

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 and consider ways 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.

Whilst this summary offers a helpful overview, for more detailed information see [The Stroke Association](#).

What is a Stroke?

According to the NHS, a stroke is when blood stops flowing to a part of your brain. It can affect things like speech and movement and take a long time to recover. A stroke needs urgent medical help in hospital because it can be life-threatening.

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.

Recovery following a stroke will vary, complications are often worse in the weeks following the stroke but tend to improve gradually over time. While some people will fully recover, many will not return to their pre-stroke condition.

Transient Ischaemic Attack (TIA)

A TIA is not the same as a stroke, because blood supply is temporarily disrupted as opposed to cut off entirely. TIA's can be a warning sign that a stroke may occur, and anyone who suspects a TIA should seek urgent medical attention. TIA's typically resolve within 24 hours.

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

	<p>Hallucinations</p> <p>Sleep disturbances</p>
Communication	<p>No longer being able to understand or use spoken or written language (Aphasia)</p> <p>Difficulty speaking, due to loss of control of facial muscles (Dysarthria)</p> <p>Difficulty speaking, due to frozen facial muscles (Apraxia)</p>
Cognitive function	<p>Poor memory</p> <p>Difficulty concentrating</p> <p>Difficulty understanding what others are saying</p> <p>Reduced ability to plan and problem solve</p> <p>Difficulty remembering how to carry out daily living tasks (e.g. personal care tasks and meal preparation)</p> <p>Seizures</p>
Physical movement	<p>Poor spatial awareness</p> <p>Weakness or paralysis of a limb, or down one side of the body</p> <p>Poor balance and co-ordination</p> <p>Tiredness, especially in the first few months after a stroke</p> <p>Pain associated with muscle spasm or weakness</p>
Bodily functions	<p>Poor swallowing reflex (Dysphagia)</p>

	<p>Loss of or reduced bladder and bowel control</p> <p>Sexual dysfunction</p>
Vision, Smell and Taste	<p>Double vision</p> <p>Limited field of vision</p> <p>Reduced or lost sense of taste or smell</p> <p>Hypersensitivity to certain taste or smells</p>

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 and dependent on how serious the stroke is.

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 difficulties that the person is experiencing a range of health professionals may be involved in their rehabilitation:

Professional	Example of Support
Physiotherapist	<p>Practice to walk, stand, bend</p> <p>Exercise plan to build muscle strength</p>

Psychologist	Talking therapies Behaviour management
Occupational Therapist	Develop routines and strategies to carry out daily living tasks Provision of slings, seating and mobility equipment
Social Worker	Coordination of services Transition from hospital to home Advocacy
GP	Prescribing and managing medication Overseeing general health and coordinating care such as referrals to 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 (swallowing issues) 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

Medication will be provided, and it is important to take it as prescribed. Lifestyle changes are recommended following a stroke or TIA under medical supervision.

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.

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 following a stroke, a mental capacity assessment should be carried out to determine their ability to engage in decisions about their care and support. If they are found to lack capacity, decisions must be made in their best interests. Where appropriate, delaying care and support processes to allow the person to recover should be considered, however ensuring their immediate needs are met remains essential.

The following table demonstrates some of the steps that practitioners can take to facilitate involvement - seeking advice from other practitioners e.g, speech and language therapist is also recommended.

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	<p>Self-assessment or communication by email can work well, especially if the person finds verbal communication difficult.</p> <p>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.</p>

<p>Avoid lengthy meetings</p>	<p>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.</p>
<p>Communicate effectively</p>	<p>Sit where you can hear the person and consider whether they want to write information down instead of speaking it (although consider their fine motor skills and ability to write at this time)</p>
<p>Consider any support the person may need</p>	<p>The person may benefit from the support of an advocate, family member, friend, or a member of their rehabilitation team as well as any carer.</p> <p>This support may be needed before the meeting, during and after to support them to talk through the meeting outcome and next steps.</p>
<p>Limit distractions</p>	<p>The person may find it difficult to concentrate if there are distractions around them.</p>
<p>Allow time for the person to consider information and respond</p> <p>Do not make a judgement about their capacity based on a slowed process time</p>	<p>A person can experience delays in processing information and providing a response.</p>
<p>Allow time for the person to talk about their concerns and wellbeing, and demonstrate that you are listening</p>	<p>The person is likely to have concerns for the future.</p> <p>Recognising these concerns will build rapport and support the person to move on to talk about their current needs and outcomes.</p>

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 (in line with confidentiality); and
- c) Co-operate with any requests to work jointly with others.

During rehabilitation it is 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.

The person who has had a stroke, their families and carers will likely have a lot of questions about their condition, and 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. They can also be emailed using helpline@stroke.org.uk. Additionally, they have a number of publications available on their website in a number of languages and in accessible communication formats.

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, 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.

Further Reading

[Carer's assessments - Social care and support guide - NHS](#)

[Stroke Association / Finding strength through support](#)

[Stroke - NHS](#)

[Overview | Stroke and transient ischaemic attack in over 16s: diagnosis and initial management | Guidance | NICE](#)