



Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester

Six Month Post-Stroke Review

GM-SAT: the Greater Manchester Stroke Assessment Tool[©]

Notes for Reviewers

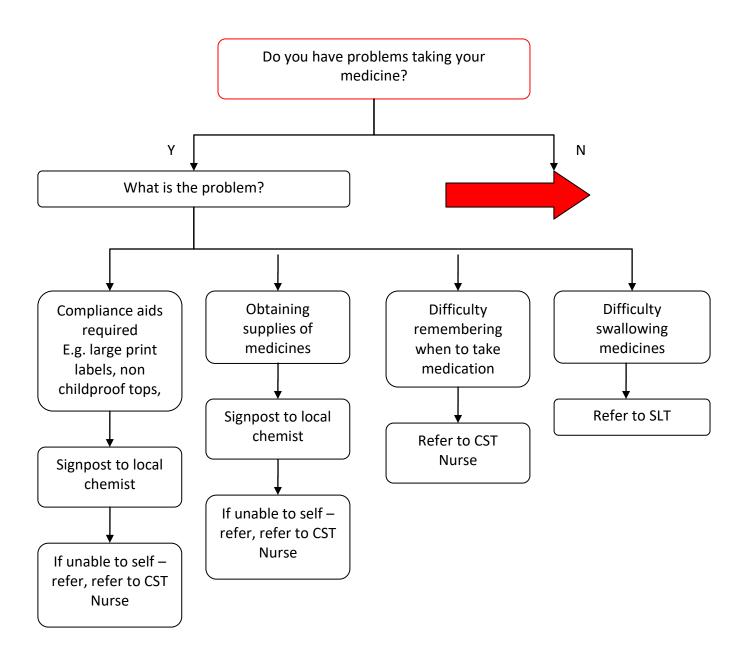
- The assessment tool is designed to support professional practice rather than determine it. Therefore, whilst algorithms may aid reviewers in determining appropriate lines of action to take; professional judgement should always take precedence.
- Where referral of the stroke survivor for further treatment is thought to be detrimental or not beneficial (e.g. if they would be unable to sit upright/remain awake for a specialist swallowing assessment), identified problems should be referred to the stroke survivor's primary care team for monitoring and referral when appropriate.
- When deciding on actions to take, reviewers should consider whether the stroke survivor is already in receipt of services which are addressing the problem identified.
- The assessment does not have to be completed in the order listed. Where the presenting problems are
 clearly of more of a social nature, the reviewer may wish to begin with more social sections of the tool and
 move onto health-related issues at a later stage.
- Individuals should be given an opportunity to explain their primary problems and concerns before any direct questions are asked.
- The areas of post-stroke need covered within the tool should not be considered exclusive. Stroke survivors and their carers may have additional needs which are not covered by GM-SAT. Therefore, at the end of the assessment, an opportunity should be given for any additional problems or concerns to be expressed. These should be noted in the 'additional notes' section.
- Assessments should be undertaken in a sensitive and person-centred manner. Whether all questions are
 covered depends on professional judgement and the person's wishes. A constant balance needs to be
 struck between eliciting information and being non-intrusive and respective of personal boundaries.



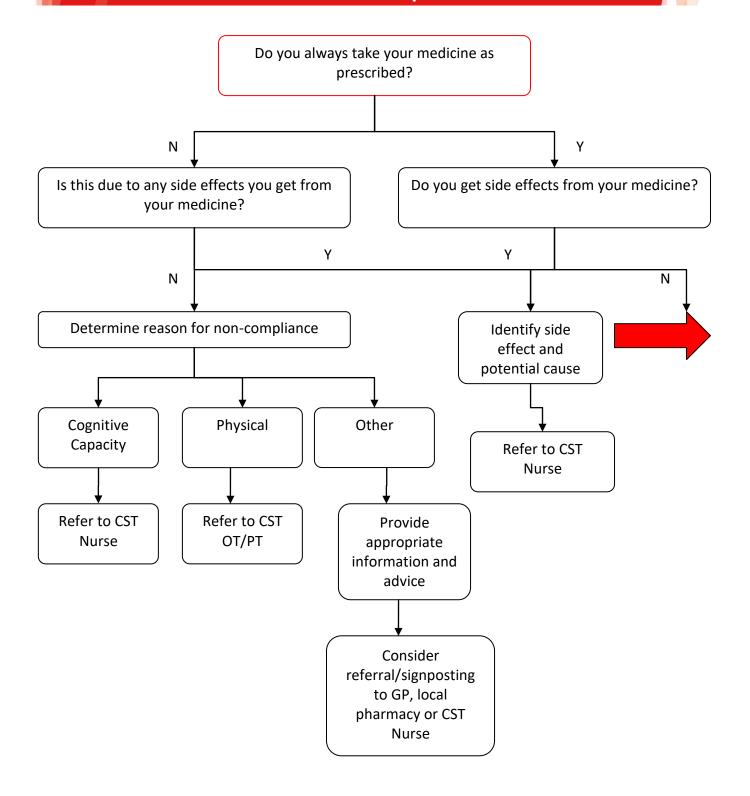


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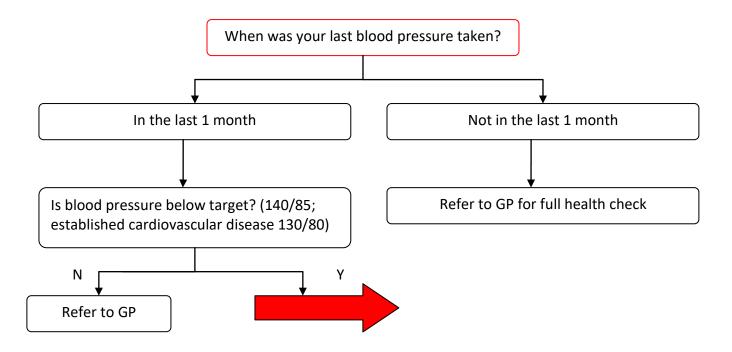
Medicine management



