H&H Care SA Pty Ltd

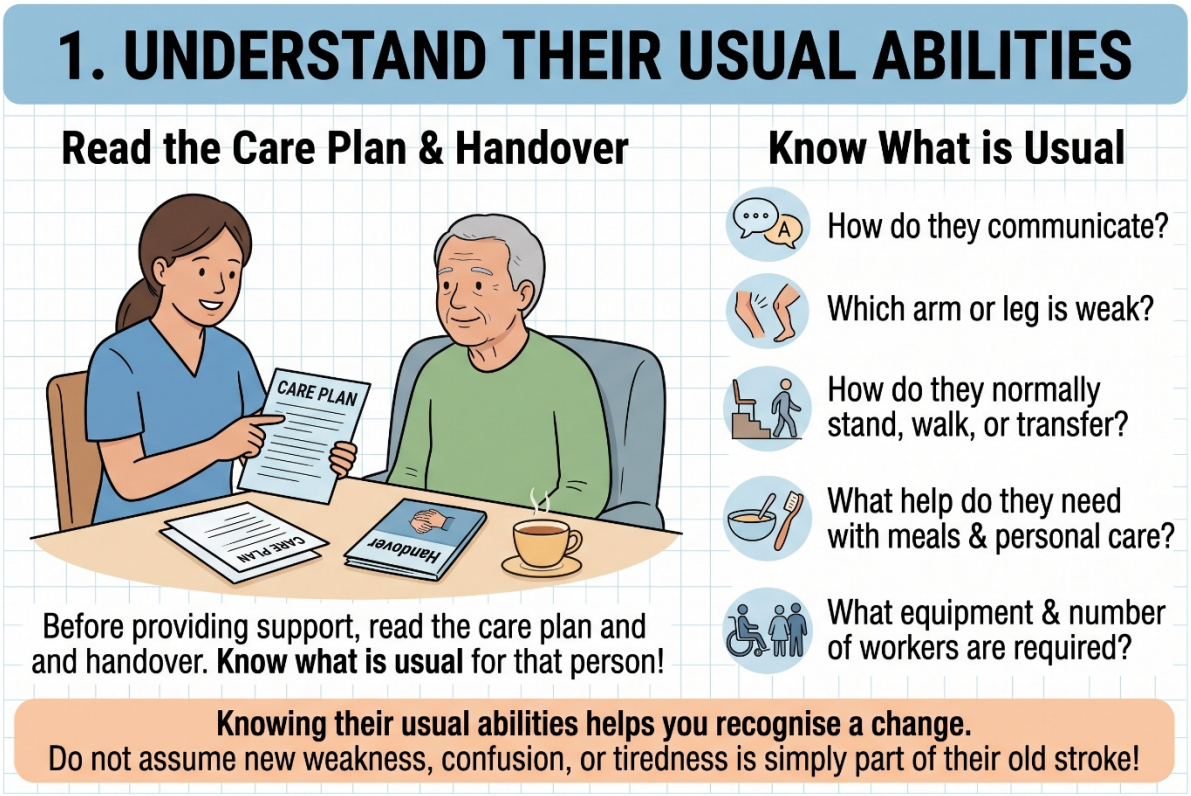
This guide is written by Huy Le, helps support workers provide safe, respectful care for people after stroke. It explains how to support daily activities and prescribed exercises, recognise changes that need reporting, and write clear case notes to ensure consistent care and follow-up.

Caring for a Person After Stroke: A Practical Guide for Support Workers

A stroke happens when blood flow to part of the brain is blocked or a blood vessel in the brain bursts. It can change how a person moves, speaks, thinks, swallows and manages daily activities.

Every stroke survivor is different. Some need only a little help, while others need ongoing support. **Your role is to help the participant stay safe, do as much as possible for themselves and practise the skills recommended by their health team.**

<u>Understand the participant's usual abilities</u>



Before providing support, read the care plan and handover. Know what is usual for that person:

- How do they communicate?
- Which arm or leg is weak?
- How do they normally stand, walk or transfer?
- What help do they need with meals and personal care?
- What equipment and number of workers are required?

