

**A DISEASE PROCESS MODULE:
UNDERSTANDING
STROKE (CVAs)**



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A Disease Process Module:

UNDERSTANDING STROKE (CVAs)

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

After finishing this inservice, you will be able to:

Define CVA (stroke) and discuss why it might be called a "brain attack."



List at least 3 signs or symptoms that would indicate a person is having a stroke and is in need of emergency care.



List at least three controllable and three uncontrollable risk factors that could lead to stroke.



Discuss how a stroke affects clients physically, emotionally, behaviorally, and how it affects speech and memory.



Demonstrate safe care of post-CVA clients based on the client's individual strengths and weaknesses.

THANK YOU!



A Disease Process Module:
Understanding CVAs

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HEADACHE, DIZZINESS, CONFUSION?

Sylvia was an independent and active 72-year-old woman who woke up early Tuesday morning feeling a "little odd."

She had a terrible **headache** and felt **dizzy** when she tried to get up. She thought maybe she was coming down with something, so she took a pain reliever for her headache and went back to bed.

Sylvia lives alone but has many friends and family close by who visit nearly every day. Later, when her friend, Alice knocked on the door at 9 am, Sylvia could hear the sound but felt **confused** about what it meant. So, she stayed in bed.

Alice knew it was not like Sylvia to ignore a visitor . . . and she knew Sylvia was home because the car was in the driveway. Alice knocked harder and called Sylvia's name. She tried the knob, but it was locked.

Sylvia heard Alice calling her name and tried to respond . . . but was **unable to speak**. She tried to get out of bed but her left leg was **numb** and she fell forward, banging the night stand and sending the lamp crashing to the ground.

When Alice heard the crash, she dialed 911. The ambulance arrived a few minutes later and Sylvia was taken to the Emergency Room.

In the ER, doctors performed a CT scan and determined that Sylvia had suffered a CVA (Cerebral Vascular Accident), more commonly known as a **stroke**. Treatment was started, and Sylvia was saved!

Sylvia had many of the typical symptoms of a CVA, which include:

- Numbness or weakness of the face, arm or leg, usually on one side.
- Confusion, trouble speaking or understanding.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.



Alice's quick action saved Sylvia's life. Keep reading to learn how you can recognize the signs and symptoms of a stroke—and how you can help your clients regain their independence after suffering a stroke.

UNDERSTANDING CVA (OR STROKE)

A **CEREBRAL VASCULAR ACCIDENT** or stroke happens when a blood vessel that brings oxygen and nutrients to the brain bursts or is clogged by a blood clot. Because of this rupture or blockage, part of the brain doesn't get the flow of blood it needs.

Brain cells die in the area where blood flow is cut off. This area of dead cells is called an **infarct**. These cells can die within minutes, or up to a few hours after the stroke starts.

A CVA is sometimes called a "brain attack" because what happens in the brain is similar to what happens in the heart during a *heart attack*.

THE WINDOW OF OPPORTUNITY: As brain cells die, they release chemicals that set off a chain reaction. This chain reaction puts brain cells in danger in a *larger* area of brain tissue. Without quick medical attention, this larger area of brain cells also dies. Therefore the "*window of opportunity*" for treatment is about **4.5 hours**. Beyond this time frame or "window," treatment may fail and further damage can result.

When brain cells die, the abilities that were controlled by that area of the brain are lost. These might include: speech, movement, and memory.

The specific functions that are lost depend on where in the brain the stroke happened and the size of the stroke. For example: a client who has a "small stroke" may only experience minor effects such as weakness of an arm or leg. On the other hand, a client who has a larger stroke may be paralyzed on one side or lose the ability to express or process language.

Some stroke victims recover completely from a less serious stroke, while others lose their lives to very severe strokes.

TYPES OF STROKE

ISCHEMIC STROKE (*Pronounced iss-KEY-mick*): When a blood vessel bringing oxygen and nutrients to the brain is clogged by a blood clot, it causes an ischemic stroke. Ischemic strokes account for about 80 percent of all CVAs.

