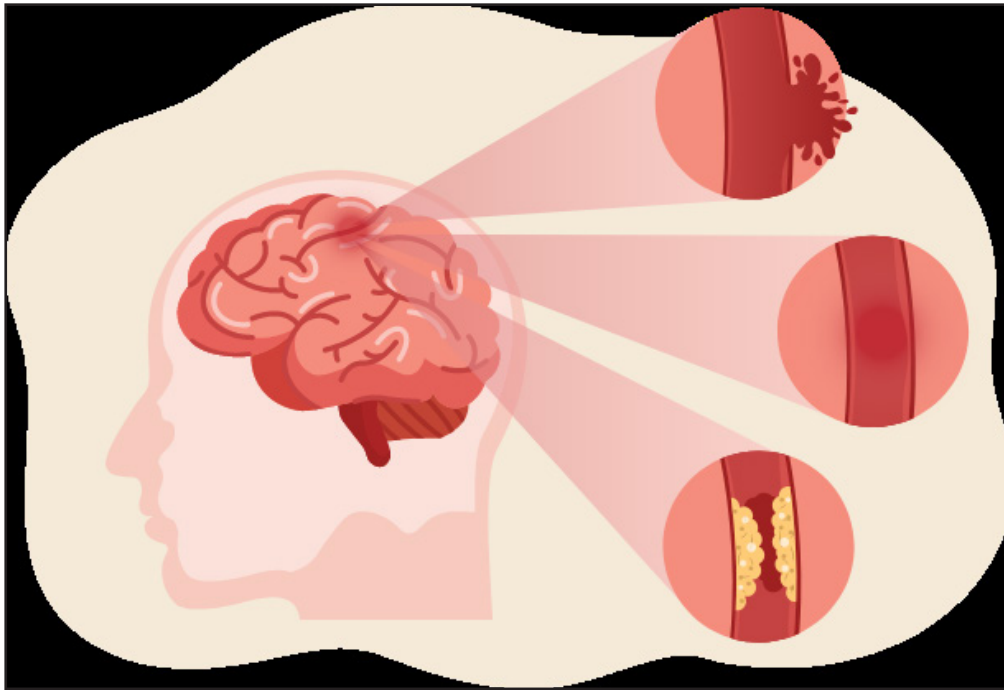


# About Your Stroke

## Patient Information Leaflet



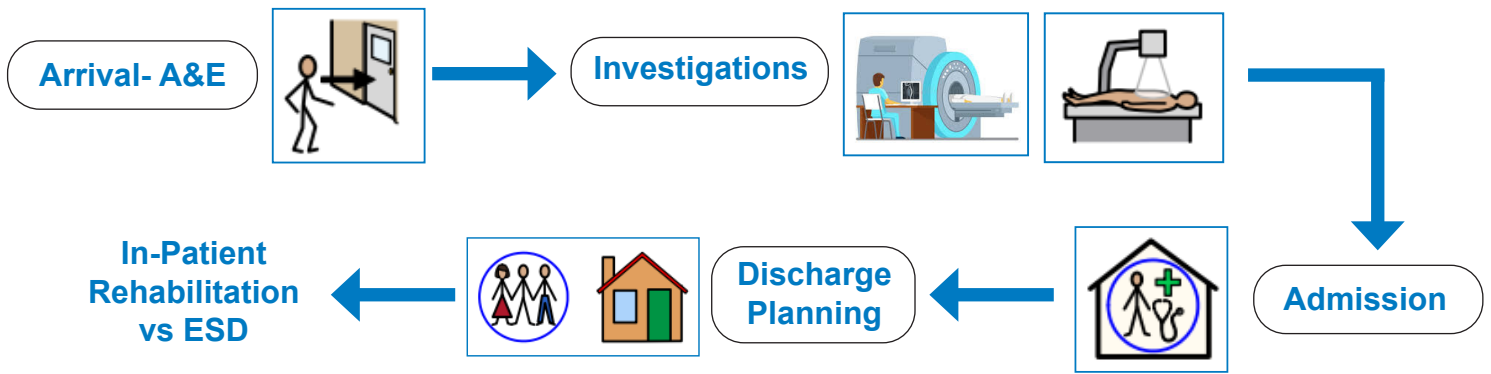
### Introduction

#### Welcome to the Calderdale Royal Hospital Stroke Ward.

You have been admitted after having had a stroke. This leaflet is here to provide you and your family and friends with information about strokes and the support you will receive in hospital. If you have any questions please ask a member of staff.



