



It's a Stroke: What happens now?

Someone you know has had a Stroke. This is a very frightening and confusing time for all involved: the person (*who is now called the patient*), their partner (*who is now called their carer*), their family and friends.

Depending on the severity of the Stroke there are many different things that can happen. The initial effects of the Stroke can range from mild disability through to severe disability and, in the worst-case scenario, even death.

Initially, the person will be seen by the staff in Accident and Emergency and undergo a number of medical tests to establish the fact that they have had a Stroke.

It is important to determine whether they have had a **Haemorrhagic** Stroke, or **Ischaemic** Stroke, as medical treatment for these are quite different. (See; What is a Stroke?)

The hospital may ask all types of questions and want information, but none of this may make much sense. You may not take in all of what is occurring, as you will be in a state of shock and anxiety.

“No two Strokes are the same”

Remember, if the heart is the pump for your body, the brain is the computer that controls all you think, feel and do. It depends which part of the brain is affected as to what deficits or complications will occur. Therefore, damage to the brain in every Stroke will be different.

It is difficult to provide definite answers about expected progress at any stage of recovery. Medical tests will have been done and the results, particularly in the initial period, are not always conclusive. No one wants to take away hope or give unrealistic expectations. As the individual's Stroke is assessed, it must be remembered that each person's outcome and potential for recovery varies.

Stroke units

A Stroke is a **medical emergency** and rapid access to treatment and care from a specialised team of health professionals is vital. A Stroke Unit is a specialised area in an Acute Hospital setting, similar to that of a Cardiac Unit. The Stroke Unit brings together the specialist doctors, nurses and allied health professionals required to effectively diagnose, treat and rehabilitate the Stroke-affected person.

Stroke Units are located in an ever-increasing number of NSW hospitals. They consist of at least 4 specialised beds in a specific area of a ward (or high dependency unit). Patients have access to staff mentioned above, as well as specialised technology required to be certain that a patient's Stroke is diagnosed and treated correctly. This is to ensure they survive the initial impact of the Stroke.

PLEASE TURN OVER



What to expect in hospital



Every Stroke patient is treated individually and the care depends entirely on the severity and type of Stroke they have had.

Generally, treatment for Stroke is divided into three distinct stages of care:

Stage One - Hospitalisation in an Acute Hospital or Stroke Unit. This will last about 10-14 days. This is high dependency care and the patient will only be discharged from this area when they have been medically stabilised.

During this stage the patient and the family will be going through a lot of emotional turmoil and grief. Will the patient live or die? Will they be able to return home? How will the family cope with someone who is disabled? What are the chances of another Stroke? Will they be able to manage financially?

It is important that a hospital Social Worker assists the family through this stage and the family can also contact the Stroke Recovery Association for user-friendly information and counselling.

Stage Two - Rehabilitation is ongoing care and treatment in a ward or hospital, which specialises in returning the Stroke affected person to maximum functioning. This period can last from 14 days to 6 weeks to 6 months. The length of stay is very much dependent on the progress of the patient and the severity of the Stroke. This will generally be reviewed on a weekly or fortnightly basis by the treatment team. It is a long process and exercise should continue when the person returns home.

During this stage the person may become depressed. Their life has altered so completely and they are unable to do what they used to do. Families might find that it is an effort to motivate them to do anything. They may have fears, and altered feelings about themselves, as well as losses in social activities. The person may see little purpose in living and express thoughts of death. (See; Psychological Effects)

Stage Three - Discharge. This will happen once the medical team has assessed the person. Their stay in the Rehabilitation Centre will depend primarily on how they progress with their recovery. Staff will meet with them and their family at regular intervals to discuss discharge options. Their stay may be longer or shorter than the average, as everyone makes progress at his or her own pace. (See; Going Home - What Now?)

People affected by Stroke often find that all they want to do is return home. This is a wonderful time for the whole family, but the carer needs to be able to ask the family for assistance once the reality of coping has sunk in. The carer will be on 24-hour duty and will need some time to her or himself. It is important, if possible, to ensure that the work does not just fall on one person.

