

The Acute Stroke Unit

Burrator Ward

Derriford Hospital

We aim to provide the best possible care. Please **let staff know** if you have any **worries or concerns** about any part of your stay.



Information for Relatives, Carers and Friends

Car Parking Charges applicable

Protected Meal Times 1200-1300

Visiting Times 1430-1930

Laundry No facilities

Contacting the Ward

The best time to **phone** to speak to any of the team on the Stroke Unit is **14:30 – 16:30** and **18:00 – 20:00**. Please remember, we are **not** allowed to give **confidential** information over the **phone**.

If you have a big family, please try to ensure that **one** person **rings** in the **morning** and then they can let everybody else know the news. This will free up the stroke team to spend time with patients.

Telephone numbers: 01752 792945 or 01752 245087

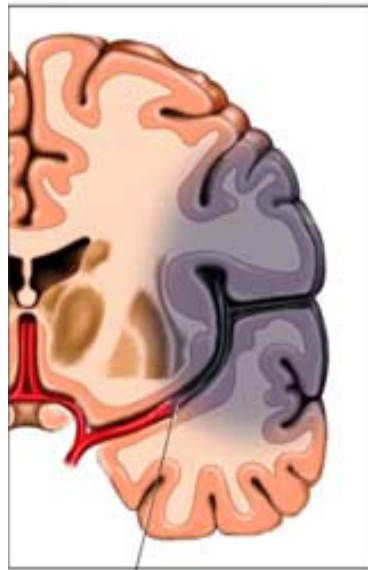
It can be **beneficial** for **relatives** and **carers** to be **involved** in the **rehabilitation** process so please discuss this with the ward team.

What is a Stroke?

A stroke occurs when the **blood supply** to a part of the **brain** is **reduced**. This can occur in two ways

Infarct Stroke (a **clot**) reduces the blood supply to an area of the brain.

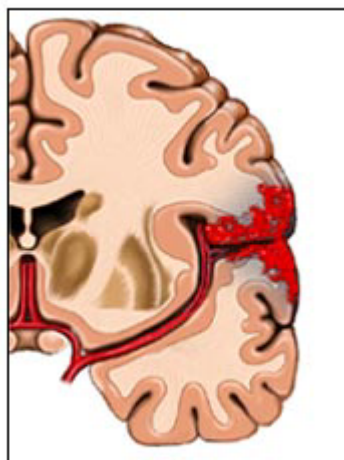
Ischemic Stroke



Clot stops blood supply to an area of the brain

Haemorrhage (a **bleed**) bleeds into an area of the brain.

Hemorrhagic stroke



Bleeding occurs inside or around brain tissue

TIA – Transient Ischaemic Attack (**Mini Stroke**) – A TIA is a mini stroke where symptoms last up to **24 hours**.

A **stroke** in the **left** side of the brain will **affect** the **right side** of the body.

A **stroke** in the **right** side of the brain will **affect** the **left side** of the body.

A **stroke** at the **back** of the brain can affect **balance** and **coordination**.

Some **causes** of a stroke

- Heart problems
- High blood pressure
- High cholesterol

Risk factors in stroke

- Smoking
- Lack of exercise
- Being over weight
- Diabetes
- Family history of stroke
- Excess alcohol

- Poor diet

- Age

The Ward Team

Doctors



The doctors will **diagnose** your stroke and give you **advice** on how to **prevent** further strokes.

Investigations

To **confirm** that you have had a stroke, the **type** of stroke and the **cause** of the stroke the medical team need to carry out **tests** and **investigations**.

Neurological Investigation

In order to see how your **brain** has been **affected** the doctor may begin with:

- **Asking** you some **questions**.
- Asking you to **move** your **arms** and **legs** and check your **response** to **touch**.
- **Examine** your **eye movements**.

CT scan (Computerised Axial Tomogram)

A CT is an **x-ray** of the **brain** and is painless.

This may allow the doctors to **diagnose** your **stroke** and see **where** it has happened in the brain.

MRI (Magnetic Resonance Imaging)

An MRI takes an **image** of your **brain** using magnetic waves.

It does not hurt, but it is very noisy.

ECG (Electrocardiogram)

This shows the doctors how well your **heart** is **working**.

Ultrasound imaging

This examines the **blood supply** to your **brain**.

Blood tests

Samples of your blood may be taken to provide the doctors with **more information**.

The doctor **may** give you **medication** after your stroke.

The Ward Team



Nurses

The **nursing** staff are here **24 hours a day**.

Your **nurse** should **introduce** themselves to you at the **start** of their shift.

Nurses are here to help so if you **need** anything please use your **buzzer** next to your bed.

The nurses will wear different **uniforms**:

The **Ward Manager** wears a **dark blue uniform**.