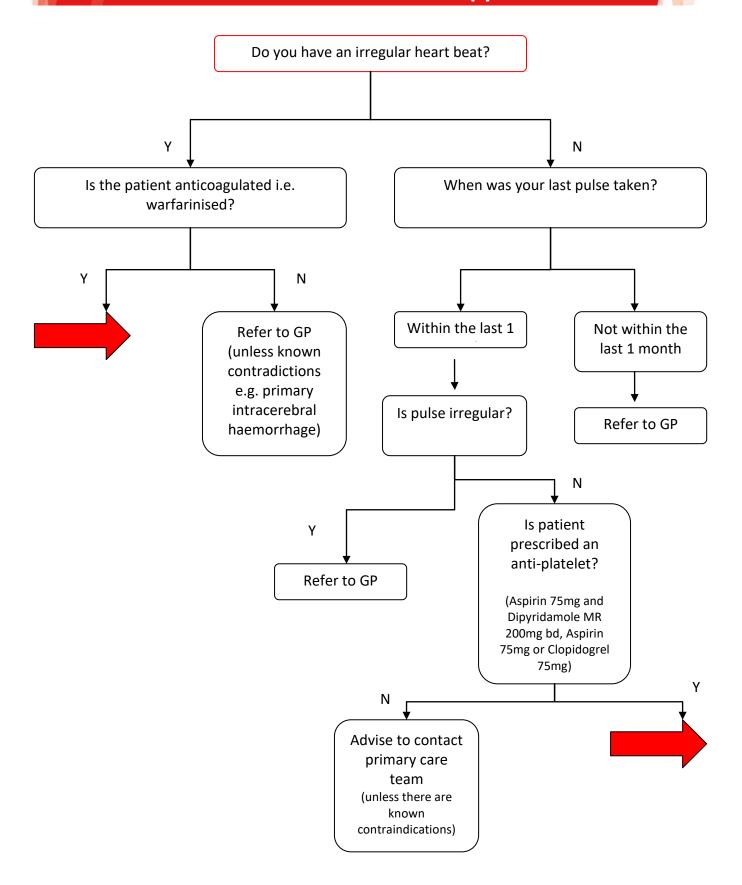
Medicine compliance



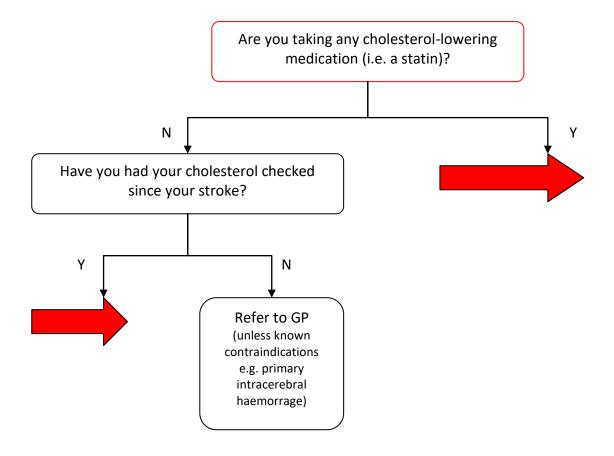
Blood pressure



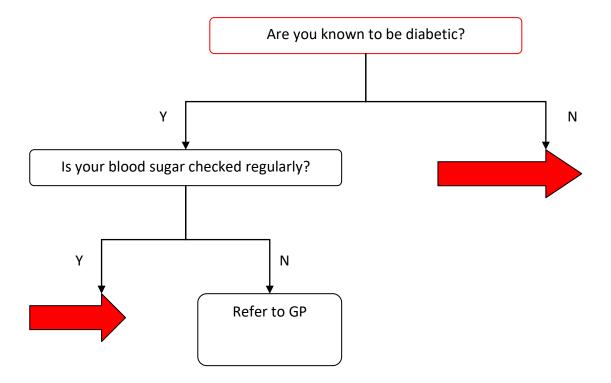
Anti thrombotic therapy



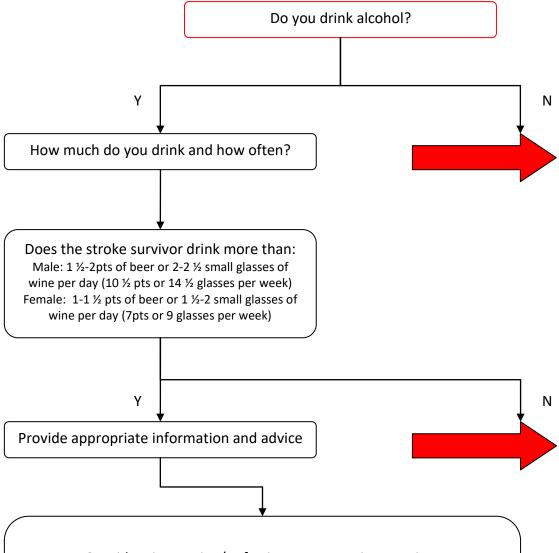
Cholesterol



Glycaemic Control



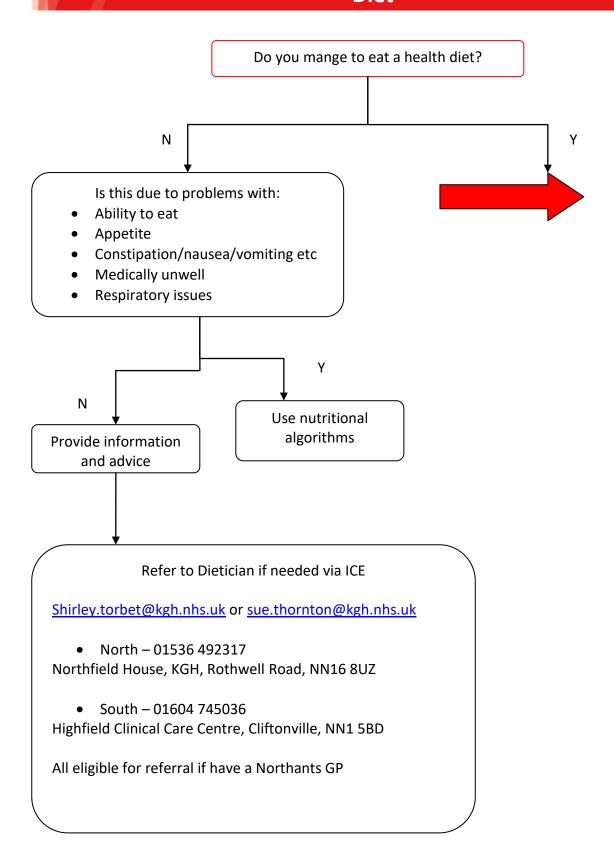
Alcohol



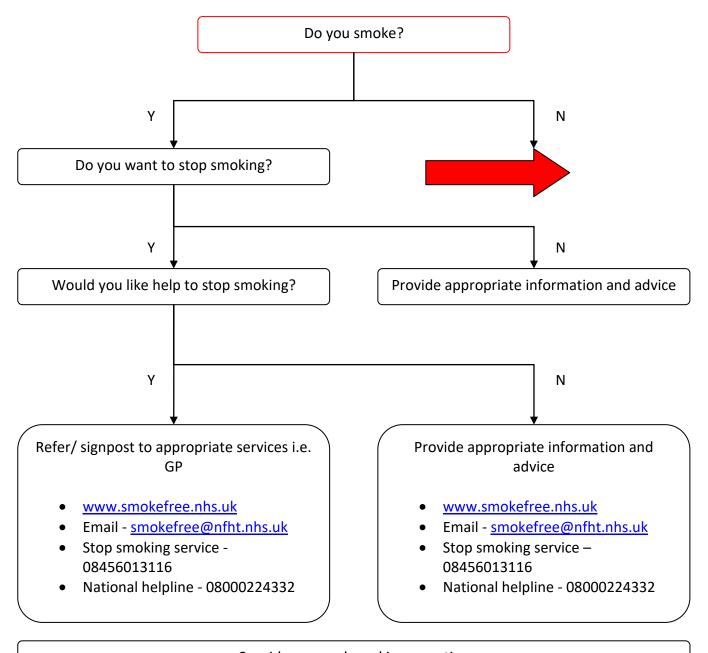
Consider signposting/referring to appropriate services

- Recovery Focus http://www.recoveryfocus.org.uk/
- UK Rehab http://www.uk-rehab.com/rehab/northamptonshire-alcohol-drug-clinic/
- Alcoholic Anonymous 08457697555

