Stroke Practice Guidance

Using this guidance

This guidance has been written by tri.x to support practitioners to understand what the needs of people who have had a stroke may be, and think about some of the ways that they may need to adapt their practice to maximise their involvement in care and support processes.

It should be used as supplementary guidance to all available procedures, and all statutory requirements of the Care Act apply.

What is Stroke?

A stroke occurs when blood supply is cut off to part of the brain. This causes damage to the brain, and can result in permanent cognitive and/or physical disability.

The causes of stroke

There are two main causes of stroke;

a) A blood clot in the brain (an ischaemic stroke); and
b) A burst blood vessel (a haemorrhagic stroke).

Ischaemic strokes are by far the most common, accounting for around 85% of cases.

Transient Ischaemic Attack (TIA)

A TIA is not the same as a stroke, because blood supply is interrupted as opposed to cut off entirely. TIA's can be a warning sign that a stroke may occur and a person who is thought to have had a TIA should always seek urgent medical advice.

Difficulties caused by stroke

The precise nature and intensity of difficulties experienced will depend on;

a) The area of the brain that has been damaged; and
b) The extent of the damage.

Problems tend to be worse in the weeks following the stroke and then gradually improve over time. Some people will fully recover, but many will never return to how they were before they had the stroke.

The following table sets out some of the difficulties that *may* be experienced by a person who has had a stroke;

Difficulty with…	Example
Behaviour	Reduced inhibition Anger, stress and aggression

Emotional wellbeing	Depression (e.g. crying, hopelessness, withdrawal) Anxiety (e.g. panic attacks) Difficulty controlling moods or emotions Hallucinations
Communication	No longer being able to understand or use spoken or written language (Aphasia) Difficulty speaking, due to loss of control of facial muscles (Dysarthria) Difficulty speaking, due to frozen facial muscles (Apraxia)
Cognitive function	Poor memory Difficulty concentrating Reduced ability to plan and problem solve Difficulty remembering how to carry out daily living tasks (e.g. personal care tasks and meal preparation)
Physical movement	Poor special awareness Weakness or paralysis of a limb, or down one side of the body Poor balance and co-ordination Tiredness, especially in the first few months after a stroke Pain associated with muscle spasm or weakness
Bodily functions	Poor swallowing reflex (Dysphagia) Loss of or reduced bladder and bowel control

Vision, Smell and Taste	Double vision Limited field of vision Reduced or lost sense of taste or smell Hypersensitivity to certain taste or smells

Rehabilitation

Rehabilitation is key to a person's recovery and long term outlook following a stroke.

Rehabilitation is a multi-disciplinary health approach that will begin in hospital, and continue post discharge for as long as it is needed.

The aim of rehabilitation is to support the person to;

a) Build muscle strength; and
b) Relearn how to do things; so that
c) The optimum level of independence can be achieved.

Depending on the particular difficulties that the person is experiencing a range of health professionals may be involved in their rehabilitation;

Professional	Example of Support
Physiotherapist	Practice to walk, stand, bend Exercise plan to build muscle strength
Psychologist	Talking therapies Behaviour management
Occupational Therapist	Develop routines and strategies to carry out daily living tasks Provision of slings, seating and mobility equipment
GP	Prescribing and managing medication Referral to other specialist services e.g. a pain clinic or Dietician service

Speech and Language Therapist	To relearn language skills To develop alternative means of communication Dysphagia management e.g. recommending consistency of foods and changes to eating patterns
Specialist nurses	General health and wellbeing support at home-for example with sleeping, pain management, continence, fatigue, epilepsy, management of other health conditions, healthy lifestyle choices to reduce the risk of further stroke

Reducing the risk of further stroke

Ischaemic stroke

Normally a person who has had an Ischaemic stroke will be advised to take a combination of medications to reduce the risk of a further stroke. These include;

a) Antiplatelets to reduce the risk of clots forming by thinning the blood (e.g. Aspirin);
b) Anticoagulants to prevent blood clots forming by changing the chemical composition of the blood (e.g. Warfarin);
c) Antihypertensives to lower blood pressure; and
d) Statin's to reduce cholesterol.

Haemorrhagic stroke

Normally a person who has had a Haemorrhagic stroke will be advised to take;

a) Antihypertensives to lower blood pressure; and
b) Statin's to reduce cholesterol.

Preventing, Reducing and Delaying Needs

Local Authority prevention services, such as Reablement, Occupational Therapy and Assistive Technology or Telecare can be extremely beneficial for a person who has had a stroke, particularly if they are provided in a timely way alongside their rehabilitation. As such they should *always* be considered.

Reablement

A short term Reablement service can support a person to;

a) Relearn daily living skills, or find alternative ways of doing things;
b) Practice using equipment or technology; or
c) Implement a strategy or approach recommended by another professional as part of their rehabilitation.

