

## STROKE



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## PURPOSE

- The is to help the learner understand the causes of strokes; information that needs to be gathered when screening a potential resident who has had one or more strokes; and accommodations an AFH will need to provide for a resident with a diagnosis of a stroke.
- Aphasia
- Dysphasia
- Expressive and receptive aphasia
- Neglect of side
- Spatial perception
- Transient ischemic attack (TIA)

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## OBJECTIVES

- The learner will be able to:
  - Define what is a stroke and common causes;
  - List key questions to ask when screening potential residents with a diagnosis of a stroke;
  - Describe care guidelines for residents with a diagnosis of a stroke including common treatments;
  - Describe symptoms of a stroke and warning signs of a TIA;
  - Give examples of rehabilitation and communication issues for residents with a stroke diagnosis;
  - Explore your own physical and emotional limits regarding the type of care required for residents with a stroke diagnosis.

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## INTRODUCTION

- A stroke is a loss in neurological function caused by sudden blockage or rupture of an artery in the brain. Damage can be temporary or permanent. Stroke can be caused by:
  - A blood clot is the most common cause of stroke.
  - Embolus is a blood clot, gas bubble or fatty droplet that develops in a distant blood vessel and travels until it blocks the blood supply to the brain.
  - Hemorrhage (bleeding) is a weakened spot in an artery of the brain and bursts or leaks blood into the brain, damaging surrounding brain tissue.

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## MAJOR SYMPTOMS

- Symptoms of a stroke:
  - Can be severe or mild; and
  - May appear suddenly or gradually.
- Symptoms include:
  - Paralysis
  - Convulsions
  - Headache
  - Vomiting
  - Trouble speaking
  - Memory slips or loss
  - Mental confusion
  - Falling

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If you believe someone is experiencing a stroke:  
**Call 9-1-1 IMMEDIATELY**

Quick medical attention may prevent a fatal or disabling stroke

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## WARNING SIGNS

- Transient ischemic attacks (TIAs), also referred to as “little-strokes,” and may be indicators of an impending stroke:
  - TIAs occur when a blood clot briefly clogs an artery, blocking normal blood flow;
  - Most TIA symptoms occur and disappear quickly, usually in less than five minutes. Symptoms may last several hours, but never more than 24 hours.

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## WARNING SIGNS CONTINUED

- Symptoms of a TIA include:
  - Sudden temporary weakness, clumsiness or loss of feeling in the face, arm or leg on one side of the body;
  - Sudden, temporary blindness, or double vision;
  - Dizziness;
  - Staggering;
  - Loss of speech, slurred speech, trouble talking particularly with weakness on right side;
  - Confusion.

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## MEDICAL TREATMENT

- The cause of a stroke determines treatment. Aspirin, anti-depressant and heart medications are often indicated after a stroke.
- Rehabilitation depends on the amount of brain damage and rehabilitation efforts. Rehabilitation can help regain function, adjust to changes and prevent another stroke.

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### AFTEREFFECTS OF A STROKE

- Individuals recovering from a stroke typically experience problems in the following areas:
  - Paralysis or weakness on affected side;
  - Loss of voluntary motor control;
  - Change in muscle tone;
  - Loss of sensation or feeling on the affected side;
  - Vision problems;
  - Speech disorders;
  - Expressive or receptive aphasia and dysphasia;
  - Loss of bladder and bowel control.

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### COGNITIVE PROBLEMS

- After a stroke the person may lose the ability to accurately perceive their environment:
  - Neglect of the affected side is when they forget to turn their head to compensate for loss of vision;
  - Impaired judgment associated with right brain damage interferes with awareness of limitations or abilities;
  - Impaired cognitive ability can cause a mix up in a person's ability to estimate the passage of time;
  - Faulty spatial perception;
  - Visual tracking problems.

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### EMOTIONAL/BEHAVIORAL RESPONSES

- Remember the person may be more impaired than they appear. Responses common after stroke:
  - Depression, fear of death, disability and disfigurement;
  - Bad or short tempered;
  - Shallowness, self-centered;
  - Uninhibited behavior;
  - Euphoria or sadness;
  - Crying for no reason;
  - Rash or impulsive behavior;
  - Loss of desire/poor motivation

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## GUIDELINES FOR CARE

- After a stroke, daily activities, such as walking or eating, may require careful attention and planning which is stressful and mentally exhausting.
- The challenge is to increase progress, or maintain current levels of self-care, mobility and strength in the person who has limited energy.