HEMORRHAGIC STROKE: When a blood vessel that supplies oxygen to the brain bursts, it is known as a hemorrhagic stroke. About 20 percent of strokes are hemorrhagic.

TRANSIENT ISCHEMIC ATTACK (TIA): A TIA is a "mini stroke" or warning stroke that's caused by a temporary decrease of blood flow and may be a warning sign that a larger stroke may soon occur.

- The symptoms of a TIA are similar to the symptoms of a stroke. But, they usually go away pretty quickly. Even though the symptoms of a TIA don't last long, they should be taken very seriously. A TIA could mean that a major stroke is on its way and steps should be taken immediately to prevent the occurrence of a CVA.
- About one third of all people who have a TIA will later have a stroke. A client who has had one or more TIAs is 9 1/2 times more likely to have a stroke than someone of the same age and sex who hasn't had a TIA.



WHAT'S NEW?

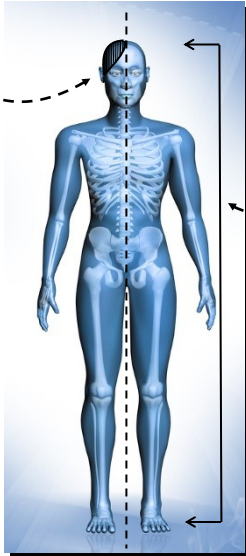
Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



LOCATION OF THE STROKE . . .

THE RIGHT BRAINED STROKE

A Stroke on the right side of the brain . . .



Affects the left side of the body.

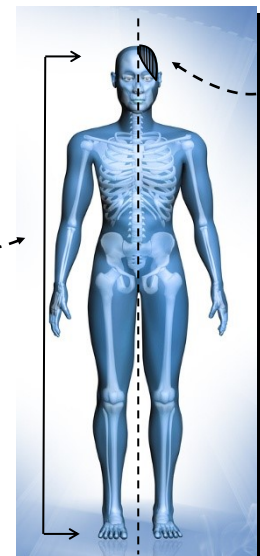
The right side of the brain controls movement of the **left side** of the body. It judges distance, size, speed and position. A CVA in the right brain can cause paralysis in the *left* side of the body.

Here's what you may see in a client who has suffered a right-sided stroke:

- Unable to judge distance (which can lead to falls).
- Short attention span and short term memory loss. (May be able to remember a daughter's graduation but not remember what they had for breakfast.)
- May be impulsive and move quickly without regard to safety.
- May deny or minimize having problems related to stroke and display poor judgment.

THE LEFT BRAINED STROKE

A Stroke on the left side of the brain . . .



Affects the right side of the body.

The left side of the brain controls movement of the **right side** of the body. It controls speech and language. A CVA in the left brain can cause paralysis of the *right* side of the body.

Here's what you may see in a client who has suffered a left-sided stroke:

- Aphasia or speech problems.
- Difficulty writing, reading or understanding speech or language.
- Slow and cautious movements.
- May need frequent instructions.
- Aware of problems related to the stroke, which can lead to depression.

A COUPLE OTHER AREAS OF CONCERN . . .



THE CEREBELLUM: The cerebellum controls reflexes, balance and coordination.

Here's what you may see in a client who has suffered a Cerebellar Stroke:

- Abnormal reflexes of the head and neck.
- Balance problems—dizziness.

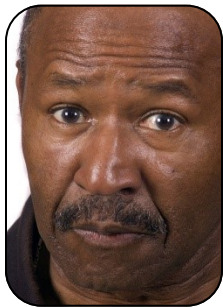
THE BRAINSTEM: The brainstem is located at the base of the brain. It controls all of our "life-support" functions such as breathing, blood pressure and heart rate. It also controls eye movements, hearing, speech and swallowing.

- A client who suffers from a stroke in the brain stem will have paralysis on *both* sides of the body.
- A CVA of the brainstem is very serious—and often deadly.