## The Patient Journey



We have a large multi-disciplinary team who will work together and with you to aid your recovery. They include:

- Consultants
- Doctors
- Nurses
- Specialist Nurses
- Physiotherapists
- Occupational Therapists
- Dietitians
- Speech and Language Therapists
- Psychologist
- Therapy Assistants
- Healthcare Assistants
- Engagement Support Worker
- Discharge Co-ordinators

## Uniforms

You will see multiple members of staff throughout your stay, below are some of the team members you may see. Please note that the doctors frequently wear scrubs or normal clothing attire and there may be other individuals who are not presented below who provide catering, portering and cleaning within the hospital.



Physiotherapists  
Dietitians  
Speech and Language  
Therapists  
(Navy piping)  
Therapy Assistants  
(Plain white)



Staff Nurse



Charge Nurse



Occupational  
Therapists  
(Green piping)



Thrombolysis  
Nurse



Healthcare  
Assistant



Discharge  
Co-ordinator



Engagement  
Support Worker



Radiographer

## What is a Stroke?

A stroke occurs when blood supply to the brain is interrupted, either due to a blockage in a blood vessel (an ischaemic stroke) or bleeding into the brain (a haemorrhagic stroke). The reduced blood flow results in damage to an area of the brain, which in turn gives rise to the symptoms of a stroke.



## Why have I had a Stroke?

There are many reasons why strokes may occur and this will be discussed with you individually by your doctor. Some common risk factors causing strokes include;

- High blood pressure
- High cholesterol
- Atrial fibrillation (irregular heartbeat)
- Diabetes
- Underlying heart problems
- Lifestyle factors including smoking and excessive alcohol consumption

## How is a stroke diagnosed?

Once you are admitted to hospital, you will have tests to confirm if you have had a stroke and what type of stroke you have had. All patients will have a brain scan to see which part and how much of the brain has been affected. There are several different types of brain scan and your doctor will decide which is required. The scans will help the doctors decide on the best course of treatment for your stroke. You may also have other investigations including an ECG (electrocardiogram) to check your heart rate and rhythm, and ultrasounds to check for blockages in your neck arteries, blood tests and monitoring of your observations.



## What medical treatment might I receive?

If you have suffered from a blockage to an artery due to a blood clot (an ischaemic stroke) you may be offered medication to break up the clot (thrombolysis) or a procedure to remove the clot (thrombectomy). In rare cases other types of surgery to the brain might be considered. Most treatment is directed at reducing the risk of a further stroke happening by managing things like your blood pressure, blood sugars, cholesterol levels and reducing risk of blood clots. This may mean changes to your regular medications – please speak to a member of the nursing or medical team if you have any questions about your treatment or medication. You will be monitored for signs of complications of your stroke, assessed how the stroke has affected you and what help you will need to make the best recovery from your stroke.

## How might a stroke affect me?

The effects of a stroke depend on where the stroke is in your brain, and how much damage to the brain has occurred. Every stroke is different; your stroke and your recovery are unique to you and can be unpredictable.