Knowing their usual abilities helps you recognise a change. **Do not assume new weakness, confusion or tiredness is simply part of their old stroke.**

Help without taking over



Allow the participant to do the parts of a task they can manage safely. Give enough time and offer help when needed.

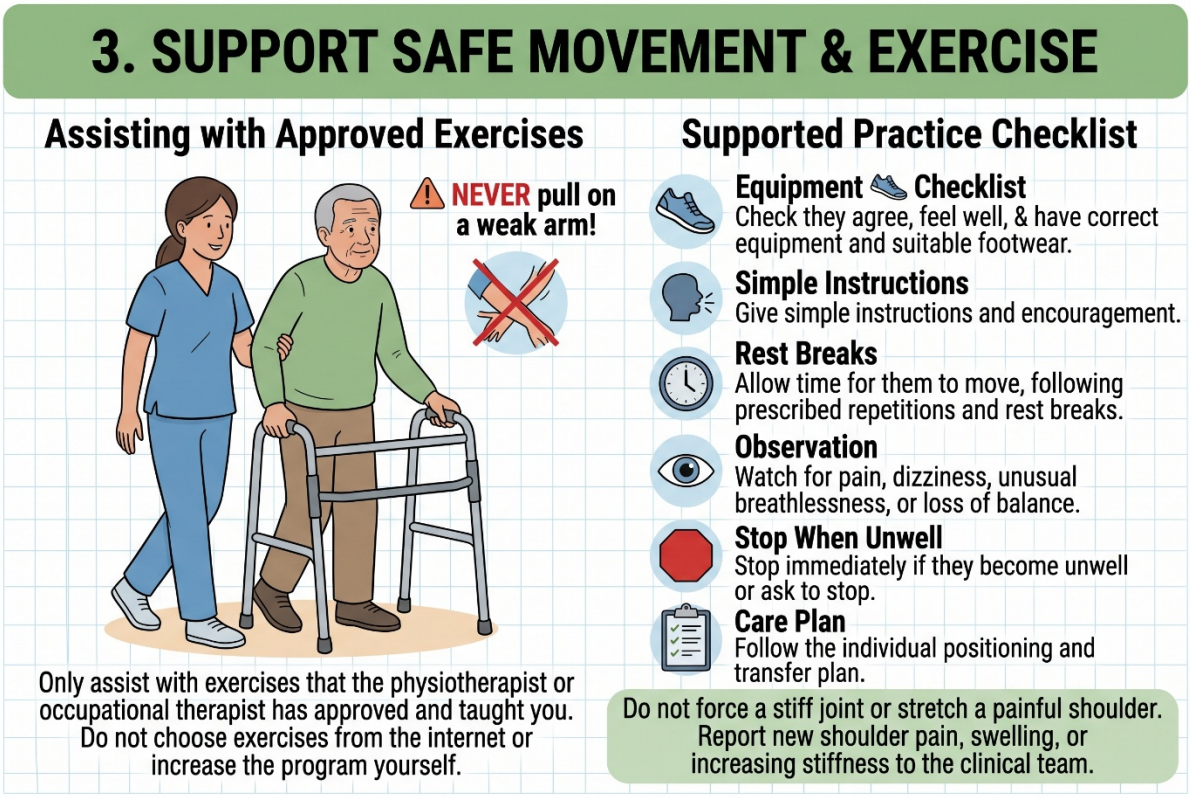
For example, place a face washer within reach and encourage the participant to wash their face. Help with the areas they cannot reach.

Ask permission before assisting. Explain what you are doing and respect their choices. Difficulty speaking does not necessarily mean the person cannot understand you.

Use short sentences, ask one question at a time and wait for an answer. Pictures, gestures or a communication board may help.

Support safe movement and exercise

Regular practice can help maintain abilities and support further improvement. Recovery may continue months or years after stroke, although progress differs between people. Practising useful daily tasks is an important part of rehabilitation.



