

London Stroke Nurse Competency Workbook

*The London Stroke Nurse Competency Workbook has brought together the shared **expertise** and **experience** of stroke nurses from across the capital to produce a best practice reference document. The workbook provides hospitals with an **effective tool** for training nurses to a highly **consistent** and **competent** level.*

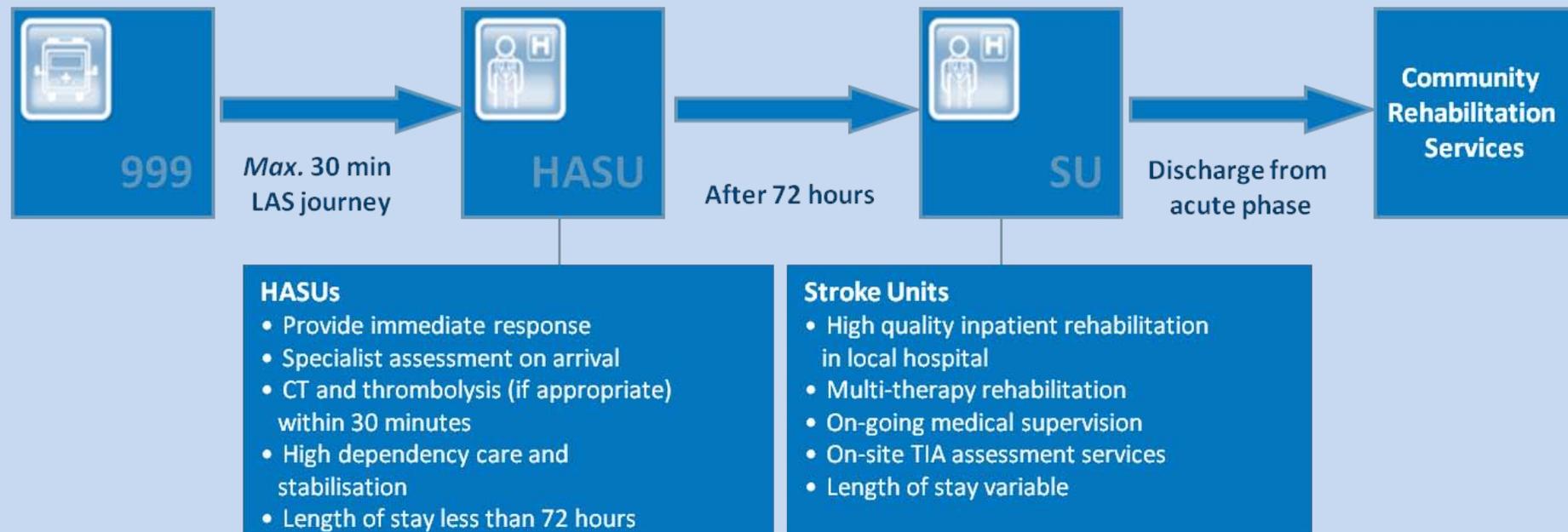
Creating committed and competent stroke nurses across London

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An introduction to the London Stroke Model

It is important to understand the stroke pathway that operates in London as patients can be admitted to both a Hyper Acute Stroke Unit (HASU) and a Stroke Unit (SU) whilst in the acute phase of care. The London Stroke model became fully operational in July 2010 and has since transformed the way stroke care is delivered in the capital. The London Stroke Strategy ensures all suspected stroke patients in Greater London are admitted to a HASU in the capital where they receive 24/7 access to specialised stroke staff, high-tech CT scanning equipment and clot busting drugs (thrombolysis). Once stabilised at the HASU (up to 72 hours) patients are transferred to one of 24 SUs where they receive longer term care and rehabilitation.



Introduction to the workbook

The 'London Stroke Nurse Competency Workbook' was developed as a result of the 'London Hyper Acute Stroke Unit (HASU) Workbook' which was created in 2011 by HASU nursing leads from across the capital. After realising the success of the HASU workbook, Stroke Unit (SU) nursing leads were inspired to compile competencies relevant to nurses working on their own units.

A development group was created in late 2011 to produce the acute rehabilitation competencies that are included within this workbook. The group reviewed each section individually, sourcing competencies from original documentation and creating new competencies in areas that had not been covered (all material taken from existing stroke literature has been referenced within this workbook). The competencies received input from highly qualified and experienced nurse specialists as well as consultation from physiotherapists, speech and language therapists, occupational therapists, dieticians and psychologists from a variety of hospitals and inpatient settings.

During the development phase, it was felt necessary to amalgamate the HASU and SU competencies into one single workbook so that it can be used to train nurses to a highly consistent level, ensuring patients would experience quality care in whatever acute London setting they are admitted. It is at the discretion of the assessor and trust to identify which competencies they feel would be beneficial and appropriate for their nurses to be trained in. The workbook can also be used to train and assess nurses who rotate between SUs and HASUs and give a comprehensive list of the skill set they require.

Assessment process

Nurses will be supported by an Assessor (typically a Band 6 nurse) to work through the competency document and achieve a *minimum standard* of ‘Competent’ for each section (as per the Benner Assessment Criteria listed on the next page). Assessors may wish to encourage individuals to achieve ‘Proficient’ or ‘Expert’ level in certain competencies where appropriate. It is recommended that nurses complete the competencies within a 12 month timeframe however it is recognised that some individuals may take longer to complete them. Appropriate training according to local policy should be completed prior to staff using any medical devices.

The assessment process provides the opportunity for 2 ‘Formative Assessments’ before a final ‘Summative Assessment’ is signed off. Summative doesn’t require 2 formative assessments i.e. candidates must do at least one formative assessment but two if needed. ‘PR’ is an abbreviation of personal rating (i.e. the individual taking the competencies) and AR = assessor’s rating. As it is likely the nurses will complete the competencies within each section at different times there is space below each section for comments and feedback on specific competency criteria. This is a working document that assessor and nurse can refer back to and update when necessary.