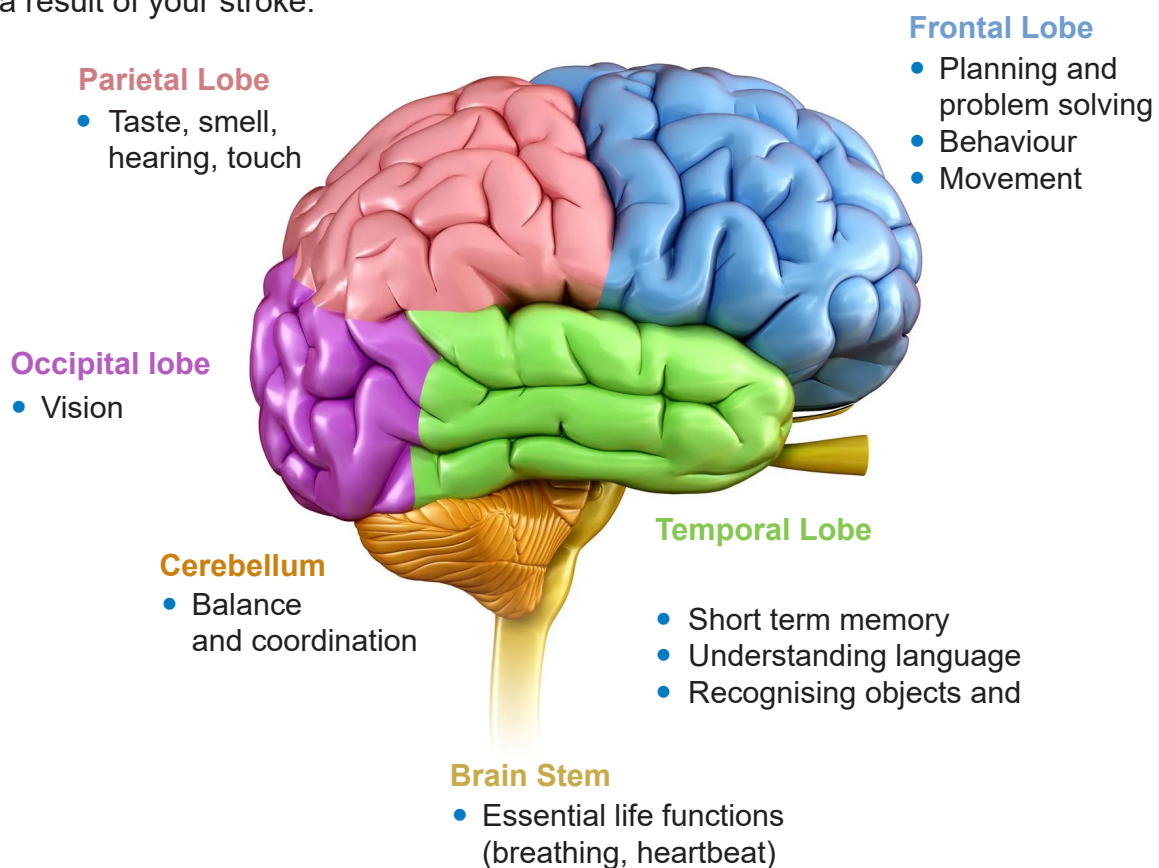
### Some common symptoms you might experience are;

- Weakness in the muscles of your arms, legs and body
- Changes to the feeling (sensation) in your skin
- Problems with walking and balance
- Changes in your vision
- Problems with speech and swallowing
- Changes to your memory and thinking skills
- Tiredness
- Problems with bladder and bowel control
- Feeling emotional, or having changes in your normal behaviour

If you have any questions about your recovery please speak to a member of the team. We are all here to support you through your journey in hospital.

## Which parts of my brain have been affected?

Below is a picture of the brain showing which part has been affected and what symptoms you might be having as a result of your stroke.



## Symptoms I might be experiencing;

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## What to expect in the first few days

When a stroke is identified you will be assessed by a Stroke Nurse and Consultant. If admission is required, you will be admitted to a ward for medical and therapy assessments when a bed becomes available. The priority is to ensure that you are medically stable and receiving the correct medical treatment following the stroke.

## After initial assessments

Once assessments have been completed by therapies, medical team and nursing staff we are able to decide the next steps for your care. If you require further rehabilitation, you will be transferred to one of the stroke rehabilitation wards (7A, B or D) when a bed is available. You will still receive Therapy input on 7C whilst you are waiting for transfer to a rehabilitation ward.

We understand this can be a challenging time for you and your family. Our team are likely to ask you about your home environment. This is to aid our assessments and identify the appropriate pathway for your care out of hospital. This may be soon after admission.

We may hold a family meeting, to discuss outcome of assessments, discharge planning and discussing plans for further rehab. The purpose of each meeting is dependent on the patient, and this may not be needed in all cases.

You may be able to go home following assessments if home has been identified as a suitable discharge destination at this point.



There may be a need for you to stay in hospital whilst you receive ongoing rehabilitation from Occupational Therapy, Physiotherapy and Speech and Language Therapy.

There are options for equipment provision and carer support should this be required; this is assessed whilst you are in hospital. Social services may also assess if required.