Only assist with exercises that the physiotherapist or occupational therapist has approved and taught you. Do not choose exercises from the internet or increase the program yourself.

Approved activities might include:

Activity	How the support worker helps
Walking	Use the prescribed walking aid, assistance and route. Allow rest breaks.
Standing from a chair	Follow the therapist's instructions, including chair height and worker assistance.
Arm and hand practice	Help with the approved reaching, grasping or supported movements.
Personal care	Encourage safe practice of washing, dressing and grooming.

Activity	How the support worker helps
Position changes	Follow the positioning and transfer plan.

Before starting, check that the participant agrees, feels well enough and has the correct equipment. Keep the area clear and use suitable footwear.

During practice:

- Give simple instructions and encouragement.
- Allow time for the participant to move.
- Follow the prescribed repetitions and rest breaks.
- Watch for pain, dizziness, unusual breathlessness or loss of balance.
- Stop if the participant becomes unwell or asks to stop.

Never pull on the weak arm to help someone stand or move. Support the arm as taught. Do not force a stiff joint or stretch a painful shoulder. Report new shoulder pain, swelling or increasing stiffness.

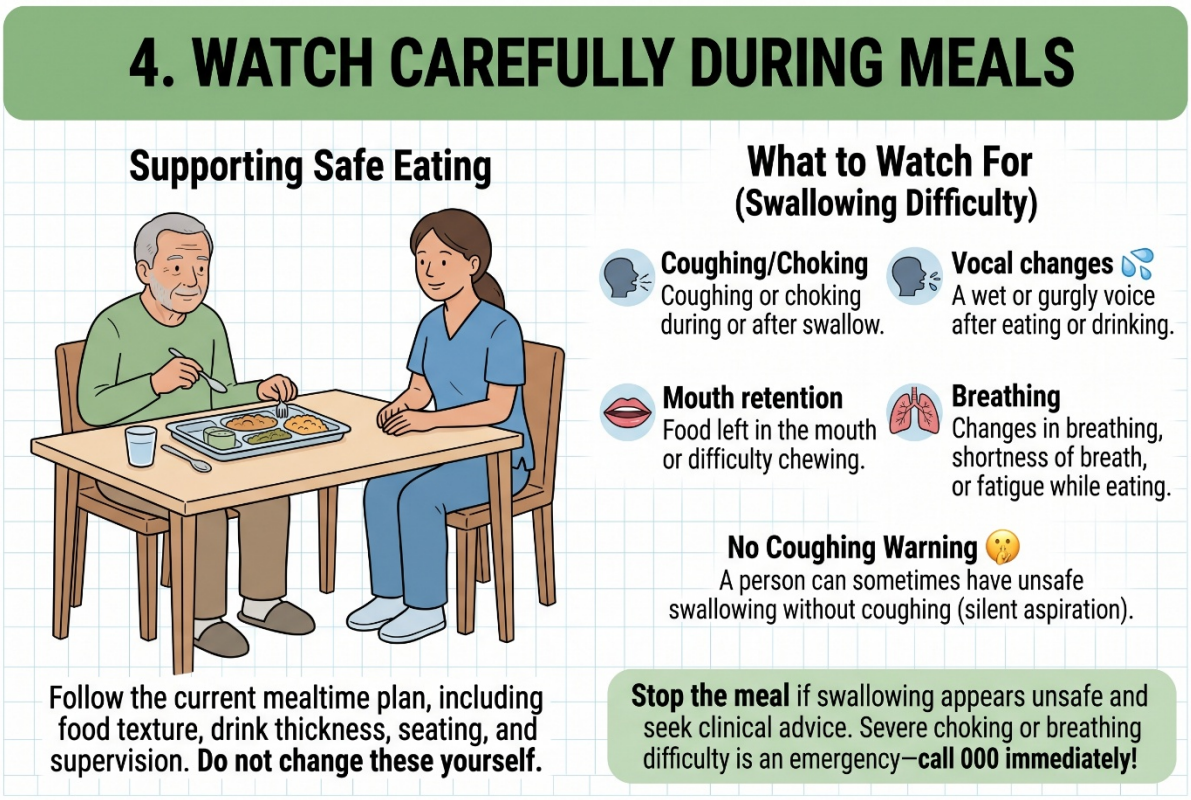
If the participant declines exercise, ask why. They may be tired, in pain, worried or prefer another time. Respect their decision, record the reason and report repeated difficulties so the program can be reviewed.