RISK FACTORS THAT CAN LEAD TO A CVA

RISK FACTORS THAT PEOPLE CAN'T CONTROL

- **Increasing age:** The chance of having a stroke more than doubles for each 10 years of life after the age of 55. While stroke is common among the elderly, a lot of people under 65 also have strokes.
- **Gender:** Each year, about 55,000 more women than men have a stroke. Men are more likely than women to have a stroke before age 55, but after age 55, women have more strokes.



- **Heredity (family history) and race:** The chance of stroke is greater for people who have a family history of stroke. African Americans have a much higher risk of death and disability from a stroke than whites. This is because African Americans have a greater incidence of high blood pressure—a major risk factor.
- **Prior stroke:** The risk of stroke for someone who has already had a CVA is many times higher than for a person who hasn't.

RISK FACTORS THAT PEOPLE CAN CONTROL

- **High Blood Pressure:** High blood pressure is the most important risk factor for a stroke. Many people believe that because more and more people are being treated for high blood pressure, fewer people are dying from CVAs.
- **Cigarette Smoking:** In recent years, studies have shown cigarette smoking **DOUBLES** a person's risk for stroke. Also, the use of birth control pills combined with cigarette smoking greatly increases the risk of stroke.
- **Diabetes:** Diabetes is a risk factor for stroke and is strongly related to high blood pressure. While diabetes is treatable, having it increases a person's risk of stroke. In addition, people with diabetes are often overweight and have high cholesterol, increasing their risk even more.
- **Carotid artery disease:** There are arteries in the neck that supply blood to the brain called carotid arteries. A carotid artery that becomes blocked by a blood clot or by cholesterol can result in a stroke.
- **Heart disease:** A diseased heart increases the risk of stroke. In fact, people with heart problems have more than twice the risk of stroke as those with hearts that work normally. Atrial fibrillation (rapid beating of the heart's upper chambers) raises the risk for stroke. Heart attack is also the major cause of death among survivors of stroke.



TALK about it!

Open the Discussion

SPREAD THE WORD!

The more risk factors people have, the greater chance they have of suffering a stroke. Some of these risk factors can't be controlled and some can be changed or treated to lower the risk of a CVA.

Talk to your clients, co-workers, friends and family about the risk factors for stroke. Here are a few conversation starters:

- **TO ANYONE:** Did you know that strokes are almost always PREVENTABLE? It's true! When you know the risk factors, you can take action—and keep a stroke from ever happening. (You can go on to discuss risk factors if the person is interested.)
- **TO A CO-WORKER OR SUPERVISOR:** I have a client with a few uncontrollable risk factors for stroke: she's female and 70 years old. But, she also smokes and has high blood pressure. How would you discuss these risk factors with her?
 - Do you know of any resources I could recommend to her?
 - How have you handled a situation like this in the past?

TREATMENT, SURVIVAL AND RECOVERY

WHAT IS THE BEST TREATMENT FOR A CVA?

- A clot-dissolving drug called **TPA** is used to treat Ischemic Strokes (caused by blood clots). TPA is only effective if given right away. The time frame for starting TPA recently widened from 3 hours to 4 ½ hours after the onset of stroke.
- Surgery may be needed to repair a hemorrhagic stroke.
- Sometimes treating a stroke means treating the heart, because different forms of heart disease can contribute to the risk of stroke. For example, damaged heart valves may need to be surgically treated or treated with “clot busting” drugs to decrease the chance of clots forming around them.

WHEN SHOULD TREATMENT BE STARTED?

Every CVA is a life-threatening emergency. Timing is very important—less wasted time means fewer brain cells die! A CVA in progress must be diagnosed in order for treatment to be started. To increase chances of surviving a CVA, follow these 5 steps in the Stroke “**Chain of Survival**”:

1. **Rapid recognition of the signs and symptoms of stroke.** Make a note of when symptoms first occur.
2. **Rapid activation of the EMS.** Call 911 immediately. Tell the operator you have a client with stroke warning signs and symptoms.
3. **Rapid EMS transport and notifying the hospital ahead of time.** Get the client to the hospital quickly via EMS—the ER will be notified that a possible stroke victim is on the way.
4. **Rapid start of pre-hospital care during EMS transport.** EMS will do an early assessment and provide treatment on the way to the hospital.
5. **Rapid diagnosis and treatment at the hospital.** Doctors must make a prompt evaluation of the medical information and give the victim treatment to restore blood flow to the brain.

