoms or rights
- Impose your values and beliefs
- Make assumptions about individual's knowledge or motivations
- Dismiss any fears or anxiety related to change

As we get older our arteries become furred and blocked and our blood pressure rises; poor lifestyle choices such as smoking and binge drinking speed up the process and increase likelihood of stroke at an earlier age.

Smoking

The health risks associated with smoking are now well known and are publicised on every packet of cigarettes. Unfortunately, nicotine is such an addictive substance that smoking can be a difficult habit to break; however, giving up is something that anyone can do given the right incentive and support.

There are many different products available that can help people stop smoking, from self-help books to patches and pills. What works for one person may not for another so it's important to persevere until the right help is found.

The NHS stop smoking service is a good starting point; they can offer free advice, counselling, support groups and aids on prescription. Contact them on 0800 022 4 332 or go to their website www.smokefree.nhs.uk

Diet

Poor food choices can lead to obesity, high blood pressure, high cholesterol, diabetes and blocked arteries; these can reduce life expectancy and cause medical emergencies including stroke.

The benefits of a healthy diet include:

- Keeping weight down and avoiding excess strain on joints and internal organs
- Good energy levels
- Steady blood sugar levels (important to maintain energy and avoid fatigue)
- Protection against illness and injury (e.g. bone strength relies on adequate intake of vitamins and minerals)

Poor diets are likely to be high in saturated fat, sugars and salt while balanced diets include plenty of fiber, unprocessed carbohydrates and monounsaturated fats. You can get dietary advice from doctors' surgeries; libraries and online; good sources of common sense guidance are the live well section at www.nhs.uk and Approved care Training's manual 'Diet and Nutrition'.

Diet instructions:

- It should be based on starchy carbohydrates in as unprocessed a form as possible – wholegrains, vegetables, brown rice and pasta, pulses etc. These will provide plenty of fibre and are low in fats; they will help to maintain blood sugar levels
- Aim to eat 5 portions of fruit and vegetables a day, 1 of which should be raw
- Keep processed carbohydrates, particularly refined sugars to a minimum
- Reduce intake of saturated fats (red meats, dairy products, cakes) and increase monounsaturated fats (avocadoes, olive oil)
- Reduce salt intake – salt raises blood pressure
- Protein is necessary but many people rely too much on red meat and dairy products; alternatives such as fish, nuts and pulses can provide essential nutrients with lower levels of saturated fat
- Eat regularly – people generally make better choices if they eat little and often

If you have a good cook or catering team they will work with care staff and individual clients to ensure that they are providing a range of attractive food options that encourage people to eat well.

Alcohol

Recent research suggests that a moderate amount of alcohol can be good for us, but drinking any more than the recommended amounts increases the risk of various health problems including stroke. Both binge drinking (more than 6 units in a session for women or 8 units for men) and longer term excessive alcohol intake are dangerous.

Men can drink up to 21 units a week while women should limit themselves to 14; everyone should have a couple of alcohol free days a week and limit the amount they drink each day to 2 / 3 units for women or 3 / 4 for men.
The size of a unit of alcohol varies but in general terms it's half a pint of normal strength lager, a small glass (125 mls) of wine or a measure (25 mls) of spirits.

Drugs

Certain recreational and performance drugs may cause harm to blood vessels and increase blood pressure; people who choose to take them should be aware of the risks they are taking.

Exercise

Maintaining a reasonable level of activity will help to lower your blood pressure and reduce your risk of stroke and chronic conditions such as diabetes.

Sports and organised physical activities aren't for everyone but almost anyone can increase their daily activity levels by making small changes to the way they do things or by setting aside time to exercise.

Of course people may be limited by their physical abilities but individuals could:

- Make an effort to walk more - use stairs instead of lifts stroll around corridors and gardens, avoid using the car for short journeys
- Try out new activities such as ‘chairobics’ , indoor bowls or WII Sports
- Ask physiotherapists to recommend appropriate equipment for individuals with special needs

Ideally everyone should do 30 minutes of moderate activity (making them slightly out of breath) at least 5 times a week. If there are concerns about people’s ability to exercise safely (for example if they are over 40 and get out of breath very quickly) refer them to their GP for advice and support.

