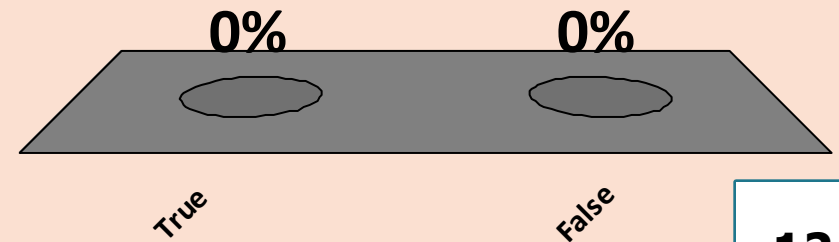


STROKE

QUIZ

There is nowhere else I would rather be?

- A. True
- B. False



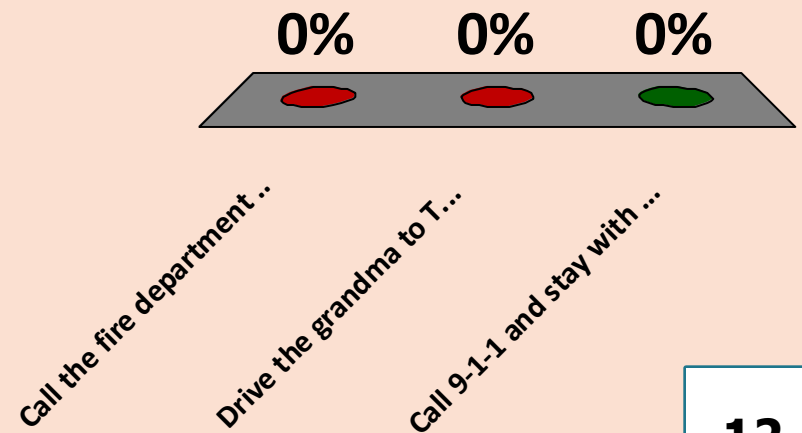
Public Awareness

Scenario #1 GRANDMA

You are a volunteer firefighter at a grocery store in Trenton. After purchasing your groceries, you are walking across the parking lot to your car. You hear two young boys calling for help. When you reach the boys, you find their grandma slumped over the steering wheel of the parked car. The grandma has a decreased level of consciousness and severe left sided weakness.

What do you do?

- A. Call the fire department to ask for help
- B. Drive the grandma to Trenton hospital in your car
- C. Call 9-1-1 and stay with Grandma and her Grandsons until paramedics arrive



Teaching Moment

Call 9-1-1

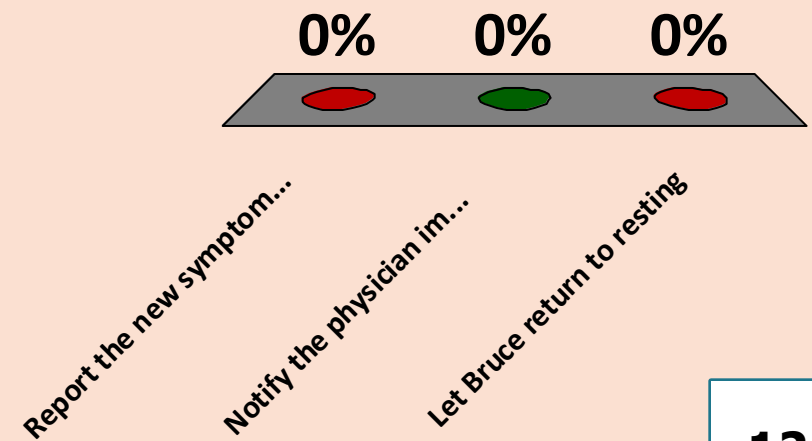
Hyperacute

Scenario #2 BRUCE

You are a nurse on an inpatient unit. At 14:00, Bruce asks to go to the bathroom before lying down for a rest. You assist Bruce to the bathroom and then back to bed. On your final shift round at 15:00, you note Bruce has a new right facial droop and right arm weakness.

What do you do?

