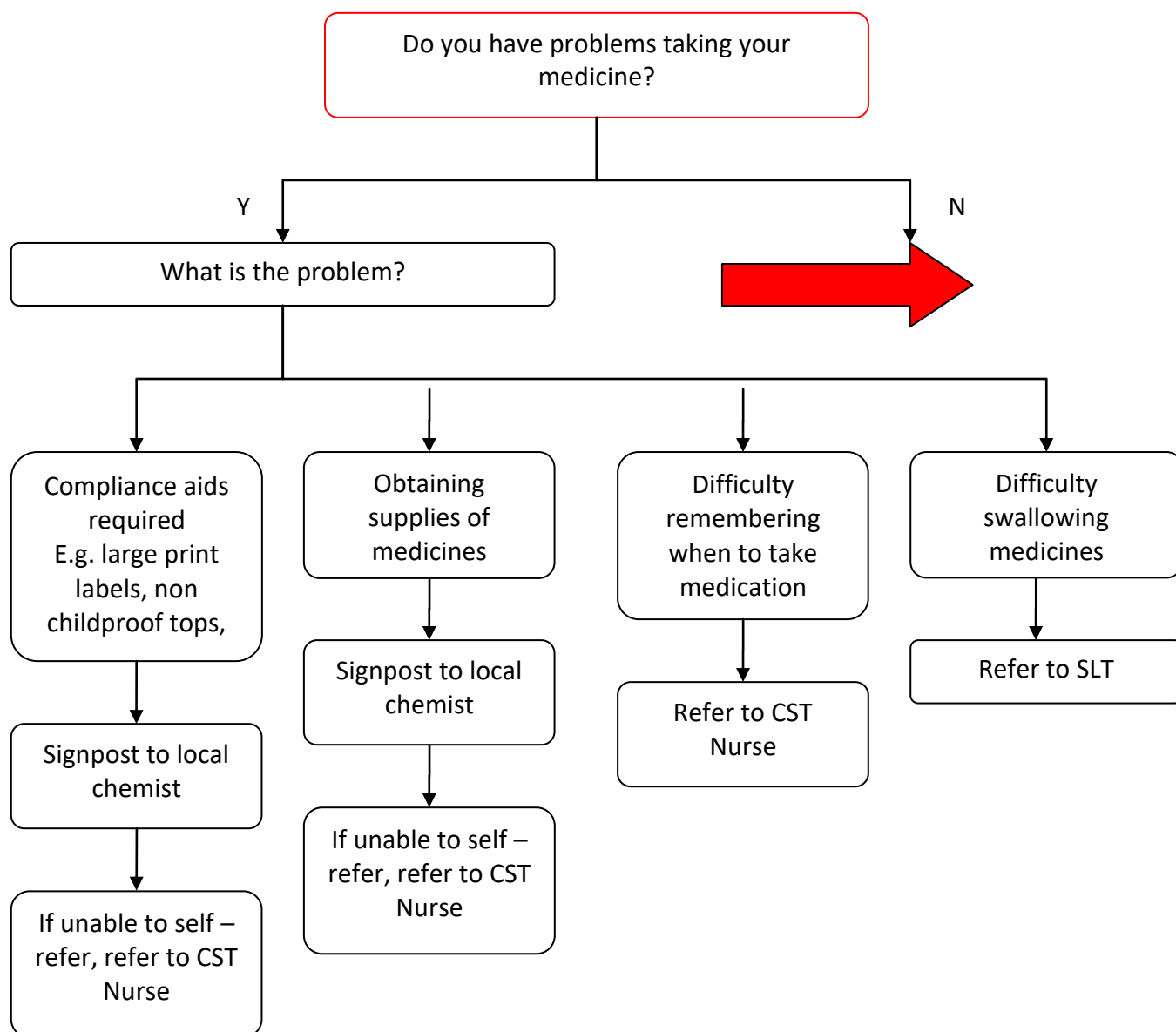


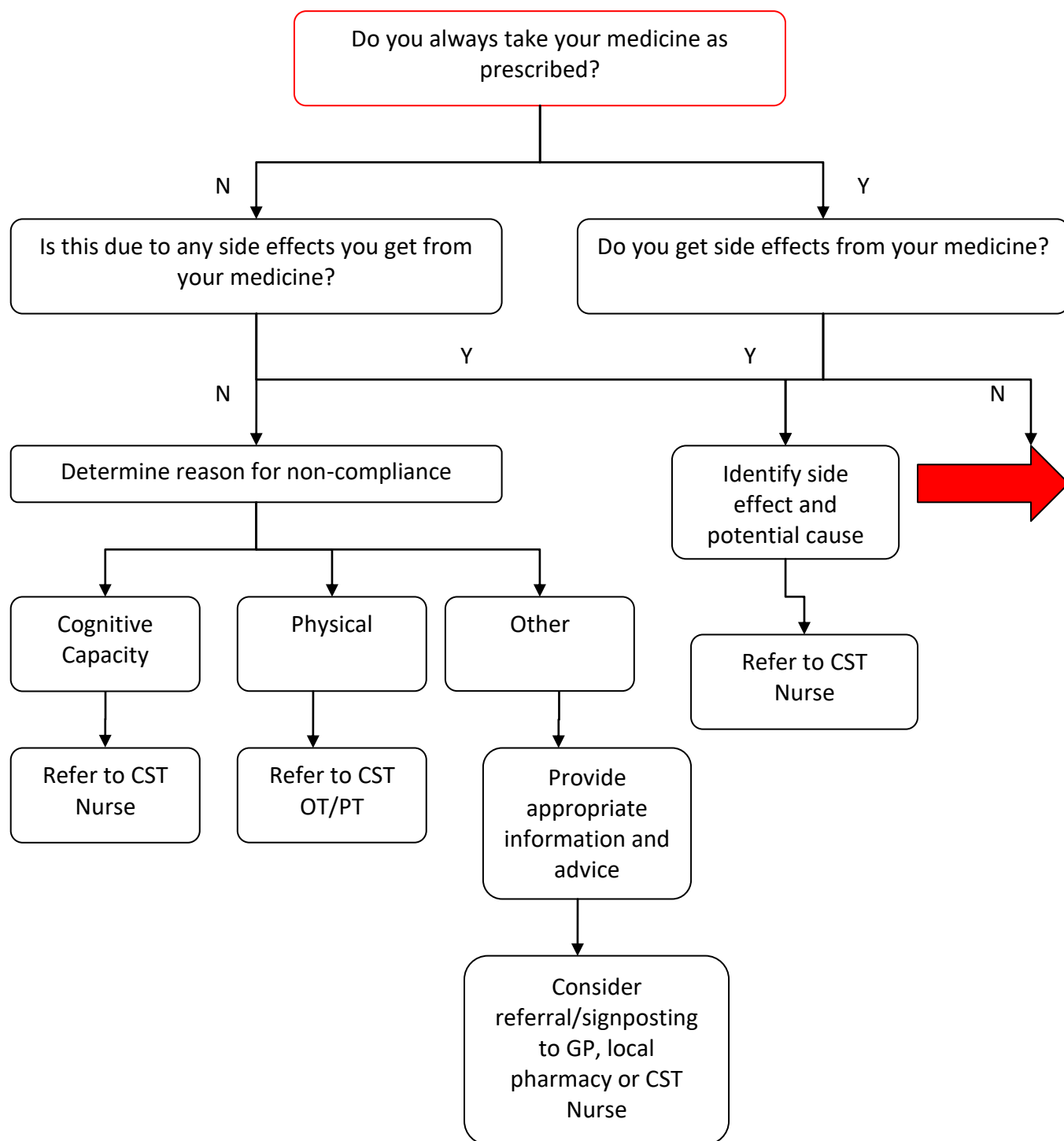
Six Month Post-Stroke Review

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

