

**Elder Options, Inc.**  
**Resource Library**  
*Subject: Strokes*



**Strokes – Understanding Them & Working with Post Stroke**

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**I. What are strokes & what causes them?**

*A stroke occurs when the blood flow to the brain is interrupted by a blocked (Ischemic) or ruptured blood vessel (Hemorrhagic). It can be a gradual or rapid onset that can last up to 24 hours with types and severity of symptoms that cover a wide range and levels of symptoms. It is sometimes called a “brain attack” and is as serious as a heart. When this happens, the brain cells in the immediate area begin to die. Some cells die because they stop getting the oxygen and nutrients they need to function. Other cells die because they are damaged by sudden bleeding into or around the brain.*

**II. Who are most at risk?**

*Strokes are the 3<sup>rd</sup> leading cause of death in the U.S. There are 730,000 new or recurrent strokes/year. Two-thirds of all strokes occur in people over 65 years old. Although women account for 43% of strokes but 62% die as a result of a stroke.*

- a. Hypertension (high blood pressure)
- b. Heart Disease
- c. Atrial Fibrillation
- d. Diabetes
- e. Smoking, Alcohol, Drug Use and Genetic Risk Factors

**III. Symptoms & Types of stroke**

*Look for a crooked smile, one hand lower than the other and garbled speech. Notice the level of consciousness, ability to respond to commands i.e., open/close eyes, and paralysis of limbs.*

(see handout)

- a. Ischemic Stroke
- b. Cerebral Vascular Disorders
- c. TIAs
- d. Aneurysms

**IV. Effects of Stroke**

*A common disability that results from stroke is complete paralysis on one side of the body called hemiplegia. A related disability that is not as debilitating is described as one-sided weakness or hemiparesis. If there is trouble swallowing, it is called dysphagia.*

- a. Effect on activities of daily living.
- b. Balance & coordination

- c. Thinking, processing information, awareness, attention, learning, judgment & memory
- d. Speech difficulties
- e. Residual pain, numbness, electric sensation, or burning.
- f. Depression
- g. One-side neglect

**V. Treatment**

*There are three treatment stages for stroke: prevention, therapy immediately after stroke, and rehabilitation and include medication, surgery, and rehabilitation.*

- a. Prevention
- b. Immediately after stroke
- c. Rehabilitation

**VI. Rehabilitation**

*Recovering from a stroke can be physically and emotionally exhausting. In addition to the physical impact, emotional impact takes a toll and can result in helplessness, frustration, expression, apathy, diminished sex drive, and mood swings. Recovery will depend on the extent of the damage and is also influenced by personality type, life experiences, and coping styles. Motivation is a key factor in obtaining an optimal level of successful recovery.*

- a. Side Effects
- b. Time Frame
- c. Residuals of the stroke

**V. Working with and helping post stroke clients.**

- a. Understanding stroke time frame.
- b. Ensure medication compliance
- c. Continue and encourage skills learned in rehab.
- d. Discover new ways to do things
- e. Assist with communication and personal care as needed.
- f. Empower and encourage

**VII. Summary & Questions**

**Sources:** Strategies for Excellence in Stroke Care, Gretchen Wolf, MSN, RN, CNRN, CCRN, NREMPT-P, PESI HealthCare, Eau Claire, WI.; “The Etiology of Stroke: Causes, Prevention, Identification of Symptoms, and Possible Treatments”, **Caring**, June 2009, p.83-90; “Stroke Patients and Home Care: Lessons Learned and Re-examining the Care Delivery Model”, Cindy Krafft, **Caring**, June 2009, p. 93-95.

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