Name	Stroke Unit	Start Date
Assessor’s name and designation	Notes	Signature and date

Benner Assessment Criteria

Standard	Criteria
Expert (E)	Experts are able to focus on a relevant part of a situation without conscious consideration. They will use their intuition based on vast experience to follow a course of action which they ‘know’ is appropriate. An expert practitioner develops a feel for situations and vision of possibilities. Not all members of the multi-professional teams are capable of reaching this level - it could be assisted by techniques such as critical incident analysis.
Proficient (P)	Proficient practitioners use their expertise to critically analyze and evaluate situations as a whole. They are able to identify the more important elements of a situation and make decisions based on a broad perspective.
Competent (C)	Competent practitioners are consciously aware of long-term effects of their actions. They are able to plan the most satisfactory outcome of a situation, and take the appropriate action to achieve the planned aims. This requires conscious, abstract, analytical contemplation of the situation.
Advanced Beginner (AB)	Advanced beginners demonstrate a degree of flexibility in their performance and interpret the rules to meet the needs of the situation, maintaining throughout the safety of the patient, colleagues, others and self. They are able to relate to the current situation, based on prior learning.
Novice (N)	Novices have no experience of the situation they find themselves in, and they operate by closely following rules laid down by others. They perform a series of tasks without understanding, or referring to, the context within which they are operating.

Benner P (1984) “From Novice to Expert” Menlo-Park: Addison Wesley Publishing Company ⁴

Competency 1: acute neurological care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **acute neurological care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
1.1 Stroke knowledge										
1.1.1 Describe the gross anatomy of the brain	C2, C5, HWB4									
1.1.2 Describe the blood supply of the brain	C2, C5, HWB4									
1.1.3 Describe the vascular territories and symptoms that may occur if blood supply is altered	C2, C5, HWB4									
1.1.4 Can differentiate the different types of stroke and risk factors	C2, C5, HWB4									
1.2 Neurological care										
1.2.1 Demonstrates a full set of neurological observations appropriate to stroke patients	HWB6									
1.2.2 Demonstrates knowledge and understanding of correct Medical Research Council (MRC) limb power grading	HWB6									
1.2.3 Can describe signs and symptoms of acute neurological deterioration in stroke	HWB6									
1.2.4 Can list signs and symptoms of neurological deterioration and increase frequency of neurological observations accordingly	HWB6									
1.2.5 Can describe causes for neurological deterioration	HWB6									
1.2.6 Can list and describe stroke mimics	HWB2									
1.2.7 Can describe the changes in normal physiological markers that signify deterioration in the patient's condition ³	C3, HWB2									

Competency 1: acute neurological care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **acute neurological care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
1.2.8 Demonstrates knowledge of the ABCDE (airway, breathing, circulation, disability, exposure) systematic assessment of the acutely ill patient ³	C3, HWB2									
1.2.9 Can describe the association between stroke and venous thrombo-embolism and can demonstrate knowledge of prevention and management of thrombo-embolic events	HWB6, HWB7									
1.2.10 Demonstrates knowledge and use of the local early warning score system	C3, HWB6									
1.2.11 Demonstrates awareness of who to alert when a patient deteriorates according to local policy	HWB7									
1.2.12 Demonstrates ability to locate and be competent in the use of all equipment necessary for assessment and management of the acutely ill patient	HWB6, HWB7									
1.2.13 Is able to convey information in a clear way that convinces colleagues of the urgency of the situation using a standardised communication tool	C1									
1.2.14 Can explain hemisensory loss and neglect and manage appropriately	HWB2									
1.2.15 Can identify confused patients and initiate management according to local policy	HWB2									
1.2.16 Can explain treatment and management of haemorrhagic strokes	HWB7									
1.2.17 Can correctly prepare a patient for neurosurgery	HWB5									
1.2.18 Can list tests and investigations the patient may encounter and the indication for them post stroke	HWB8									
1.2.19 Is able to devise appropriate nursing care and management of a patient with a hemicraniectomy	HWB2									

Competency 2: thrombolysis care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **thrombolysis care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
2.1 Can list stroke thrombolysis inclusion and exclusion criteria	C2									
2.2 Can list stroke assessment tools such as Rosier and NIHSS and undertake training according to local policy	HWB2, C2									
2.3 Can state the current European and National legislation /guidelines and local policies and protocols for the safe administration of intravenous medication rt-PA	HWB6, HWB7									
2.4 Can describe current thrombolysis research and ongoing trials	HWB1									
2.5 Can show that they know who to inform about a thrombolysis call and be able to liaise with all appropriate staff, e.g. radiographer, A&E & ward regarding bed availability	C1, C3									
2.6 Can describe patient consent and the Mental Capacity Act	C1, HWB3									
2.7 Can show good communication skills with knowledge and understanding how to communicate with an aphasic patient	HWB1									
2.8 Can describe how rtPA works	HWB1									
2.9 Can describe side effects/complications of rtPA therapy	HWB1									
2.10 Can state local and national guidelines for the monitoring of thrombolysed patients	HWB1, HWB2									

Competency 2: thrombolysis care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **thrombolysis care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
2.11 Can show how to support patient and relatives with knowledge of stroke physiology	HWB1									
2.12 Can describe the importance of administering rtPA within a short time of onset of symptoms	HWB7									
2.13 Can show how to alert medical staff of any complications of rtPA	HWB7									
2.14 Can show how to use the Glasgow coma scale	HWB1									
2.15 Can describe what equipment is required for thrombolysis	HWB7									
2.16 Can show how to calculate rtPA dosage and to administer the infusion	HWB7									
2.17 Can show how to prepare a patient for thrombolysis	HWB7									
2.18 Can show evidence of attendance of immediate life support training	HWB7									
2.19 Can state appropriate anti-hypertensive agent, as per local policy	HWB7									
2.20 Can describe how to administer and collect blood components such as fresh frozen plasma	HWB7									
2.21 Can show how to evaluate the effectiveness of thrombolysis therapy	HWB7									
2.22 Can show rationale for avoidance of invasive procedures 24hours following thrombolysis	HWB7									
2.23 Can state when to commence anti-platelet therapy	HWB7									

Competency 3: respiratory care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **respiratory care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
3.1 Describe the process of ventilation with reference to respiratory anatomy and physiology	HWB6F									
3.2 Demonstrate the ability to assess the patency and discuss factors that influence respiration	HWB6F									
3.3 Able to discuss the anatomy of the upper airway	HWB7F									
3.4 Able to discuss factors that influence airway patency	C2, HWB6									
3.5 Able to identify partial and complete airway obstruction	C2, HWB6									
3.6 Able to discuss and demonstrate ways of managing a compromised airway	C2, HWB7									
3.7 Demonstrates knowledge of the local/trust policy regarding the administration of oxygen and can locate policy	HWB6F									
3.8 Can list the signs and symptoms of hypoxia/respiratory distress and understand the difference between type 1 and type 2 respiratory failure	HWB6F									
3.9 Can describe the causes of respiratory deterioration	HWB7F									
3.10 Demonstrates knowledge of the immediate actions which should be taken in respiratory deterioration and explain the nurses' management role	HWB6, HWB7									
3.11 Can describe the indications for using nebuliser therapy; discuss whether nebulisers are given with oxygen, air or both	HWB6, HWB7F									