Tip: If people are very overweight and experience pain when moving, exercising in water can give support to joints while enabling them to burn off calories.

Health Control

People who have health problems such as diabetes or high blood pressure need medical intervention to treat, control and monitor their condition. By making improvements they will reduce their risk of stroke.

Promoting Change

If you feel that a client is at increased risk of stroke their GP should be the primary source of advice about risk levels and priorities for change. The client should be encouraged to visit their doctor; with a family member, care provider or other advocate if necessary. The doctor can check their blood pressure, cholesterol and blood sugar levels and, if there is any cause for concern, may prescribe medication and suggest lifestyle changes which will help to improve their condition.

You can support your clients by helping them to access advice and information and by making the ‘right’ choices easy and attractive.

Chapter Three

Stroke Risks

Stroke survivors face many challenges; damage done to the brain can affect any of their physical and mental abilities and recovery can be a slow process. While some people can regain their independence others will be significantly disabled. It's important for you to recognise and understand some of the common difficulties that clients who have had a stroke may be experiencing. This will help both you and the client because:

- It will help you to understand why they may behave in a certain way
- You will have an insight into their physical and mental health needs
- You will be able to identify ways in which you could support the client to overcome problems

It's important that you take a person-centred approach to caring for individuals who have survived a stroke; remember that although they have experienced the same catastrophic event they will all have been affected in different ways and they are different people. The needs, values and beliefs of a group of stroke survivors will be as diverse as any other group of people who have come together by accident.

The actual long term effects of a stroke will depend on where in the brain it occurred and the size of the area it affected. Different parts of the brain control different parts and functions of the body. So a stroke can have effects on both mental and physical processes. There are various different reasons why stroke survivors may have difficulty with balance and mobility; they include:

- Low muscle tone
- Muscle tightness (spasticity)
- Weakness / paralysis
- Loss of sensation
- Inattention / neglect of one side of the body
- Poor vision
- Perception problems
- Pain
- Side effects of medication
- 'drop foot'
- Fatigue
- Dizziness
- Lack of concentration
- Loss of motivation

Muscle tone

In order to provide support and enable movement muscles need to have a certain level of tightness or 'tone'. If they lack tone then they will not provide the necessary strength for movement and activities like standing and walking may not be possible. If muscle tone is

increased this can become a condition known as ‘spasticity’ where the muscle becomes too stiff making movement difficult and painful.

Both low and high muscle tone require intervention by a physiotherapist to identify appropriate exercises, treatments and medications which may help to improve tone.

Note: If an individual affected by spasticity fails to follow physiotherapist’s advice they run the risk of ‘contracture’ or permanent tightening of the muscle.

Brain damage caused by stroke can lead to problems with muscle control as messages between the brain and the body become confused. Survivors may suffer from ‘ataxia’ where movement is poorly timed and coordinated or ‘dyspraxia’ where they have problems planning and coordinating actions.
People with ataxia may be more prone to falls as they are unable to recover when they slip or trip; and people with dyspraxia may find activities such as dressing or making a cup of tea difficult to manage as they can’t follow the appropriate sequence of actions.

Sitting instructions

It’s important that in the days and weeks after a stroke medical professionals prioritise getting the person out of bed and into a chair. Some people may manage this with very little intervention; others may need support for the rest of their lives, and the rest will need input from physiotherapists and care providers to regain the physical strength necessary to sit safely and comfortably.

People who are unable to sit miss out on the following benefits:

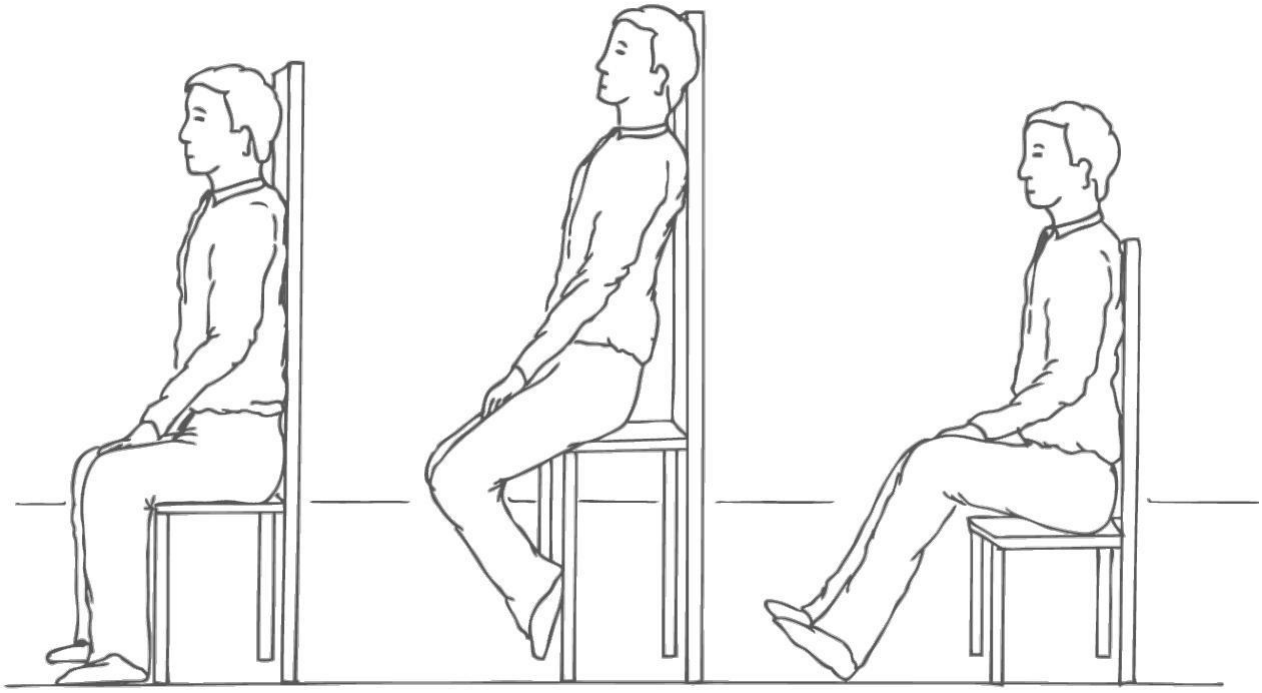
- Improved breathing – sitting correctly opens the chest and enables effective breathing
- Increased ease carrying out tasks such as dressing
- Reduced risk of pressure sores
- Easier interactions – it’s difficult to have a conversation when you’re lying down and other people are standing or sitting by you
- Safer eating and drinking with a reduced risk of choking or aspiration
- Improved mood – people are likely to be happier once they can get out of bed and spend time sitting up

Work will be done to rehabilitate stroke survivors in hospital, but they are likely to be discharged with a great deal of recovery ahead of them. People who have difficulty sitting should have been assessed by a physiotherapist and provided with the means to improve their balance and stamina for sitting. As a care provider you can help in various ways:

- Find out about the daily exercises that the client is supposed to be doing; encourage and support them to do them regularly – problems such as high muscle tone (spasticity) can be made worse by inactivity
- Ensure that the client has the most appropriate chair to sit in – it should be supportive, a suitable height and easy to get in and out of
- Provide support for limbs when necessary – pillows or cushions may be used on the weaker side

- Be sensitive to the client's needs and abilities and promote independence – for example ensure that items which will be required regularly during the day are placed where the client can reach them
- Be understanding and tolerant – the client may be unaware that they are leaning to their weaker side or their muscle condition may cause them to shuffle and twitch in the chair; they may require discreet monitoring and regular repositioning; they are not being awkward they have no control over this
- Recognise that the client may tire more quickly than other people and may only be able to sit for relatively short periods

The pictures below illustrate the importance of the correct chair; a chair of the right height (picture 1a) allows the client to sit correctly and comfortably; if the chair is too high the client will be in danger of sliding out; if it's too low they will have difficulty getting up and their position will constrict their chest and place excess pressure on the bottom of their spine.