## The rehabilitation wards

There are several groups you may be able to take part in during your stay:

- Fun group
- Breakfast club
- Upper limb group



The team involved in your care meet regularly to discuss your progress and to make plans for the next steps.

The medical team complete regular ward rounds. This is when they will review each patient, carry out assessments and update your care plan.

The day room is a space for patients:

- To socialise
- To watch TV
- To take part in activities



An engagement support worker works on the ward. They help with social and physical activities, personal care, meal times and more. You will see them in a red uniform.





## Physiotherapy

Physiotherapists work with patients who have had strokes in many ways.

They may be involved in monitoring breathing function and helping people to clear their chests if they are unable to do so independently. It is common that people who have had a stroke may experience chest infections because of changes to their swallowing, strength and mobility. In conjunction with the Doctors and Nursing staff, Physiotherapists can support you with oxygen therapy if this is required. Your therapist can also assist you with breathing exercises or manual support if you are unable to clear sputum yourself.

Your therapist will assess your movement, sensation, balance, and mobility and support you to progress in these areas. Physiotherapists will look at how you can move your arms and legs and whether you need equipment such as a specialist chair, hoist or other stand aid or walking aid. Therapy assistants play an important role in therapy sessions and support the physiotherapists and complete exercise sessions. Therapists can also work on strengthening exercises and use specialist equipment and handling support to aid recovery. They will work with you directly and provide exercises family and friends can complete to aid recovery.

If you require a period of inpatient rehabilitation they will be involved in helping you to improve your balance and mobility and regain strength and independence, working towards a point where your rehabilitation can continue in the community.



## Medical team

The medical team consists of a stroke consultant, stroke registrar and a team of supporting doctors working on both the acute stroke unit and rehabilitation wards. You will be reviewed regularly by them on ward rounds.

They will take a lead role in the diagnosis and acute treatment of your stroke and associated medical conditions, including decisions in consultation with family like nasogastric tube insertion, medically prescribed feeding, resuscitation, ceiling of care, escalation of care and sometimes end of life care.

There will be a named consultant who will oversee your care during your inpatient stay.

If you have any questions about your medical care please inform the nurse looking after you who will be able to arrange a discussion with the medical team.



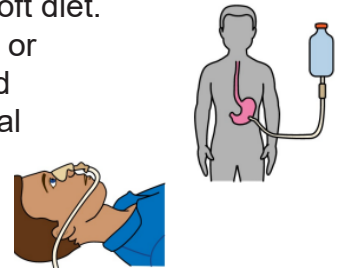
## Dietitian

If necessary, a Dietitian will be involved in your care. We will assess your dietary needs and advise you on how these should be met.



A stroke can affect your nutritional needs in many ways;

- Affects your ability to swallow – If your swallow is impaired by your stroke and you are not able to eat or drink a feeding tube will be inserted in your nose; this will allow us to feed you directly into your stomach. A Dietitian will work out how much energy you need and we will prescribe specialist feeds. You may require longer term feeding through a tube in your stomach but this will be discussed on an individual basis.
- Affects your ability to eat certain food textures – the SALT team may place you on a modified diet. A Dietitian will ensure you are meeting your nutritional needs on a puree or soft diet.
- You may lose or gain weight. A Dietitian can assess if you need supplements or advice on healthy food choices. The Dietitian will be able to provide advice and support if you experience such difficulties. A Dietitian will also ensure all special diets are catered for, for example, vegetarian, vegan, halal and gluten free.



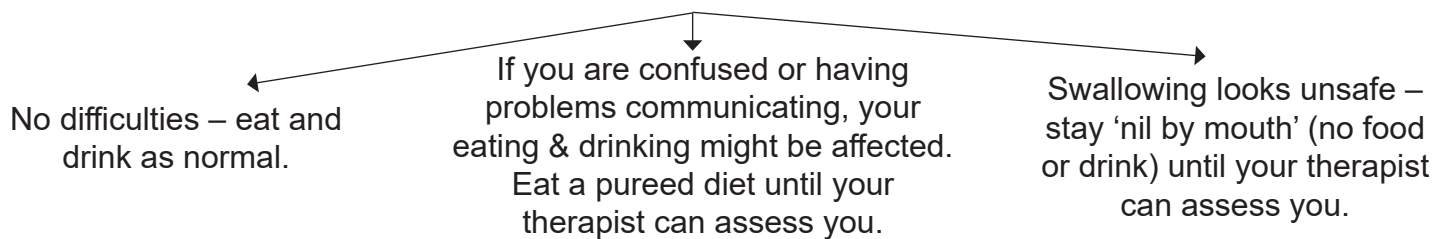
## Speech and language therapy

### Swallowing

Some types of stroke can impact your swallowing. Speech and Language Therapists (SALT) can help you to be safer when eating and drinking.