Competency 4: cardiovascular care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **cardiovascular care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
4.1 Explain the anatomy and physiology of the heart	HWB2									
4.2 Describe and discuss the blood circulation (blood transportation mechanism from right atrium to lungs and lungs to the aorta)	HWB1									
4.3 Explain the signs and symptoms of cardiovascular impairments: <ul style="list-style-type: none"> • palpitation • tachycardia • shortness of breath • pallor • chest pain (quality, duration, type etc) • fatigue • peripheral oedema • sweating • light headedness • dizziness 	HWB2									
4.4 Demonstrate the ability to correctly prepare patient and equipment for recording of 12 lead ECG and bed side monitoring	HWB6									
4.5 Demonstrate the ability to distinguish normal from abnormal ECG trace and respond appropriately	HWB6									

Competency 4: cardiovascular care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **cardiovascular care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
4.6 Discuss life-threatening cardiac arrhythmias: <ul style="list-style-type: none"> • Asystole • Ventricular tachycardia • Ventricular fibrillation • Pulseless electrical activity 	HWB6									
4.7 Describe atrial fibrillation and the relationship to stroke	HWB1									
4.8 Explain the nursing management of patient with atrial fibrillation	HWB6									
4.9 Discuss the normal pulse range and rhythms	HWB1									
4.10 Identify the normal blood pressure range for adults and in acute stroke patients based on available clinical guidelines	HWB2									
4.11 Explain the rationale why blood pressure recordings are measured frequently in acute stroke patients	HWB2									
4.12 Describe cerebral perfusion in acute stroke	HWB1									

Competency 4: cardiovascular care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **cardiovascular care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
4.13 Discuss the indications and contraindications of the following cardiac drugs: <ul style="list-style-type: none"> • Glyceryl Trinitrate (GTN) • Labetalol • Warfarin • Low molecular weight heparin • Digoxin 	HWB1									
4.14 List and explain the symptoms of the following cardiac related condition: <ul style="list-style-type: none"> • Reduced cardiac output • Hypotension • Postural hypotension • Syncopal event And be able to take emergency action when these conditions arise	HWB2									
4.15 Demonstrates knowledge of the immediate actions which should be taken in cardiovascular deterioration and explain the nurses' management role ³	HWB6, HWB7									
4.16 Can discuss and demonstrate appropriate actions during a cardiac arrest	HWB6									

Competency 5: management of sepsis and infection control

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **management of sepsis and infection control**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
5.1 Describe the management of pyrexia according to local policy for stroke patients	C2, C3, C5, HWB4, 5									
5.2 Explain why pyrexia is detrimental in acute stroke	C2									
5.3 Explain what the signs of sepsis are according to local policy/protocol	C1, C2, C5, HWB5,6									
5.4 Explain the signs of systemic inflammatory response syndrome and its importance in relation to sepsis	C2 HWB6									
5.5 Describe the common causes of sepsis in acute stroke patients	C2,C3,C5, HWB6									
5.6 Describe the initial management of sepsis	C2, C5, HWB6,7									
5.7 Explain repatriation protocols with regards to infection control	C2, C3, C5, HWB6									
5.8 Explain local policy/protocols regarding infection control	C2, C3, C5, HWB6									

Competency 6: diabetes care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **blood glucose management**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
6.1 Describe how the body utilises glucose	C2, HWB6									
6.2 Describe the difference between Type1 and Type 2 diabetes	C2, C5, HWB2									
6.3 Explain the normal range of blood glucose	C2, C5, HWB2,7									
6.4 Describe the effects of hyperglycaemia on the acute stroke patient	C2, C5, HWB2,6									
6.5 Describe how to manage hyperglycaemia or hypoglycaemia according to protocol	C2, C3, C5, HWB2,5,7									
6.6 Describe the stress response in relation to glucose levels	C2, C5, HWB6,7									

Competency 7: nutrition and hydration

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **nutrition and hydration**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
7.1 Swallowing										
7.1.1 Demonstrates knowledge of anatomy and physiology of the swallowing process	C2, HWB4									
7.1.2 Demonstrates knowledge of the underlying conditions which may result in abnormal swallowing	C2, C3, HWB2									
7.1.3 Demonstrates knowledge of the signs of abnormal swallowing	C2, C3, HWB2									
7.1.4 Demonstrates the ability to use facilitative techniques to optimise patient's independence	HWB5,7 C5, C1									
7.1.5 Demonstrates ability to follow and complete the local swallow screen effectively	C2, C3, C5, HWB5,6,7									
7.1.6 Demonstrates knowledge of when to terminate swallow screen	HWB3,6,7									
7.1.7 Identifying when swallow rescreen may be indicated	C3,HWB2,5									
7.1.8 Demonstrate ability to accurately document screening and outcome with action plan	C1, HWB2,5,7									
7.1.9 Can describe risks associated with swallowing difficulties	C3, HWB2,3									
7.1.10 Demonstrate awareness of alternative routes and methods of administering medicines	C4, HWB2,5									

Competency 7: nutrition and hydration

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **nutrition and hydration**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
7.1.11 Briefly explain the psychological, social and emotional impact of swallowing problems	C1, C6, HWB2,6									
7.1.12 Describe the importance of providing ongoing education to the person and family regarding swallowing and nutrition needs and interventions	C4, C5, HWB1,4,6									
7.2 Feeding and nutrition										
7.2.1 Demonstrates ability to prepare food and liquids to various consistencies according to SALT advice including syrup and custard thickened	C1, C3, HWB2,4,7									
7.2.2 Demonstrates ability to perform a nutritional risk assessment, document and initiate appropriate action	C3,HWB6									
7.2.3 Explain the nutritional needs of the stroke patient and understands why these may be affected following a stroke	C2, C5, HWB2,4,6									
7.2.4 Demonstrate effective oral assessment and oral care and describe planning oral care	C2, C5, HWB1,5									
7.2.5 Demonstrate an understanding of the ethical considerations of nutrition and hydration	C1, C2, C3, C5, HWB6									
7.2.6 Can list feeding aids and adaptations available	C5, HWB1,7									
7.3 NG tube insertion/nutrition										
7.3.1 Demonstrates an awareness of the implications of refeeding syndrome	C2, C3, C5, HWB4,5,7									
7.3.2 Demonstrate the ability to insert Naso-gastric (NG) tube	C2, C5, HWB6									