1A **1B** **1C**

Standing instructions

The physical and mental health benefits of being able to get out of bed and sit are further increased if the individual can be supported to weight bear and perhaps learn to walk again. The more a person can assist in activities such as toileting and getting dressed (e.g. by standing while clothing is removed), the closer to independence they become.

People who need constant physical assistance are at increased risk of accidents, infection, pressure damage and neglect. Individuals may need to be moved by hoist immediately after

their stroke, but a physiotherapist should plan their rehabilitation; introducing aids such as a standing hoist, prescribing exercises to strengthen muscles and identifying times when they should be participating in activities.

Loss of sensation

A stroke may reduce or remove an individual's ability to feel down one side of their body (generally speaking a stroke in the left side of the brain will affect the right side of the body and vice versa). If someone has lost sensation in their leg it will affect their ability to walk as they will not be able to rely on their senses for information about where their foot is in relation to the floor and they may not trust the affected leg to support them properly.

Low vision

Strokes can affect vision in two main ways:

1. By causing physical damage to the muscles and nerves
2. By altering or blocking the way that information is processed and interpreted

Affected individuals may suffer from blurred or double vision or they may lose part of their visual field and, for example, be unable to see out of the left side of their eyes. These types of visual difficulty and other issues such as depth perception problems, can seriously affect people's ability to move around safely, act independently or enjoy activities such as reading.

In your note pad write down some ways in which a client's daily life might be affected if a stroke had altered how they see things

Drop foot (also known as foot drop)

Individuals with this condition experience difficulty lifting the front part of their foot so their toes drop down; this makes it harder for them to walk and increases their risk of tripping and falling. There are treatments available so, if you suspect that a client may have undiagnosed drop foot refer them to their doctor for further investigation.

Fatigue

It's not unusual for stroke survivors to suffer with fatigue; this may be linked to depression (see Chapter four) or it may result from the increased physical and mental demands that complications of stroke may put on the person. For example, a person who has difficulty concentrating and suffers from loss of sensation down their left side could wear themselves out just crossing a room because of the physical and mental effort involved.

Post–stroke fatigue can have a serious effect on the individual's quality of life if they are unable to participate in normal activities without regular rest breaks. Even people who had relatively minor strokes may experience chronic fatigue months or even years later.

Be sensitive to the individual's reduced energy levels and support them in prioritising activities and arranging their day to suit their needs. For example, they may find that it takes

less effort to eat little and often rather than sitting down to three larger meals each day, or they may want to socialise or take a walk when their energy levels are highest.

An Occupational Therapist may be able to suggest equipment or changes to the environment that could reduce the physical effort necessary for everyday tasks.

Concentration difficulties

Some people who have had a stroke find it difficult to do more than one thing at a time. Walking can require a great deal of concentration and may prevent them from doing other things such as talking. For this reason, you may find that clients who have had a stroke will either stop moving when they have something to say or will continue walking and fail to respond to people who speak to them.

When caring for individuals with lower than normal concentration levels they may benefit from the following considerations:

- Allow them to do one thing at a time; let them finish one task before introducing another
- Break activities down into sections and do them a bit at a time
- If they need to be given important information e.g. about medical treatment options; ensure that they are given adequate time and support to understand and process the details – they may need written information, quiet space for discussion or the help of an advocate with special communication training

Motivation failure

Stroke recovery is hard work; to avoid problems associated with conditions such as spasticity affected individuals must do regular exercises as prescribed by physiotherapists. The effects of the stroke on the brain, mental health conditions such as depression and the emotional effect of a life shattering event can all affect the person's motivation to push themselves.

Clients who have had a stroke need to be fully informed about the aims and benefits of any treatments they are undergoing; they should be given emotional and physical support to achieve as full a recovery as possible. Their medical care should be person-centred, taking into account cultural, personal and lifestyle issues that may affect compliance.

People who lack motivation may need professional psychological help as well as physical care.

Medication

Individuals who have had a stroke may be on a variety of prescribed medications to reduce their risk of further strokes and manage any health conditions they may have. For example, they may be having treatment for high blood pressure, depression or pain relief.