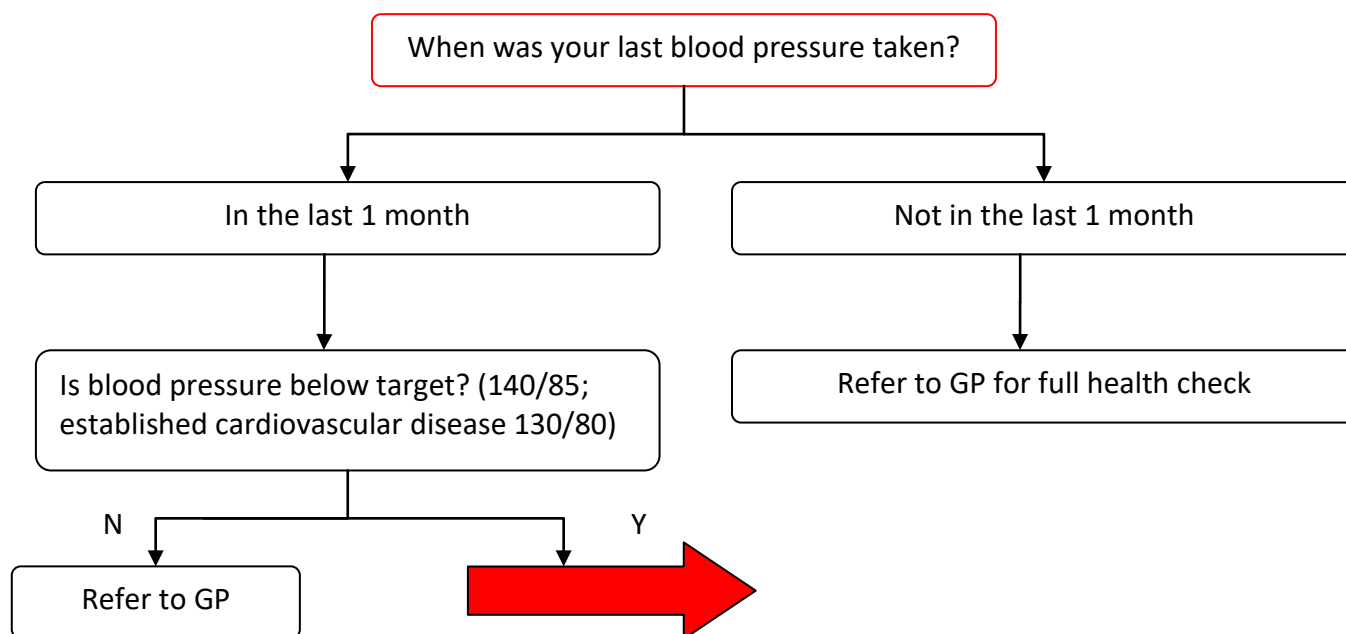
Notes for Reviewers

- 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 respectful of personal boundaries.