- A. Report the new symptoms to the oncoming nurse
- B. Notify the physician immediately
- C. Let Bruce return to resting



Teaching Moment

- All inpatient team members should be able to recognize the warning signs of stroke and react IMMEDIATELY to notify the physician
- Three key questions:
 1. New stroke symptom?
 2. Time of onset?
 3. Within 3.5 hours?

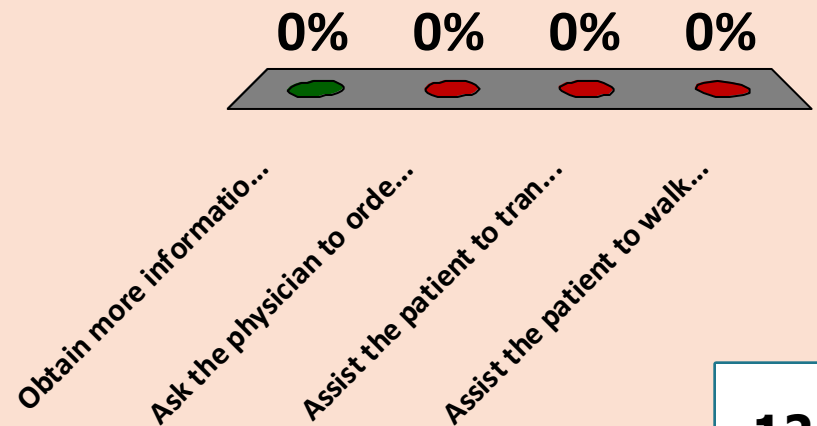
Acute

Scenario #3 SHIRLEY

You are nurse on the medicine unit. Your patient, Shirley rings the call bell requesting help to the bathroom. She is a 75 years old admitted with a stroke. Her symptoms include mild left facial droop, slightly slurred speech and loss of coordination to her left side. Her leg strength is equal bilaterally and strong. Her vital signs are stable. It's Friday evening, Shirley has not yet been assessed by PT or OT.

What do you do?

- A. Obtain more information to make your decision
- B. Ask the physician to order an indwelling catheter
- C. Assist the patient to transfer to the commode
- D. Assist the patient to walk to the bathroom



Teaching Moment

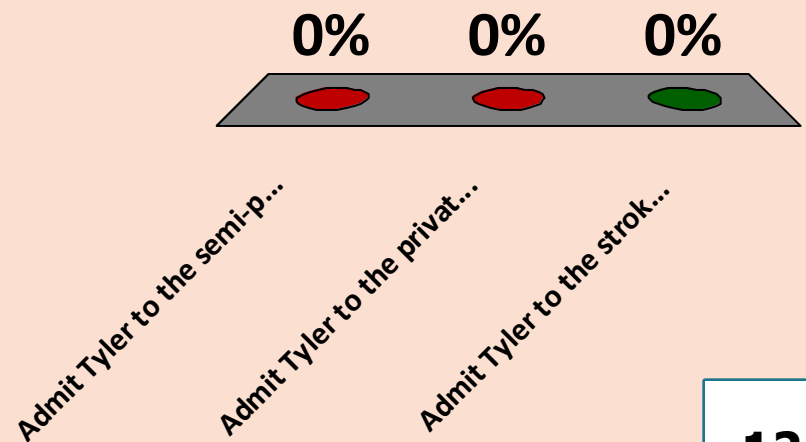
- Early mobilization has a number of benefits post-stroke
- Mobilization is defined as 'the process of getting a patient to move in the bed, sit up, stand, and eventually walk.'

Scenario #4 TYLER

You are the team leader on the medicine unit. There is a 28 year old male stroke patient in ER for admission. Tyler is a stay at home dad with three young children. The rooms available for admission are: a semi-private with a 52 year old male patient admitted with a heart attack, a private room, and the Acute Stroke Unit - currently occupied by the three older female patients.

What do you do?