Diet

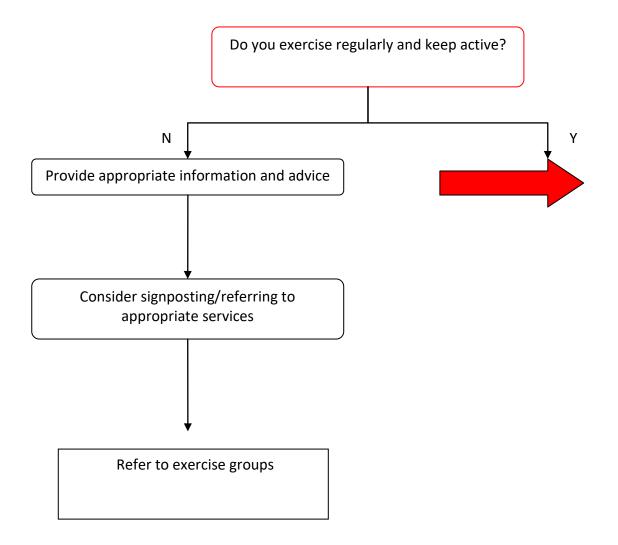


Smoking

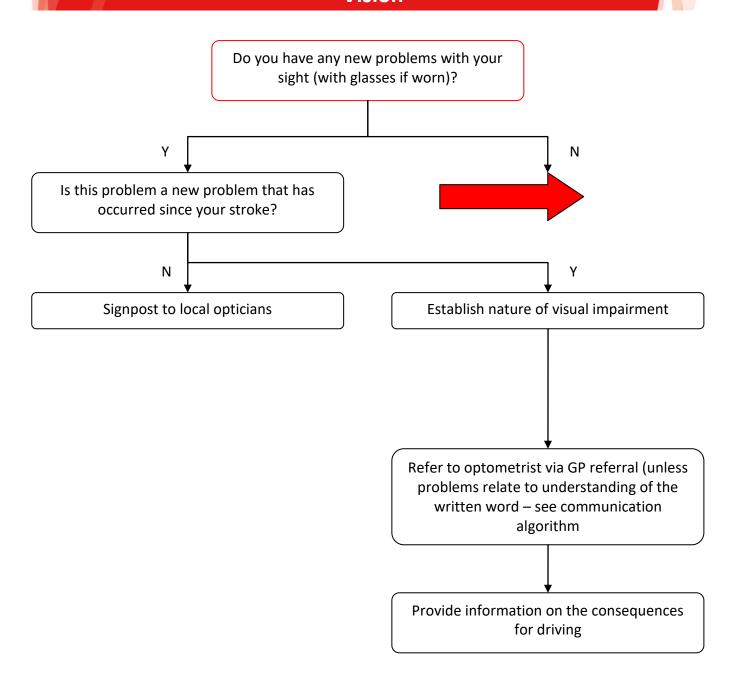


Consider spousal smoking cessation

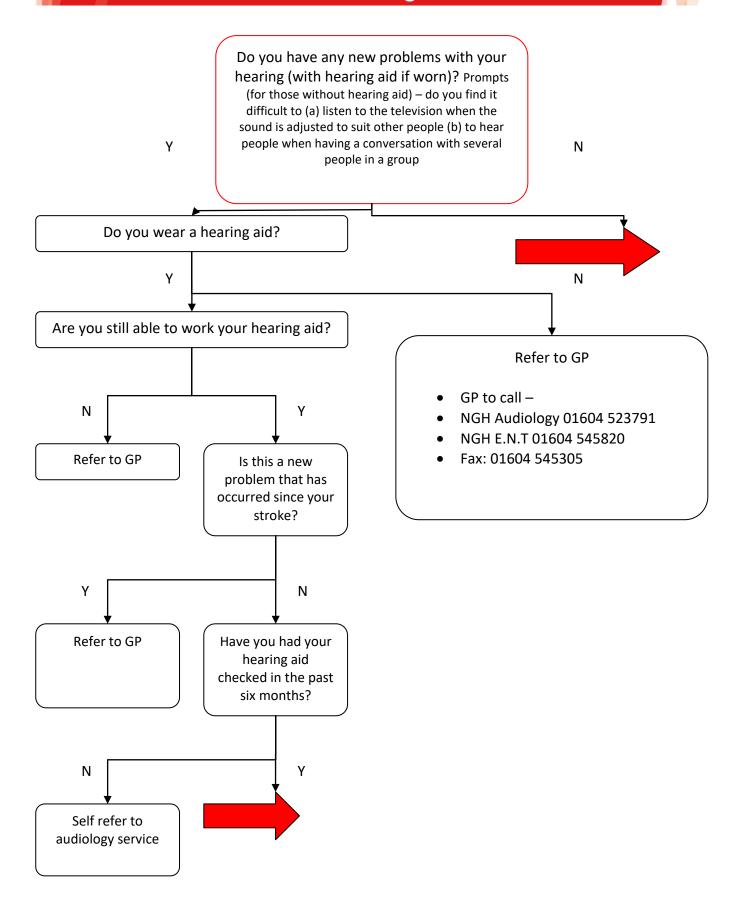
Exercise



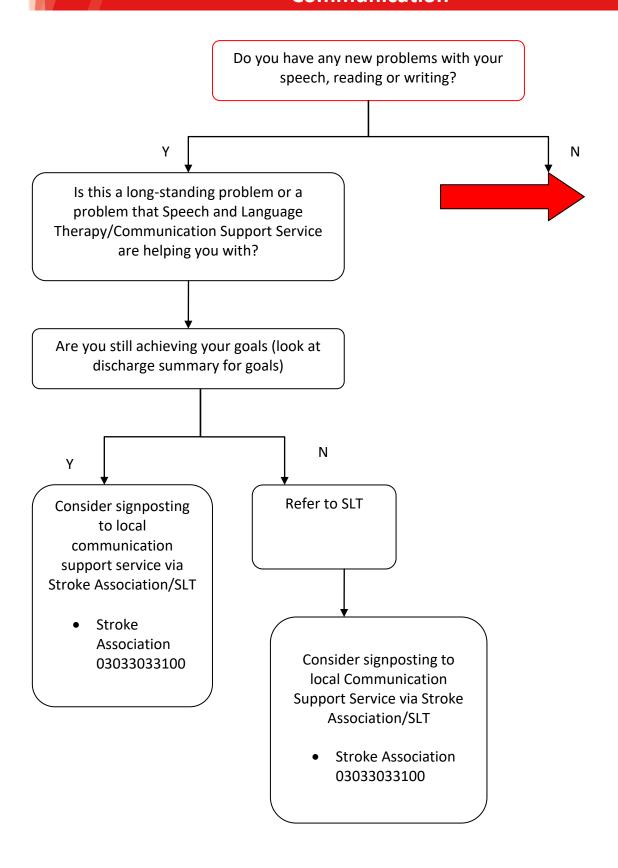
Vision



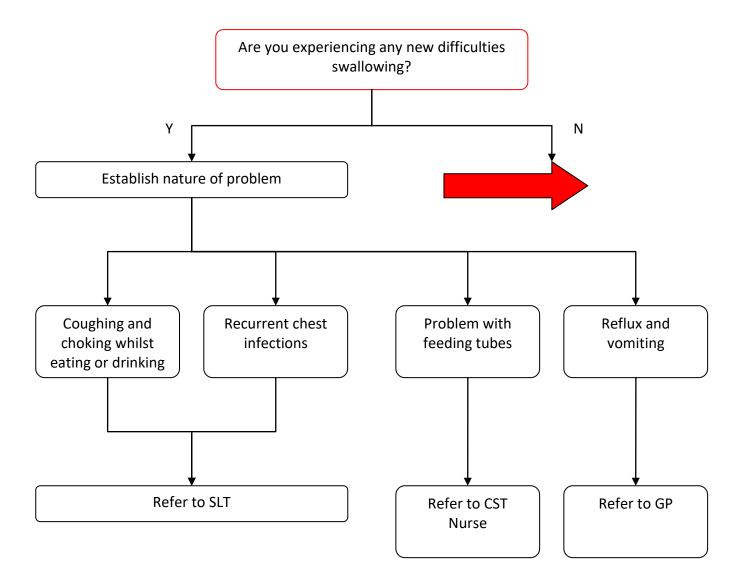
Hearing



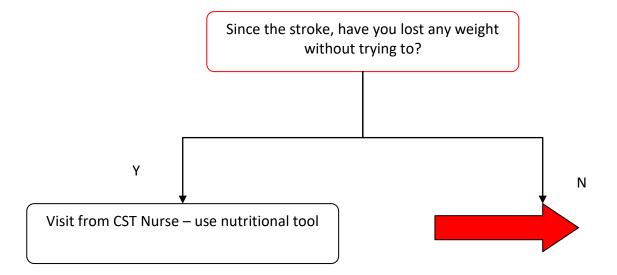
Communication



Dysphagia



Nutrition Screening Tool



Nutrition Screening Tool

One or more scores per section can be added together if appropriate.

Body Weight		Ability to Eat		Appetite and	С	Symptoms	D
		-		Dietary intake			
• Recent weight loss i.e. past 2-3 months		Independent	0	Normal appetite and intake	0	Constipation .	2
 Underweight – Body Mass Index (BMI) 19 or less 		Chewing problemsSore mouth/throat	2	 Reduced appetite and intake i.e. eats less than ½ of all 	3	PyrexiaNausea	3
		Requires assistance	3	meals Taking nutritional	3	Vomiting	3
• BMI 20 or more		to eat/special utensils		supplements regularly		• Diarrhoea/	3
Height Weight BMI (m) (kg)		Swallowing	4	• Inadequate fluid intake i.e. less than	4	Malabsorbtion	2
		problems/dysphagia	6	5 cups per day and/or restricted fluid less than 1		• Severe pain/patient	3
		 Aphagia or likely to be Nil By Mouth for 5 or more days 		litre • Clear fluids for 5	5	controlled analgesia/ syringe driver	
$BMI = kg / m^2$		3 3 1 1 1 1 2 1 2 1 2 1		days or more • Refuses diet and	5	o,ge ae.	
				nutritional drinks			
Medical/Surgical Condition	Ε	Skin Condition	F	Respiratory Function	G	Additional Factors	Н
Planned radiotherapy/		Healthy	0	• Shortness of breath	3	• Excessive alcohol	5