Sisters or **Charge Nurses** wear **light blue uniforms**.

Staff Nurses wear **navy blue**.

Health **Care Assistants** wear **green uniforms**.

The nurses will regularly **monitor**:

- Blood pressure
- Pulse rate
- Breathing
- Temperature

These measurements help us to **check** for early signs of **problems** and **monitor** how new **treatments** are working.

The Ward is involved with various **Research Studies**.

All of our Clinical Trials are ethically approved, and all of them are being conducted in centres nationally or internationally.

The research team will talk to you if they feel you might be interested in a particular study.

Please remember, you are not obliged to take part in any of these studies.

Ward Team

Physiotherapist

Strokes often cause **loss of movement** down one side of the body, or problems with **balance**. This can vary from quite subtle problems to complete loss of all movement.

It is important to **start movement early**.

This can range from **careful positioning** and **handling** of the patient **in bed**, to **transferring** out into a supportive chair, to **walking** and doing **everyday tasks**, depending on how much of an effect the stroke has had.

This needs to be done with **physiotherapists**, or by **nurses** and **occupational therapists** trained to work with stroke patients.

When **rehabilitation** is limited because of **previous medical problems**, or the **severity of the stroke**, we will help to **ensure comfort** and try to **prevent** problems such as **pain or stiff muscles and joints**. We will work with relatives and other agencies to plan care.



The Ward Team

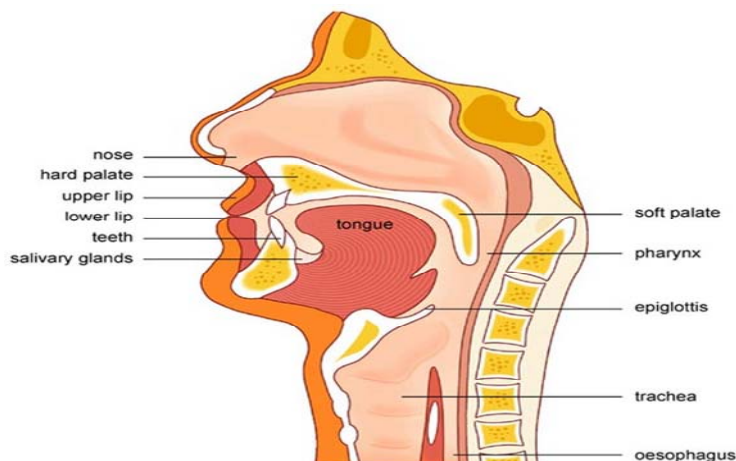
Speech and Language Therapist

The speech and language therapist is involved in the assessment and management of communication and swallowing post stroke.

After a stroke the muscles involved in swallowing can be affected. Sometimes a person may be at risk of **food** going down the **wrong way** into the **wind pipe** (trachea), towards the lungs, instead of the oesophagus and into the stomach. This can then cause **aspiration pneumonia**.

The speech and language therapist can **assess** a person's swallow and recommend what is **safe** for a person to eat.

It may be necessary for **alternative feeding** to prevent aspiration pneumonia. The therapist can also recommend **different consistencies** of food or drink to ensure safe eating.



Types of foods and consistencies that a speech and language therapist might recommend

- **Nil by mouth**

This may be due to the person being at high risk of **food** going down the **windpipe** on all food consistencies or the person is too drowsy to be eating or drinking.

- **Puree diet**

This may be due to **weak facial muscles** that may make chewing food difficult. The person is sometimes too tired to chew so a puree diet still ensures that they get the nutrition they need.

- **Soft diet**

This may be due to **some difficulties chewing** but the person will be able to manage foods that are not too hard.

- **Fluids**

For some people fluids can be difficult to manage. The therapist may recommend that it is not safe for the person to be taking fluids orally. In some circumstances the therapist may recommend that the person have **thickened fluids** or **water only** to reduce the risks of a chest infection (aspiration).

Communication Difficulties

Aphasia

Aphasia (sometimes called dysphasia) is an acquired **communication disorder** that impairs a person's ability to **process language** but does not affect intelligence.

Aphasia often **hides** people's **thoughts, ideas, personality**, intelligence and competency but these things are all still inside. People who have aphasia **can think clearly** but they can have difficulty getting messages in and out; they know what they think and feel but **can't get the words out**.

People with aphasia may find it hard to:

- **Talk**
- **Understand** others when they speak
- **Read**
- **Spell**
- Use **numbers** and do **calculations**

In the early stages it can be best to concentrate on what the **person** with aphasia **can do**. This involves developing their use of **non-verbal** communication such as **facial** expression and **gestures**.

