Stroke in the Community and Long-Term Care

Champlain Regional Stroke Network
**WHO IS THE CRSN?**

- The CRSN is part of the Ontario Stroke System, which is comprised of fourteen Stroke Networks throughout Ontario.

- We provide leadership in the development, implementation, and coordination of stroke care throughout the Champlain region.

- All points in the care continuum: health promotion, primary and secondary prevention, pre-hospital, acute care, rehabilitation and community reintegration.
Stroke in Long-Term Care Homes

- In long-term care (LTC), **20 percent** of residents have had a stroke.

- Stroke is the **third most common** diagnosis in LTC residents.

- More than **10 percent** of patients who have experienced a stroke **require long-term care**.

- Twenty percent of stroke survivors have **moderate or severe impairments** and many are discharged to a LTC home.
AGENDA

1. What is a stroke?
2. Prevention and Risk Factors
3. Helpful Resources to Improve Post-Stroke Quality of Life
What is a stroke?

Caused by a lack of oxygen and nutrients to the brain.

To work properly and to stay alive, brain cells (neurons) need blood vessels to constantly supply them with oxygen and nutrients.

A stroke occurs when blood flow in an artery stops, either because of a blockage, or because it bursts.
Different Types of Stroke

**Ischemic Stroke** (about 80% of strokes)

- Caused by a **blockage** or **clot** in an artery in the brain.
- Can be caused when plaque builds up inside the wall of an artery.
- As blood and fat cells stick to the plaque, the clot grows.
  - The clot can get big enough that it **blocks** normal blood flow.
  - Clots can form in the brain, or in another part of the body, travelling to the brain.
Different Types of Stroke

Hemorrhagic Stroke (about 20% of strokes)

- Caused when weak spots in the arteries (aneurysms) stretch too far and break open. This leads to **bleeding**.

- Bleeding **interrupts** blood flow and damages the brain.
Transient Ischemic Attack (TIA)

- Caused by a small clot that briefly blocks an artery.
- Symptoms are similar to a stroke, but they last only a few minutes or hours, and cause no lasting damage.
- Treated as a medical emergency, even though the symptoms go away.
- People who experience stroke symptoms that resolve are often referred to a Stroke Prevention Clinic.
The effects of stroke are different for each person. They can be mild, moderate or severe. The severity depends on factors such as:

- the **type** of stroke (ischemic or hemorrhagic)
- the side of the brain where the stroke occurred (**right or left hemisphere**)
- the **lobes** of the brain affected by the stroke
- the **size** of the damaged area in the brain
- the **body functions** controlled by the affected area
- the amount of **time** the brain area had no blood flow
- **the time it took to get to hospital**
  - a. TPA
  - b. Clot Retraction
Atrial Fibrillation: An irregular heart rhythm. It can cause small clots to form in your heart and travel to your brain.
Risk Factors: Medical Conditions

**High Blood Pressure:** Can weaken your artery walls, increasing your chances of a stroke. If you keep your blood pressure below target levels, you can lower your risk of stroke by 30-40%.
Risk Factors: Medical Conditions

**Diabetes:** Can affect your blood vessels and in turn increase blood pressure. Diabetes also increases the chance of plaque forming in your blood vessels.
**Risk Factors: Medical Conditions**

**High Cholesterol:** Can lead to a buildup of plaque in the artery walls (atherosclerosis). This makes it harder for blood to flow through your body.
Narrowing of Carotid Arteries: Makes it difficult for blood to flow to the brain, and risk of clots forming.
Risk Factors: Lifestyle

Smoking
Unhealthy Eating
Abdominal Obesity
Inactivity
Excessive Alcohol Intake
Stress
What can be done?

- **Increase activity**: 150 minutes of moderate to vigorous activity *every week*, in periods of 10 minutes or more.

- **Quit Smoking**

- **Taking Medications as Prescribed**: make sure that the names and purposes of medications are known.

- **Achieving a Healthy Weight**

- **Measuring your own Blood Pressure**

- **Reducing Stress and Increasing Wellness**

- **Healthy Eating and Decreased Alcohol Intake**
Up to 80% of Strokes are Preventable

The good news is most stroke risk factors are lifestyle related, so everyone has the power to reduce their risk of having a stroke.