When you arrive to hospital your swallowing will be screened by a trained nurse. This helps to identify whether the stroke has affected your swallowing.

There are 3 outcomes of the screen:



Your Speech and Language Therapist may recommend you eat and drink differently to usual to keep you safe from choking or food/drinks going down the wrong way. They might recommend different diet textures to help you eat more safely – these are called 'IDDSI levels'.

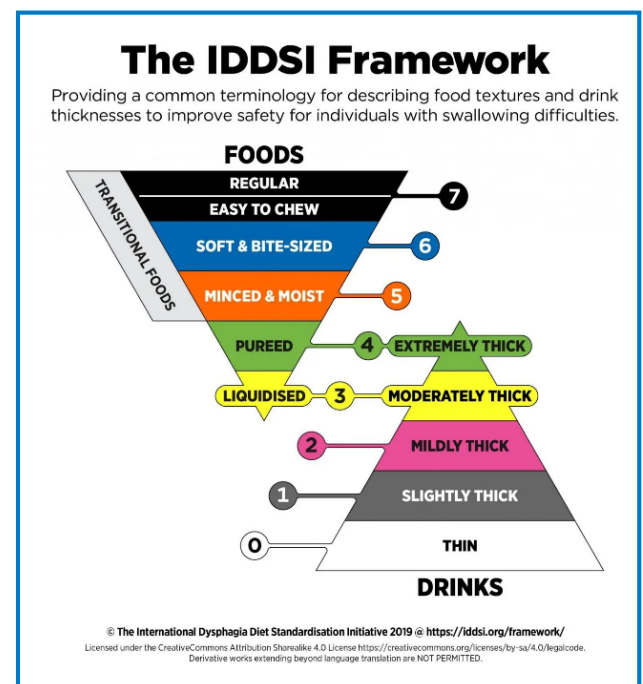
If your swallowing is not safe, they may recommend a short-term feeding tube (nasogastric tube).

Your therapist will work with you during your stay in hospital to help you swallow safely. They might make changes to your diet gradually or provide therapy to help with swallowing. They can also help you to make decisions about long-term options for eating and drinking.

## Communication

Some types of stroke can affect your communication. Your speech might sound different to usual. You might have difficulty understanding what is being said or knowing what to say.

SALT will complete assessments to find out if you have difficulty communicating after your stroke. They might provide therapy to support you with communicating. They will work with you directly and give you/your family tasks to complete independently.



## Occupational Therapy

Occupational Therapists (OTs) assess how a stroke has affected a person's ability to carry out their day-to-day activities, including getting washed and dressed, moving around the property, preparing meals, leisure activities or working.

Having a stroke can significantly affect the way you can engage in these activities and it is an OT's job to help you to return to being as independent as you can be. OTs are also specialists at assessing and treating cognition (memory, thinking skills, problem-solving), mood and vision.



On the ward OTs will complete initial assessments, functional assessments such as washing and dressing or kitchen assessments, and formal cognitive assessments. They will work with you to increase your independence by practising tasks or teaching you new ways to complete them. People who have had a stroke will often require some equipment and support, and when it is time for you to be discharged from hospital OTs will determine whether your home environment is suitable for you and assess for and provide any equipment required. If the OTs have identified any visual changes (for example double vision, loss of visual field or reduced eye control) they will refer to the Orthoptics team who are specialists in assessing visual deficits. They will complete an assessment on the ward and, if necessary, continue to review patients once they have been discharged.

## Clinical Psychology

On the stroke ward, Clinical Psychologists work as part of the multi-disciplinary team to offer assessment and support for the emotional, cognitive and behavioural changes that may follow a stroke. Having a stroke can be a shocking and difficult experience. It is normal to have a whole range of feelings and problems. Often these feelings will get better over time or you will feel more able to manage them.