Dysarthria

Dysarthria occurs where the **muscles** of articulation are not working properly, making **speech** sound **slurred**.

Those with dysarthria may also have problems controlling the pitch, loudness, rhythm and voice qualities of their speech. The best **exercise** for these muscles is to **talk**. Sometimes it may be appropriate to give exercises for specific muscle movements by your Speech and Language Therapist.

Communication Tips

- Have a **pen** and **paper** to hand – writing key words and drawing can be a useful strategy.
- Use conversation props, for example **photographs**, **maps**, **books** and **diaries**.
- Try **drawing**.
- **Show**/ask people what **helps** you.
- Stay **calm** and talk in a relaxed manner.
- Don't be **afraid** of **silences**.
- Keep conversation as natural as possible, keeping **language levels simple**.



The Ward Team

Occupational Therapist (OT)

When you are on the **Stroke Unit** you may need to be seen by the **Occupational Therapist** who will help you to:

- **Maintain** your **independence** in everyday activity.
- **Look** at your **home** and **carer support before discharge**.

Following a **stroke** people may **experience** any of the following:

- Loss of movement
- Poor balance
- Changed sensation
- Communication problems
- Difficulties with planning and organising oneself

It may be **difficult** to manage **some activities**, for example:

- washing
- dressing
- toileting
- making drinks and meals
- going shopping
- housework

It may also **affect** your **ability** to return to **work**, do **leisure** activities, **sport** and other **social** activities.

You may need to learn how to do new things and the OT may give you pieces of **equipment** or fit **rails** to make your **home** easier to move around. The **O.T.** will work with **you** and your **family** and other members of the **team** to make sure you feel **happy** and **confident** with what you are doing.

Personal Care Assessments

The OT may ask family /friends to **bring items** onto the ward so that patients can practise **washing** and **dressing**.



These may include a **wash bag, shoes, clothing** and **shaving** equipment. (It is a good idea to put name **labels** on **personal items**.)

It is important that you try and be **involved** with your own **washing** and **dressing**.

The **OT** may be able to suggest on **techniques/equipment** to **help** with this if necessary.

Leisure Activities on the Ward



It can be important to keep yourself **stimulated** whilst in hospital to **help** with your **recovery**.

You can **practice activities** that can stimulate the brain. This may include **card** games, solitaire, **reading** the newspaper and **talking**.

Friends and relatives can **bring** in **photos**, **books** or magazines, word searches/puzzles, **cards**, board games or other things that you like doing.

How your friends and family can help?

OTs can help advise **families/carers** how they can **help** you on the ward.

If your **arm** has been affected the OT may advice **family/carers** how they can help you **position** it correctly and also show them how to massage it to **increase** sensory **awareness**.

If you are **not** paying **attention** to **one side** (inattention or neglect) because of the stroke your **friends/carers** can **sit**

on that **affected side** and put **activities** on that side to **help** you to **attend** to it.

Leaving Hospital



The OT **helps** with making sure you have the appropriate **support** and **equipment** when you go home.

The Ward Team

Dietician

A stroke can cause chewing and **swallowing difficulties** which can **affect** the amount of **food** and **fluid** a patient can manage.

Good nutrition has many benefits such as; **preventing weight loss, decreased risk of infections** and **pressure sores**, and **reduced** length of **hospital stay**.

Nutrition is especially important after a stroke to **maintain muscle mass** and provide **energy** for **participation** in **therapy**, which will aid **rehabilitation**.

The **dietician** can calculate exactly how much **energy, protein** and **fluid** a person **needs**.

If someone **cannot meet** their full **nutritional requirements**, the **Dietician** can advise a **high energy** and **high protein** diet.

Hospital meals and puddings, **extra snacks**, milky drinks and hospital supplements are all good ways to **increase energy** and **protein intake**.

The dietician can then **request** different types of **supplements** to be prescribed to suit individual needs.

Sometimes a person **cannot safely swallow** any food or fluid at all after a stroke. If this happens they will need to be **fed by a tube** through the nose into the stomach (**called an NG tube**).

If someone needs to be **fed for a long period** of time they may need a **tube** to feed straight into the **stomach** (known as a **PEG**).

Stroke affects people differently and it can be difficult to tell when someone will be able to eat 'normally' again.

The **Dietician** will regularly **assess** a patient to ensure they are **receiving** the **best possible nutrition** whilst in hospital, with the aim to **maximise** their **rehabilitation**.



The Ward Team

Social Care Worker



During your stay in hospital **you**, your **relatives** or **carer**, can contact the **Social Services Department** at any point should you, or they, wish to **talk** to a member of the **Social Work Team**.

The **Social Care Worker** can speak with you and/or your relatives and carer to offer **advice, information** and, if required, **help** you to **identify your needs** when you are able to leave hospital.