Chemotherapy		Fragile skin	3	Requires oxygen	4	intake	
 Planned head and neck surgery 		Oedematous/ascites	3	therapy			
Poor/prolonged recovery		 Poor wound healing Pressure sores – all 	5				
 Reduced level of consciousness 		grades					
 Major surgery/major trauma 							

^{*}remember the presence of oedema and/or ascites falsely elevates actual body weight

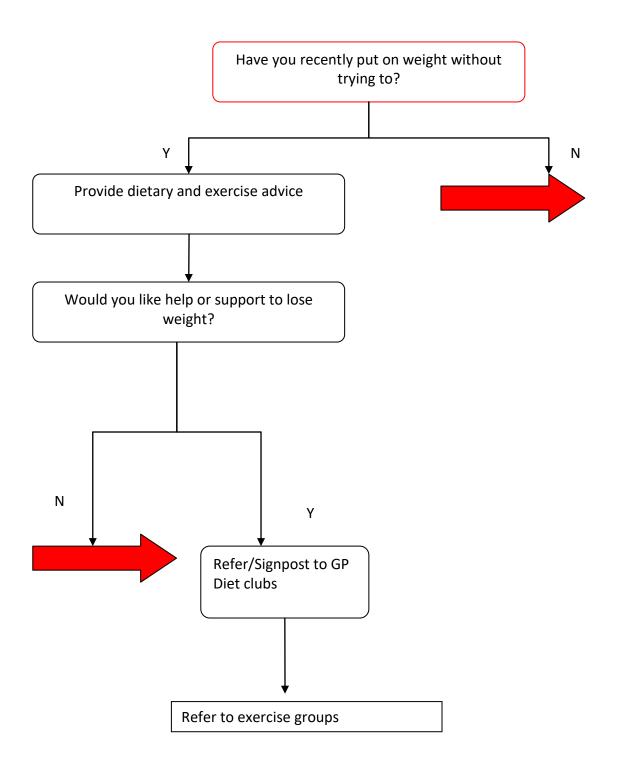
^{**} Please check if patient has been using nutritional supplements prior to assessment

Nutrition Screening Tool

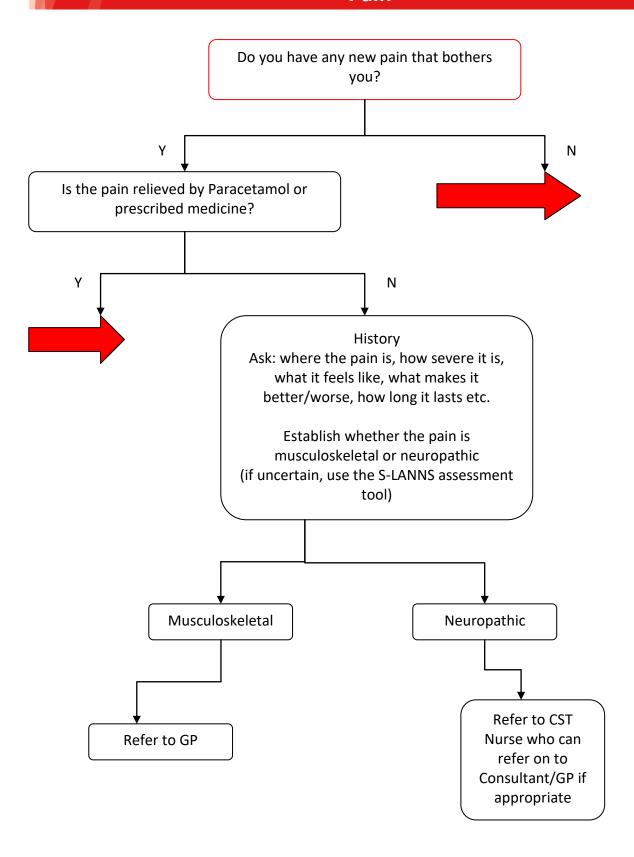
GUIDELINES FOR CARE

Sc	ore < 6 Minimal Risk	Score 6-14 Moderate Risk	Score > 15 High Risk			
0	Give advice on positioning patient appropriately and ensure meals are within easy	Action as for 'minimal risk' plus: O Offer a Build Up Shake/Soup	Action as for 'moderate risk' plus:			
0	reach Provide encouragement with eating and drinking as	if a meal is missed or patient has not eaten (available from GP/Boots/Chemist	 Offer 2-3 Build Up Soups/Shakes or Fortisips in addition to meals 			
0	required Give appropriate and	 Other nutritional supplements to be given if prescribed 	 Review nutritional risk score twice weekly or if condition changes 			
	undisturbed time to complete meals	Refer to GP/Dietician	 Consider referral to GP/DN 			
0	If a meal is missed, offer another meal option	 Review nutritional risk score weekly or if condition 				
0	Refer to multidisciplinary team/GP as appropriate for advice	changes				
0	Review nutritional risk score weekly or if condition changes					
In	dividualised Nutritional Ca	re Plan:				