Help your loved one make small, healthy changes to their daily routine to decrease their risk of having a stroke.
Stroke Prevention Clinics

Arrange for testing and a consultation with a Stroke Neurologist in order to help address risk factors, and prevent a future stroke.

**Testing might include:**
- Ultrasound of the Neck (Carotid Doppler)
- CT Scan of the Head
- Echocardiogram
- Holter Monitor
- Blood tests

You can help!
After a Stroke:
Quality of Life in the Community
Stroke and Long Term Care

Taking Action for Optimal Community and Long-Term Stroke Care: A Resource for Healthcare Providers (TACLS)

- Provides guidelines that outline the best ways to prevent, diagnose, treat and care for people who have had a stroke who are living in community settings.
- Focuses on the care needed after the hyperacute and acute phases have passed.
- Covers four domains: Body Structures, Body functions, Activities and Participation, and Environmental Factors.
- Caregivers, family members, and friends who provide informal support and care may find this resource useful.
**Nutrition and Swallowing**

- Information about how a stroke can interfere with eating and swallowing: ie. muscular impairment, cognitive changes, chewing and swallowing, seeing food on the plate, changes to taste and smell of food.

- **DYSPHASIA**: Difficulty swallowing. Information on signs and symptoms, such as: coughing, throat clearing or choking, shortness of breath, difficulty moving food in the mouth, drooling, etc.

- **Consequences**: Inadequate nourishment, dehydration, aspiration (food, liquid, etc. into the airway - can cause pneumonia), choking, impaired quality of life.

- **How you can help**: Information on proper positioning; how to reduce distractions and monitor feeding rate and amount; how to teach new skills; adapting food textures and special diets, etc.
BEST PRACTICE RECOMMENDATION: Patient, families and caregivers should receive education on swallowing and feeding recommendations. To reduce the risk of aspiration pneumonia, patients should be permitted and encouraged to feed themselves whenever possible. Patients should be given meticulous mouth and dental care, and educated on the need for good oral hygiene to further reduce the risk of pneumonia.
6.4 Mobility

IN THIS SECTION
- Walking
- Assistive devices and walking (gait) aids
- Stairs
- Movement and exercises

WALKING
Learning to walk safely is usually very important for most people after stroke. To avoid falls and injury, stress the importance of safety — they need to slow down and be aware of their foot placement. If they have neglect or vision problems, remind them to turn their head to that side so they do not bump into things.

In addition to being able to walk safely, it is equally important to think about the quality of walking. As the brain “reprograms”, the amount and type of practice becomes critical to the quality of movement and extent of functional recovery.

A physiotherapist can provide special instructions on how to help someone walk. In all cases, remember the following general principles.

YOUR ROLE AS A HEALTHCARE PROVIDER
A stroke can affect a person’s ability to maintain their balance, use their affected leg, and/or walk very far. They may require assistance and walking aids to walk even short distances. The challenges will be even greater if they have cognitive impairments such as poor judgment, are impulsive, or have visual perceptual impairments such as visual neglect. Always refer to the care plan, as it will identify if the person is able to walk, and what assistance and assistive devices are needed for safety.

HOW YOU CAN HELP
- Before you start, make sure the person is wearing appropriate footwear with good support and grip. Slippers provide minimal support and can lead to a fall and injury.
- Use any devices and aids that have been recommended and that are part of the care plan such as a transfer belt, assistive device such as a brace, and walking aids.
- As a rule, stand on the person’s affected side. However, there are exceptions. The therapist will tell you if you should position yourself somewhere else when you are helping the person walk.
- If the person starts to lose their balance while walking, have them stop and regain it before continuing.
- Remind the person about the importance of posture. Have them stand upright and tall, with eyes looking forward, resisting the temptation to look at their feet.

www.strokebestpractices.ca
What if your loved one has had a stroke?

Best Practice Stroke Care Plans

- Activities of Daily Living
- Behaviour Change
- Bladder and Bowel Continence
- Cognition
- Communication
- Depression
- Leisure
- Mobility, Positioning & Transfers
- Nutrition, Hydration & Swallowing
- Pain
- Perception
- Skin Care & Hygiene

Piloted in LTC homes: 95.8% of respondents indicated that the stroke care plans enhanced their ability to care for stroke residents. Helped to increase awareness of Best Practice Recommendations.

