Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

BP Blogger

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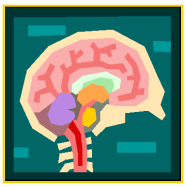
Myth Busting: Stroke 1 Issue



Myth 1: Stroke isn't common in long-term care

How many residents in your LTC have had a stroke?

LTC Stroke Care is:

- ✓ Stroke prevention and reducing risk factors
- ✓ Acute stroke recognition & treatment
- ✓ Post stroke care & treating complications

Stroke is devastating and the 3rd most common disease in LTC. About 25% of residents have had a stroke . In Canada, there are 300,000 people living with the effects of a stroke – 40% are left with moderate to severe effects such as inability to use a leg or arm, or to communicate and 10% will need long-term care. Stroke is serious. It's also the 3rd leading cause of death in Canada.—20% of individuals who have had a stroke will die within 3 months and 29% within a year—more women than men. Recovery from a stroke can be a life-long process. Residents need ongoing therapy and support to ensure they are able to participate as much as possible in their daily care activities.

Myth 2: Stroke is not a medical emergency

Stroke is a medical emergency and it is important to know the warning signs of stroke. Many residents have already had a stroke and are at higher risk for having another stroke. Knowing the signs of stroke and reacting quickly can make the difference for residents. If a resident is experiencing one or more of these signs and symptoms, staff must react to them as a medical emergency. It is important to act quickly when dealing with a suspected stroke. Rapid and appropriate emergency management during the first 3 hours after a stroke can substantially improve the resident's health outcomes. Emergency departments may give tPA —a clot busting therapy —depending on the type of stroke and other factors in an effort to lessen the brain damage from a stroke and reduce the severity of the effects and deficits that can result from a stroke. **Remember "Time is Brain".**

Signs and Symptoms of a Stroke or Transient Ischemic Attack


Sudden weakness, numbness or tingling


Sudden difficulty speaking or understanding or sudden confusion


Sudden vision changes


Sudden severe and unusual headache


Sudden loss of balance

Types of Strokes

Ischemic Stroke

- ✓ 80% of all strokes
- ✓ Interruption of blood flow to the brain due to a blood clot

Hemorrhagic Stroke

- ✓ 20% of all strokes
- ✓ Uncontrolled bleeding in the brain

More information on This and Other Best Practices

- Contact your **Regional LTC Best Practices Coordinator.** They can help you with Best Practices Info for LTC. Find them at:
- **www.rnao.org** Click on Nursing Best Practice Guidelines and select LTC BP Initiative
- **www.shrtn.on.ca** Click on Seniors Health
- Check out **Long Term Care Resources at www.rgpc.ca**
- Surf the Web for BPGs, resources and sites are listed on pg 2.
- Review back issues of the BP Blogger for related topics **www.rgpc.ca**

Regional Geriatric Program Central (Centre of Excellence in Inter-professional Practice Collaborative Geriatric Care) and SHRTN Library Service - Hamilton & Area

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Myth 3: TIAs are not important

5% of people who have a TIA will have a stroke within the next 2 days. People who have had a TIA are 5 times more likely to have a stroke over the next 2 years

If a resident experiences the signs and symptoms of a stroke but only for a short period of time, they may be having a Transient Ischemic Attack (TIA) or a mini-stroke. TIAs can last for just a few seconds or up to 24 hours. A TIA happens when blood flow to the brain is interrupted for a short period of time. Having a TIA is a warning sign and should not be ignored. These residents are at **very high risk** of having a **full stroke**. Many people who have a stroke had one or more TIAs before their stroke. **TIAs are a medical emergency** just like a full stroke. Getting proper treatment is important for residents and may improve their chances of preventing a full stroke.

Major Risk Factors for Stroke

Can't modify	Can modify	
	Medical Conditions:	Lifestyle
• Age >55	• High blood pressure	• Overweight
• Gender esp. men	• High cholesterol	• Inactivity
• Family History	• Heart disease	• Smoking
• Ethnicity esp African, South Asian, First Nations	• Atrial fibrillation	• Stress
• Past medical history Alcohol and drug abuse	• Diabetes	
	• Previous stroke or TIA	

Myth 4: Nothing can be done to prevent a stroke

Strokes **can be prevented** by dealing with the major risk factors. Risk factors are those things that increase a resident's chance of having a stroke. Some risk factors cannot be modified or changed but some risk factors can be modified through medication, medical treatments and lifestyle changes. In addition, residents who have had one stroke are at an increased risk of having another. Here's what you can do to help prevent your residents from having a stroke.

Strategies to help support stroke prevention

Diet
- Encourage residents to make smart choices at meal times:
  - Promote low-salt diets
  - Remove the salt shaker from the table
  - Promote eating fruits and vegetables
  - Promote eating higher fibre foods

Medication
- Ensure medications are taken as prescribed

Activity
- Encourage residents to participate in exercise or activity programs

Stress Busting
- Promote participation in social interaction and recreation activities
- Promote relaxation, music and pet therapy
- Take time to talk and listen
- Provide opportunities for fun and laughter
- Monitor for changes in mood especially depression

Check out these Best Practices, Guidelines & Websites Answers to the Myths came from them. Find out more!

Canadian:

Lindsay P, Bayley M, Hellings C, et al. **Canadian Stroke Strategy Best Practices and Standards.** CMAJ 2008 179:S1-S25. www.canadianstrokestrategy.ca/eng/resourcestools/best_practices.html

The Registered Nurses Association of Ontario (2005). **Stroke assessment across a continuum of care.** Toronto, ON: Author. www.rnao.org

Doran,R.(2008). The Brain,The Body and You – Learning Series. Workshop 1: Stroke Care From Prevention to Life After Stroke. www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5385233/k.18A1/HCP__The_Brain_Body_and_You_Workshop_Series.htm

Heart & Stroke Foundation of Ontario. (2008). **Best Practice Guidelines for Stroke Care: A resource for implementing optimal stroke care.** http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5349227/k.AAE6/HCP__Ontario_Best_Practice_Guidelines.htm

The Heart and Stroke foundation of Ontario Professional Education Website. For LTC-related search Stroke: Community Re-Integration www.heartandstroke.on.ca/site/cll.pvI3IeNWJwE/b.5384179/k.B2BB/HCP.htm

Heart & Stroke Foundation of Ontario. (2002) **Tips and Tools for Everyday Living: A Guide for Stroke Caregivers.** www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5385217/k.E8DF/HCP_Tips_and_Tools.htm

Stroke: How to Recognize a Stroke. What you should do. A guide for Health Care Workers in LTC homes. (poster) www.champlainstrokecentre.org/images/stories/16705_proof3_final.pdf

Canadian Stroke Network. Sodium: Get the Facts www.sodium101.ca

Heart & Stroke Foundation. **You've had a TIA: Learn how to prevent another one.** (Pamphlet). (2009).

Other:

American Stroke Association. www.strokeassociation.org

The National Stroke Association. www.stroke.org

The National Institute for Neurological Disorders and Stroke. Stroke information pages www.ninds.nih.gov/disorders/stroke/stroke.htm

Management of consequences of stroke. Clinical guidelines for stroke rehabilitation and recovery. Melbourne (Australia): National Stroke Foundation; 2005 Sep 8. p. 15-40. www.strokefoundation.com.au/post-acute-health-professional

Brickley D, Cantrell L, Cefalu C, et al. **Stroke management and prevention in the long-term care setting.** Clinical practice guideline. 2005, Bethesda, MD: American Medical Directors Association.

Ontario Stroke System
Fewer strokes. Better outcomes.

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