IS IT POSSIBLE TO REVERSE THE EFFECTS OF A STROKE?

With rapid treatment followed by individualized rehabilitation therapy, recovery from stroke is possible.

Most clients will receive some form of physical therapy (PT) and occupational therapy (OT). Physical therapy focuses on walking, balance and coordination, while occupational therapy helps clients use fine motor skills like those needed for eating, dressing, and writing.



Think about a client you have cared for in the past, or that you are caring for now, who has suffered a stroke.

- Can you tell just by looking at the client which side of the brain the stroke occurred on? (*Remember, there is usually paralysis or weakness on the opposite side of the body.*)
- Now, think about the symptoms your client has:
 - Is there trouble speaking or understanding words?
 - Is your client impulsive or cautious?
 - Is the person aware of effects of the stroke, or does he tend to deny or minimize his difficulties?

Compare your client's symptoms with the descriptions on page 3.

Do they match up?

Check the client's chart and see if you are right!

On average, every 40 seconds someone in the United States has a stroke.

~ The American Heart Association

MEETING THE NEEDS OF YOUR POST-CVA CLIENT

Strokes affect different people in different ways, depending on the type of stroke; the area of the brain affected; and the extent of the injury. Brain injury from a stroke can affect clients physically, emotionally, behaviorally, and can also affect speech and memory. Over the next few pages you will see how these areas can affect a client who had a CVA and how you can help meet their needs.

MEETING THE EMOTIONAL NEEDS OF A POST-CVA CLIENT



Clients who were physically independent before having a CVA may now have physical limitations. This causes them to depend on someone else—such as yourself. Feeling helpless can cause clients to become *frustrated* and *upset*. Your goal is to help improve their physical abilities and decrease their dependence on you.

Clients who've recently had a CVA often lose emotional control. They may switch from laughing to crying for no obvious reason. Sometimes, CVA survivors cry because they're depressed. Depression is natural following the loss of an ability or any unexpected change in life.

It's important to tell the difference between loss of emotional control due to brain injury and sadness due to depression. Loss of emotional control due to brain injury often happens *no matter what is happening around the person*. And, the emotional behavior is easily interrupted by turning the person's attention to something else.

HOW YOU CAN HELP:

- Encourage clients to do what they can for themselves, if and when they're able.
- Listen when clients talk about their feelings. Let them know you understand that they feel bad about the change in their lives.
- Be patient. Clients who have suffered a CVA may become frustrated easily. Let them work at their own pace. Rushing will only increase their frustration.
- Watch out for signs of depression in your clients. Depression can make someone feel restless or tired, have no appetite, and sleep too much or too little.
- Ask friends and family members what your client liked before the stroke. You may be able to play music, read out loud, or play a funny movie to help improve your client's mood.



THINK about it!

Recent studies have found that 42% of CVA victims wait as long as 24 hours before getting medical help!

People may not seek treatment because they:

- Don't recognize the symptoms.
- Think the symptoms will disappear.
- Think it's not an emergency.
- Worry about the cost of medical help.
- Are afraid of hospitals.

Minutes count when it comes to stroke. After reading this inservice you will be able to recognize the signs and symptoms of stroke and get help immediately.

Here's an easy way to remember the symptoms and B.E.F.A.S.T.!

- B** **BALANCE**– Loss of balance, headache or dizziness.
- E** **EYES**– Blurred vision or loss of vision in one or both eyes.
- F** **FACE**– Facial weakness, numbness, drooping to one side, crooked smile.
- A** **ARMS**– Weakness, numbness, in arm, usually only on one side.
- S** **SPEECH**– Slurred or mumbling speech, unable to form words.
- T** **TIME**– If above symptom(s) are present, it's TIME to get help, NOW!