Available on Ontario Stroke Network Website
ontariostrokenetwork.ca
# Stroke Care Plan: Nutrition, Hydration & Swallowing

**Focus:** Swallowing Impairment (Dysphagia) & Dehydration

Resident is at risk of dehydration as evidenced by fluid intake below dietary recommendation related to swallowing alterations due to stroke.

**Chapter 3, Sections 3.2 and 3.3**

<table>
<thead>
<tr>
<th>Focus</th>
<th>Goal(s)</th>
<th>Timelines</th>
<th>Interventions</th>
<th>Accountability</th>
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<tbody>
<tr>
<td>Swallowing Impairment (Dysphagia) &amp; Dehydration</td>
<td>Resident will meet daily fluid intake as prescribed by dietitian (specify)</td>
<td>Determine resident’s ideal daily fluid intake and preferred fluids on admission.</td>
<td>Dietary</td>
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<td>Resident will be adequately hydrated as evidenced by:  - Good output of clear, amber-colored urine and lack of urinary tract or bladder infections  - Normal consistency of saliva  - Soft, formed bowel movements  - Absence of dizziness  - No change in mental status  - No weight loss of 3.5 pounds (1.5 kg) in less than 7 days  - Absence of fever or sweating  - Good skin elasticity</td>
<td>Offer resident’s preferred fluids (specify) between meals and snacks. Give frequent, gentle reminders to drink. Encourage sips of fluids rather than large amounts.</td>
<td>PSW/HCA</td>
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<td>Put fluid container on unaffected side if resident has neglect.</td>
<td>PSW/HCA/Dietary</td>
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<td>Offer fluids at the temperature preferred by the resident.</td>
<td>PSW/HCA/Dietary</td>
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<td>Track and record fluid intake for all meals and snack times. Report any changes to registered staff.</td>
<td>PSW/HCA</td>
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<td>Review and evaluate intake every 24 hours.</td>
<td>Registered Staff</td>
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<td>Track and record output at request of registered staff or dietitian. Report any changes in color of urine to registered staff.</td>
<td>PSW/HCA</td>
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<td>Observe resident for signs &amp; symptoms of dehydration &amp; report to registered staff:  - dry mouth, coated tongue  - decreased skin elasticity. Test by gently pinching skin on the resident’s hand. If it stays pinched when you release it, the resident may be dehydrated.</td>
<td>PSW/HCA</td>
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Quality of Care and Advocacy

“No decision about me, without me”.

Your loved one, and those close to them (family, friends, etc.) are the experts on their life, values, and needs. You are an important member of the care team.

“‘You are the captain of your own ship. The many doctors, nurses, social workers, navigators and therapists are there to give advice and support, but it is up to you to decide where you are sailing’.

- John (Stroke Survivor)
Quality of Care and Advocacy

- Understand stroke, including warning signs and risk factors *(Your Stroke Journey)*
- Familiarize yourself with the Best Practice Guidelines for Stroke in Long Term Care *(TACLS)*
- Encourage the implementation of Stroke Care Plans in your loved one’s LTC home.

Participate in the improvement of stroke care by joining the Champlain Regional Stroke Network’s Patient and Family Advisory Council.

Contact Laura Dunn (laudunn@toh.ca), or myself for more information.
Key Messages

• Stroke and TIA are medical emergencies that require immediate medical attention. Call 911, even if the symptoms go away.

• Know the risk factors for stroke. Some can be changed.
• Recovery is individual and depends on many factors. It may last months or years.
RESOURCES

Quitting Smoking: [www.myquit.ca](http://www.myquit.ca) or 1-877-376-1701 [Link here](#).

*Your Stroke Journey* - available from the Heart and Stroke Foundation [PDF](#).

*Taking Action for Optimal Community and Long-Term Stroke Care* - [Link here](#).

Heart and Stroke Foundation Website: [www.heartandstroke.on.ca](http://www.heartandstroke.on.ca)

Living Healthy Champlain: [Link here](#)

Eat Right Ontario: [Link here](#)

Caregiver’s Guide to End of Life Care [PDF](#)

Ottawa Community Diabetes Education: [Link here](#)

Heart Wise Exercise: 613 - 761 - 4753

Stroke Survivor and Family Support: [Link here](#)
Thank you!

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