The side effects of medication may include dizziness which can reduce mobility and increase risk of falls; it's important that if you are aware that clients are affected in this way you ensure that their doctor reviews their treatment.

Falls risk

The balance and mobility problems discussed above will put many stroke survivors at increased risk of falls. It's important that each one has had an individual falls risk assessment carried out by an appropriate person to determine their likelihood of falling and what can be done to protect them.

People can suffer significant physical and mental harm from falling or the fear of falling. It's important that they are made aware of the action being taken to keep them safe and that they take as active a role as possible in the introduction of control measures. The Butterfields Training manuals 'Falls Prevention' and 'Falls Response' provide further information on this subject; here are some tips for reducing the likelihood of falls:

- Keep walkways and clients' rooms clear of unnecessary clutter
- Make sure flooring is well maintained
- Educate clients to recognize when they might be at increased risk e.g. on stairs
- Ensure that clients who have difficulty standing and walking are offered regular support to change location; for example, to go to the toilet
- Support clients to follow their physiotherapist's advice to practice standing, walking etc.
- Make sure that clients' walking aids are within their reach at all times

Before you become impatient with someone who is taking a long time to move or appears to be being deliberately awkward consider that they may be experiencing pain with every movement; every step may require intense concentration and the connection between their brain and their muscles may be damaged making it impossible for them to move in a controlled and planned manner.

Chapter Four

Long-term stroke effects

In the previous Chapter we looked at different conditions that might have an impact on balance and mobility, but a stroke can affect many other aspects of a person's daily life. In this Chapter we will look at ways in which you might support clients faced with the following challenges:

- Swallowing problems (dysphagia)
- Pain
- Inattention / neglect of one side of the body
- Speech and language problems
- Lack of understanding
- Memory problems
- Depression and other mental health issues
- Emotionalism

Swallowing Problems (Dysphagia)

Most of us take swallowing for granted, it's something we do so regularly that we are often unaware that we are doing it. We don't just swallow when we eat; we also swallow whenever we want to clear saliva from our mouth. Swallowing seems simple but is actually a fairly complicated process which occurs in four stages:

1. The mouth fills with saliva in anticipation of food
2. Food is formed into a ball and pushed to the back of the tongue
3. Food is taken from the back of the tongue into the throat
4. Involuntary process takes over, food is carried down towards the stomach

A stroke can affect the ability to swallow in a variety of different ways. The person may lack the muscle tone or mouth control to chew the food and move it to the back of the tongue; they may have forgotten how to swallow or the involuntary action that closes the airway may have been affected leading to a risk of aspiration (food / fluid entering the lungs).
If a client's swallowing problems are not diagnosed and treated they will be at serious risk of harm; they may:

- Choke
- Develop aspiration pneumonia – this is caused by food or fluid in the lungs and can be fatal
- Become malnourished or dehydrated – if they experience pain or difficulty swallowing they may be deterred from eating or drinking
- All stroke survivors should have had their ability to swallow assessed in hospital but if you spot any of the following signs refer them to a speech and language therapist (salt) for diagnosis and treatment:
- Difficulty swallowing

- Coughing or choking while eating
- Dribbling
- Hoarse, gargly or wet sounding voice
- Complaining about discomfort, pain or problems when swallowing

If the client requires a modified diet or special feeding arrangements you will be advised of this by their medical team and given support to ensure they have adequate foods and fluids.

Supporting for eating

The physical effects of a stroke may make it difficult for an individual to feed themselves and they may require your help. If there is any way that aids can be introduced to aid independent feeding then this should be done; if they need assistance follow the guidance below:

Preparation

- Make sure the client is fully awake and ready to eat – mouth is clean , dentures are in
- Make sure the food is attractive, appetising and a suitable temperature – ask yourself 'would I eat this?'; if the answer is no don't expect your client to eat it either
- Make sure that the client is comfortable and relaxed, support them in an upright position using pillows if necessary
- Sit by the client, where they can see you – make allowances for any visual problems, if they have a blind side don't sit on it

Eating

- Give the client as much time as they need, rushing will increase the risk of choking and make the meal an unpleasant experience
- If foods need to be warm and the client takes a long time consider having food 'little and often' instead of three times a day
- Make sure that the client is able to do as much as possible for themselves e.g. taking the fork or spoon from you when you have put the food on it
- Describe the food as you offer it so that the client knows what to expect with each mouthful
- Offer a small amount at a time (it may be best to use a teaspoon) and ensure that the client has finished one mouthful before offering another
- Maintain the client's dignity throughout; talk to them (but discourage them from talking and eating at the same time), help them to keep clean and tidy (but don't treat them like a baby, no bibs) and allow them to take the lead about what they are eating and when.