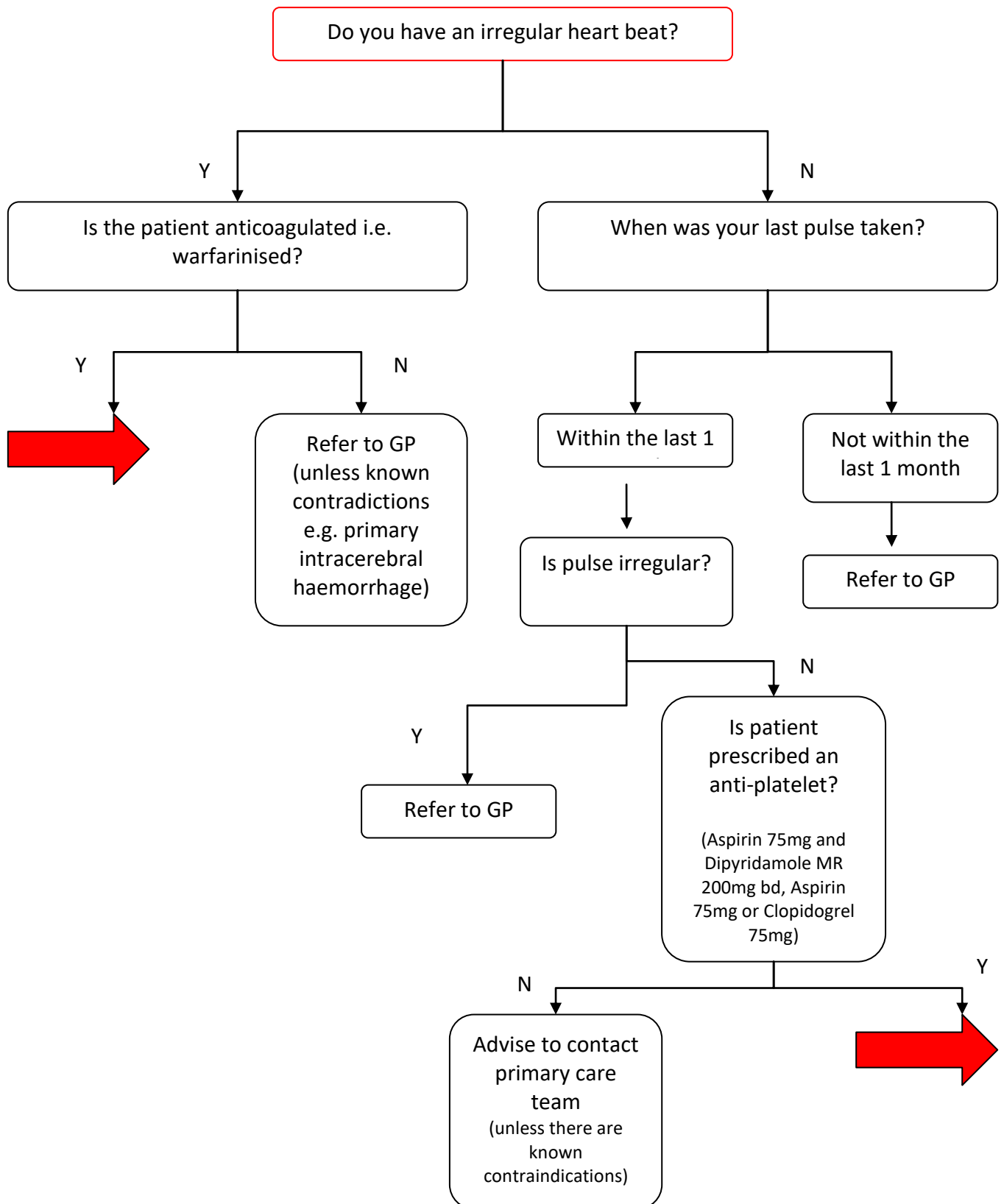




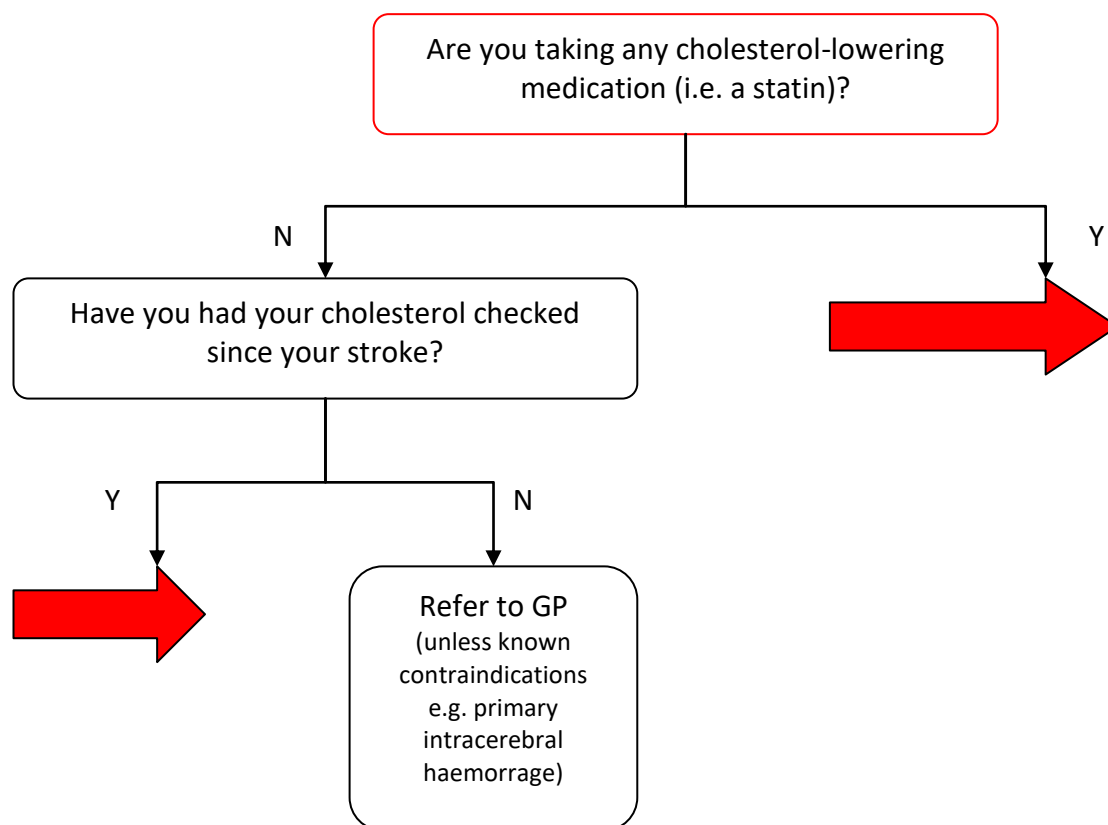
Blood pressure



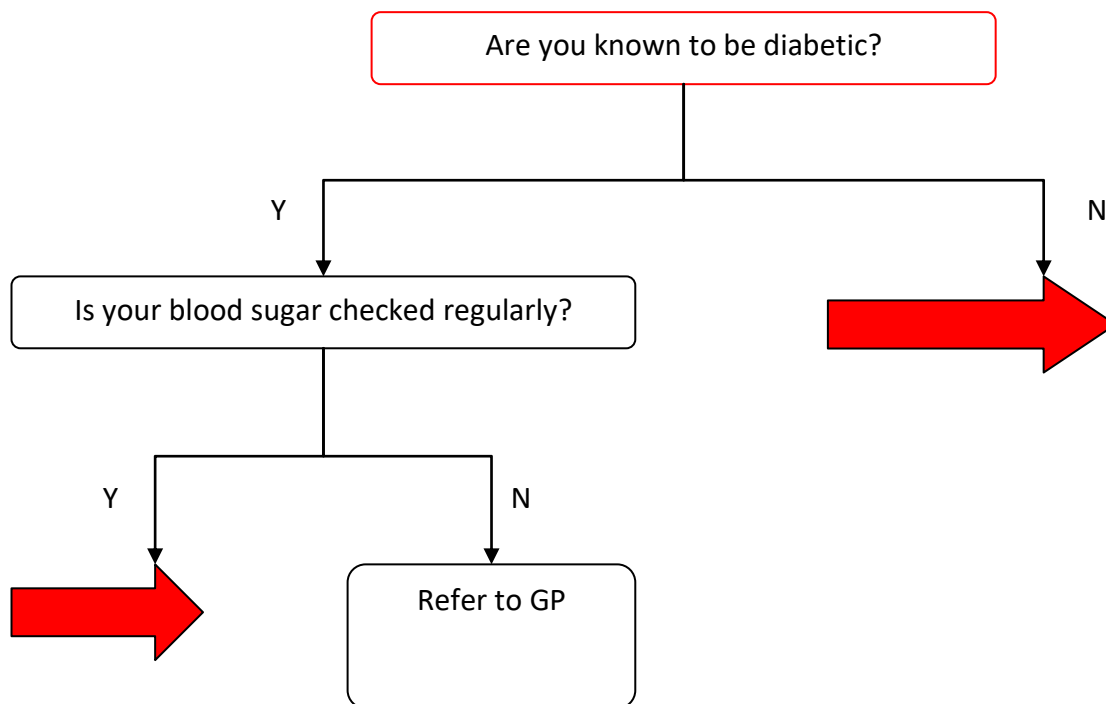
Anti thrombotic therapy



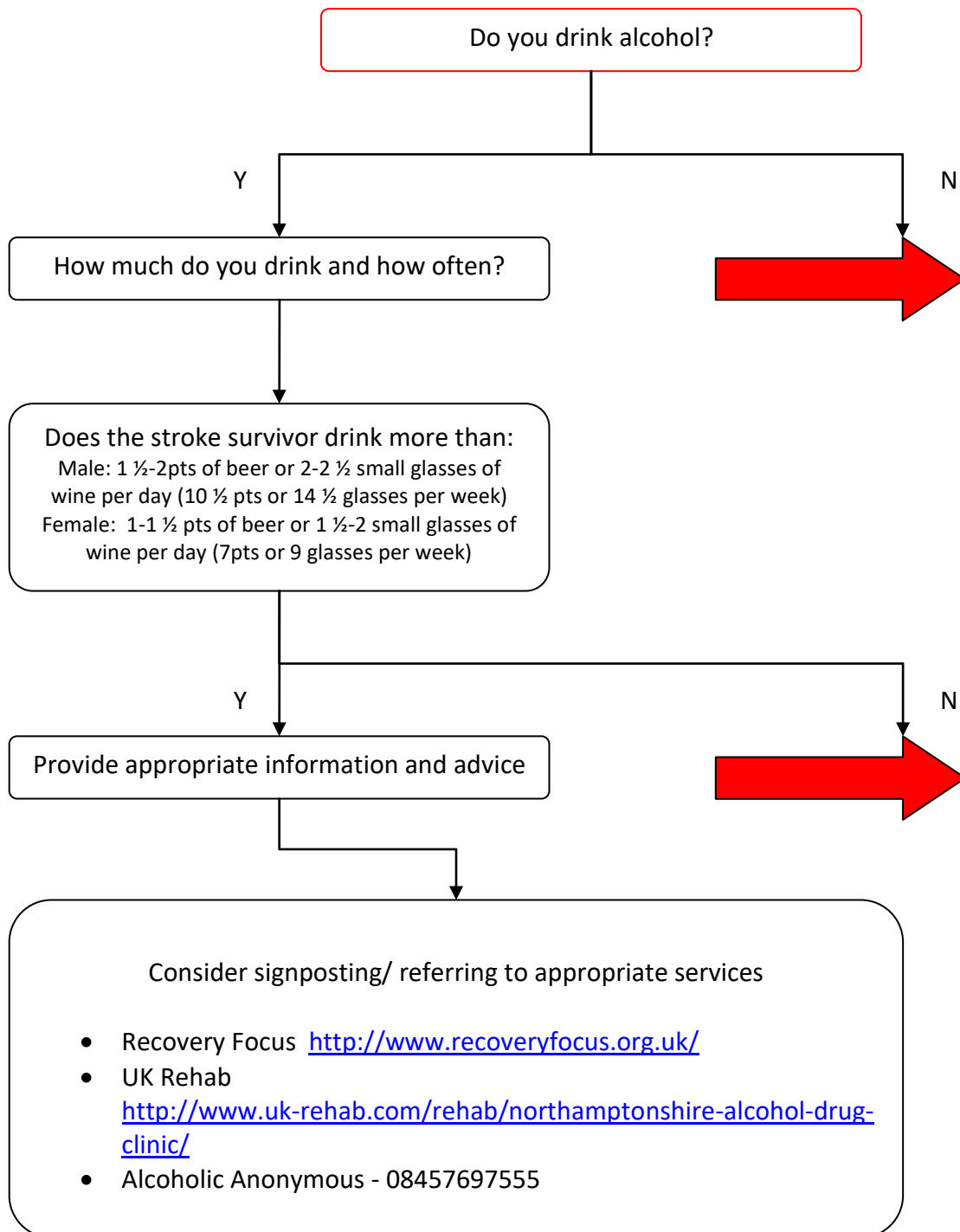
Cholesterol

