H&H Care SA Pty Ltd

UNDERSTANDING STROKE: A GUIDE FOR PARTICIPANTS, FAMILIES AND SUPPORT WORKERS

A stroke can change a person's life suddenly. Everyday activities such as walking, speaking, eating and getting dressed may become difficult. Family members may also take on new caring responsibilities.

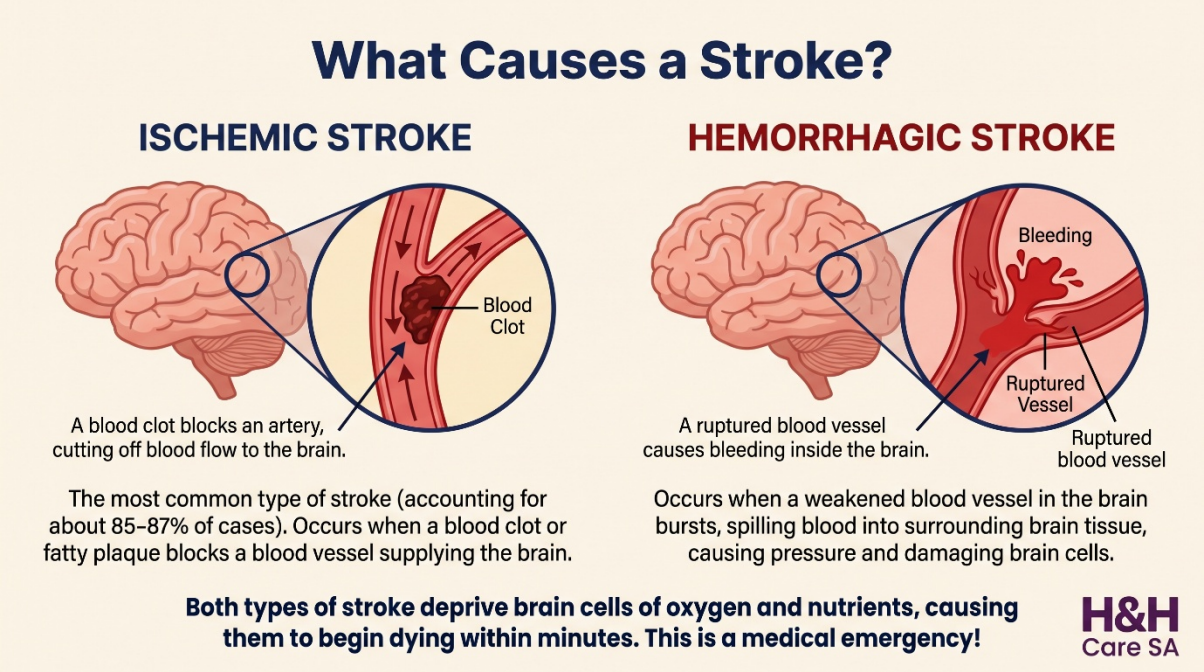
Understanding stroke helps participants, families and support workers work together to provide safe care, encourage recovery and protect the person's dignity and independence.

What causes a stroke?

A stroke happens when blood flow to part of the brain is interrupted, causing brain cells to become damaged or die. There are two main types:

- **Ischaemic stroke:** A blood clot blocks an artery supplying the brain.
- **Haemorrhagic stroke:** A blood vessel breaks, causing bleeding in or around the brain.

