Stroke Patient
Home Care Presentation
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Objectives
- Discuss the modifiable risk factors for stroke
- State the sign and symptoms of stroke
- Identify the top patient/family education topics
- List the common comorbid conditions
- Discuss the importance of therapies/therapy involvement

Nursing
- **Nursing** is:
  - the protection, promotion and optimization of health and abilities,
  - prevention of illness and injury,
  - facilitation of healing,
  - alleviation of suffering
    - through the diagnosis and treatment of human response and
  - advocacy in the care of individuals, families, groups, communities and populations.
Prevention

- Key concern
  - Of the 750,000 stroke survivors
    - 5-14% will have a second stroke within one year
    - 24% of women and 42% of men within 5 years

Prevention

- Risk factors
  - Non modifiable
    - Age
    - Male
    - Being African American
    - History of a stroke - family member or personal
  - Modifiable
    - Blood pressure
    - High cholesterol
    - Heart disease
    - Blood clotting
    - Quit smoking
    - Limit alcohol
    - Manage diabetes
    - Exercise
    - Nutrition
    - Hypercoagulable
    - Drug abuse
Monitoring Blood Pressure

- Most important and easily controlled risk factor
- Normal 120/80
- Know their blood pressure
- Have it checked
- Take medications
- Diet and exercise

Cholesterol and Heart Disease

- Adherence to medication regiment
  - Plan for taking
  - Ability to pay
- Atrial fibrillation
  - If diagnosis, adherence to medication regime
  - Monitoring pulse
  - Care with to prevent bleeding

Blood Clotting

- Reduce risk of a second stroke
- Adherence of medication regiment
  - Aspirin
  - Plavix
- Care to prevent cuts, bruising, bumps, shaving, brushing teeth
Quit Smoking
- Medications (nicotine replacement therapy)
- Online help
  - American Cancer Society
    - 1-800-227-2345
  - Nicotine Anonymous
    - www.nicotine-anonymous.org
  - QuitNet
    - www.quitnet.com
  - Smokefree.gov
    - Ww.smokefree.gov

Limit alcohol
- High in calories and low in nutrients
- Heavy Drinking
  - Serious physical and mental deterioration
  - May increase stroke
- Drink in moderation
  - Women one drink per day
    - 5 ounces of wine; 12 ounces of beer; 1.5 ounce of 80 proof distilled spirits
  - Men two drinks per day

Manage diabetes
- Review what is known
- Skill with blood glucose monitoring
- Aware of blood glucose level
- Signs and symptoms of hyper and hypoglycemia
- Carbohydrate counting
- Medication adherence
- Weight control
Exercise

- Review activity
- Set realistic goals
- Fatigue
- Balance
- Suggestion of how to add exercise to daily activities:
  - Parking away from entrance
  - Gardening for 30-45 minutes
  - Short intervals of exercise, like 10 minutes couple times a day
  - Stretching exercises

Nutrition

- Plan to eat a variety of foods each day
- At least 5 servings of fruits and vegetables
- Choose foods low in saturated and trans fat
- May need to limit salt or fat
- Baking, boiling, steaming or grilling
- Avoid excess sugar

Hypercoagulable

- Important cause of stroke in children and young adults
- Intracranial hemorrhage
- Family history of factor XIII deficiency or severe factor IX deficiency, complicate leukemia or thrombocytopenia
- Adhering to medication regiments
Drug Abuse
- Can cause brain hemorrhage especially in adolescents and young adults
- Acute hypertensive reaction in response to the drugs' sympathomimetic action (effect of stimulation of organs and structure by sympathetic nervous system, which increasing the release of neurotransmitter norepinephrine at the nerve endings.)
- Methamphetamine may cause vasculitis

Early Sign and Symptoms
- BE FAST
  - B balance
  - E eyes
  - F face
  - A arm
  - S speech
  - T time to call 911
- Previous symptoms
- Education of family members

Patient/ Family Education
- Grief
- Role reversal
- Anger
- Right Brain injury
- Left Brain injury
- One-sided Neglect
- Emotional Lability
- Behavioral changes
- Bowel and bladder control
Grieving process

- **Step one: Shock**
  - Initial phase of hospitalization or rehabilitation

- **Step two: Denial**
  - Psychological way to escape the overwhelming aspects of the disability
  - Focus on the “here and now”

- **Step three: Reaction**
  - Realize the full impact of the disability
  - Most common reaction anger, bargaining, depression and mourning the losses or changes

- **Step four: Mobilization**
  - Show more interest in learning

- **Step five: Acceptance**
  - Learn to live with the disability
  - No longer take hold and keep from feeling hopeful and grateful about being alive

Role Reversal

- With spouse
  - Taking care of the finances, cooking, cleaning, assuming chores the other performed

- With children becoming the “parent”