MEETING THE PHYSICAL NEEDS OF YOUR CLIENT

A CVA usually causes clients to lose functioning on one side of the body. This includes vision. Clients who have right-sided paralysis tend to have trouble seeing to their right, while client’s who have left-sided paralysis have a hard time seeing to the left.

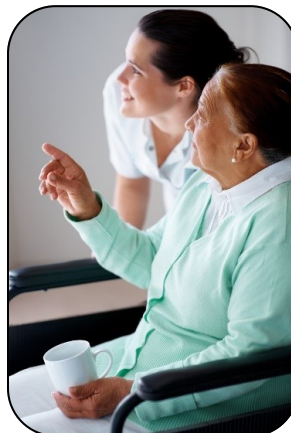
Most CVA survivors learn to make up for visual loss by turning their heads, but some don’t. This is called **neglect**. One-sided neglect is most common in a client with injury to the right side of the brain.

Sometimes the problem of neglect involves signals from *all* the senses on one side. For example, a client may not recognize his own arm and leg. He may look at his arm and leg while in bed and get angry because someone’s in bed with him!

At times, people with neglect will ignore you when you speak if you approach them from their *affected* side. If you step over to the unaffected side, they may act like you just came in the room. Even if you aren’t ignored when you’re on a CVA client’s affected side, you may find that communication improves when you move to the unaffected side.

HOW YOU CAN HELP:

- Arrange furniture so things are on the non-affected side since after a stroke, bumping into furniture or door jams is common.
- Arrange clothes so they hang on the non-affected side. For example, if a client has decreased vision on the left, hang all the clothes on the right side of the closet.
- Make sure there are no throw rugs, electrical cords, or other cluttering objects on floors that may cause the client to fall. (Remember that after a stroke, many people need to use a cane or walker for stability.)
- Encourage the client to wear non-skid shoes.
- Feedback is important. Give a client with neglect as much information as you can about their neglected arm or leg and their environment.
- Point out important objects and things of interest in a calm manner. Don’t say things like: “Why don’t you turn your head to see?” **Instead** say, “Look over here and you’ll see...”
- Remind the person to pay attention to the neglected side.



THE NEXT STEP!

Apply what you've learned!

Your client has left-sided weakness. How will you modify the following tasks to meet your client’s needs?

Dressing and undressing:

Walking with walker or cane (describe where you will stand, hold, help, etc.):

Positioning the client in bed:

Performing ROM exercises:

Encouraging use of the weak side:

Share your answers with your co-workers and supervisor!

MEETING THE BEHAVIORAL NEEDS OF YOUR CLIENT

MEETING THE BEHAVIORAL NEEDS OF A CVA CLIENT



Those who suffer from a CVA on the left side tend to be *slow, cautious* and *disorganized* when faced with an unfamiliar problem. (This anxious style often surprises friends and family who knew the person before the stroke.) They also need to be told often that they're doing okay.

Those who suffer from a right brain CVA tend to be *impulsive* and too *fast*. They often act unaware of their own deficits. For example, they may be unable to drive a car through an extra large entrance, yet say, "With an automatic transmission in my car, I could drive with no problem."

Right side CVA victims may also try to do things that they can't do or are unsafe such as, walking across a room without using a walker or cane. They are often poor judges of their abilities and safety.

HOW YOU CAN HELP CLIENTS WITH A LEFT-SIDED CVA:

- **Give positive feedback.** Telling your client that she is doing the right thing will encourage her to keep going.
- **Give plenty of immediate feedback.** Don't wait until the task is finished. Someone who had a left brain stroke may have trouble doing common tasks, such as using a fork . . . so, let her know right away when she is holding the fork the correct way.
- **Divide tasks into small steps.** For instance, putting on a shirt can be divided into the following steps:
 - Start by putting the shirt in a certain position—such as flat on the bed.
 - Put the affected arm in its sleeve.
 - Pull the shirt around the back.
 - Slide the unaffected arm in the other sleeve.
 - Button the shirt.
- **Don't rush to fix mistakes.** If there's a mistake, wait to see if your client will correct it. If he doesn't correct the mistake, mention the error, give a hint, and then let him know when he has done the task correctly.
- **Keep your comments positive.** Remember anxious and cautious people need to be told about success more than failure.