Weight management



Pain



CONSINUL REPORT/Bermett et al

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APPENDIX

THE S-LANSS PAIN SCORE

Leeds Assessment of Neuropathic Symptoms and Signs (self-complete)

NAM	1E	Pro-Chaidentairi	in the second constitute	Periodica este con este	niet) cotta stantosta tantos	Corporation and an account	***************************************		DATE	***************************************	WWW.CANAGO.CANGO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO	NA COMPLETE MANAGE
	This questionnaire can tell us about the type of pain that you may be experiencing. This can help in deciding how best to treat it.											
	Please draw on the diagram below where you feel your pain. If you have pain in more area, only shade in the one main area where your worst pain is.										e than one	
								\{\{\}				
di	តែប្រាស	n) ha	s been	in the	ait we	k whei	ow bad e: is seven				mre shown an	the alxive
NON	VE O]	2	3	s ļ	5	6	7	8	ij	10 SEVERI	E PAIN
											rough and the second and based a second as compare and provide dates a	

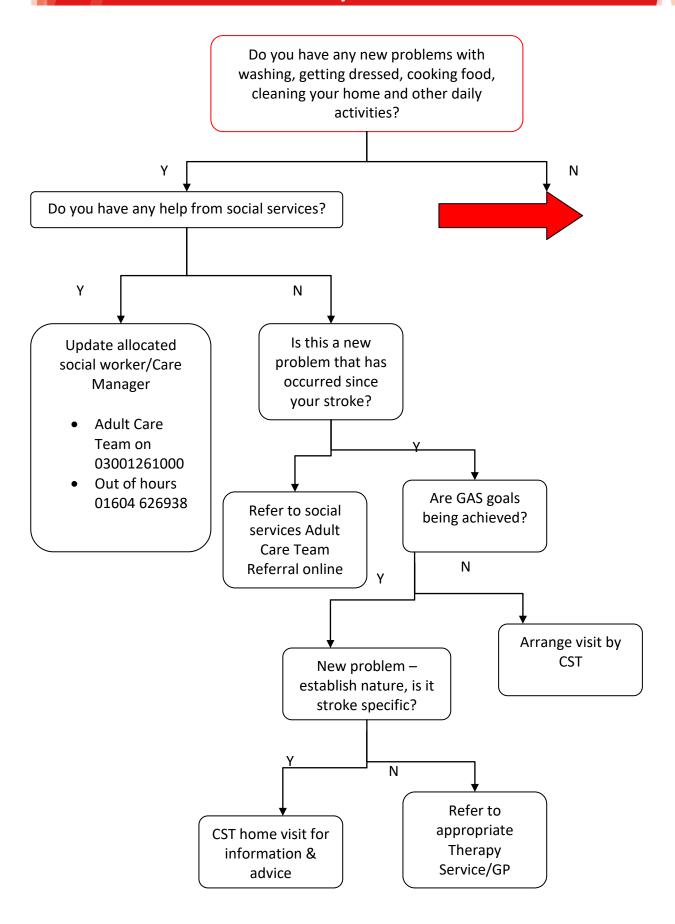
- On the other side of the page are 7 questions about your pain (the one in the diagram).
- Think about how your pain that you showed in the diagram has felt over the last week. Please
 circle the descriptions that best match your pain. These descriptions may, or may not, match
 your pain no matter how severe it feels.
- · Only circle the responses that describe your pain. Please turn over,

S-LANSS In the area where you have pain, do you also have 'pins and needles', (ingling or prickling sensations? 3) NO - I don't get these sensations. (0) b) YES - I get these sensations often (5) Does the painful area change colour (perhaps looks mottled or more red) when the pain is particularly bad? NO - The pain does not affect the colors of my skin a) (0) b) YES - Thave soliced that the poin does make my skin look different from normal (5) Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant seasations or pain when lightly stroking the skin might describe this. a) NO - The pain does not make my skin in that mea abnormally sensitive to touch (0)b) YES - My skin in that area is particularly sensitive to touch (3) Does your pain come on suddenly and in bursts for no apparent reason when you are completely still? Words like 'electric shocks', jumping and bursting might describe this, a) NO - My pain doesn't really feet like this (0)hj YES - I get these seasations often (2) In the area where you have pain, does your skin feel unusually hot like a burning pain? a) NO - I don't have burning pain (0) YES - I get burning pain often δi (1)Gently rub the painful area with your index linger and then rub a non-painful area (for example, an area of skin further away or on the opposite side from the painful area), How does this rubbing feel in the painful area? The painful wea feets no different from the non-painful wea 1) $\langle 0 \rangle$ [6] I feet discomfort, like pins and needles, tingling or burning in the painful area that is different from the non-painful area (3) Gently press on the painful area with your finger tip then gently press in the same way onto a non-painful area (the same non-painful area that you chose in the last question). How does this feel in the painful area? 2) The poinful area does not feel different from the son-poinful area $\langle 0 \rangle$ b} I feel numbriess or tenderness in the painful area that is different from the nun-painful area (3)

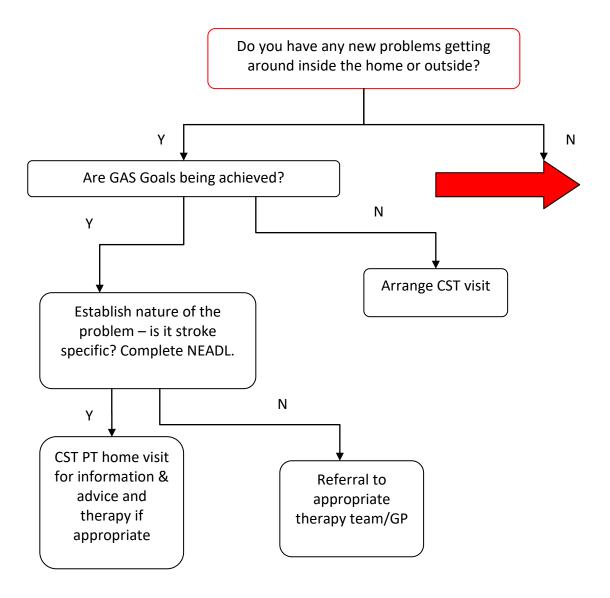
Scoring: a score of 12 or more suggests pain of predominantly nearopathic origin

Continence Do you have any new problems with incontinence? Ν History Ask: what the problem is, about any aids used, how long the problem has been there, frequency of episodes, how severe it is etc. Is the problem related to functional ability to use the toilet? e.g. walking to the bathroom, undoing buttons Ν Arrange CST Visit Refer to continence advisor Continence Advice Service, 01604678162 Ncas@nhft.nhs.uk Or Refer to GP/DN