Competency 7: nutrition and hydration

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **nutrition and hydration**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
7.3.3 Explain local policy with regards to positioning and management of NG tube/PEG/RIG	C2, C3, C5, HWB5,7									
7.3.4 Explain legal and ethical issues with regards to NG feeding including nasal bridles and use of hand restraints	C1, C2, C3, C5, HWB6									
7.3.5 Demonstrate the ability to confirm placement of NG tube and troubleshoot problems according to local guidelines and demonstrate an awareness of normal stomach pH	C2, C3, C5, HWB5,7									
7.3.6 Demonstrates awareness of the legal and ethical issues regarding long term tube feeding for patients and their families	C1, C3, C5, HWB1,2,5,6,7									
7.3.7 Demonstrate the rationale for positioning the patient at a minimum of 30-45 degrees when being fed	C2, C5, HWB6									
7.3.8 Can explain the difference between PEG and RIG placements	C1, C3, C5, HWB1,2,5,6,7									
7.3.9 Can demonstrate knowledge of the local policy for short and long term care of PEG and RIG	C1, C3, C5, HWB1,2,5,6,7									
7.4 Hydration and fluid balance										
7.4.1 Demonstrate an ability to assess patients' hydration status	C2, C5, HWB6									
7.4.2 Demonstrate how to complete a fluid balance chart accurately	C2, C5, HWB6									
7.4.3 Demonstrate techniques which ensures patients' optimal fluid intake	C2, C5, HWB6									

Competency 7: nutrition and hydration

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **nutrition and hydration**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
7.4.4 Describe the different intravenous fluids that are used	C2, C5, HWB6									
7.4.5 Describe the risk of glucose hydration to patients who have had a stroke	C2, C5, HWB6									
7.4.6 Describe the acceptable hourly urine output for an individual	C2, C5, HWB6									
7.4.7 Describe the physiological risk associated with low urine output	C2, C5, HWB6									
7.4.8 Describe the signs and symptoms of dehydration	C2, C5, HWB6									
7.4.9 Describe the signs and symptoms of fluid overload	C2, C5, HWB6									

Competency 8: bladder and bowel continence

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **bladder and bowel continence**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
8.1 Continence										
8.1.1 Describe the basic anatomy and physiology of the elimination systems: • Bladder • Bowel	C2, C5, HWB6									
8.1.2 Explain how stroke can affect continence ¹	C2									
8.1.3 Describe other factors that may contribute to difficulties with continence	C2									
8.1.4 Explain the importance of and demonstrate the ability to maintain privacy and dignity in relation to continence ¹	C2, C5, C6									
8.1.5 Can demonstrate a knowledge of medications that might improve management of bladder and bowel function ²	C2, C5, HWB5,6,7									
8.1.6 Explain the effect of incontinence on moving and handling, pressure care, positioning, skin integrity and ADL ¹	C2, HWB5									
8.1.7 Explain the cultural, psychological, social and emotional impact of incontinence	C2, C6, HWB6									
8.1.8 Describe the reasons that referrals would be made to other services and the referral process	C2, C6, HWB4, 5									

Competency 8: bladder and bowel continence

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **bladder and bowel continence**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
8.2 Bladder management										
8.2.1 Describe the different types of urinary incontinence/urinary retention and appropriate treatments for each type	C2, C6, HWB7									
8.2.2 Can identify products and devices in the management of urinary incontinence ²	C2, HWB7									
8.2.3 Demonstrate how to carry out a bladder assessment identifying impairments and disabilities	C2, C5, HWB6									
8.2.4 Demonstrates the ability to write/implement a care/treatment plan based on findings from assessment to manage and promote urinary continence	C2, HWB2,5,6,7									
8.2.5 Demonstrate the ability to perform a bladder scan and document and interpret the results accurately	C2, C5, HWB6									
8.2.6 Demonstrate catheter insertion using aseptic technique and complete documentation as per local protocol	C2, C5, HWB6, 7									
8.2.7 Demonstrate catheter care as per RCN guidance (2012)	C2, C5, HWB5,6									
8.2.8 Describe the signs and symptoms of urinary tract infection	C2, C5, HWB6									
8.2.9 Complete male catheterisation study day	C2, C5, HWB6									
8.2.10 Can explain to patients how and why their stroke has affected their continence so that they can make an informed choice regarding treatment and management	C2, C6, HWB1,4									

Competency 8: bladder and bowel continence

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **bladder and bowel continence**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
8.3 Bowel management										
8.3.1 Describe and demonstrate bowel assessment and its importance	C2, C5, HWB6									
8.3.2 Describe and demonstrate the use of the Bristol Stool Chart	C2, C5, HWB6									
8.3.3 Demonstrates the ability to write/implement a care/treatment plan based on findings from assessment to prevent constipation and promote faecal continence	C2, HWB2,5,6,7									
8.3.4 Demonstrate knowledge and understanding of the use of laxatives in bowel management	C2, C5, HWB5, 6,7									

Competency 9: rehabilitation after stroke

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **rehabilitation**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
9.1 Describe the local rehab care pathway and demonstrate how to implement it	C4, C5									
9.2 Explain the roles of the members of the MDT	C1, C5									
9.3 Is able to describe and discuss the pathway options available to the person and carer so they are able to make informed decisions about their rehabilitation journey	C1, HWB2									
9.4 Demonstrate the use of case reflection and discussion on pathway outcomes	C2, C4									
9.5 Demonstrate understanding of the contribution of the nurse in formal goal setting within the MDT	HWB2, HWB7									
9.6 Demonstrate the understanding of keyworking and how to act in the role when necessary	C1, C3, C5									
9.7 Demonstrate ability to enable patients to identify their own goals, and to negotiate, the SMART steps that will enable their achievement	C1, HWB4									
9.8 Discuss how to enable the person to evaluate their goals and recognise small improvements and progress	C1, HWB4									

Competency 9: rehabilitation after stroke

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **rehabilitation**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
9.9 To explain the factors that can limit engagement and participation in rehabilitation	HWB2, C1									
9.10 Explain the principles of risk assessment in rehabilitation and implementing local policies where required	HWB2, C3									
9.11 Provide evidence of timely ongoing and accessible stroke education and support to the person and their families	C1, C6, HWB1									
9.12 Identify need, seek advice and refer individuals for further specialist assessment ¹	HWB2, C1									
9.13 Explain how to incorporate rehab goals into daily activities to help promote recovery and independence	C2									
9.14 Name and discuss the use of outcome measures in evaluating the rehab programme	C2, HWB5									

