

Hartman's
In-Service Education SourceBook Series



Caring for the Person Recovering from Stroke



Caring for the Person Recovering from

STROKE

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NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

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This in-service is designed to give caregivers the knowledge and skills they need to provide care for people who are recovering from stroke, and enable them to reach their optimum level of functioning more quickly and effectively.

Stroke can result in some very unusual and often predictable behaviors, depending upon what part of the brain is affected. By knowing what to expect and being able to respond appropriately, caregivers will have an easier and more successful time providing health care to those who are recovering from stroke. This knowledge will also help reduce frustration for the person recovering from stroke. Excessive frustration can lead to depression, which can cause stroke patients to lose interest in their own well-being, including rehabilitation — and rehabilitation is one of the main goals of caring for the person who has had a stroke.

Caregivers need the following attitudes when caring for the person recovering from stroke:

- patience
- an encouraging attitude
- the initiative to provide reminders, cues, and reinforcement

Victims of stroke **CAN** and **DO** recover their independence, given time. Caregivers are a big part of rehabilitation.

The American Heart Association and the National Stroke Association continually revise their guidelines as new and updated information becomes available.

Please note that limited permission is granted to photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use the handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard or flip chart.

We hope you find this in-service helpful. And, as always, we welcome your comments and suggestions.

Happy Teaching!

Introduction and Assessment

Estimated Time: 10 minutes

Tools: Handout Intro-1 Assessment A
Handout Intro-2 Assessment A Answer Key
Handout Intro-3 Key Terms
Handout Intro-4 Note-Taking Worksheet

**Distribute
Handout Intro-1
Assessment A**

Allow enough time for participants to finish the assessment. If you decide to use the same assessment as a post-test at the end of the in-service, withhold the answers for now. Use the assessment to lead into a discussion of stroke.

**Distribute
Handout Intro-3
Key Terms**

This handout is for the participants' reference.

**Distribute
Handout Intro-4
Note-Taking
Worksheet**

Encourage participants to take notes during the lecture, as this will help them learn and remember the information.

Assessment A

Name: _____ Date: _____

True or False. Write “T” (true) or “F” (false) for each of the following statements.

1. ___ People who injure their heads in car accidents will always develop a stroke.
2. ___ Only people over forty have strokes.
3. ___ A person with aphasia will be able to understand you if you look directly at him and form words clearly with your lips.
4. ___ A person with aphasia has a difficult time swallowing.
5. ___ When speaking about stroke, the term “neglect” means failing to brush one’s teeth.

Assessment A Answer Key

1. False. Trauma may sometimes cause a stroke, but this is not always the case.

2. False. Younger people sometimes experience aneurysms (bleeding in the brain), which are one major cause of stroke. In fact, aneurysms are more common in younger people. However, the damage tends to be temporary, and the person is more likely to recover more fully after the stroke.

3. False. Lip reading will not help people with aphasia. They are not hard of hearing; they have simply lost the ability to speak and/or understand language.

4. False. A person with “dysphagia” has a difficult time swallowing.

5. False. The term “neglect” in this case means ignoring the side of the body that is paralyzed or weakened by stroke.

Key Terms

Aneurysm (AN yoo riz em) - Weak spot in an artery wall, usually present from birth, that ruptures, causing blood to escape into the brain.

Anopsia (an OP see ah) - Loss of vision.

Aphasia (ah FAY zee ah) - Loss of ability to speak or recognize words.

Atherosclerosis (AA thur oh skler OH sis) - Build up of fat, cholesterol, and plaque which causes narrowing of the opening of blood vessels.

Cerebral (sir EE brul) - Relating to the brain.

Cerebral Vascular Accident - Also called CVA. Another name for a stroke. A left CVA is a stroke that occurs in the left side of the brain, causing damage to the right side of the body. A right CVA occurs in the right side of the brain, causing damage to the left side of the body.

Communication (com yoo ni CAY shun) - Exchange of information between two or more persons.

Disorientation (dis or ee en TAY shun) - The inability to identify time, place, or person.

Dysarthria (dis AR three ah) - Loss of ability to speak due to paralysis of the muscles of the throat, vocal chords, or tongue.

Dysphagia (dis FAY jee ah) - Difficulty in swallowing.

Embolus (EM boh lus) - A blood clot that has traveled from another part of the body (usually the calf of the leg) and has lodged in a small blood vessel in the brain, cutting off circulation to the brain cells.

Emotional lability (ee MOH shun all) - Laughing or crying without any reason, or when it is inappropriate.

Expressive aphasia (ex PRESS iv) - The inability to express needs to others through speech or written words.

Hemi (HEH mee) - Prefix meaning half. Usually defines right side/left side.

Hemianopsia (HEH mee ann OP see yah) - Loss of vision on one side of both eyes. Left hemianopsia is loss of vision on the left side of both eyes, resulting from right brain injury/left-sided paralysis. Right hemianopsia is loss of vision on the right side of both eyes, resulting from left brain injury/right-sided paralysis.

Hypertension (hi pur TEN shun) - High blood pressure.

Paralysis (par AL uh sis) - The loss of muscle function or the loss of feeling, or both.

Paresis (par EE sis) - Partial paralysis.

Receptive aphasia (re SEP tiv) - The inability to understand what others are communicating through speech or written words.

Stroke - A condition that results when the blood supply to the brain is cut off and brain cells die.

Symptoms (SIMP tums) - Feelings or sensations that the body experiences that indicate something is happening or has happened to it. Examples include: tingling, pain, paralysis, shortness of breath, etc.

Thrombus (THROM bis) - A blood clot that forms in a blood vessel, cutting off circulation.

Transient Ischemic Attack (TRAN shent) - Also called TIA. Small stroke. Often occurs before a major stroke.