- A. Admit Tyler to the semi-private room
- B. Admit Tyler to the private room
- C. Admit Tyler to the Acute Stroke Unit



Teaching Moment

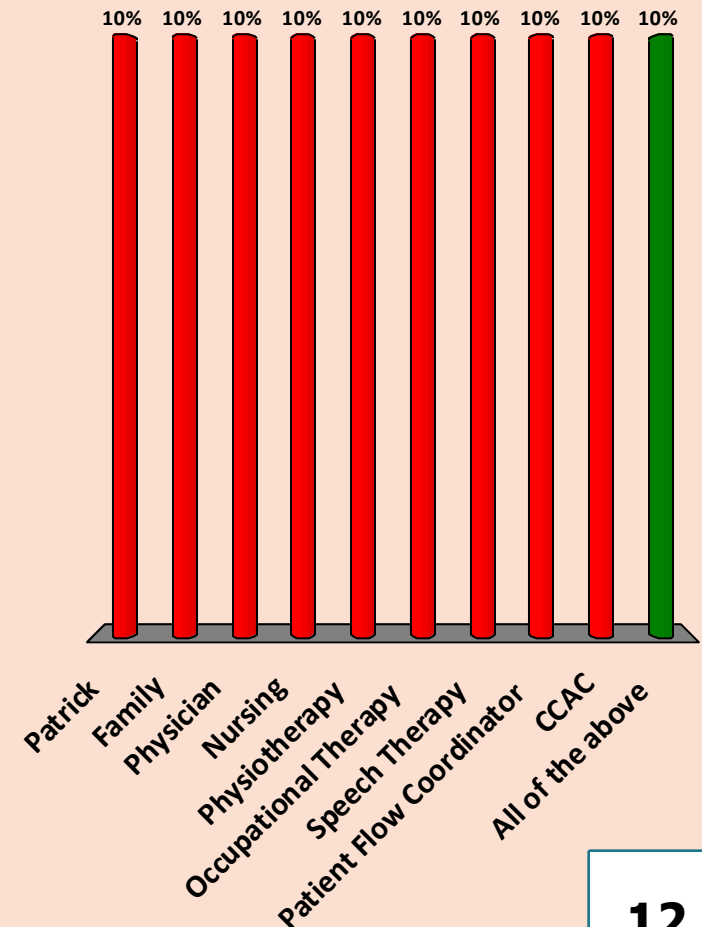
Acute Stroke Units provide an effective package of care that is beneficial beyond use of other procedures, even thrombolysis.

Scenario #5 PATRICK

You are a member of the interprofessional team collaborating on a discharge plan for Patrick. Patrick is a 55 year old who lives alone. He is diagnosed with a right hemisphere stroke for which he received tPA. Physician has cleared Patrick medically for discharge. The hospital is in Code Gridlock.

Who should be engaged in the discharge planning?

- A. Patrick
- B. Family
- C. Physician
- D. Nursing
- E. Physiotherapy
- F. Occupational Therapy
- G. Speech Therapy
- H. Patient Flow Coordinator
- I. CCAC
- J. All of the above



Teaching Moment

- Engage the full team. Each member has a unique professional contribution to discharge planning
- Patrick may have invisible post stroke impairments that would impact his function and safety with independent living in the community.