Competency 10: fatigue after stroke

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **fatigue after stroke**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
10.1 Explain fatigue after stroke and its impact and prevalence	C2, HWB2									
10.2 Describe the physiological and psychological changes that are associated with fatigue after stroke	C2									
10.3 Demonstrate knowledge of the management of fatigue	C2, HWB5									
10.4 Discuss the relationship between fatigue and depression	C2, HWB1									
10.5 Discuss the impact of fatigue on quality of life and work	C2, C6									
10.6 Demonstrate understanding of the patient, family and carers' perspective of fatigue after stroke	C2, C6, HWB4									

Competency 11: positioning and pressure area care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **positioning and pressure area care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
11.1 Positioning										
11.1.1 Can demonstrate awareness of legislation, national/local policies and protocols which affect moving and handling patients	HWB3 level 2									
11.1.2 Demonstrates knowledge and skills of the use of aids and equipment relevant to positioning, moving and handling	C3									
11.1.3 Demonstrates ability to assess, plan, document and evaluate the positioning, moving and handling of stroke patients	HWB5 level 3									
11.1.4 Can demonstrate the ability to position patients: <ul style="list-style-type: none"> • lying in bed • lying on the stroke side • lying on the unaffected side • lying on the back • sitting position in chair and how this may positively or negatively affect the patient	HWB6 level 3, C3 level 2, C5 level 2,									
11.1.5 Demonstrates the ability to communicate with members of the MDT about positioning, moving and handling	C1									
11.1.6 Can explain the clinical reasoning of correct positioning of the stroke patient	HWB Level 6									
11.1.7 Can describe the causes of reduced mobility in stroke	C2									

Competency 11: positioning and pressure area care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **positioning and pressure area care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
11.1.8 Can assess patient's mobility status including: <ul style="list-style-type: none"> limb power co-ordination ability to follow commands 	C2, C3, HWB2									
11.1.9 Can identify reasons for daily re-assessment of mobility	C2									
11.1.10 Can demonstrate that mobility recommendations are maintained and liaise with physiotherapy regarding any deviation from recommendations	C3, HWB1, C1									
11.1.11 Can explain the importance of maintaining mobility to the patient and their relatives	C1, HWB4									
11.1.12 Can explain the implications of immobility to the patient and their relatives	C1, HWB4									
11.1.13 Can incorporate therapy recommendations into ADL's	C1, HWB1, HWB4									
11.1.14 Can recognise and explain the causes of spasticity in stroke	C2									
11.1.15 Can describe the causes of shoulder pain in stroke patients	C2									
11.1.16 Can demonstrate the ability to plan care to prevent and manage shoulder pain	HWB2, HWB4									
11.1.17 Can demonstrate the ability to correctly apply a hand and foot splint	HWB7									
11.1.18 Can describe the importance of good hand hygiene in stroke	HWB3									

Competency 11: positioning and pressure area care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **positioning and pressure area care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
11.1.19 Can identify the reasons and the referral process to chiropody/podiatry service	C2									
11.2 Pressure area care										
11.2.1 Able to carry out continuous risk assessment (i.e. Waterlow) and describe the factors that contribute to pressure ulcers and preventative measures	C2, C5, HWB6									
11.2.2 Describe the grading of pressure ulcers	C2, C5, HWB6									
11.2.3 Describe the treatment of pressure ulcers	C2, C5, HWB5, 6, 7									
11.2.4 Able to identify stages of healing and perform wound assessment with accurate documentation	C2, C5, HWB5, 6, 7									
11.2.5 Able to demonstrate knowledge of indications for tissue viability and MDT referrals for pressure ulcer management and is aware of the local policy and can identify when specialist review is needed	C2, C5									

Competency 12: pain control

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **pain control**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
12.1 Can describe patho-physiology of pain in relation to stroke	HWB6 level 2									
12.2 Can demonstrate the ability to perform and document accurate pain assessment using validated pain assessment scales (trust policy, protocols & guidelines)	HW6 level 2, HWB5 level 3									
12.3 Can explain pharmacological and non-pharmacological interventions for managing pain and monitoring their effectiveness	HWB1 level 3									
12.4 Can explain adverse effects of unrelieved pain	HBW5 level 1									
12.5 Can discuss the impact of factors such as physical, psychological, social and cultural belief on the individual's experience of pain	HWB1 level 3, HW6 level 2,									
12.6 Demonstrates the ability to educate patient/family/carer on pain management strategies	C1 level 1									
12.7 Demonstrates an understanding of how/when to refer patient for additional support	C1 level 2, G1 level 2									

Competency 13: vision and perception

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **vision & perception**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
13.1 Describe the basic anatomy of the visual system and the way in which visual information is processed	C1, C2, C5									
13.2 List the ways in which a stroke may affect an individual's vision and understand the impact these may have on their function	HWB5, HWB7									
13.3 Demonstrate an understanding of the difference between a visual inattention and hemianopia	C1, C5									
13.4 Describe common strategies used with each type of visual impairment	C1, HWB4, HWB5, HWB7									
13.5 Provide evidence of using some of these strategies with patients	C1, C5, HWB5									
13.6 Describe what is meant by the term perception and provide examples of how a patient with perceptual impairments might present	C1, HWB4, HWB5, HWB7									

Competency 14: communication

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **communication**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
14.1 Can label the anatomy of the mouth and describe the role of the larynx, pharynx and vocal cords in speech	C2									
14.2 Can explain where the speech centres are located in the brain and their functions	C2									
14.3 Describe the following speech and language terms: <ul style="list-style-type: none"> • Receptive aphasia • Expressive aphasia • Dysarthria • Dyspraxia 	C2, C5									
14.4 Is able to take a history and assess premorbid communication	C1, HWB2, C6									
14.5 List the resources than can be used to support someone with communication difficulties	C1, HWB2									
14.6 Identify barriers to communication in communicating with people with aphasia	C1									
14.7 Demonstrate awareness of own communication style and attitudes towards stroke and disability	C1, C6									
14.8 Describe common cognitive skills and discuss what impact they will have on the level of communication achievable	C2, C5									