What to expect in hospital



The Stroke team

A team approach is the most successful approach to Stroke treatment and rehabilitation. It ensures there is communication between medical and health clinicians and allows for team members to work cooperatively for the person affected by Stroke, and also their families and carers.

Doctors

A specialist, such as a neurologist or general physician, assumes overall responsibility for management of the patient's recovery in the acute phase of hospitalisation. Registrars and resident doctors are available to provide day-to-day patient care. Once rehabilitation has commenced, a specialist in rehabilitation may be involved in ongoing medical care. It is their role to assist patients and families to make choices and adjustments to the patient's rehabilitation, and implement measures designed to prevent further Stroke. Your general practitioner (GP) should be fully informed of all aspects of care and rehabilitation once the person is discharged from hospital.

Nurses

The nurse's role is very important. They develop an understanding of the person's condition while in hospital and assist the person to eat, bathe and dress. The nurse's regular observations of the patient's condition provide valuable information to medical staff. They are the team member who get to know you and your family as they provide the primary care for the person affected by Stroke on a daily basis.

Social Worker

The social worker meets patients and families as soon as possible after the Stroke occurs, to advise on likely family, social or financial impacts, and to advise on how to obtain assistance if necessary. Family members may be experiencing emotional problems as a result of their relative's Stroke — the social worker is skilled in counselling and can assist in this area. When patients return home, the social worker may arrange assistance through My Aged Care or NDIS. Not all people affected by Stroke recover sufficiently to return home. The social worker can assist the family to make decisions on care, find a suitable Residential Age Care Facility or other accommodation and discuss costs and the availability of government support.

Physiotherapist

A physiotherapist assesses the effect of the Stroke on movements. They plan a rehabilitation programme, taking into consideration the patient's general health, previous level of activity and interests. Not all people affected by severe Stroke achieve full recovery, so the physiotherapist will assist you to set appropriate goals, which are adjusted after continued reassessment.

What to expect in hospital

PLEASE TURN OVER





Early emphasis may be on movement such as turning over in bed, rising to the sitting position, maintaining balance in the upright position, transferring to and from a chair, standing and walking, and developing to more complex activities as progress is achieved. The physiotherapist coaches people in coughing and deep breathing exercises in order to prevent chest infections.

Speech Pathologist

Communication and swallowing difficulties can impact on a person's ability and confidence when socialising and participating in daily activities. A speech pathologist can provide specialised therapy and advice regarding the best way to assist a person with a communication/swallowing disability. Speech pathologists are specialists in treating adults and children with communication disabilities, including swallowing problems. A speech pathologist will tailor a treatment program to suit individual needs.

A therapy program aims to: promote recovery of communication/swallowing skills, which may include introducing alternative means of communicating/ swallowing, and providing support and information for clients and families.

Neuropsychologist

The neuropsychologist assesses the effect of the Stroke on memory, thinking, personality and other aspects of brain function. A neuropsychological assessment provides information about a patient's intellectual and behavioural strengths and weaknesses. These assessments are used to aid in the diagnosis of the Stroke and may also guide therapy.

Repeated assessments may be used to measure improvements or other changes that occur with time. The neuropsychologist is also concerned with the treatment of behaviour and memory difficulties, including counselling and advising patients and families about problems which might occur in day-to-day living as a result of the Stroke. They also advise on issues related to returning to the workforce.

Occupational Therapist

The occupational therapist (OT) assesses the effects of the Stroke on independence and daily living activities. They teach the methods of adapting to changed circumstances by designing specific activities concentrating on the skills needed to return home. The OT will visit the person's home, to assess their ease of movement through doors, navigating stairs etc, and will assist the patient to generally manage at home. They will often recommend some simple modifications to the home and advise on home aids, such as a shower chair and handrails.

What to expect in hospital