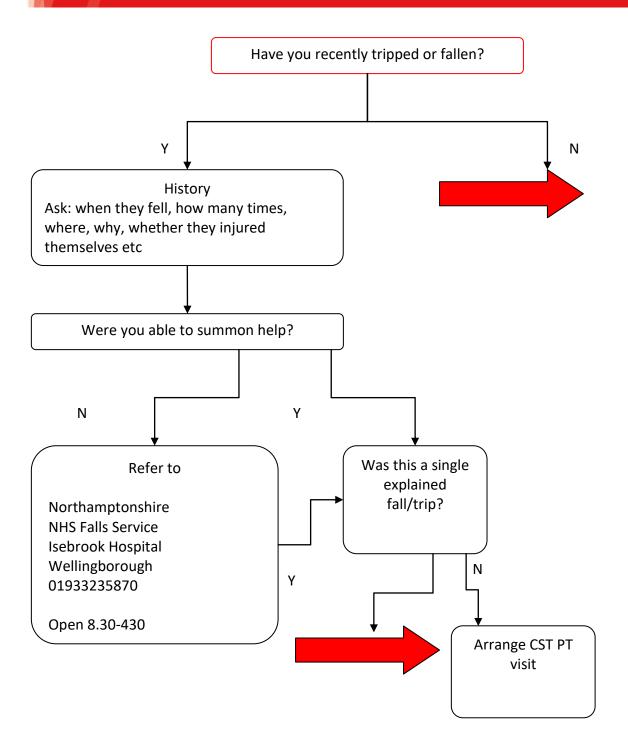
Daily activities



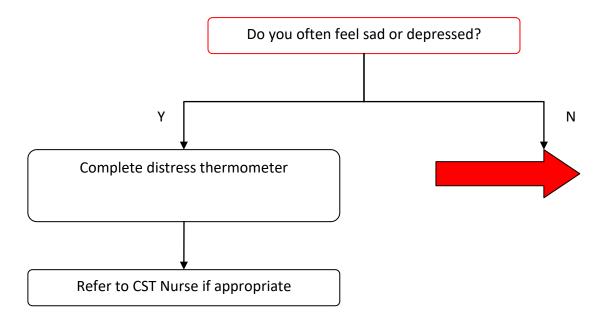
Mobility



Falls

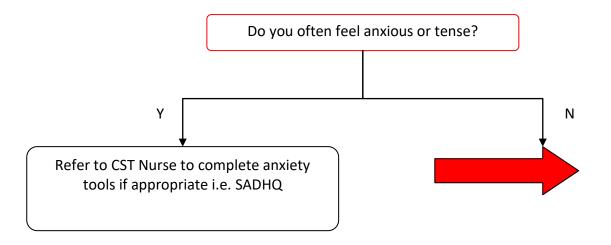


Mood

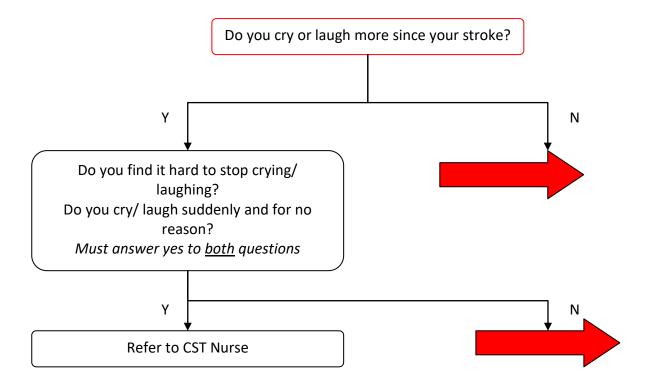


WHERE THERE IS SIGNIFICANT CONCERN ABOUT A STROKE SURVIVOR'S EMOTIONAL STATE (E.G. SUICIAL THOUGHTS, SELF HARM OR SERIOUS SELF NEGLECT) URGENTLY REFER THEM TO THEIR GP IF REQUIRED