- Grieving over the loss

- Can strain the most solid relationship due to the stress and suffering from loss

Anger

- Common for survivors
- Expressed verbally or physically or withdrawing
- May take anger out on others
- Caregivers keep their emotions under control
- Leave the survivor until control is regained
- Acknowledging the anger but we must work together
- Caregiver devise a plan to help with the reaction and deal more effectively with the anger
Location of the stroke

Right Brain Injury
- Left facial droop
- Left arm drift
- Correct and clear Speech
- Left visual Field deficit
- Eye deviates to right
- Neglects Left side
- Spatial-Perceptual deficits
- Quick Impulsive Behavioral style
- Memory deficits

How to deal with the Right Brain Injury
- Keep environment safe: sharp objects, cleaning agents and poison out of reach
- Monitor person’s activities
- Be aware of visual and sensory problems, for example cannot perceive things on left side, place items on the right
- Encourage them to acknowledge the affected half of their body
- Encourage turning of head from side to side in order to see what might be ignored
- Frequent reminders of the affected side: touching, rubbing or asking survivor to massage
- Minimize distractions and clutter (calm environment will help person to focus on task at hand)
- Mark pointed edges of furniture, doorways and other items to help with inability to determine depth and distance
Further problems from Right Brain Injury

- Usually do not have aphasia but have difficulty pronouncing speech sounds properly due to weakness or control of mouth and face muscles
- Trouble with interacting normally because of thinking skills

Left Brain Injury

- Right Facial Droop
- Right Arm Drift
- Aphasia (wrong or inappropriate words or mute)
- Right Visual Field Deficit
- Eye deviates to left
- Slow, Cautious Behavioral Style
- Memory Deficits

Things that might help with Left Brain Injury

- Allow survivor to function at a comfortable pace
- Recognize and deal with fatigue
- Encourage the person to ask for help
- Ease the guilt about frustrating limitations
- Give immediate and frequent feedback
- Keep questions and comments simple
- Speak in a normal voice (unless hard of hearing)
One sided Neglect

- Neglect of one side (Unable to pay attention to one side)
- Literally half of world around them is missing
- Suggestions:
  - Putting cloths on side they can see
  - Signs to have turn head with shaving or putting on make up
  - Give gentle reminders

Emotional Lability

- Sudden laughing for no apparent reason
- Difficulty controlling emotional response
- Medication may be prescribed
- Greatest in the first few months after the stroke
- Most often slowly fades away over time
- Accept the behavior in a “matter-of-fact” manner
- Remind the person symptoms are due to the stroke (diminish embarrassment and continue with current activity or discussion)

Behavioral Changes

- Apathy
- Memory loss
- Perception/concentration problems
- Bowel and Bladder changes
Apathy

- Affect part of brain that helps us with:
  - get up and go
  - stimulate our interest in things
  - drive us to want to be active
  - stay involved with world
- Different from depression (may look very much like depression)
- Neuropsychologist to sort out the difference

Memory Loss

- Reminders or prompts to finish sentence or certain tasks
- Doing things in a more structured manner
- May become anxious and cautious
- No longer handle money or balance a checkbook
- Hard to accept and frustrating

Perception/concentration

- Common after stroke
- Social situations maybe difficult
- Choose small, quiet, slow-paced gatherings
Bowel and Bladder Changes

- Common condition
- Suggestions:
  - Watch for signs need toileting
  - Facial expressions, sudden agitation or aimless pulling at clothes
  - Regular toileting schedule
  - Persistent difficulties should be discussed with health care provider

Comorbid conditions

- Aspiration pneumonia
- Depression
- Skin care
- Falls
- Urinary Tract Infections
- Aphasia
- Pain

Aspiration Pneumonia

- Good oral hygiene
- Mouth kept clean, especially after each meal
- Swallowing difficulties are dealt with dysphagia diet, soft foods or tube feedings
- Thickening of foods (natural thickener tapioca, flour, instant potato flakes, oats and matzo meal)
- Making sure no pocket of food in one side of the mouth
- Dry mouth can increase concentration of harmful oral bacteria
- Dietitian or speech therapy consult
Depression

- Can be a natural reaction
- Can be become more serious to impair functioning and inhibit moving on in the recovery process
- May dampen family’s enthusiasm for helping with recovery or drive away those who want to help
- Identify warning signs:
  - Express feelings of worthlessness
  - Loss interest in once pleasurable activities
  - Changes in appetite and weight
  - May attempt or talk about suicide
- Consult with social worker, psychologist or other mental health professional

Skin care

- Lack of activity
- Skin care
  - Elbows, buttock, heels or shoulder blades susceptible to sores
  - Check skin daily for reddened spots first warning sign
  - May not feel pain
  - Air cushion to relieve pressure on skin of the buttocks, if in a wheelchair