If you are likely to need a social care service when you leave hospital, the Social Care Worker will talk with you, your relatives/carer, and the other members of the Ward Team, to identify the areas **where** you may **need help**. This process is called an **Assessment**. The Social Care Worker will then **talk** with **you** about your **wishes** and how your needs may be met.

If you have a **carer**, someone who is or will be providing **regular and substantial care**, they may also be entitled to an assessment. This is an opportunity to discuss their

needs and look at what **support** may help them in their caring role.

If you or your relative or carer would like to speak to a member of the Social Work Team your nurse will be able to arrange this for you.

The Rehabilitation Process

The length of time it takes to **recover** from a stroke is **different** for **everybody**. Some people may **recover completely** and some people learn to develop new ways to **manage** the **difficulties** caused by a stroke.

Our aim is to help you:

- **Identify** any **problems** you are having
- Find ways of **coping** with the effects of your stroke
- Help you **recover** as far as possible
- Give you the **support** and assistance you need

To do this it may help to set **goals**. This can be difficult to do on your own so you may want to communicate to the staff or your family about this.

Your goals can be **big** or **small**, for example:

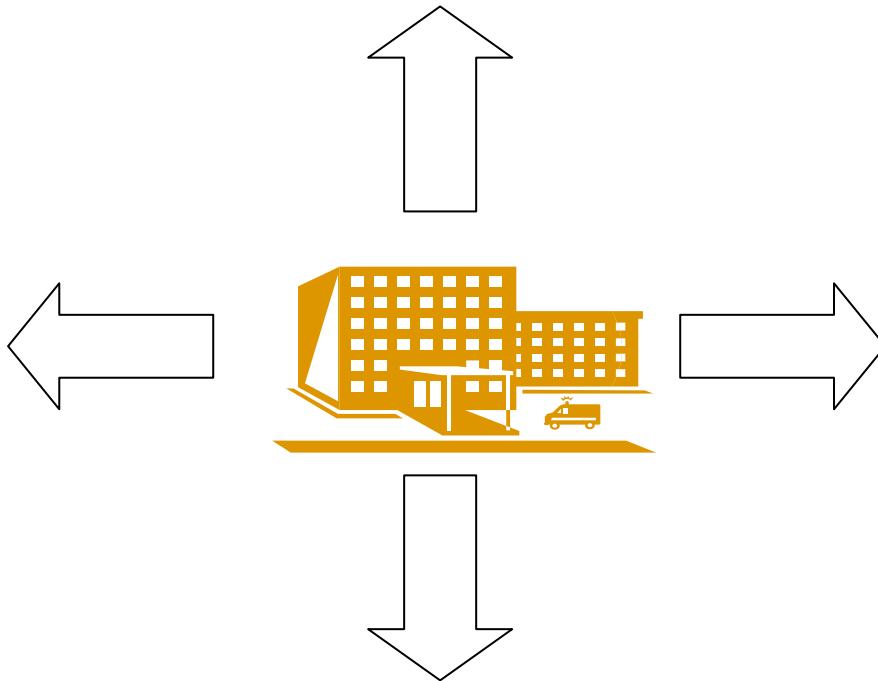
- **Washing** yourself
- Walking to the bathroom
- **Sitting** out in a **chair** for **meals**
- Going **home**

Your **goals** will be broken down into **small steps**.



The ward **staff** meet once a week to **discuss** your **progress** towards these goals.

Your **Discharge**: Where to next?



WHEN?

When you and your hospital team feel that you are **ready** to move on.

HOW?

The **multi-disciplinary team** will meet to discuss your expectations and liaise with **you** and your **family** about where to **go next**.

Your Personal Information

What type of stroke did I have?

Infarct Stroke (a clot) Yes No

Haemorrhage (a bleed) Yes No

Which side of my brain did the stroke happen?

Left Yes No

Right Yes No

Back Yes No

What are the **effects** of my **stroke**?

Difficulty **communicating** (aphasia)

Speaking Yes No

Understanding Yes No

Reading Yes No

Writing Yes No

Slurred Speech (dysarthria) Yes No

Confused **thinking** Yes No

Difficulty controlling **feelings** Yes No

Memory difficulties Yes No

Difficulty with **swallowing** Yes No

Difficulty with **movement**

Can't move one side Yes No

Balance Yes No

Abnormal **Vision** Yes No

Incontinence Yes No

Personal thoughts, comments and questions:

Goals

Please **discuss** your **goals** with the **team** members

The team will **review** your **goals** weekly.

Short term goal

Long term goal

Short term goal

Long term goal

Short term **goal**

Long term **goal**

Short term **goal**

Long term **goal**
