

Stroke Awareness

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Company:

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Date:

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Please complete the above, in the blocks provided, as clearly as possible.

Completing the details in full will ensure that your certificate bears the correct spelling and date.

The date should be the day you finish & must be written in the DD/MM/YYYY format.

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



important



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Learning outcomes.

- Define what a stroke is and the main causes.
- Identify the symptoms of a stroke.
- Understand how some strokes can be prevented through lifestyle changes.
- Understand the challenges living with a stroke might present.
- Recognise the role of the person centred approach in covering for people living with a stroke.

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

- | | |
|--------------------|---|
| Safe. | People are protected from abuse and avoidable harm. |
| Effective. | People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it. |
| Caring. | Care should be person centred involving dignity and respect, and compassion. |
| Responsive. | Following correct working procedures as agreed by your workplace and as set out in the client's care plan. |
| Well led. | Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent. |

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

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The fundamental standards are as follows:

Person centred care. Ensuring that those receiving the care are at the centre of all decisions.

Dignity and respect. Providing the client with dignity and respect in all aspects of their care.

Need for consent. Asking the client's permission before carrying out tasks that affect them.

Safe care and treatment. Following correct working procedures as agreed by your workplace and the client's care plan.

Safeguarding service users from abuse. Following agreed working and safeguarding procedures and being aware of signs and symptoms.

Meeting nutritional needs. Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

Cleanliness, safety and suitability of premises and equipment. Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

Receiving and acting on complaints. Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

Good governance. Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

Staffing. Fit and proper persons employed.
Fit and proper person requirement for Directors is followed.

Duty of candour. Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



Stroke Awareness

Introduction.

Every 5 minutes someone in the UK has a stroke. Whatever your client group it is almost certain that you will have to deal with the effects of a stroke at some time, whether it is in the ongoing care and rehabilitation of a client who has had a stroke or in recognising that a client is having a stroke and needs immediate medical attention.

The aim of this manual is to make you aware of all aspects of stroke care from recognising the signs and symptoms that indicate that a stroke has occurred to meeting the physical and psychological / emotional needs of a client who is recovering from a stroke. The effects of stroke vary from person to person so you must be able to meet the individual needs of your clients. About one third of people who have a stroke will die within the first four weeks, a further third are left with some degree of disability requiring assistance from another person, in fact strokes are the single largest cause of disability in this country.

Those who die in the first week after a stroke generally do so as a result of the stroke itself. Those who die during the next three weeks are more likely to be killed by infections such as pneumonia, which may be preventable if appropriate care is given.

Unit One

What is a stroke?

A stroke is what happens when the supply of blood to part of the brain is cut off, the damage done will be determined by where in the brain the problem occurs and how widespread it is. As the brain controls all of our mental and physical functions any of these can be affected. A stroke can kill off brain tissue which cannot be repaired therefore the effects may be permanently disabling or even fatal.

There are two main types of stroke, blockages and bleeds. Over 80% of strokes are caused by a blockage, this is termed an ischaemic stroke and occurs when a clot blocks an artery in the brain. Ischaemic strokes may be caused by:

- Cerebral thrombosis – a blood clot forming in the main artery to the brain.
- Cerebral embolism – a blood clot, air bubble or fat globule formed in a blood vessel elsewhere in the body and carried to the brain.
- A blockage in tiny blood vessels deep in the brain - also known as a lacunar stroke.

Bleeds are responsible for up to 20% of strokes and they occur when blood vessels in the brain burst. These are termed haemorrhagic strokes and are almost always the result of high blood pressure.

When the blood supply to the brain is cut off for a short time only, the event is termed a transient ischaemic attack (TIA) or mini-stroke. The symptoms of this may be similar to that of a stroke but will only be temporary and will disappear within 24 hours. Although TIA's have no lasting effects they must not be ignored and medical advice should still be sought as they indicate that the blood supply to part of the brain is in danger and the individual is at increased risk of a stroke in the future.

Emergency action.

Stroke is the third largest cause of death in the UK.

When a stroke occurs it is a medical emergency, the quicker you act the better the person's chance of recovery. Stroke symptoms include:

- Numbness, weakness or paralysis on one side of the body indicated by a drooping arm, leg or lower eyelid or drooling mouth.
- Slurred speech, difficulty finding words or lack of understanding of speech.

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- Sudden blurred vision or blindness.
- Confusion or unsteadiness.
- A severe headache.

The Stroke Association recommend the Face-Arm-Speech Test (FAST) which has been publicised throughout the media in order to promote awareness of the importance of immediate action when stroke occurs.

- F** facial weakness: Can the person smile? Has their mouth or an eye drooped?
- A** arm weakness: can the person raise both arms?
- S** speech problems: can the person speak clearly and understand what you say?
- T** test these symptoms. **If you see any of these signs call 112 or 999 immediately.**

Effects of a stroke.

The effects of the stroke will depend on the part of the brain injured and the extent of damage done, every individual will be affected differently but some effects are more common than others and these include:

- Paralysis – a loss of movement down the opposite side of the body. The right side of the brain controls the left side of the body and vice versa.
- Loss of feeling down the opposite side of the body.
- Communication problems.
- Lack of control over emotions.
- Incontinence.
- Loss of ability to see to one side of the body.
- Loss of awareness of one side of the body or of one half of space.
- Change of personality.
- Swallowing difficulties.
- Problems with memory.

The loss of ability to see to one side of the body and loss of awareness of one side of the body or of half of space are due to problems with the brain's perception of reality, not physical damage to the eyes. These often overlooked symptoms may lead to behaviour seen as 'odd' or difficult as the person may ignore half the food on their plate or properly dress only one side of their body.

Unit One Questions

1. What are the two main causes of strokes?

1.

2.

2. What symptoms indicate that a person has had a stroke?

3. What action would you take on identifying any of the symptoms from question 2?

4. Why would it be necessary to get medical attention for a client showing signs / symptoms of a TIA or mini-stroke?

5. What is the main cause of blood vessels in the brain bursting?