HOW YOU CAN HELP CLIENTS WITH A RIGHT-SIDED CVA:

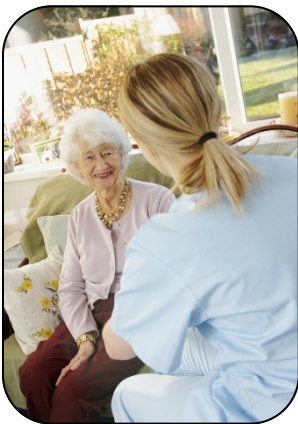
- **Make him show you!** Watch to see what your client can *safely* do—rather than just taking his word for it. Remember . . . just because someone can describe a skill or task, in detail, doesn't mean he can do it safely.
- **Use verbal cues.** If your client gets "stuck" while performing a skill, prompt her with a verbal cue. For example, if your client is trying to brush her teeth but stops with the toothbrush in one hand and the toothpaste in the other, you could ask, "What comes next?" or "Where does the toothpaste go?"
- **Break tasks into small steps and give lots of feedback.** Since these stroke victims tend to be *impulsive*, encourage them to slow down and carefully check each step as it's completed.
- **Minimize clutter around the room.** Cluttered floors can be dangerous for someone who is impulsive or unable to judge safety.



MEETING COMMUNICATION NEEDS OF YOUR CLIENT

MEETING COMMUNICATION NEEDS OF A CVA CLIENT

Communication is the way we send and receive messages between each other. A CVA can effect the way a person sends or receives messages. This is called aphasia. When a client has a problem *understanding* speech, it's called receptive aphasia. Clients who have trouble *speaking* or saying what's on their mind have expressive aphasia.



CVAs do not usually cause hearing loss. So, unless there was a hearing problem before the stroke, you can assume your client can hear you, and just may not understand or be able to respond.

When talking to someone who has aphasia, the tendency is to speak loudly. Increasing the volume of your voice seems almost automatic when you're talking to someone who doesn't seem to understand. *But, when speaking to a post-CVA client, talking loudly will not help.*

A CVA can also affect the muscles used in talking—such as the muscles in the tongue, palate and lips. As a result, speech can be slowed, slurred or distorted, making it hard to understand. This is called dysarthria and may require the help of a speech expert.

HOW YOU CAN HELP:

- Speak slowly and clearly. Keep your voice low and unhurried. Use simple, everyday words, but don't use "baby talk" or any other special voices as this may be offensive.
- Don't speak loudly or your client may find understanding you harder than usual. Practice talking in short simple phrases instead of shouting—and see if your client understands you better.
- Face clients directly when speaking. Don't speak to them suddenly from behind, or you might scare them.
- Ask one "yes" or "no" question at a time. Repeat the question using the same words if the client doesn't answer you.
- Allow plenty of time for the client to speak.
- Be sure to call your clients by name and be respectful, saying things like "thank you," "please," or "no sir." This helps your clients feel like the healthy adults they once were.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 73-year-old man who suffered a right-sided stroke. He made good progress in the hospital but is anxious to get home and resume his normal life.
- After a week at home, he becomes frustrated with his walker and seems embarrassed to use it around family and friends. He tells you he no longer needs it and refuses to use it.
- You notice he is unsteady without the walker. He holds onto furniture and walls to get around. He is walking *less* as a result.
- **WHAT YOU KNOW:** You know that people with right-sided strokes may minimize or deny their limitations. You also know these clients can be impulsive and unsafe.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to keep your client safe while maintaining his dignity and freedom.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

MEETING THE MEMORY NEEDS OF YOUR CLIENT

MEETING THE MEMORY NEEDS OF A CVA CLIENT

Often, CVA victims have short retention spans. Retention span refers to how many pieces of information in a given message can be remembered and used or acted on. This means that many CVA victims can only remember bits and pieces of a complicated message.