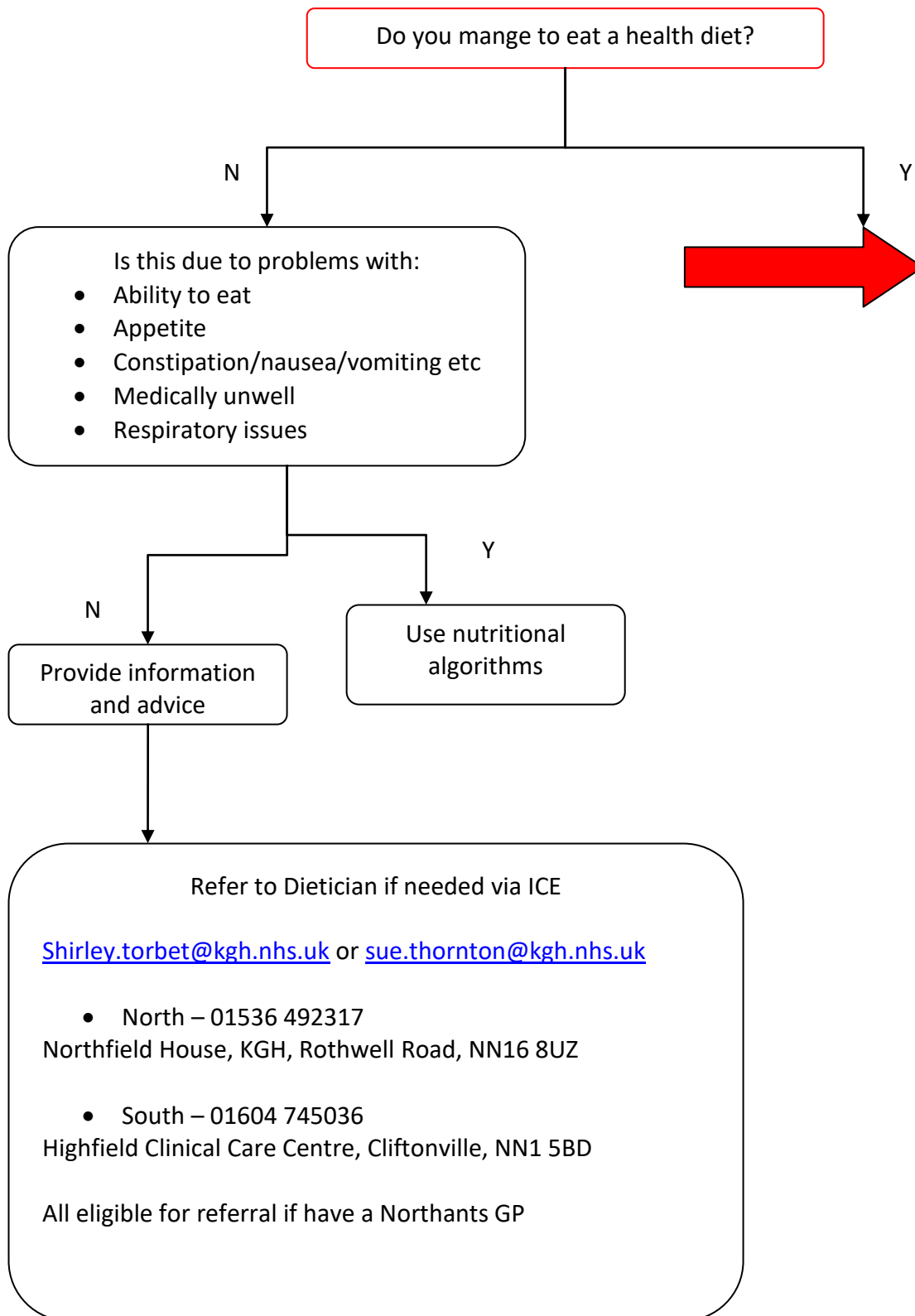


Glycaemic Control

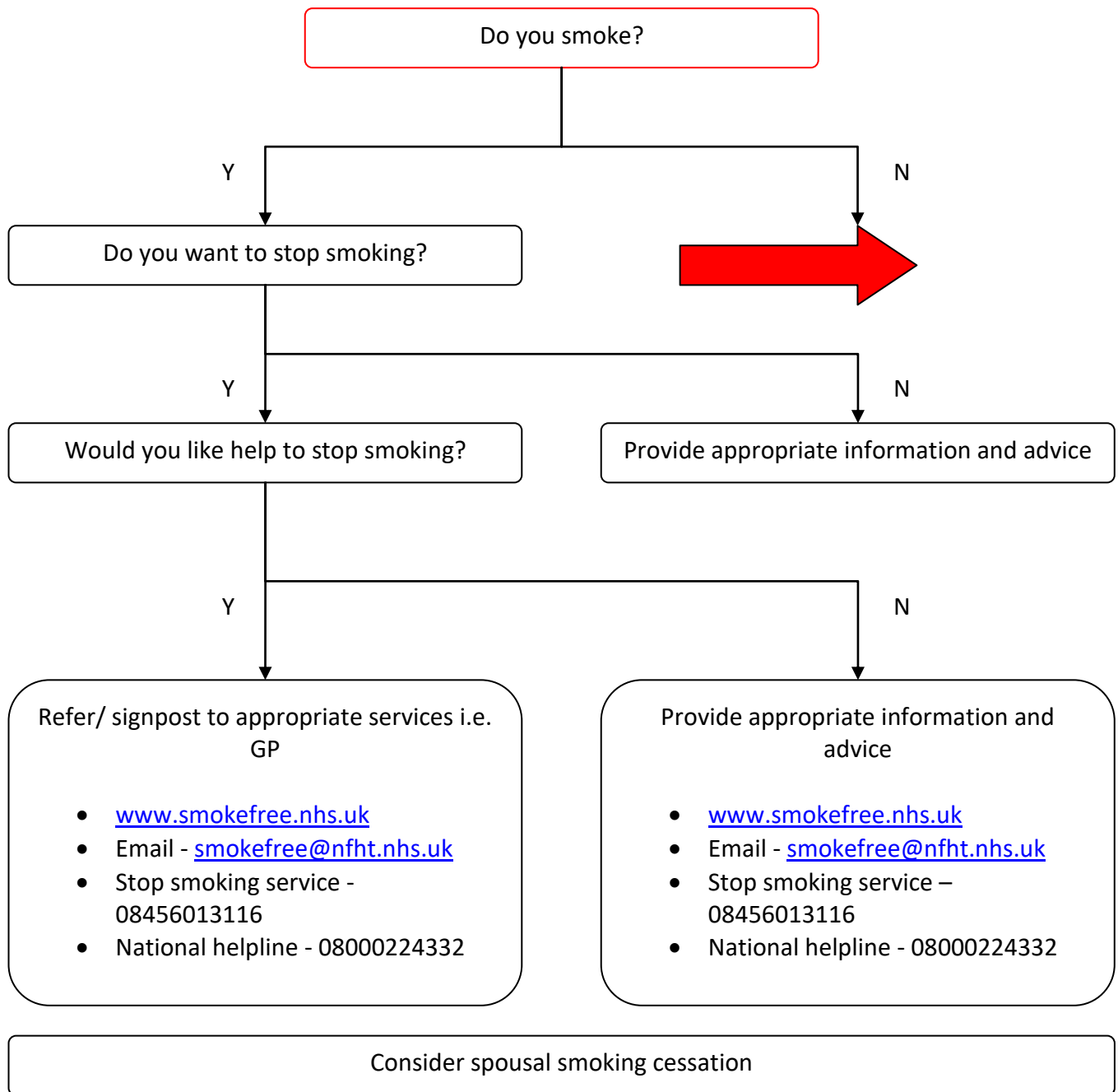


Alcohol

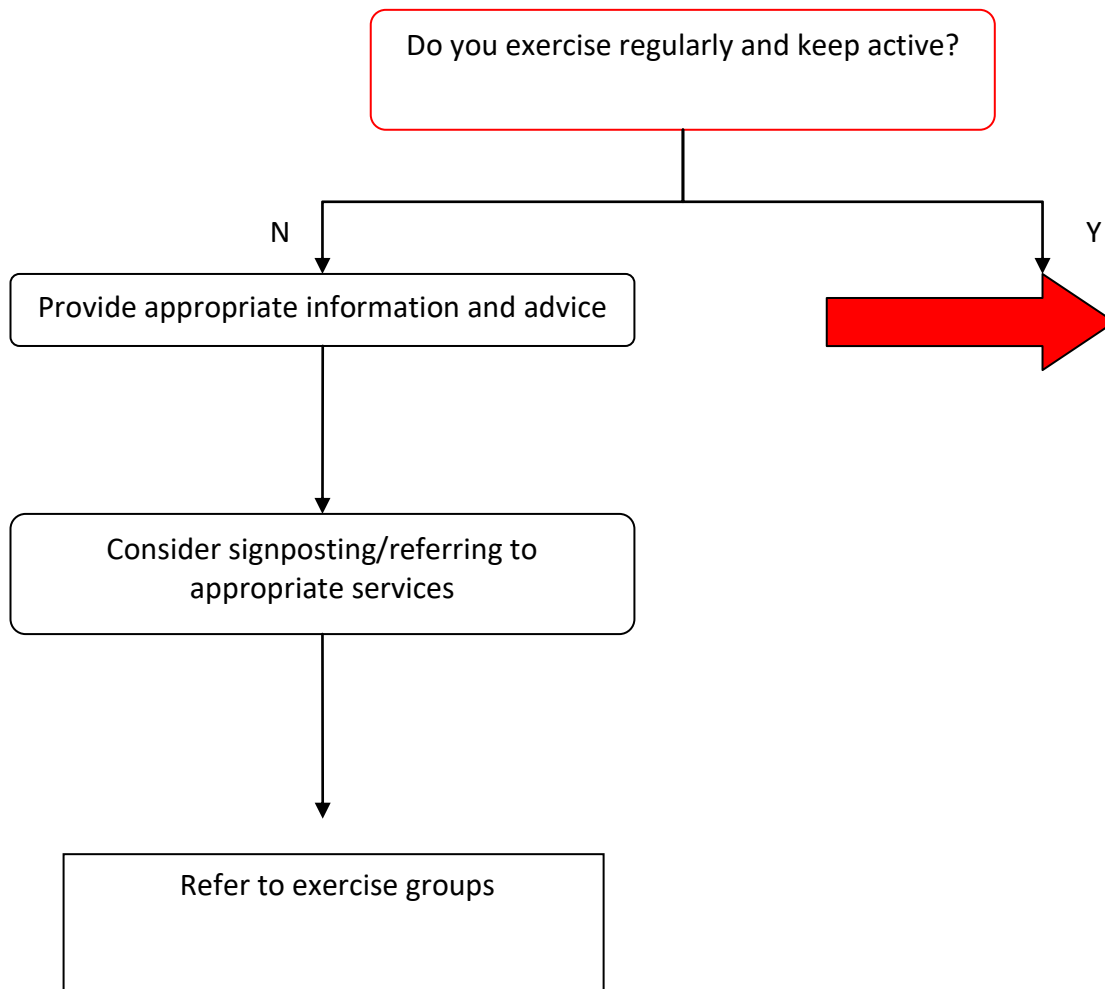




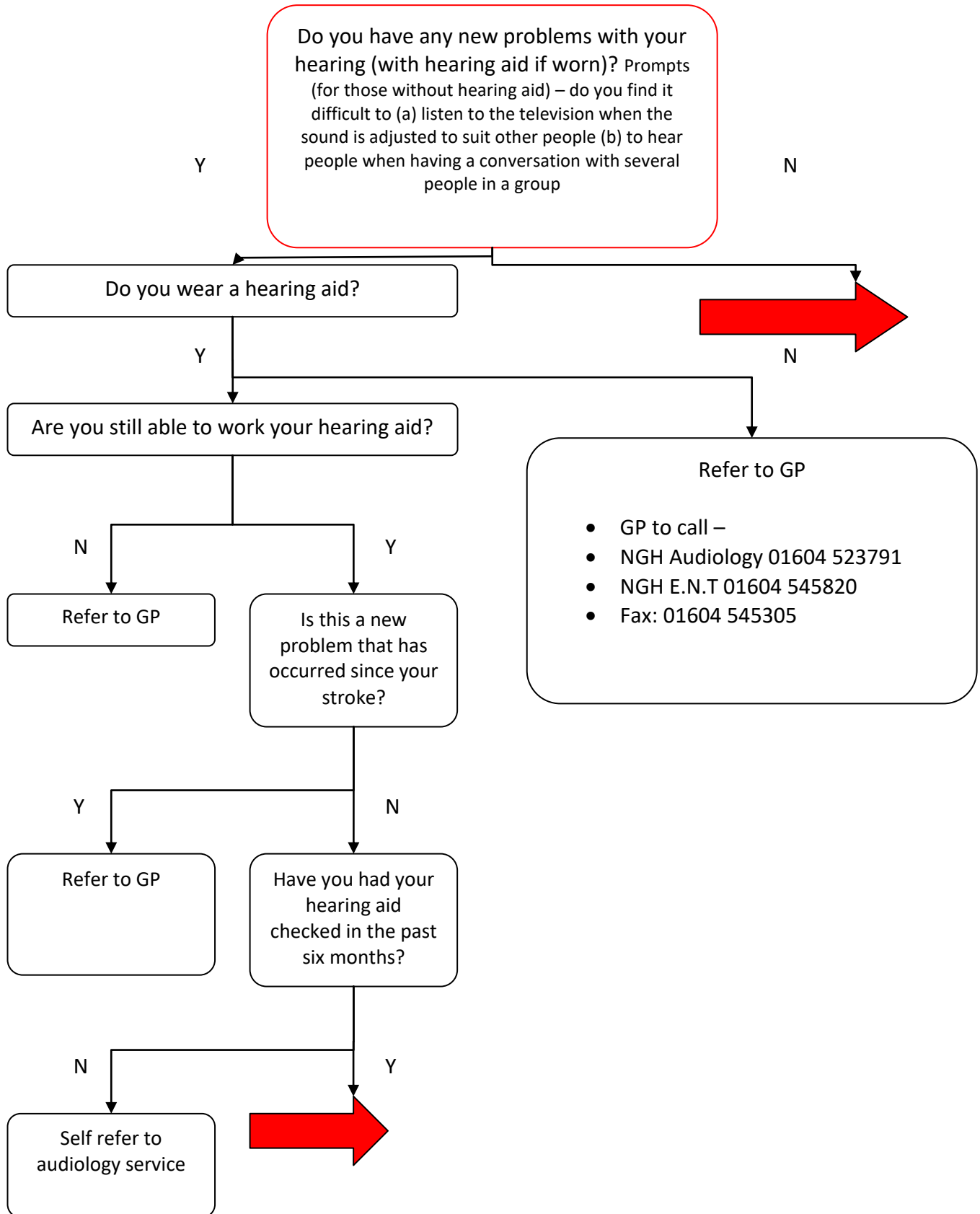
Smoking

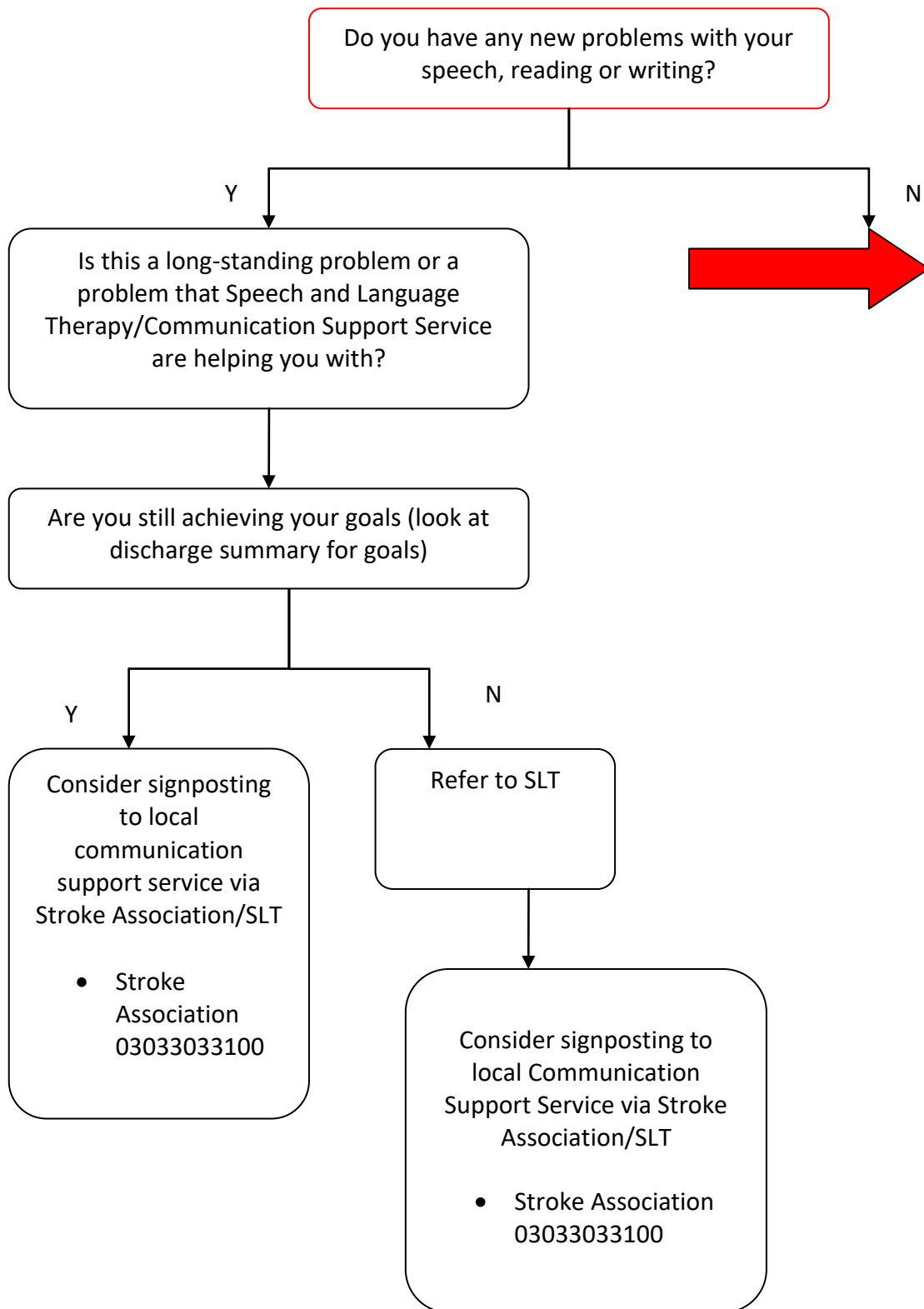


