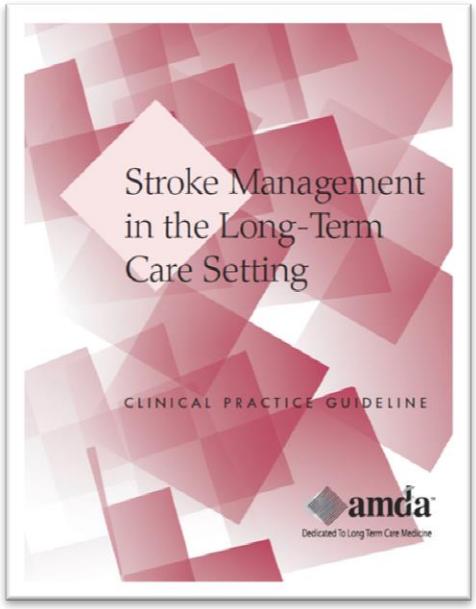
Stroke Management in the Long Term Care Setting - Clinical Practice Guideline



Continuing Professional Education Self-Study Course

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Acknowledgements

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We maintain records of course completions for a period of 7 years.

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This course and test must be completed prior to the expiration date. To obtain your continuing education certificate, you must review the material provided, take and pass an online test, and complete a simple evaluation. You may re-take the online test as many times as needed prior to the expiration date. If you are interrupted and cannot finish the test, you can save the test and come back later to finish it.

Carefully review the contents of this program. Keep in mind the practical applications it has for you in your individual setting. The focus is to increase your knowledge and application of the subject matter. For multiple choice questions select the one best answer from the choices given.

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Stroke Management in the Long Term Care Setting: Clinical Practice Guideline - CPE Self-Study Course

Course Expiration Date Must be completed prior to this date	Continuing Education Hours	CDR Level
November 5, 2020	**2**	**II**

Course Description

A stroke occurs when the local blood supply to the brain is suddenly interrupted, causing brain cell damage and death. Each year, more than 795,000 Americans experience a stroke. About 610,000 of these are first attacks and 185,000 are recurrent attacks. Stroke is a leading cause of hospitalizations for Medicare stroke survivors, and many survivors often require post-acute care for 6 months or more. Stroke survivors often require longer stays in LTC facilities in the 5 years following the attack than do people of the same sex and age who have not had a stroke. Stroke care can be classified as acute stroke, post-stroke, and stroke prevention.

The *AMDA Stroke Management in the Long-Term Care Setting Clinical Practice Guideline* outlines information that will allow clinicians, including RDNs to understand all 3 aspects of stroke care as it applies to patients in long-term care settings.

Course Learning Objectives

After completion of this continuing education program, the learner should be able to:

1. Recognize modifiable risk factors for stroke.
2. Be able to state at least 3 complications of a stroke.
3. Understand how stroke can affect an individual's nutritional status.

Suggested CDR Learning Needs Codes

- 3050 Feeding, swallowing, dentition
- 5040 Long-term care, intermediate, assisted living
- 5300 Neurological:stroke, Alzheimer's dementia, Parkinson's, spinal cord injuries
- 5410 Client protocols, clinical guidelines

Additional CDR Learning Needs Codes that may apply: 3010, 4190, 5100

Suggested CDR Performance Indicators

- 8.1.4 Demonstrates knowledge of nutrient requirements throughout the life span and their role in health promotion and disease management.
- 8.1.5 Applies medical nutrition therapy in disease prevention and management.
- 10.2.5 Develops nutrition prescription to communicate required food and nutrient needs.
- 10.2.8 Establishes the plan of care, directly addressing the nutrition diagnosis in collaboration with the patient in defining the time, frequency and duration of the intervention.

Additional CDR Performance Indicators that may apply: 8.1.3, 10.2.3, 10.2.4, 10.2.9, 10.2.10, 10.2.11, 10.2.12

Note: Numerous Other Learning Needs Codes and Performance Indicators May Apply.