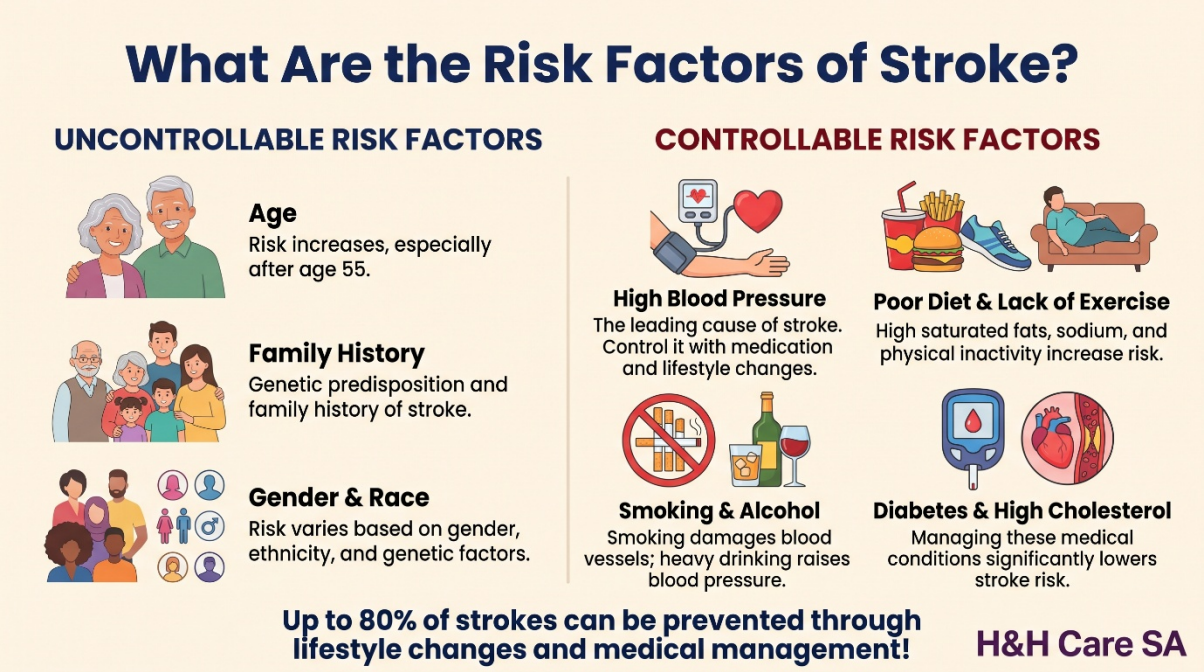
The effects depend on the area of the brain affected and the extent of the damage. Stroke can happen at any age.



What are the risk factors?

Some risk factors can be treated or reduced through medical care and changes to everyday habits. These include:

- High blood pressure.
- Atrial fibrillation—an irregular heartbeat that can lead to blood clots.
- Diabetes and high cholesterol.
- Smoking.
- Limited physical activity.
- Being overweight.
- An unhealthy diet and excessive alcohol consumption.



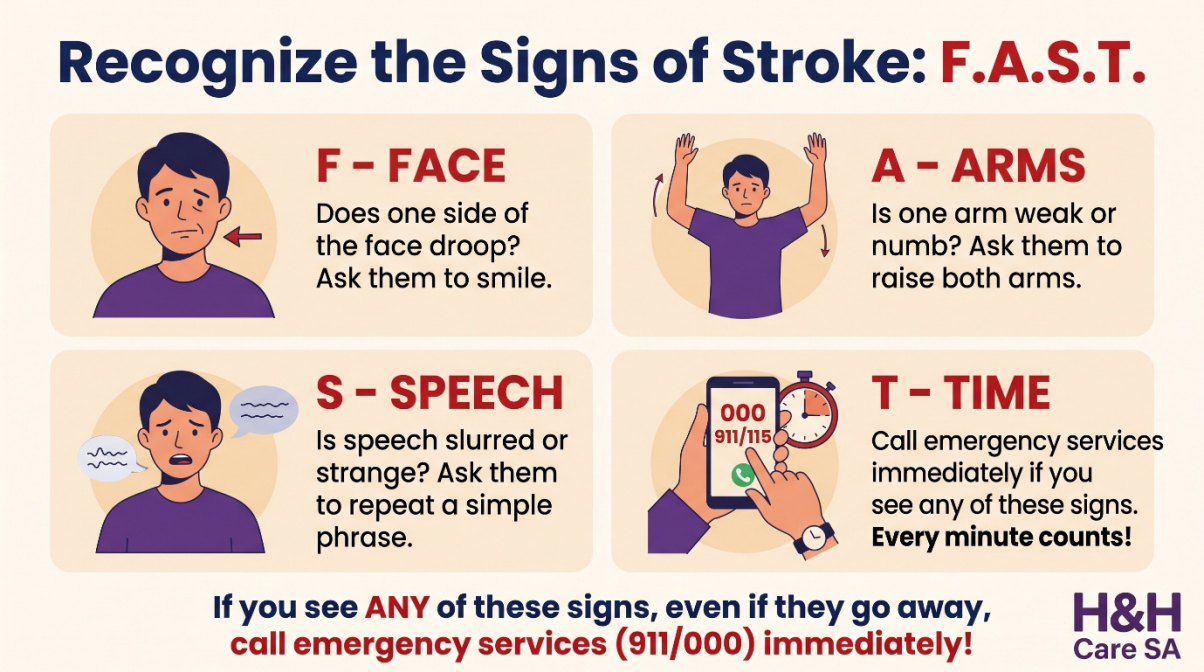
Other risk factors include increasing age, family history, and having previously experienced a stroke or transient ischaemic attack (TIA). A TIA causes temporary stroke-like symptoms and requires urgent medical attention.