Competency 14: communication

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **communication**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
14.9 Demonstrate knowledge of the importance of good cognitive skills for speech & language therapist intervention	C2, C5									
14.10 Explain the strategies that can be used to support someone with limited comprehension/understanding	C1, HWB2, HWB4									
14.11 List and provide information in a suitable format for patients and their carers	C1, C3, C6									
14.12 Can discuss ethical issues involved in consent	C1									
14.13 Communicate effectively with various members of the MDT in various forms e.g. written/verbal	C1									
14.14 Discuss the role of the voluntary sector in helping people with aphasia and demonstrate evidence of patient referral to this service	HWB1									

Competency 15: psychological care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **psychological care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
15.1 Mood management										
15.1.1 Describe the psychological and emotional problems that can follow a stroke	C2, HWB1									
15.1.2 Demonstrate knowledge and understanding of the emotional impact of the stroke on the patient, family, friends and carers	C2, HWB1									
15.1.3 Demonstrate knowledge and understanding of tools used to screen for mood problems in stroke patients	C2, C5, HWB2, HWB6									
15.1.4 Describe the pathway for psychological interventions after stroke	C1, HWB2, HWB4									
15.1.5 Demonstrate knowledge and give examples of psychological and pharmacological interventions for stroke patients mood	C1, HWB7									
15.1.6 Describe local pathways and identify the triggers for referral to clinical psychology/psychiatric liaison for further support or intervention	C1, HWB2, HWB4									
15.2 Managing cognitive difficulties										
15.2.1 Demonstrate the ability to recognise signs and symptoms of cognitive problems after stroke	C1, C2, HWB2									
15.2.2 Demonstrate knowledge and understanding of the use of cognitive screening tools	C1, C2, HWB6									
15.2.3 Describe common compensatory strategies to help patients and families to cope and manage cognitive problems after stroke	C1, C2, HWB4									

Competency 15: psychological care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **psychological care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
15.2.4 Show an understanding of the effects of cognitive impairment and mood on capacity and the ability to make decisions	C2, HWB3									
15.3 Behaviour management										
15.3.1 Demonstrate knowledge and understanding of the causes of challenging and changed behaviour	C1, C2, HWB1									
15.3.2 State the effects that changes in behaviour following stroke may have on people involved with the individual	C1, C2, C5, HWB1									
15.3.3 Demonstrate knowledge and understanding of how you would implement strategies to support the individual, their family and carers and all those involved with the person	C1, C2, HWB5									

Competency 16: sex after stroke

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **sex after stroke**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
16.1 Demonstrate self-awareness of one's own attitude towards the discussion on sex	C1, C6									
16.2 Describe how stroke can effect libido and sexual activity	C2, C6									
16.3 Can list medications and disease processes which could affect libido and sexual activity	C2, C6									
16.4 Describe how stroke can cause inappropriate sexual behaviour and appropriate management strategies utilised by the MDT	C2, C6, HWB2									
16.5 Discuss the role and availability of support networks for patients and their partners	HWB4, C6									
16.6 Can locate and utilise local and national information and resources available related to sex after stroke	HWB2									

Competency 17: self administration of medicine

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **self administration of medicine**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
17.1 Demonstrate knowledge and understanding of local/national guidelines of self administration of medicine	C3									
17.2 Demonstrates the knowledge and understanding of prescribed medicines in use and be able to identify side effects and evidence of overdose	C3, HWB1									
17.3 Demonstrates the knowledge, understanding and observing of the patient's attitudes and behaviour that may result in non-concordance of prescribed medication regime	C1, HWB1									
17.4 Demonstrates skills of being able to discuss and negotiate with the patient, looking for continued agreement with the programme	C1, HWB1									
17.5 Demonstrates accurate record keeping of all aspects of self administration	C3									
17.6 Demonstrates the understanding of the implications and actions required when errors in administration have occurred	C3									
17.7 Demonstrate knowledge of equipment that are available to facilitate self administration of medicine	C3, HWB2									

Competency 18: transfer of care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **transfer of care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
18.1 Demonstrate knowledge of the different stroke pathways and describe transfer of care	HWB4 level 2, HWB3, level 2									
18.2 Describe the importance of patients and carers involvement in transfer of care from the earliest opportunity	HWB4									
18.3 Demonstrate skills and knowledge to provide advocacy to the patient and/or their carer ensuring that the discharge destination is appropriate to the patient's needs	HWB2 level 3, C1 level 2									
18.4 Demonstrates an understanding of the types of information that need to be shared with others (patients, relatives, health and social care professionals, voluntary agencies) as patient's progress through the care pathway	HWB6 level 3, C1 level 2									
18.5 Demonstrate an understanding of the importance of early assessment from first contact with health services and throughout the pathway of care, for transfer of care	HWB6 level 2, C1 level 2									
18.6 Demonstrate knowledge of the different MDT members and their role in transfer of care	HWB6 level 2, C1 level 2									
18.7 Demonstrate ability to make appropriate referrals to different care settings or care agencies	HWB6 level 2									
18.8 Demonstrate the types of information to be included in transfer letters and verbal hand overs	HWB6 level 3									

Competency 18: transfer of care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **transfer of care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
18.9 Can provide information accurately to patients and relatives regarding their medications, aids and equipment on transfer of care	HWB6 level 2,									
18.10 Demonstrate the ability to co-ordinate transfer of care in collaboration with the MDT and external agencies	HWB6 level 2, C3 level 3									
18.11 Demonstrate knowledge of the local/national protocols relating to transfer of care	HWB6 level 2, HWB1 level 1, HBW2 level 2 , c1 level 2, C6 level 1									
18.12 Describe when safeguarding vulnerable adults should be implemented and the process involved	HWB3									

Competency 19: long term care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **secondary prevention and long term care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
19.1 Can list the modifiable and non-modifiable risk factors of stroke and TIA	HWB1									
19.2 Demonstrate how to take a nursing history during assessment	HWB1									
19.3 Identify lifestyle risk factors for stroke/TIA	HWB2									
19.4 Describe and demonstrate the use of health promotion and behaviour change principles (e.g. cycle of change, motivational interviewing)	HWB1									
19.5 Describe secondary prevention methods and lifestyle changes which may reduce the risk of further strokes/TIA	HWB1									
19.6 Locate and utilise relevant information leaflets/resources and demonstrate an awareness of a need to give relevant information at an appropriate time in an appropriate format	HWB1									
19.7 Promote patient ownership of their health and self care and support them to take appropriate action (see DH self care guidelines)	HWB1									
19.8 Educate patients on the importance of medication management	HWB1, HWB2									
19.9 Explain the reasons for using anti-platelet/blood pressure/statin medications in stroke/TIA patients	C2, HWB2, HWB7									
19.10 Describe medical and surgical interventions which may reduce the risks of further stroke (e.g. carotid endarterectomy)	C2, HWB7									