Exercise

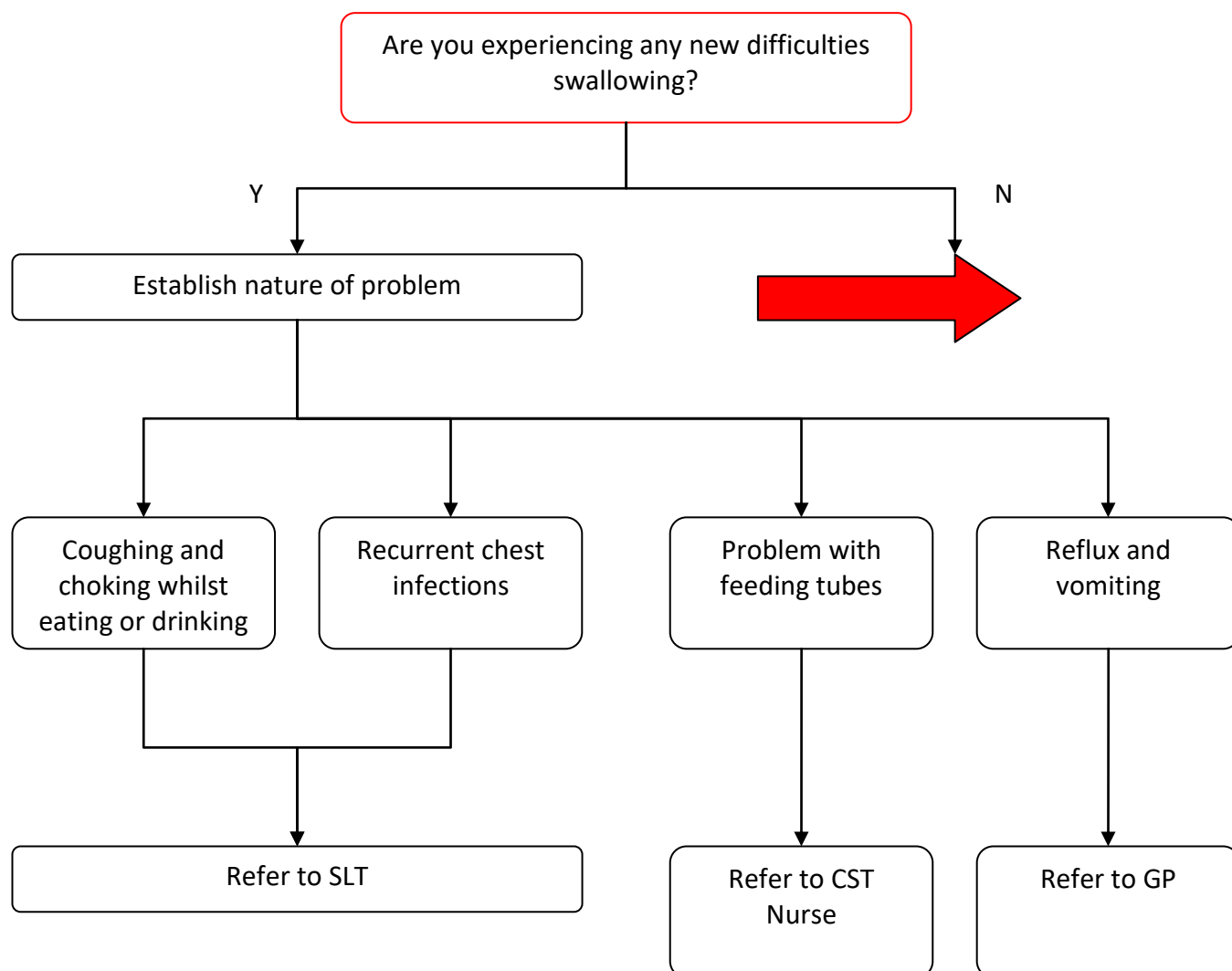




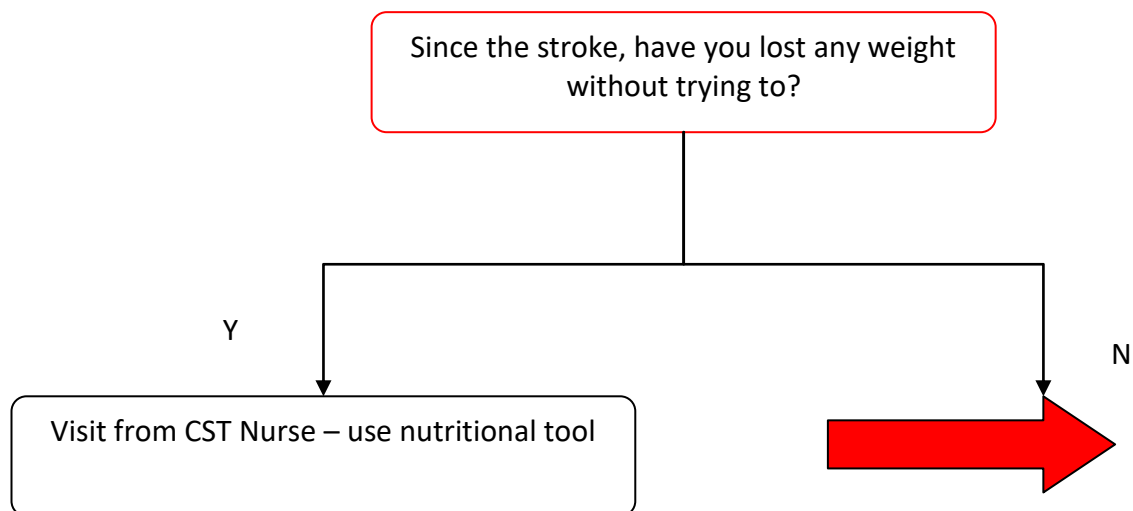




Dysphagia



Nutrition Screening Tool



Nutrition Screening Tool

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