If a person's potential for reablement is likely to exceed 6 weeks consideration to an extension of the service should be considered, as opposed to the provision of longer term support *unless* that support is able to continue working in an enabling way.

Occupational Therapy

Any equipment that the person may need as part of their rehabilitation is normally provided through the rehabilitation team.

Outside of this Local Authority Occupational Therapy services can assess the home environment, and identify potential hazards or difficulties for the person. This could be loose carpets, steps or access issues. Minor works or adaptations can then be arranged to reduce the risk and enable to person to use their home safely. Equipment can also be provided to support the person to carry out tasks of daily living as independently and safely as possible, for example grab rails to assist bathing or raised seating in the kitchen so the person can prepare food.

Assistive Technology or Telecare

Gadgets can help a person to;

a) Remember when to do things (i.e. develop a routine);
b) Communicate with others;
c) Take medication independently;
d) Carry out tasks such as making a cup of tea; and
e) Stay safe in their home.

Maximising Involvement in Care and Support Processes

There is no reason why a person who has had a stroke cannot be fully involved in *all* care and support processes.

If the person has experienced significant cognitive impairment as a result of their stroke a mental capacity assessment must be carried out to establish their ability to be involved, and if they lack capacity delaying the care and support process to allow recovery should always be considered.

The following table demonstrates some of the steps that practitioners can take to facilitate involvement;

Step	Further Information
Try to avoid meeting after rehabilitation visits	Rehabilitation visits can be tiring for the person, and this may affect their concentration, communication and ability to process information.
Consider using alternative methods of assessment	Self assessment or communication by email can work well, especially if the person finds verbal communication difficult. The person may also receive lots of visits from professionals as part of their rehabilitation, and may appreciate the opportunity to communicate without a further invasion of their privacy.
Avoid lengthy meetings	The person may become tired quickly, especially if the assessment is taking place in the weeks or months immediately following the stroke or they need to use a lot of energy to carry out everyday functions, such as walking.
Communicate effectively	Sit where you can hear the person and consider whether they want to write information down instead of speaking it (although take into account their fine motor skills and ability to write at this time)
Consider any support the person may need	The person may benefit from the support of an advocate, friend or a member of their rehabilitation team as well as any carer. This support may be needed before the meeting, during and also afterwards to support them to talk through the meeting outcome and next steps.
Limit distractions	The person may find it difficult to concentrate if there are other things happening around them.

Allow time for the person to consider things and respond Do not make a judgement about their capacity based on a slowed process time	A person can experience delays in processing information and providing a response
Allow time for the person to talk about their worries and wellbeing, and show that you are listening	The person is likely to have worries and concerns for the future. Recognising these concerns will build rapport and also support the person to move on to talk about their current needs and outcomes in a positive way.

Joint Work

Stroke is a complex health condition, and there is likely to be a number of professionals involved, particularly during rehabilitation.

It is important to;

a) Establish which professionals are involved (or need to be involved); and
b) Consult with them appropriately (and in line with confidentiality); and
c) Co-operate with any requests to work jointly with others.

During rehabilitation it is particularly important that effective joint work takes place, so that any adult care and support services provided can complement the work of the rehabilitation team and optimise the person's independence.

Specialist Information and Advice

The person who has had a stroke, their families and carers will likely have a lot of questions about their condition, and also about other matters such as their finances or legal issues (e.g. Powers of Attorney or wills).

Steps should be taken to ensure that they have access to the information and advice that they need, or that would be of benefit to them.

The Stroke Association has a dedicated national helpline. The number is 0303 3033 100.

Independent Age also has a dedicated line, and can provide information and advice specifically about maintaining independence. The number is 0800 319 6789.

Monitoring and Review

Depending on the type of brain damage caused by the stroke and the person's response to any rehabilitation their need for adult care and support may change over time.

Appropriate and proportionate arrangements should be made to monitor the person's situation over time, and to respond in a timely way to any change in needs, so as to;

a) Promote independence, when the level of need is reduced;
b) Ensure on-going needs continue to be met; and
c) Provide support to carers.

Carers

A stroke normally occurs without warning, and the impact on those people who find themselves with caring responsibilities should not be underestimated. Most carers of people who have had a stroke will need support at some point, be it practical or emotional.

The risk to the wellbeing of carers is increased when;

a) They have limited informal networks of support;
b) The person's needs are intensive;
c) Rehabilitation approaches are not effective;
d) The person is verbally or physically aggressive towards the carer;
e) The person's needs are long term;
f) The person is known to be at high risk of another stroke.

All carers should be offered a carers assessment in line with the statutory requirements of the Care Act.