Competency 19: long term care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **secondary prevention and long term care**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
19.11 Describe the role of available voluntary organisations	C1, C6									
19.12 Discuss the laws regarding driving restrictions after stroke	HWB1									
19.13 Demonstrate knowledge of local support groups available to patients and how they might be helpful for a stroke survivor and their families	C1, C4, C6									
19.14 Discuss the long term impact a stroke may have on a patient and their families	C1, HWB1									
19.15 Discuss the implications of the Mental Capacity Act on the care of stroke patients	HWB1, HWB2									
19.16 Describe the process and definitions of an independent advocate	C1, HWB1									
19.17 Discuss the importance of long term MDT follow up and support for stroke patients	C4, C5, HWB4									

Competency 20: end of life care

The nurse demonstrates appropriate attitude, knowledge and skills in relation to **care of the dying patient**

Competency	KSF	FORMATIVE ASSESSMENTS						SUMMATIVE ASSESSMENT		
		PR	AR	Sign & date	PR	AR	Sign & date	PR	AR	Sign & date
20.1 Demonstrate an ability to devise, implement and evaluate a plan for improved end-of-life care in collaboration with the MDT	HWB7, HWB5									
20.2 Uses the Liverpool Care Pathway to assess and treat symptoms (e.g. pain, dyspnoea, constipation, anxiety, fatigue, nausea/vomiting, and altered cognition) experienced by patients at the end of life	HWB7, HWB5									
20.3 Shows empathy and supports the patient and family with grief, loss, and bereavement at the end-of-life whilst accessing appropriate resources e.g. palliative care team	HWB7, HWB5									
20.4 Assess and treat multiple dimensions, including physical, psychological, social and spiritual needs, to improve quality at the end of life	HWB7, HWB5									
20.5 Discuss legal and ethical principles in the analysis of complex issues in end-of-life care e.g. feeding, recognising the influence of personal values, professional codes, and patient preferences	HWB7, HWB5									
20.6 Recognise one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs	HWB7, HWB5									
20.7 Participates in the process of withholding or withdrawing treatment in collaboration with the MDT	HWB7, HWB5									
20.8 Demonstrates respect for the patient's views and wishes during end-of-life care	HWB7, HWB5									

Glossary

A

Activities of daily living (ADL)

The tasks that we all have to perform to lead a normal life, such as washing, dressing, using the toilet, bathing, walking and climbing stairs

Agnosia

The inability to recognise an object by touch alone with both hands

Agraphia

Difficulty writing or drawing

Alexia

Difficulty reading

Aneurysm

A balloon-like bulge in the wall of an artery which may burst and cause a haemorrhage (bleeding)

Angiography

An X-ray or ultrasound examination of the arteries

Angioma

An abnormal collection of blood vessels that can be a cause of a haemorrhage in the brain

Angioplasty

A technique whereby the doctor inserts a catheter into the narrowed portion of the artery and stretches the artery by inflating a little balloon on the end of the catheter

Anticoagulant

A drug that is used to 'thin' the blood and thus reduce the risk of clots forming within the circulation. The most commonly used is warfarin; another is heparin

Anticonvulsants

Drugs given to prevent epileptic fits

Antihypertensives

Blood pressure lowering (usually referring to medicines)

Antiplatelet therapy

Drugs used to stop the platelets in the blood sticking to one another and forming clots. Aspirin is the most widely used. Others include clopidogrel (Plavix) and dipyridamole (Persantin)

Aorta

The main artery taking the blood from the heart to the rest of the body. All other arteries branch off it

Aphasia

Inability to use language. It can either be a problem understanding language (receptive) or speaking it (expressive). People are often affected by both types

Apraxia

The inability to do complex tasks when requested and there is no paralysis of the muscles

Arrhythmia

Abnormal heart beat rhythm

Arteries

Blood vessels that carry blood from the heart to the rest of the body

Aseptic

To be without infection or septic material

Ataxia

Loss of the control of muscle function, leading to a staggering walk and difficulty performing delicate tasks with the hands

Atheroma

The fatty deposits that build up inside an artery and eventually lead to it becoming blocked

Atherosclerosis

Hardening of the arteries due to a build up of cholesterol and other fatty material in the walls of the arteries

Atrial fibrillation

Heart condition in which the upper left side of the heart beats out of rhythm with the other three chambers. It increases the risk of a blood clot forming inside the heart, which can break off, travel to the brain and cause a TIA or stroke

B**Barthel index**

One of the most widely used measures of activities of daily living

Blood pressure

The pressure of the blood against the walls of the main arteries. Pressure is highest when the ventricles in the heart contract (systole) and lowest when they relax (diastole). The two pressures are measured in millimetres of mercury and shown as follows e.g. 120/80

Brainstem

The part of the brain linking the two halves of the brain to the spinal cord. It contains some vital nerves cells to do with breathing, the heart, the eyes and many other important functions

Bruit

The noise that can be heard when listening over a narrowed artery

C**Cardio-embolic stroke**

Stroke due to a clot that formed in the heart and travelled to the brain

Carotid artery

There are two carotid arteries on each side of the neck which carry blood from the heart to the head, notably the face and front of the brain. Disease of a carotid artery is a common cause of stroke

Carotid endarterectomy

The operation that is performed to clear the inside of the carotid artery of atheroma

Cerebellum

The part of the brain that controls fine (delicate) movement

Cerebrum

The largest parts of the brain, made up of the left and right hemispheres (sides)

Cholesterol

A fatty substance that, if present in excess, can be deposited in the wall of the artery to produce atheroma

Computed Tomography (CT) scan

The X-ray technique most commonly used to examine the brain

Contractures

Where a joint becomes fixed in one position by muscles that have become stiff from not being moved

CVA (Cerebro-Vascular Accident)

The term is widely used but is not a good one: many strokes do not affect the cerebrum and none of them is an accident. Stroke is a better term

D**Dysarthria**

Speech disorder in which the pronunciation is unclear although the meaning of what is said is normal

Dysgraphia

Difficulty in writing

Dyslexia

Difficulty reading

Dysphagia

Difficulty in swallowing

Dysphonia

Difficulty in voice production, either speaking loud (or soft) enough, due to a disorder with the muscles in the throat, mouth or tongue