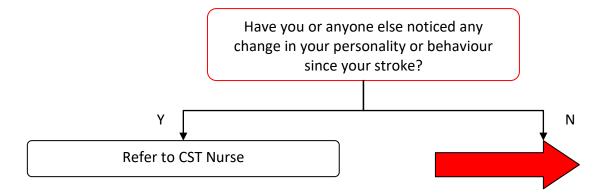
Anxiety



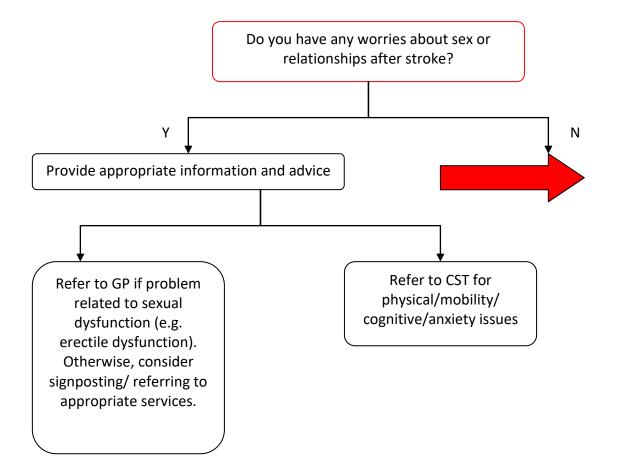
Emotionalism



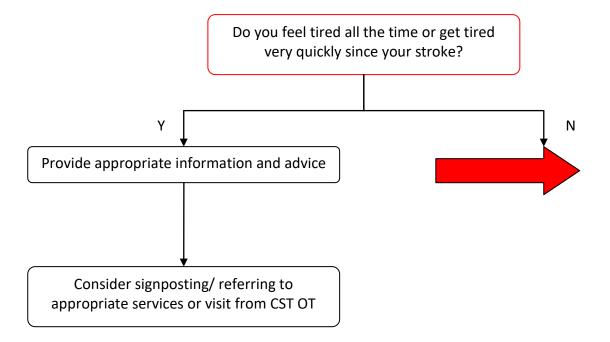
Personality changes



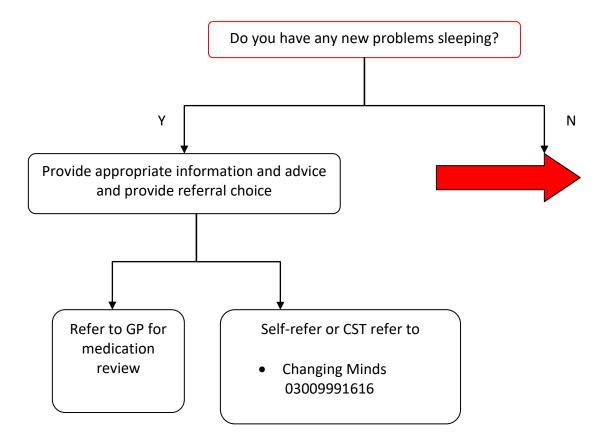
Sexual health



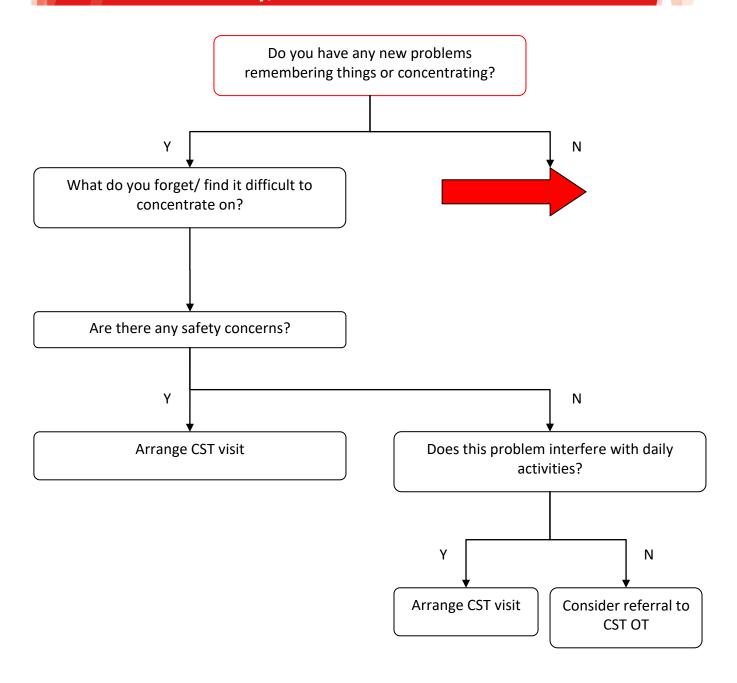
Fatigue



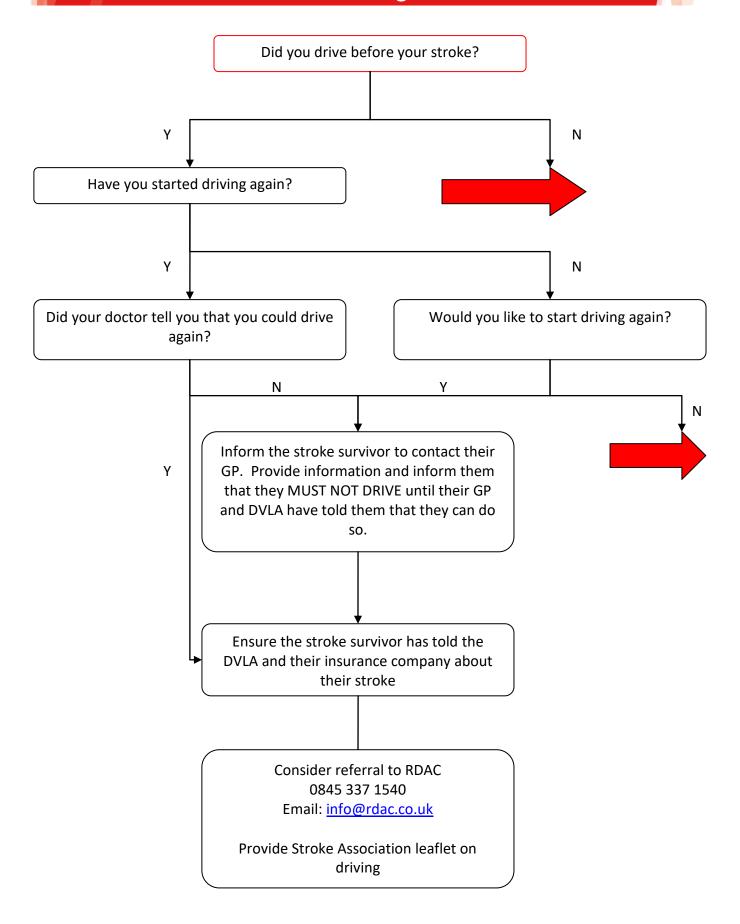
Sleep pattern



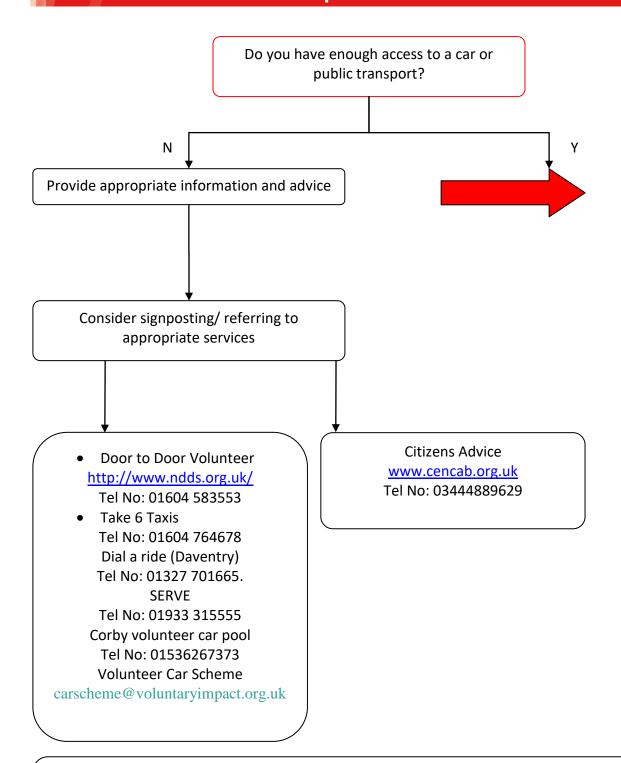
Memory, concentration and attention



Driving



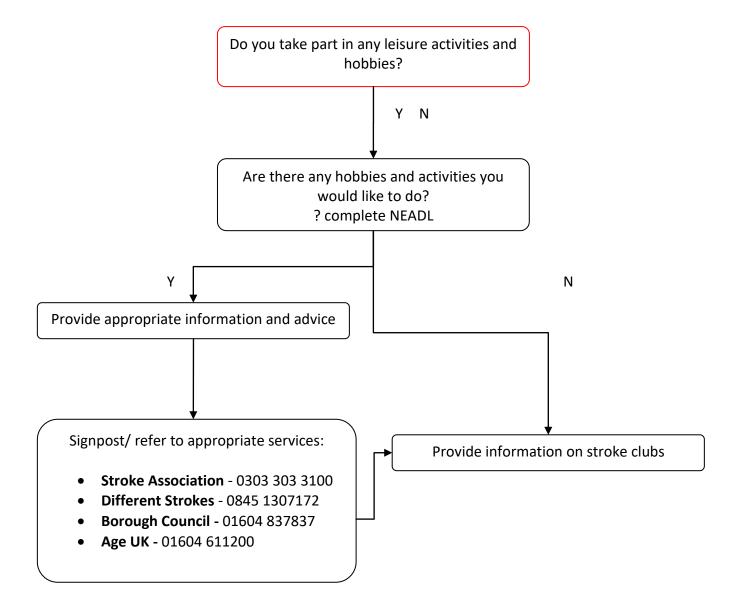
Transport and travel



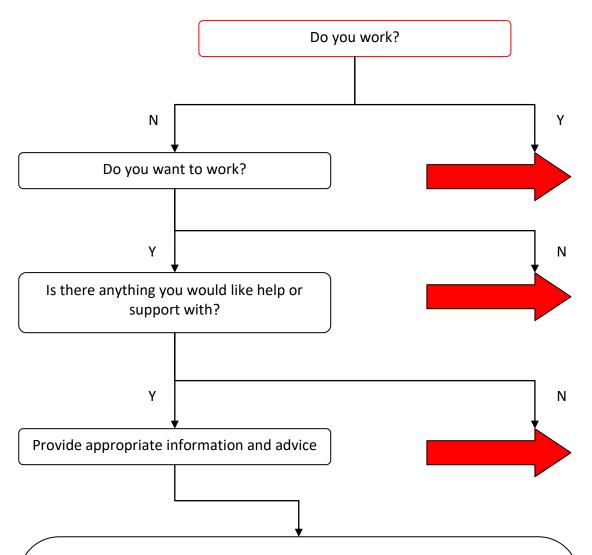
Stroke survivors and their carers often ask about holidays and air travel. If they enquire about their suitability for air travel, inform them that they should contact their GP.

The Stroke Association's 'Holiday Information' factsheet provides information on organisations that can help people with disabilities arrange a holiday.