Continuing Professional Education Self-Assessment Test and Answer Key

ML is a 75 year old woman who recently experienced mild hemorrhagic stroke and was admitted to a skilled nursing facility for rehabilitation. She was admitted with left-sided hemiparesis in her upper extremity, but her diagnoses also include essential hypertension. Prior to her stroke she was living alone, driving, and cooking her own meals. ML is 61 inches tall and weighs 178 pounds. Her BMI is 33.6 classifying her as obese. Her medications include Atrovastatin, Lotensin, Aspirin, Colace, and a multivitamin. She was admitted on a regular diet, with orders for speech therapy for cognition and occupational therapy to help improve her ability to perform activities of daily living, including eating and drinking.

1. What is the cause of ML's hemorrhagic stroke?
    a. Arterial clot
    b. Localized brain ischemia
    c. Blood clot in the brain
    d. Rupture of a cerebral artery (page 2)

2. What lifestyle change would benefit ML as she recovers from her stroke?
    a. Moderate-intensity physical exercise, if tolerated (page 28)
    b. High-protein, low carbohydrate diet
    c. Fluid restriction to normalize electrolyte levels
    d. Low-protein, high carbohydrate diet

3. What changes in ML's plan of care might prevent a recurrent stroke?
    a. Stopping her Atorvastatin
    b. Following the DASH diet (page 28)
    c. Providing adequate fluids
    d. Adding nutrition supplements

4. Which of ML's following risk factors for a recurrent stroke can be modified?
    a. Family history
    b. Gender
    c. Weight (table 2 page 7)
    d. Age

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5. After 2 weeks in the facility ML had a sudden cognitive decline and was sent to the ER. She was diagnosed with another hemorrhagic stroke and was readmitted to the facility with a new diagnosis of dysphagia and mild vascular dementia. She is now on a puree diet with nectar-thick liquids and requires cueing and some assistance to consume meals. Because of her feeding difficulty and dysphagia she is now at risk for
    a. Recurrent stroke
    b. Pressure ulcers (page 18)
    c. Unintended weight gain
    d. Elevated blood lipids

6. Following her second stroke, ML was diagnosed with vascular dementia. What is the connection between stroke and cognitive status?
    a. A stroke does not usually affect cognitive status
    b. Cognitive status is usually affected by a recurrent stroke, not a first stroke
    c. A stroke can cause or exacerbate cognitive decline (page 13)
    d. Cognitive status will not improve following a stroke

7. ML complains of food sticking in her throat. This could be a symptom of:
    a. Dysphagia (table 7 page 17)
    b. Pneumonia
    c. Gastroparesis
    d. Stroke

8. The speech/language pathologist has been treating ML for dysphagia, hoping to improve her ability to chew and swallow. Which of the following statements about dysphagia and stroke patients is true?
    a. A puree diet can prevent aspiration pneumonia in stroke patients with dysphagia.
    b. Thickened liquids (of the consistency determined by the speech therapist) can prevent aspiration pneumonia in stroke patients with dysphagia.
    c. No interventions have been conclusively proven to prevent aspiration pneumonia among stroke patients with dysphagia and aspiration (page 23).
    d. Compensatory strategies like chin tucks can prevent aspiration pneumonia in stroke patients with dysphagia.

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9. After having 2 strokes, what is ML's blood pressure goal?
    a. 120/80
    b. 140/80
    c. At last 5/10 mm/Hg below her recent normal blood pressure
    d. At least 10/5 mm/Hg below her recent normal blood pressure (page 28)

10. A month after her second stroke, the facility RDN noticed that ML had lost 10 pounds since her readmission. What is one possible cause of her weight loss that is common to stroke survivors?
    a. Decreased metabolic rate
    b. Depression (page 14)
    c. Decreased range of motion in her lower extremities
    d. Deep vein thrombosis

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