Rehabilitation

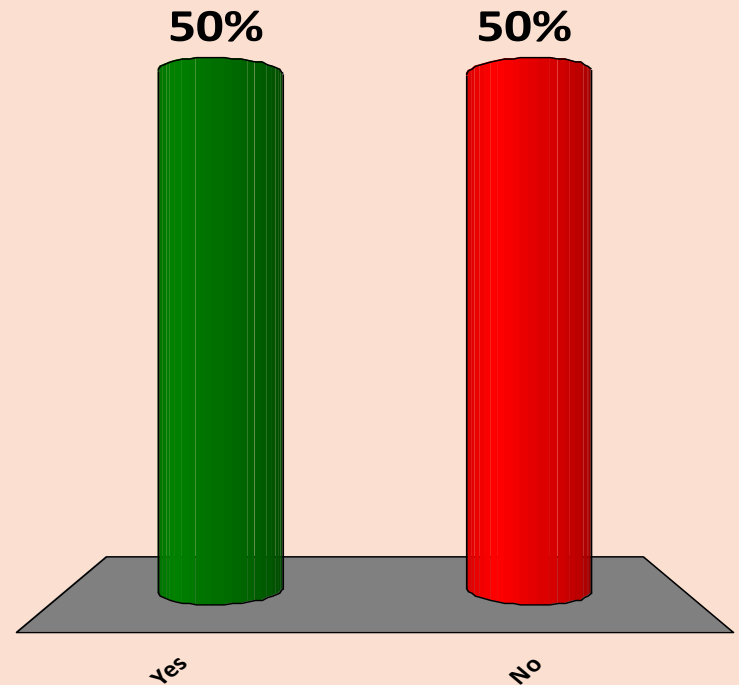
Scenario #6 BEN

Ben is a 60 year old man with a new severe left side stroke being accepted from KGH. Post stroke impairments include expressive aphasia and right side paralysis. Ben has a feeding tube. Notes from KGH indicate Ben is transferred with a ceiling lift and has been up to a tilt wheelchair for 60 minutes. When Ben arrives, there are no therapists available to consult.

Should you get Ben up into a chair?

A. Yes

B. No



Teaching Moment

Among other things:

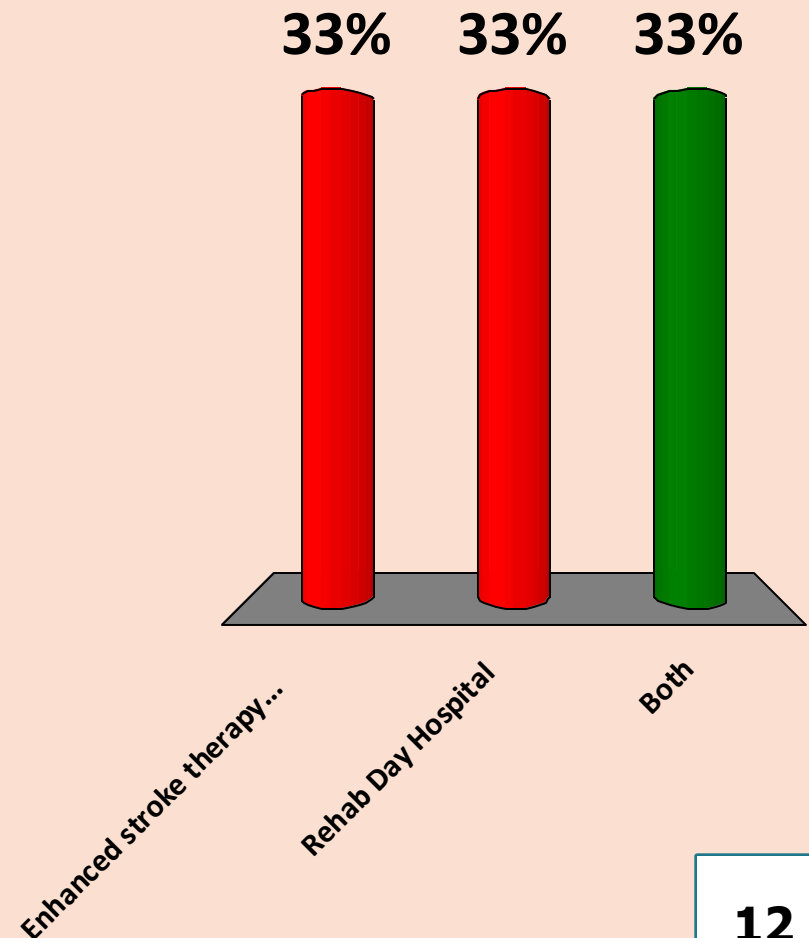
- Support corrective positioning
- Cue the client to bring their attention to the affected limb
- Enable clients to participate in their own care
- Evoke hope

Scenario #7 RUTH

Ruth is a 75 year old stroke survivor who has completed the inpatient rehabilitation program. Ruth is being discharged home with her spouse. She is assist of one for walking, assist of one with personal care activities, has mild expressive aphasia and moderate cognitive impairments. Ruth requires 24/7 supervision due to her stroke impairments.

What is Ruth's best discharge plan?

- A. Enhanced stroke therapy with CCAC
- B. Rehab Day Hospital
- C. Both



Teaching Moment

- Discharge planning decisions are client centered and specific to the individuals need, to optimize recovery.
- Always consider CCAC enhanced therapy and Rehab Day Hospital.