However, sometimes they can become too much to manage, and maybe make it hard to complete your rehabilitation or do things that are important to you. It can also have more "hidden" effects on thinking, planning, memory, solving problems. The Clinical Psychology team are here to support you with these difficulties.

If you are referred to Clinical Psychology, someone will come and speak to you on the ward, and they may also carry out some tasks to examine your thinking in more detail. They may also attend one, or a number, of your other therapy sessions. You may then be seen regularly for support (psychological therapy), or you may have further, more detailed, assessment of your thinking skills. You may be given advice and strategies to help with your thinking (cognitive rehabilitation). This may be done alongside other members of the team such as Occupational Therapy.



## Nurses

Within the stroke ward you will find ward nurses (staff nurses and charge nurses, wearing blue) as well as Stroke Specialist nurses (in purple uniform). They work on the ward and around the hospital.



## Ward nurses complete tasks such as;

- Completing and monitoring observations, neurological assessments.
- Medication administration.
- Joint working with other healthcare professionals.
- Monitoring risk and try to prevent complications such as pressure ulcers and deep vein thrombosis.
- Providing nutritional assistance and support.
- Providing routine care, eg support with washing, dressing, toileting and transfers.
- Providing support and advice, including emotional and psychological support where needed.
- Providing education and health promotion to patients and their families.
- Identifying care needs to support with discharge planning.



## Stroke Specialist Nurses

You may be seen by a Stroke Specialist Nurse who will assess you at the time of having a suspected or confirmed stroke. This may be an assessment in Accident and Emergency (A&E) or on a ward. At this time, specialist assessments will take place to identify how the stroke has affected you. You may have a brain scan at this point to support assessments. You may have a swallow assessment to determine if it is safe for you to eat and drink. They work closely with the stroke consultants to determine your treatment plan, including timely medical intervention such as thrombolysis and thrombectomy if appropriate.

## Additional Information

### Ward Layout

The Stroke Unit comprises of 4 wards: **1 hyper acute and acute ward**  
**3 rehabilitation wards**

During your stay in hospital, you may be moved to another ward from the stroke ward – you will still receive the same therapy and medical input.

### Visiting Policy

Please review the visiting policy for current times and allowances.

There may be times where visitors are asked to step out due to medical or therapy treatment or due to overcrowding and mealtimes.

**PLEASE do not visit if you are unwell; patients have higher chance of catching other illnesses and it may impact their recovery.**

### Items required for during the stay

- Toiletries
- Pyjamas/nightdress
- Loose fitting clothes such as trousers, tops, skirts
- Fully fitted shoes/slippers (not slip on /flip flops)
- Dentures, glasses, hearing aids boxed and named
- Comfort aids (eg, own pillows/blanket)
- Photographs of loved ones
- You may want to bring in your laptop or phone charger. A long lead charger is useful.





## Ward Contact Telephone Numbers

|   |                         |
|---|-------------------------|
| Ward 7A (Stroke Rehabilitation Ward)        | Telephone: 01422 223701 |
| Ward 7B (Stroke Rehabilitation Ward)        | Telephone: 01422 223702 |
| Ward 7C (Hyper Acute and Acute Stroke Ward) | Telephone: 01422 223703 |
| Ward 7D (Stroke Rehabilitation Ward)        | Telephone: 01422 223704 |

## Useful Links

**Stroke Association** - Stroke Association | Rebuilding lives for stroke survivors [www.stroke.org.uk](http://www.stroke.org.uk)  
Tel: 0303 3033 100

**NHS Information-** Stroke - NHS ([www.nhs.uk/conditions/stroke](http://www.nhs.uk/conditions/stroke))

**PALS** - Patient Advice and Liaison Service Tel:01484 343800 Email: [patientadvice@cht.nhs.uk](mailto:patientadvice@cht.nhs.uk)

**Please check the trust website for up to date visiting information. We are invested in the John's Campaign for supporting carers. John's Campaign recognises the valuable role carers have in the reassurance and dignity of patients in our hospital, and that their presence here is in response to the needs of the patients, and not merely restricted to visiting hours.**

**Please see the nurse in charge.**

**If you have any comments about this leaflet or the service you have received you can contact :**

Physiotherapy Department

Telephone 01422 223727

[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"