Regular health checks, prescribed medicines and an individual prevention plan can help reduce the risk of another stroke. Medicines should only be changed on advice from the treating health professional.

Recognising a stroke: act F.A.S.T.

Participants, family members and support workers should recognise the main warning signs:

- **Face:** Has one side of the face drooped?
- **Arms:** Is there new weakness, or difficulty lifting both arms?
- **Speech:** Is speech suddenly slurred, or is the person having difficulty speaking or understanding?
- **Time: Call Triple Zero (000) immediately** if stroke is suspected.



Other signs may include sudden vision changes, loss of balance, numbness or a severe unexplained headache. Call 000 even if the symptoms disappear. For someone who already has stroke-related disabilities, sudden new symptoms or worsening of their usual difficulties also require urgent attention.

How can stroke affect daily living?

Every person's experience is different. Some people regain considerable independence, while others need ongoing assistance. The effects may be visible, such as weakness, or less obvious, such as fatigue and difficulty concentrating.

Movement and personal care: Weakness, paralysis, poor balance or reduced coordination can make walking, transferring, showering, dressing and toileting difficult. A person may need equipment, home modifications or assistance from another person.

Communication: Stroke can affect speaking, understanding, reading and writing. Aphasia is a difficulty with language; it does not necessarily mean the person has lost their intelligence or ability to make decisions.

Eating and drinking: Swallowing difficulties, called dysphagia, can increase the risk of choking, dehydration, malnutrition and aspiration—food, drink or saliva entering the lungs. Aspiration can sometimes happen without coughing. A speech pathologist should assess swallowing concerns and recommend a safe mealtime plan.

Thinking, emotions and relationships: Changes in memory, attention, judgement, vision or awareness can affect safety and daily routines. Depression, anxiety and changes in emotional expression may affect confidence and relationships. Continence difficulties, pain and muscle stiffness can create additional challenges.

Fatigue and participation: Post-stroke fatigue can be overwhelming, even after a small amount of activity. It can affect rehabilitation, household tasks and social outings. Activities may need to be paced, with planned rest breaks and realistic expectations.

How does stroke affect the primary or long-term carer?

A partner, adult child or other family member may suddenly become responsible for personal care, appointments, meals, transport and supervision. Caring can be meaningful, but it can also place pressure on the carer's health and wellbeing.

Carers may experience physical exhaustion, interrupted sleep, worry, isolation and less time for employment or their own interests. Relationships may change as family members adjust to new roles.

Carers need information, practical training, emotional support and opportunities to rest. Sharing responsibilities, arranging suitable respite and seeking help early can make caring more sustainable. Carers should also maintain their own medical appointments and discuss persistent exhaustion or distress with their GP.

What knowledge and skills do support workers need?

Support workers should understand stroke and receive training matched to each participant's needs. General experience alone may not prepare a worker for a person's specific communication, mobility or swallowing risks.



1. Understand the person and their support plan

Before providing care, workers should know the participant's usual abilities, preferences, goals, communication methods and health risks. They should understand the support plan, emergency procedures and when to seek clinical advice.

Ask permission before assisting, explain what will happen and support the person to make choices. Encourage participation in tasks they can safely manage.

2. Use safe movement and transfer techniques

Workers need practical training in the participant's prescribed transfer methods, positioning and equipment. Follow the assessed requirements for hoists, walking aids and the number of workers needed.

Movement and exercise support should follow the physiotherapist's or occupational therapist's recommendations. Allow time for the person to move at their own pace and report changes in mobility or pain.

3. Communicate patiently and respectfully

Speak directly to the participant, use clear language and allow time for a response. Reduce distractions and use recommended communication aids, pictures, gestures or written choices.

Check understanding without rushing or speaking for the person unnecessarily. Communication difficulties should never be treated as a reason to exclude someone from decisions about their care.

4. Provide safe mealtime assistance

Where swallowing difficulties exist, workers must understand and follow the current mealtime management plan. This includes prescribed food textures, fluid consistency, positioning, equipment, supervision and oral care.

Report coughing, a wet or gurgling voice, breathing changes, unusually long meals or reduced intake. Follow the emergency procedure for choking or breathing difficulties. Workers supporting severe dysphagia need training specific to the participant, delivered by an appropriately qualified health practitioner.