Falls

- Problems range from balance issues to arm or leg paralysis
- Serious fall 40% with in a year of stroke
- Rehabilitation therapy may help improve balance and ability to move
- Plan in place if fall occurs
Urinary Tract Infections

- Be alert especially if indwelling catheter while in the hospital
- Unexplained change in behavior
- Increased temperature
- No temperature change

Aphasia

- Loss of ability to communicate normally resulting from damage to the left side of the brain
- Affect speech and comprehension ability to read, write or deal with numbers
- Intelligence is not lowered
- Extent and range of the deficit depends on the location and severity of the brain injury

Types of Aphasia

- Anomic aphasia - difficulty in naming common objects or places
- Conductive aphasia - repeating anything said by another person
- Expressive (Broca’s Aphasia) lack of ability to express thoughts, uttering incoherently
- Fluent - normal and rapid speech, incorrect words or sounds are substituted without person realizing it. “dog” for “horse”
- Global - great difficulty with all language functions - comprehension or understanding, reading, talking, or even repeating what is heard.
- Non fluent - slow and difficult, desperate attempt to talk use of hand and face gestures
- Receptive (Wernicke’s Aphasia) sounds are heard but no understanding of what they mean. Unable to understand or monitor speech
Pain

- Important to not let pain keep from being active
- Can be a debilitating effect
- If in pain interferes with movement cause further disability
- Immobility can cause joints to “freeze”
- May advance the disabilities present and contribute to more dependence

Importance of therapies/therapy involvement

- Early interventions start in hospital first day of admission
  - Physical Therapy
    - Can help with surveying the house for safety
    - Work to help with physical changes involving moving and balance
    - Suggest exercises to strengthen muscles
  - Occupational Therapy
    - Learn strategies to manage daily activities such as eating, bathing, dressing, writing or cooking
  - Speech Therapy
    - Return language skills (talking, reading, and writing)
    - Strategies to help with swallowing concerns
    - Dysarthria (pronunciation) and aphasia (unable to process language)
    - Memory loss
    - Strategies to help with swallowing concerns

Transition of Care

- Patient Instructions
  - Created by the physician
  - Meds
  - Follow up
  - Educational materials utilized
- Education
  - Stroke booklet
  - Hope Book
TOC What is it?
- MOSAIC program
- Program goals
  - Prevent readmissions
  - Identify gaps in care
- Process
  - Staff nurses performs call backs
  - Fill out a form from MOSAIC
  - Forms are sent securely electronically to MOSAIC

TOC Topics
- Events within the first 30 days
  - Death
  - ED Visit
  - Hospitalization
  - Physician follow up visit

TOC Topics
- Lifestyle Changes within 30 days of Discharge
  - Tobacco
  - Blood Pressure Monitoring
  - Blood Sugar Monitoring
  - Physical Activity
  - Modified Diet
TOC Topics

- Lab / Assessments
  - Blood work
  - Lipid Profile
  - INR
  - Mobile Cardiac Monitoring

TOC Topics

- Medications
  - Not affordable
  - Pill container
  - Who sets up meds?
  - Understand how to take?
  - Understand why you take?
  - Do you know what to do if the meds run out?

TOC Topics

- Rehab / Disease Management
  - Stroke Rehabilitation
  - Location
  - Type
  - Home Healthcare Nurse
  - Has the nurse visited?
TOC Topics

- Functional Outcome
- Modified Rankin Score
- Fall within 30 days
- Educational Recall
- Signs and Symptoms
- Risk Factors
- Call 911

Results

- 187 Patients submitted to MOSAIC TOC
  - 0 Died within 30 days of Discharge
  - 24% had ED visits without hospitalization (45)
  - 10% of the 187 were hospitalized within 30 days
  - 97.9% Scheduled Visit with their PCP
  - 91.8% Attended the visit with their PCP

Results

- 39 smokers
  - 38.5% continued to smoke
  - 59% stopped smoking
  - 2.6% No comment
Results

- Monitoring Blood Pressure
  - 102 patients with hypertension
  - 88% monitor their BP at home
  - 74% keep a log
- Monitoring blood glucose
  - 114 history of diabetes
  - 32% monitor their blood glucose

Results

- Rehab Services
  - 38.5% received
- Home Healthcare Nurse
  - 25% had a home healthcare nurse

Gaps in Care

- Education
- Risk factor modification
- Stroke identification
- Call 911
- Take Medications
- Follow Precautions
Resources

- American Stroke Association
- National Stroke Association
- Community Library
- Stroke Club

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Stroke Club

Grand Traverse Bay Area Stroke Club

- Meeting for over 31 years to offer support, friendship, and information to people who have experienced a stroke.
- Meet the second Wednesday of the month.
- Facilitated by Melinda Hollands, LMSW