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## REHABILITATION

- Your role in assisting with rehabilitation:
  - Pace activities. Offer rest periods. On low energy days, cancel other activities for rehabilitation efforts;
  - Reduce pressure to perform;
  - Reduce clutter, noise and other distractions;
  - Use adaptive devices;
  - Give step-by-step reminders, if necessary;
  - Demonstrate the task, if necessary;
  - Provide positive encouragement;
  - Provide cue-rich surroundings;
  - Encourage the resident to use the affected side.

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## BEHAVIORAL ISSUES

- Dealing with emotional/behavioral issues after a stroke can be more stressful than caring for physical needs:
  - Avoid making an issue of mood swings.
  - Maintain structured and predictable routines.
  - Offer simple explanations. Reduce confusion and anxiety by letting the resident know about new routines or people.
  - Control repetitive behavior by providing distraction.
  - Provide enough time. Rushing a person can lead to accidents, aggression and withdrawal.

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## EATING PROBLEMS

- After a stroke the resident may fail to recognize normal hunger cues, forget they just ate.
- Poor control of the muscles of the face, tongue and throat may cause choking.
- The effect of a stroke, combined with wearing dentures, reduces the ability to taste.
- Using the non-dominant hand to eat, plus vision problems, cause food spillage and feelings of distress.

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## EATING PROBLEMS CONTINUED

- To maintain adequate dietary intake:
  - Serve foods such as soup in a mug and finger foods;
  - Ask a dietitian about the right thickness and texture;
  - Remind resident if you suspect food has been left in their mouth:
    - If food on one side of the plate is ignored, remind the resident or give the plate a half turn.
  - Encourage the use of the affected hand. Suggest they use the weaker hand to hold a sandwich or glass:
    - The use of special gadgets, such as a one-handed knife-fork combination, promotes independence.

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## PERSONAL CARE

- Good grooming and cleanliness can help a person feel better. After a stroke the individual learns self-care routines during rehabilitation.
- Maintain a professional attitude. For example, the resident may put on clothes the wrong-side out. This may be humorous to you but embarrassing to the resident. Respond in a manner that protects the person's dignity.

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## PERSONAL CARE CONTINUED

- The following may help you promote good habits and independence:
  - Assist with part of a task, when necessary. Encourage the resident to complete the task;
  - Reschedule unnecessary self-care activities;
  - Make bath time easy/safe use soap on a rope, a long-handled sponge, a shower bench or chair, hand-held shower spray, and nonskid strips;
  - Remind the resident to groom the affected side, when needed;
  - Reorient the person to the bathroom, as needed;
  - Place needed items in view;
  - Encourage the use of adaptive clothing.

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## BOWEL AND BLADDER CONTROL

- Assessment by a health care professional is needed to determine if a bowel or bladder problem is stroke-related.
- In general, toileting schedules and adaptive equipment can help the resident after a stroke to remain continent.

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## SLEEP AND REST

- After a stroke unexpected fatigue is a consequence of the effects of a stroke.
  - They need to concentrate on everything they do, including activities they used to perform without thinking such as bathing, dressing and eating.
- If the individual has a “blind side” he or she may find noises from unknown sources and unseen people entering the room to be stressful, especially when wakened at night. It may help to position the person’s bed so the unaffected side is toward the door.

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## MOBILITY AND EXERCISE

- It requires concentration and extra energy to stand properly and walk normally:
  - Plan activities when energy is high. Maintain a balance of activities to avoid extreme fatigue.
  - Watch for signs of weariness.
  - Encourage the resident to use the affected side. The tendency is to overuse the good (unaffected) side, which causes painful stiffness on that side.
  - Provide reminders about good posture and gait
  - Learn how to support the resident's wrists, elbows and knees when assisting with activities such as bathing, dressing and range of motion.

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## COMMUNICATION

- Communicating with a person who has had a stroke is important because it reduces feelings of isolation and depression:
  - Show you are trying to understand;
  - Orient the person to time;
  - Allow time for personal expression;
  - Offer word-finding cues, if needed;
  - Learn how the resident communicate if speech is a problem; and
  - Be honest with praise. Exaggerated praise insults intelligence, despite good intentions.

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## DISCUSSION/QUESTIONS



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