Make everyday care safe

Follow the participant's individual care plans.

- **Transfers:** Use the required equipment and number of workers. Never attempt a two-worker transfer alone.
- **Skin care:** Check skin during agreed personal care. Report persistent redness, broken skin or swelling. Follow the pressure-care plan.
- **Fatigue:** Plan activities with rest breaks. Stroke-related fatigue can be significant.
- **Medicines:** Assist only as authorised and trained. Report missed doses, errors or problems taking medicines.
- **Emotional support:** Listen, offer choices and support enjoyable activities. Report ongoing withdrawal, distress or major mood changes.

Watch carefully during meals



Some people have difficulty swallowing after stroke. Food, drinks or saliva can enter the airway.

Follow the current mealtime plan, including food texture, drink thickness, seating and supervision. Do not change these yourself.

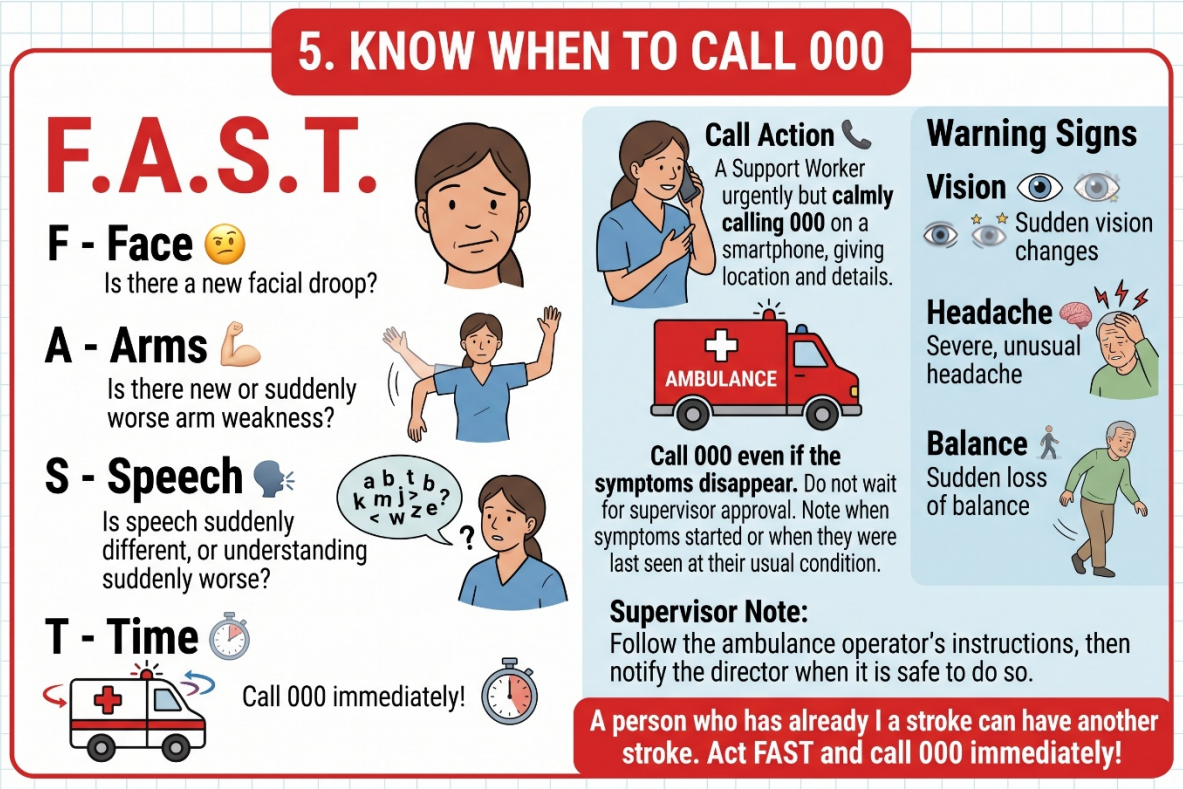
Watch for coughing, choking, a wet or gurgly voice, food left in the mouth or breathing changes. **Stop the meal if swallowing appears unsafe and seek clinical advice.** Severe choking or breathing difficulty requires emergency first aid and **000**. A person can sometimes have unsafe swallowing without coughing.