For example, in a series of instructions, they may remember only 2 or 3 steps. Let's say you ask a client with a short retention span to stand up, take off their coat, hang it up in the closet and pick up a magazine. The only part your client may understand is "magazine" or she may just look puzzled and not do anything at all.

HOW YOU CAN HELP:

- Give only brief, simple messages. Break your information into pieces. If you give too many messages, your client may become confused.
- Give messages one at a time.
- Don't speak in long sentences; instead, use *short* phrases.
- Follow the same schedule whenever possible.
- Present new information one step at a time.
- Allow the person to finish one step before going on to the next.
- Whenever possible, use things that help your client's memory, such as a calendar, written notes or schedule cards.

Here are some fun exercises you can do with your clients to help improve memory:

- Make it fun, play a game! Tell your client three words. Keep the words related at first, like dog, cat, and mouse. Wait a minute and ask your client to recall the three words. Then have a short conversation, and see if your client can recall the words after that! Make it harder each day. The hardest words to remember will be unrelated words, like street, book, and vacuum.
- Encourage your client to do crossword puzzles or jigsaw puzzles. These help improve memory and confidence, and are fun!
- If your client enjoys reading the newspaper, point out one article to read and then quiz him on it when he is done. Make sure it is a light article about something he enjoys!
- Give your client a pen and some paper to practice spelling her name. If that comes easily ask her to write her children's names or grandchildren's names.



One of the most rewarding things about working with clients who have suffered a stroke is witnessing the recovery period.

Your client may need total care right after the stroke, then just within a week, she can begin to smile, or say a few simple words. Then you may see her pick up a spoon and feed herself. Soon she is up and moving around the room with a walker!

Take a moment to reflect on a CVA client you have cared for. Recall the recovery period. Jot down a few things that amazed you about this client during recovery.

MEALTIME WITH YOUR CVA CLIENT

A stroke can damage the part of the brain that controls the muscles and nerves involved in swallowing. Clients who have had a CVA may have **dysphagia** immediately after the stroke. This means they may have difficulty chewing and swallowing foods.

Your client will be assessed by a specialist to determine if chewing and swallowing are a



your client is found with dysphagia, a special diet is ordered. It's important to follow this diet carefully and to monitor your client closely during meal times.

Here are a few meal time tips for post-CVA clients:

- Place client in an upright, seated position before feeding. This will prevent choking or aspiration.
- As always, sit facing the client during meals. Socialize, and keep the mood relaxed. Never rush a meal.
- Offer small bites, just from the tip of the spoon, and make sure the client's mouth is empty before offering the next bite.
- Allow your client to remain sitting upright for 30 minutes after the meal, if possible. This will promote digestion and prevent choking.

COMMON DIET ORDERS FOR CVA CLIENTS

SOFT DIET: A soft diet is made up of foods that are easy to chew, swallow and digest.

- The soft diet may be ordered for clients who have trouble chewing or swallowing.
- Some foods your client can have on a soft diet include; soft breads, cooked cereal, bananas, mashed potatoes, scrambled eggs, soup, yogurt and pudding.

MECHANICAL SOFT DIET: The Mechanical Soft diet consists of foods that are mashed or blended.

- Mechanical Soft is similar to the soft diet, except any food can be mashed, not just the bland foods. The client can have spices and seasonings if desired. And, foods with fiber are allowed.

PUREED DIET: A pureed diet means all the food is blended to the consistency of baby food.

- This diet is usually ordered when chewing is not just difficult . . . it's impossible.
- Any food can be pureed. Water, broth, juice, or milk is usually added to food to make it thin enough to be pureed.

THICKENED LIQUIDS: Some clients with trouble swallowing will have special orders to thicken their liquids. If the client has orders for thickened liquids, it is important to offer all liquids this way. Juice, water, coffee, and soft drinks can all be served thickened.

Three common thickening orders are:

NECTAR THICK LIQUIDS: Nectar thick liquids are a little thicker than water.

- The client can drink these from a cup. Most physicians and dietitians will also specify, "no straws" with this order. There is a chance the client will suck the liquid too quickly through a straw and choke.