5. Provide personal care safely

Workers should be competent in the personal care tasks assigned to them, including hygiene, continence support, infection prevention and any prescribed skin care or repositioning.

Medication assistance and complex tasks—such as tube feeding, catheter care or wound care—require appropriate training, authorisation and clear instructions. Workers should seek assistance whenever a task exceeds their competence.

6. Support rehabilitation and emotional wellbeing

Help the participant practise activities recommended by their treating team and connect them with meaningful routines and community activities. Balance encouragement with rest, especially when fatigue affects participation.

Listen to concerns and report changes in mood or behaviour. Rehabilitation support should reflect the person's own goals and abilities.

7. Observe, document and communicate

Keep clear records of the care provided, the participant's response and any changes or incidents. Share relevant information with the appropriate team members, respecting consent and privacy.

Knowing how the person usually communicates is particularly important for recognising pain, illness or emerging health concerns. Urgent symptoms require immediate action; documentation must not delay emergency help.

Preventing Another Stroke: A Practical Checklist

After a stroke, managing risk factors can help reduce the chance of another stroke. This is known as **secondary prevention**. Participants, families and support workers can use the following checklist together, adapting it to the treating team's advice.

Preventing Secondary Strokes & Managing Risk Factors

DAILY PREVENTION CHECKLIST

- ☐ 
  Take Medications
  Strictly follow your doctor's prescription to prevent blood clots and protect blood vessels.
- ☐ 
  Check Blood Pressure
  Check daily and record readings. Keeping blood pressure in a safe range is the most critical step.
- ☐ 
  Eat a Healthy Diet
  Reduce salt and saturated fats. Eat more fiber and vegetables to manage cholesterol.
- ☐ 
  Stay Active
  Maintain at least 30 minutes of moderate activity daily as advised by your healthcare provider.

MANAGING MEDICAL RISK FACTORS



Manage Diabetes
High blood sugar damages blood vessels. Monitor and treat actively.



Lower Cholesterol
Prevent plaque buildup that blocks blood flow to to the brain.



Quit Smoking
Smoking doubles stroke risk. Find support to quit smoking.



Regular Medical Check-ups
Discuss your health with your doctor and adjust your care plan promptly.

Active prevention and close cooperation with your healthcare team can reduce the risk of stroke recurrence by up to 85%!

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Health priority	Practical checklist
🩺 **Blood Pressure Control**	☐ Check and record blood pressure as advised ☐ Take prescribed medicines correctly. ☐ Ask the treating clinician about the individual blood pressure target and when to report unusual readings.
🥗💧 **Healthy Diet and Hydration**	☐ Choose balanced meals with vegetables, fruit and less salt. ☐ Support adequate fluid intake according to medical advice. ☐ Follow prescribed food textures and fluid thickness if swallowing difficulties are present.
🚶 **Regular Exercise and Movement**	☐ Include suitable activities, such as supported walking or prescribed exercises. ☐ Use short activity periods and rest breaks when needed. ☐ Follow the assessed requirements for equipment and assistance to reduce falls risk.
💊 **Medication Adherence**	☐ Take the correct medicine, dose and timing. ☐ Use a pill organiser or pharmacy-packed medicines only where suitable under the medication plan.

☐ Report missed doses or side effects. Do not independently stop medicines, change doses or double a dose.

Food, fluids and movement must suit the participant's swallowing ability, fatigue and health conditions. Follow any prescribed fluid restriction and seek professional advice when needs change.

Other risk factors to address

☐ Avoid smoking and seek support to quit where needed.
☐ Manage diabetes, cholesterol and weight with the treating team.
☐ Limit alcohol according to medical advice.
☐ Follow treatment for atrial fibrillation, if present.
☐ Attend scheduled health checks and medication reviews.

The support team's role: Encourage, remind, record and help the participant follow their health plan while respecting their choices. Workers should provide medication assistance and other care tasks only within their training and authorised responsibilities.

If new stroke symptoms appear, or existing symptoms suddenly worsen, call 000. immediately – even if the symptoms resolve.

Supporting life after stroke

Good stroke support brings together the participant, family, support workers and health professionals. Care should protect safety while creating opportunities for choice, meaningful activity and greater independence.

The participant's needs may change over time, so support plans and worker training should be reviewed accordingly. Family carers also need ongoing support to maintain their own health and wellbeing.



This article provides general education, developed by Dr Huy Le – H&H Care SA Director. Individual care, rehabilitation and clinical tasks should follow advice from the participant's treating health professionals.