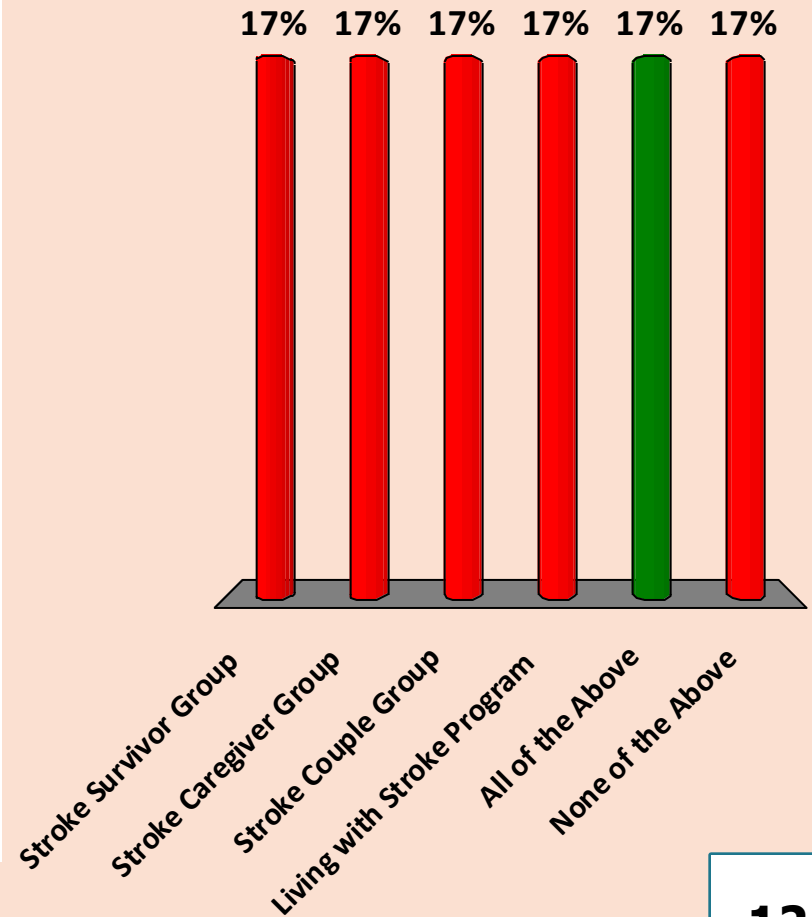
Community Reintegration

Scenario #7 RUTH

Ruth, our client from the last scenario, is exhibiting nervousness about being discharged from the “hospital system”. Her husband is anxious as well, about his new caregiving role. Ruth and her husband have been heard to ask: “What do we do now?”

Where could you refer Ruth and her husband?

- A. Stroke Survivor Group
- B. Stroke Caregiver Group
- C. Stroke Couple Group
- D. Living with Stroke Program
- E. All of the Above
- F. None of the Above



Teaching Moment

- Time spent in the hospital system for a stroke patient and family is small compared to the rest of their lives
- Transition back into the community is critical for a patient thriving after a stroke
- Patients and families need to be provided with information regarding peer support groups and how to access them

Survivor Group

- A forum to share their recovery, successes and challenges to help one another
- Share feelings of isolation, anxiety, depression and other emotions

Caregiver Group

- For all people who are important to stroke survivors (partners, children, parents, siblings, roommates)
- Share the effects of a stroke on relationships
- Share information about successful strategies
- Discuss ideas to deal with daily challenges
- Discuss community resources

Couples Group

- For stroke survivors and their caregivers
- Help manage changes in daily life and in relationships
- Share concerns
- Problem solve together

Details

- Each group runs once per month for 90 minutes at Community Care for South Hastings
- 470 Dundas St. E. (Bayview Mall)
- Recently co-located with three other agencies who support successful community living

Living with Stroke Program®

6-8 week psycho-education program
Twice per year

Topics include:

Understanding Stroke

Physical changes and challenges

Swallowing and nutrition

Cognition, perception and communication

Emotions

Activities and relationships

Reducing the risk of stroke

Moving forward

Stroke Warning Signs????