HONEY THICK LIQUIDS

- Honey thick liquids are the consistency of honey. They are thicker than nectar thick liquids and pour very slowly.

PUDDING THICK LIQUIDS

- Pudding thick liquids are solid, like pudding. It will not drip when poured, and a spoon can stand up straight in the cup.
- Clients will have to use a spoon with these liquids.

SAFETY TIPS FOR ALL CLIENTS WITH CVA

PREVENTING FALLS WHEN WALKING

- Have your client sit on the side of the bed for 1-2 minutes BEFORE trying to stand or move to a chair.
- Provide low heeled shoes with non-slip soles. Bare feet are safer than socks or soft slippers.
- To help your client stand up, place yourself in front of your client, put your forearms under his armpits, bend your knees, then lift. Use your leg muscles to lift—not your back.
- Watch your client walk. If he or she begins holding on to furniture or walls, let the nurse or doctor know so a cane, crutch or walker with rubber tips on them can be ordered and your client can be taught how to use them.
- If you're walking beside your client and he begins to fall, put your arms under his armpits and lower him (and yourself) to the floor as gently as possible.
- Remove wheels or casters from bed and chairs.
- Put the head and side of your client's bed against the wall so it won't move when the client is getting in and out of bed.
- Put the back of your client's chair against a wall so it won't move when he gets up or sits down.
- If your client uses a wheelchair, lock the wheels when he gets up or sits down.
- Remove area or throw rugs and tape down edges of large rugs.
- Have rails on both sides of staircases and put a strip of brightly colored tape on the edge of each stair so it can be easily seen.
- Don't wax floors.
- Put furniture along walls.
- Pad sharp corners on shelves and furniture by taping a small towel on the corners.
- If you work in a client's home, ask the family to repair holes and rough spots on floors, steps and sidewalks.
- Keep clutter and any small items off the floors.
- Move electrical and telephone cords from out of the walk areas.
- Mop up spills on the floor immediately throughout the house or facility.
- Keep small lights on at night.



5 KEY points

Key Points to Remember

1. Strokes are generally preventable! Knowing the risk factors and changing those things we are able to control can lower a person's risk of ever having a CVA!
2. Time is the most important factor in a person's outcome after a stroke. When immediate medical treatment is given as soon as warning signs are noticed, damage is minimized and a complete recovery is possible!
3. Stroke affects each client a little differently depending on where and how much damage occurred. Care should be individualized to each client's unique strengths and weaknesses.
4. Your post-CVA clients need you to pay close attention to safety because they are usually unable to keep themselves safe.
5. Keep your client's goals in mind when performing care. If you just do everything for your client, you take away the client's opportunity to gain strength, endurance and coordination, and may delay recovery.



A Disease Process Module:
Understanding CVAs

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about CVAs? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- True or False**
A CVA happens when a blood vessel that brings oxygen and nutrients to the brain bursts or is clogged by a blood clot.
- True or False**
A hemorrhagic stroke is also known as a "mini stroke."
- True or False**
A post-CVA client with left-sided weakness had a stroke on the left side of the brain.
- True or False**
There is no way to prevent a stroke.
- When caring for a client with "neglect," do all of the following EXCEPT:**
 - Stand on the client's affected side when talking to him.
 - Arrange clothes so they hang on the non-affected side of the closet.
 - Arrange furniture so things are on the non-affected side.
 - Point out important objects and things of interest on the affected side.
- True or False**
Clients who suffer from a right brain CVA tend to be impulsive, do things too fast and can be unsafe.
- True or False**
After a CVA, clients don't respond when spoken to because they usually can't hear you.
- True or False**
Playing memory games can be a fun way to improve memory and confidence.
- True or False**
Clients with dysphagia can eat whatever they want.
- Fill in the Blanks**
Minutes count when it comes to getting help for someone who is having a stroke. The letters in B.E.F.A.S.T can help you remember what to look for and what to do. What do the letters stand for?

B _____ E _____ F _____ A _____ S _____ T _____