When they have finished

- Offer fluids to rinse their mouth out and encourage them to remain upright for half an hour to aid digestion

Pain

One of the crueller ongoing problems experienced by some stroke survivors is a condition called central post-stroke pain (cpsp); this usually starts several months after the stroke and the effects have been described as icy burning sensation, throbbing and shooting pain. The condition is incurable and traditional painkillers don't normally help but doctors have found that some drugs developed for other purposes can provide relief.

Other common causes of pain after strokes include;

- Spasticity (see muscle tone above)
- Frozen shoulder
- Partial dislocation of the shoulder (subluxation)
- Swollen hand
- Headache

'Subluxation' and frozen shoulder are just two reasons why you may need to take extra care of the limbs of a client who has had a stroke. If, for example, you tried to lift someone, or pull them up, in a way which put pressure on their shoulder joint you could cause significant pain and discomfort.

Always provide gentle support for affected limbs when assisting clients to move; allow them to rest their forearm in your open palm, do not grip the limb or pull or twist it in any way. When the client is sitting or lying down position a pillow to support their arm; this will also help if they have a swollen hand, it will help to reduce the swelling and lessen the pain it causes.

The individual client's physiotherapist should have given advice on positioning the arm and prescribed appropriate supports and medication to lessen pain and discomfort.

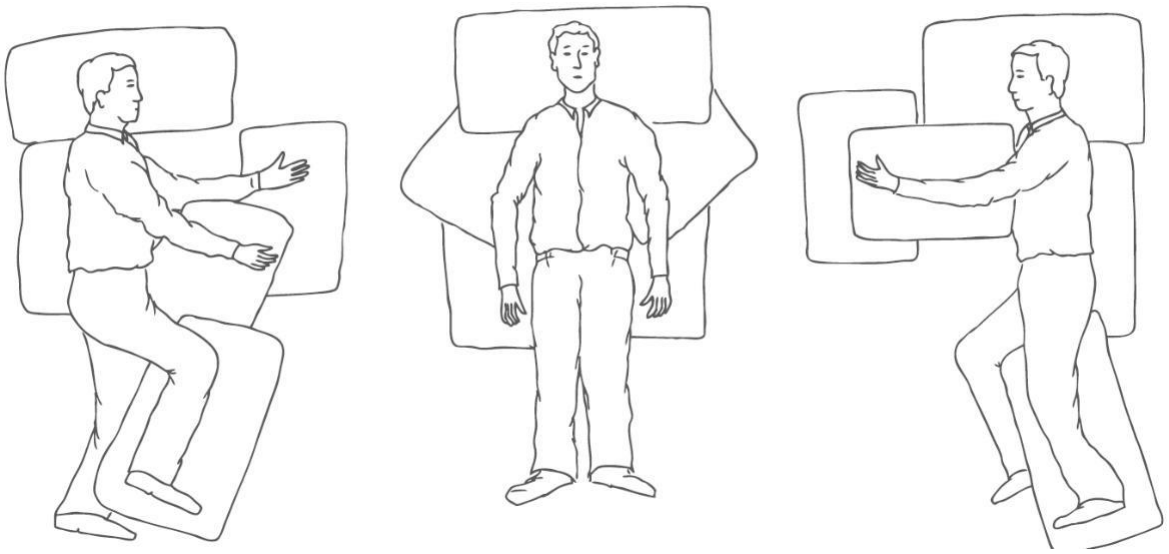
If a client has frequent or constant headaches, they should be referred to their doctor for investigation and treatment in case there is an underlying cause.