Know when to call 000

A person who has already had a stroke can have another stroke.

Use **F.A.S.T.**:

- **Face:** Is there a new facial droop?
- **Arms:** Is there new or suddenly worse arm weakness?
- **Speech:** Is speech suddenly different, or is understanding suddenly worse?
- **Time:** Call **000 immediately**.



Other warning signs include sudden vision changes, severe unusual headache or sudden loss of balance.

Call 000 even if the symptoms disappear. Do not wait for the Director's approval. Note when symptoms started, or when the participant was last seen at their usual condition. Follow the ambulance operator's instructions, then notify the Director when safe.

<u>What should you report to the Director or RN?</u>

Report changes early, especially:

- More help needed to stand, walk or transfer.
- Falls or near falls.
- New pain, swelling or increasing stiffness.
- New coughing or difficulty during meals.
- Fever, new confusion or unusual sleepiness.
- Reduced eating or drinking.
- Skin redness or wounds.
- Medication errors or missed medicines.
- Ongoing constipation or changes in toileting



- Repeated refusal of care or exercise.
- Equipment that is damaged or no longer suitable.

Sudden or severe changes need urgent medical assessment. A fall involving a head injury needs prompt medical advice, particularly if the participant takes blood-thinning medicine.

For urgent concerns, phone the Director/RN or on-call person. Do not rely only on a case note. If no one answers, follow the organisation's escalation procedure.

A useful phone report is:

"This is what changed. This is what the participant can usually do. This is what I observed. This is what I have done. This is their condition now. This is the help I need."

Write case notes that help the next person

A useful case note explains **what happened, what you did and what needs follow-up**.

Record:

1. **Date, time and support provided.**
2. **What the participant did**, including their choices.
3. **Any change from their usual condition.**
4. **Your action and the participant's response.**

5. **Who you notified, when and what advice they gave.**
6. **What still needs to happen.**

Be specific. Instead of “completed exercise”, write the activity, distance or repetitions, assistance and rest breaks.

Instead of “participant was uncooperative”, write what the person said or did:

“Participant declined walking practice and said, ‘My knee hurts.’ Walking practice was not started. Director notified by phone at 10:15.”

Describe what you observe. Do not diagnose conditions or guess someone’s reasons.

Example case note — fictional

Date/time: 17 October 2026, 08:00–12:00
Support: Assisted with showering and dressing according to the care plan. Participant washed their face independently after items were placed within reach.

Exercise: At 09:30, supported prescribed walking practice using the walking aid and assistance stated in the physiotherapy plan. Participant walked 10 metres twice, with a seated rest between walks. No loss of balance observed.

Change: Participant reported right knee pain during the second walk and rated it 4/10. They usually complete this activity without knee pain.

Action/outcome: Stopped walking practice and assisted participant to sit safely. After 10 minutes, participant reported pain of 1/10 at rest.

Notification: Phoned Director at 09:45. Director advised no further walking practice this shift and arranged RN review.

Follow-up: RN review pending. Next worker informed of knee pain and advice received.

Complete a separate incident report when required by organisational policy. **A case note does not replace an incident report or an urgent phone call.** Record information promptly and keep it confidential.