Dyspraxia

Difficulty doing complex tasks

E**Echocardiogram**

An ultrasound examination of the heart

Electrocardiogram (ECG)

The test that records the electrical activity of the heart

Embolism

When a piece of solid material, usually a blood clot, travels to elsewhere in the body and blocks an artery, causing damage to the organ/s involved

Endarterectomy

Surgical operation to remove obstructions (usually fatty tissue or blood clot) from inside an artery

F**Field of vision**

The area that you can see without moving your eyes (or your head)

G**Gait**

The characteristics of walking

Goal setting

The process whereby the professionals and the patient decide on the main objectives for rehabilitation

H**Haematoma**

A blood clot that has formed outside a blood vessel (artery or vein)

Haemorrhage

The escape of blood from a ruptured blood vessel, externally or internally

Haemorrhagic infarct

An area of dead brain that has had bleeding in it

Hemianopia

Loss of one-half of the normal field of vision

Hemicraniectomy

The procedure in which a certain part or all of the brain is removed as a preliminary step before the brain is operated upon

Hemiparesis

Weakness of one-half of the body

Hemiplegia

Complete paralysis of half of the body

Heparin

An anticoagulant given to prevent blood clots forming

Hemisensory

The loss of sensation on one side of the body

Hydrocephalus

Raised pressure within the skull due to an abnormal build-up of the fluid that surrounds the brain. It can occur after a brain haemorrhage

Hypercholesterolaemia

A high level of cholesterol in the blood

Hyperglycaemia

Condition relating to an abnormally high content of glucose in the blood

Hyperlipidaemia

A high level of fats in the blood

Hypertension

Abnormally high blood pressure

Hypoglycaemia

Condition relating to an abnormally low content of glucose in the blood

Hypoxia

Inadequate oxygen in the body tissues

I**Impairment**

Loss of function (e.g. weakness, loss of sensation, loss of speech)

Incontinence

Loss of control of passing urine or faeces

Infarction

An area of cell death (e.g. part of the brain) as a result of being deprived of its blood supply

Intracerebral haemorrhage

A haemorrhage inside the brain

Intravenous

Administered into a vein

Ischaemia

Cells that have an inadequate blood supply (see also transient ischaemic attack)

L**Lacunar infarct**

A small stroke less than one centimetre in diameter

Lumbar puncture

A procedure whereby some of the spinal fluid is removed by the insertion of a needle into the spine

M**Magnetic resonance angiography (MRA)**

Using a large, powerful magnet, rather than X-rays, to create pictures of the blood vessels (arteries and veins)

Magnetic resonance imaging (MRI)

A type of scan that, instead of X-rays, uses a large, powerful magnet to create an image (picture) of part of the body

Massage

Manipulation of the soft tissues of the body with the hands

Middle cerebral artery

The artery that most frequently becomes blocked, to cause stroke

N

Neglect

Ignoring or not being aware of being touched on one side, or not seeing things to one side. An extreme example is not even being aware that your arm or leg belongs to you

Nystagmus

Involuntary jerking of the eyes. It occurs in disorders of the part of the brain responsible for eye movements

O

Oedema

Swelling due to excessive accumulation of fluid in the body tissues

Ophthalmologist

A registered doctor who specialises in the investigation and treatment of diseases of the eyes

P

Patent foramen ovale

A hole in the heart that allows blood clots to get from the veins into the arteries

Perception

Awareness and understanding of one's environment (e.g. awareness of touch, sights, sounds)

Percutaneous endoscopic gastrostomy (PEG)

Insertion of a tube through the wall of the abdomen into the stomach for the purposes of feeding. It is done with a gastroscope, which is a fibre-optic instrument used to examine the inside of the stomach

Platelets

Small blood cells that stick together to form a clot

Positron emission tomography (PET)

A new scanning technique that uses radioactive isotopes to show how well cells are functioning

Pyrexia

Fever

R

Radiologically inserted gastrostomy (RIG)

Insertion of a tube through the wall of the abdomen into the stomach using x-ray guidance for the purposes of feeding

Risk factors

The possible underlying causes (for the stroke) such as smoking, high blood pressure, ethnic group, family history of stroke

S

Sepsis

Bacterial infection to the body tissues or the blood

Spasticity

The stiffness that develops in the muscles after a stroke or other type of damage to the brain or spinal cord

Stenosis

A narrowing

Subarachnoid haemorrhage

Bleeding between the brain and one of the covering membranes, often due to a leaking aneurysm

T**Thalamus (thalamic)**

A part of the brain where the nerves carrying information about sensation from the body join with other nerves

Thrombolysis

The use of drugs to break up a blood clot

Thrombosis

The formation of a blood clot

Tissue plasminogen activator (TPa)

The drug most commonly used for thrombolysis

Transient Ischaemic attack (TIA)

A stroke-like event that fully recovers within 24 hours of the start of symptoms

V**Ventricular Septal Defect (VSD)**

A hole in the muscle wall that separates the two chambers (ventricles) of the heart

Vertebral arteries

The two arteries that travel up the back of the neck to the brain which, with the two carotid arteries, supply all the blood to the brain

W**Warfarin**

The most frequently used oral anticoagulant (for thinning the blood and preventing clots forming inside the circulation)

Contact details

For any queries regarding the workbook or if for any requests for reproduction, modification or republication of this document, please can you contact the South London Cardiovascular and Stroke Network via info@slcsn.nhs.uk

London Cardiovascular and Stroke Networks:

North West London – www.nwlcfn.co.uk

North Central London – www.nclcvsn.org.uk

North East London – www.nelcvsn.nhs.uk

South London (includes South West and South East) – www.slcsn.nhs.uk

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NICE Clinical Guidelines for Stroke (July 2008) - www.nice.org.uk

Royal College of Physicians National Clinical Guidelines for Stroke (July 2012) - www.rcn.org.uk

Online resources

Connect – the communication disability network - www.ukconnect.org

Different Strokes - www.differentstrokes.co.uk

London Health Programmes - <http://www.londonhp.nhs.uk>

London Stroke Directory - www.londonstrokedirectory.org.uk

Speakability - www.speakability.org.uk

STARS Stroke Training and Awareness Resources - www.strokecorecompetencies.org

The Stroke Association – www.stroke.org.uk

Survive Sepsis – www.survivesepsis.org

World Health Organisation - www.who.int

Recommended Reading

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Required Cardiac Rhythms (2011)

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