Inattention / neglect of one side of the body

Some people who have had a stroke become disassociated from their affected side. Difficulties with perception and sensation can mean that the person lacks awareness of one side of their body; they may 'forget' that it exists and neglect to wash or dress that side. They may even view the affected limbs as being completely unrelated to them and may show signs of being emotionally disconnected from them; they may give them their own name or decide that they belong to another person.

Clients who suffer in this way may require support to maintain their personal hygiene; they will be at increased risk of injuring the affected side and of falling.

Although not all stroke survivors will experience complete loss of feeling or awareness of one side of their body it is likely that they will be left with a significantly weaker side. The pictures below show some ways of using pillows in the client's bed to provide support, increase comfort and help to maintain their position.



Speaking Problem

As we know a stroke can damage any part of the brain and, therefore, affect any ability including those associated with speech and understanding. The following are common problems:

- Loss of muscle tone or control prevent the person's mouth from forming words properly so they are unable to speak clearly
- Damage to connections between thought and speech mean the person cannot say what they are thinking
- The person forgets words and so struggles to express themselves
- Memory and concentration are reduced making it hard for the person to recall events or maintain a conversation

For various reasons people who have had a stroke may struggle to communicate or to understand the people around them and the environment they live in. They may need help to participate in making decisions, express their feelings and interact socially with others.

Speech and language therapists may be able to treat any physical speech difficulties but problems with thought processes and comprehension will be harder to resolve. As a care provider you must do what you can to promote communication and understanding; these tips may help:

- Make sure the environment eases communication, reduce background noise and distractions
- Use physical prompts such as leaflets or pictures to aid concentration and understanding
- Use active listening skills – regularly check that you have understood what the person is trying to say

- Use professional advocates or translators when appropriate
- Break down information – for example give instructions one at a time
- Encourage use of memory aids and prompts e.g. post-it notes, diaries
- Take your time, never rush people or try to finish off their sentences or make assumptions about what they are saying
- Avoid using jargon, long words or complicated descriptions
- Get to know when the person is at their most alert

Mental health issues

A stroke will almost certainly have a significant impact on the mental and emotional wellbeing of the person who survives it. Apart from damage done to parts of the brain which control emotion and feeling, the psychological effects of the event itself can be severe and long lasting.

Stroke survivors have to rebuild their lives; they may have been left with disabilities, suddenly lost their independence, be coping with unpleasant effects such as incontinence and also have to face changes to their close relationships.

Conditions such as depression and anxiety are understandable reactions to the challenges that such a traumatic experience can cause. It's important that people are given support to understand and overcome negative feelings and emotional reactions.

If you believe that a client's mental health is at risk, they should be assessed by their GP and referred for appropriate therapy.

Some people experience mood swings or personality changes after a stroke; they may be angry about their conditions or afraid that they will suffer further harm. They and their families will require comfort, information and support to come to terms with what has happened and the long-term effects it will have.

A possible effect of stroke is 'emotionalism'; the individual may experience intense emotions which they express suddenly and publicly. For example, they may cry loudly or laugh hysterically for little apparent reason. This can be embarrassing for the individual; they should be helped to understand that these reactions are outside their control and that they are not alone in experiencing them.

There are medications that can help emotionalism, so the client's GP should be consulted, symptoms may also lessen over time. You can help by talking to the client about how they would like you to react to them. For example, would they like comfort when they cry or do they want you to distract them when they become emotional?

Conclusion

The most important skills you bring to caring for stroke survivors are compassion and empathy. Remember that each person is an individual with their own specific needs. Be sensitive to the possible ways in which physical and mental abilities are altered and be tolerant of behaviors which can seem challenging but may be understandable if the underlying cause is known.

Strokes shatter lives; your support may help to put them back together again.

Help and advice resource

People who can help

- Stroke consultants – doctors
- Physiotherapists – movement and balance
- Occupational therapists – equipment and activities
- Speech and language therapists – communication and swallowing
- District nurses
- Psychiatric professionals
- Dieticians

Information and resources

The Stroke Association www.stroke.org.uk

www.stroke4careproviders.org.uk