Activities and hobbies



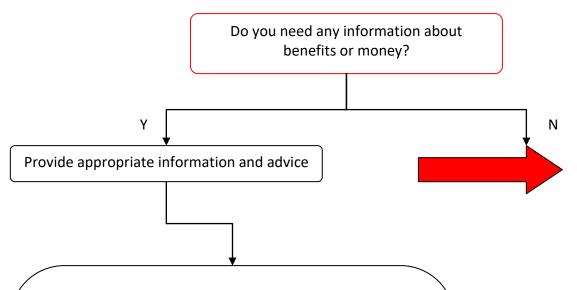
Work



Signpost/ refer to appropriate services:

- Job Centre Plus 0845 6043719 https://www.gov.uk/jobsearch
- Disability Living Allowance referral link -http://www.direct.gov.uk/en/Diol1/DoltOnline/DG 10017715
- Citizens Advice (CAB) https://www.citizensadvice.org.uk/
 0844 855 2122
- Northamptonshire Citizen Advice 03444889629 www.cencab.org.uk
- Age UK http://www.ageuk.org.uk/northamptonshire/ 01604611200
- Department of Work & Pensions 0845 7313233 / 0845 7123456
- Consider TBI referral for Vocational Rehab SHARED DRIVE
- Stroke Association 0303 303 3100

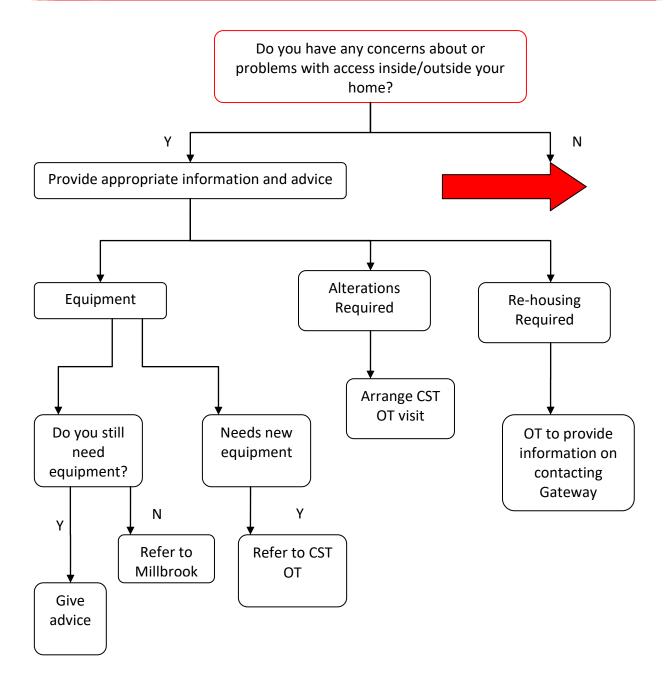
Money and benefits



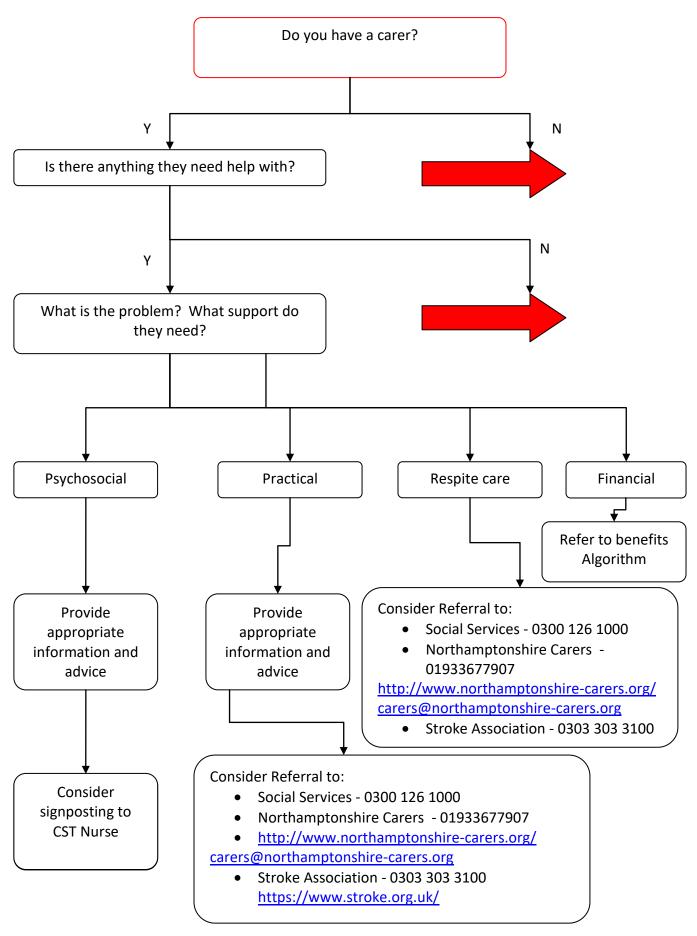
Signpost/ refer to appropriate services:

- Disability Living Allowance referral link -http://www.direct.gov.uk/en/Diol1/DoltOnline/DG
 10017715
- Job Centre Plus 0845 6043719 https://www.gov.uk/jobsearch
- Citizens Advice Citizens Advice (CAB)
 https://www.citizensadvice.org.uk/
 0844 855 2122
 Northamptonshire Citizen Advice 03444889629
 www.cencab.org.uk
- Age UK 01604 611200
- Department of Work & Pensions 0845 7313233
 0845 7123456

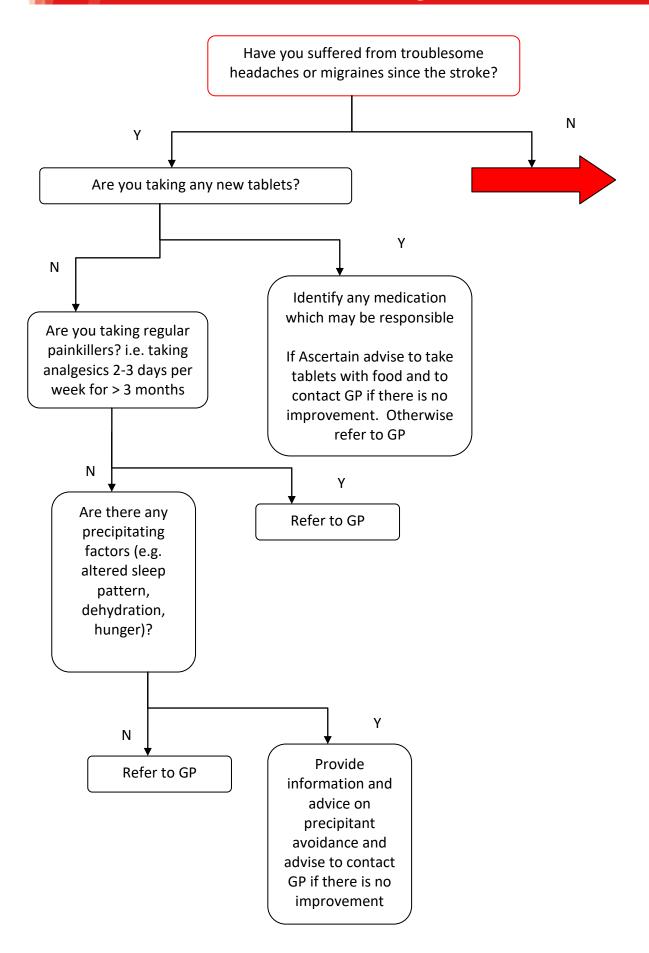
House and home



Carer needs



Headaches & Migraines



Seizures