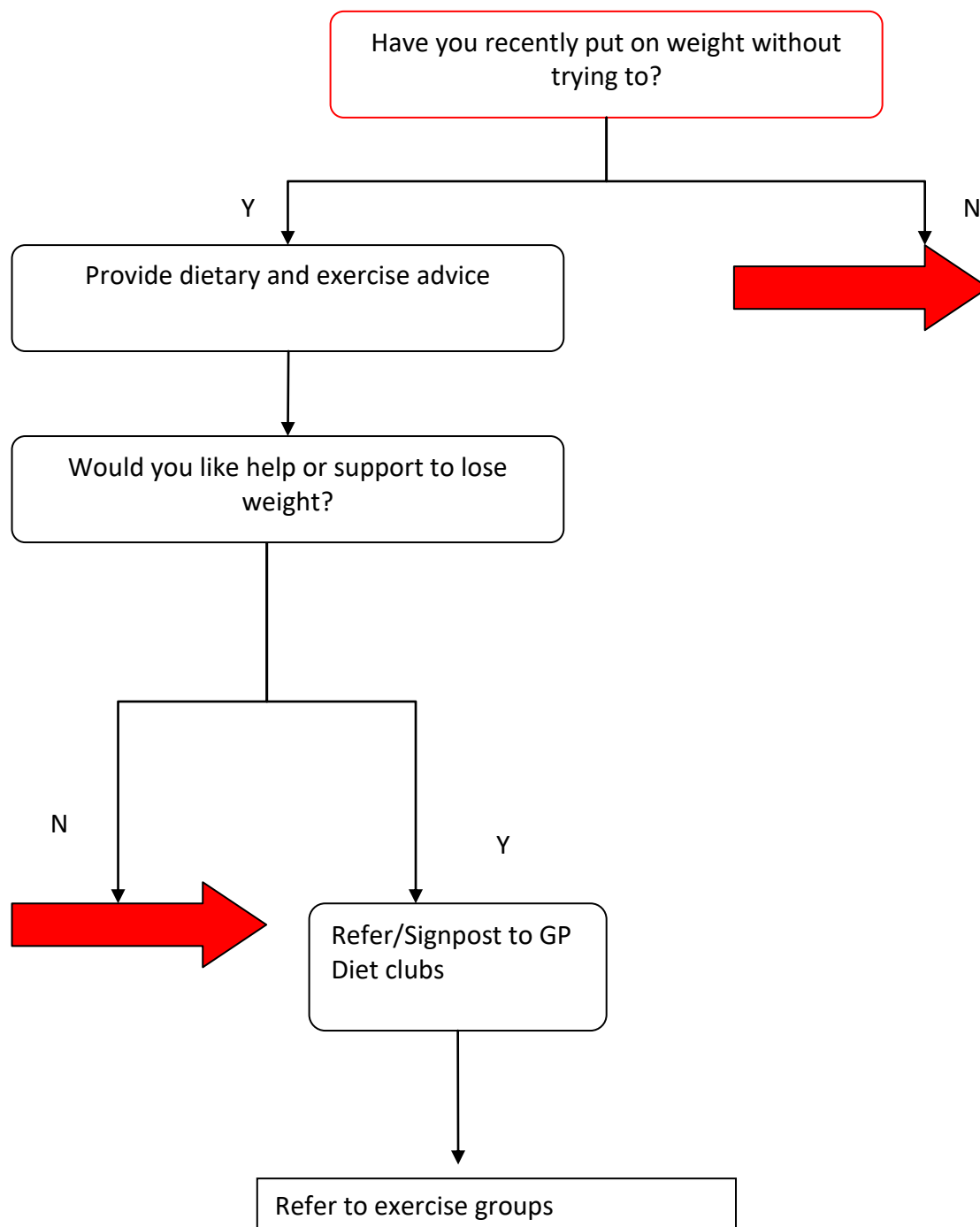
Body Weight	A	Ability to Eat	B	Appetite and Dietary intake	C	Symptoms	D						
<ul style="list-style-type: none">Recent weight loss i.e. past 2-3 monthsUnderweight – Body Mass Index (BMI) 19 or lessBMI 20 or more <table><tr><td>Height (m)</td><td>Weight (kg)</td><td>BMI</td></tr><tr><td></td><td></td><td></td></tr></table> <div>BMI = kg / m²</div>	Height (m)	Weight (kg)	BMI				<div>4</div> <div>4</div> <div>0</div>	<ul style="list-style-type: none">IndependentChewing problemsSore mouth/throatRequires assistance to eat/special utensilsSwallowing problems/dysphagiaAphagia or likely to be Nil By Mouth for 5 or more days	<div>0</div> <div>2</div> <div>2</div> <div>3</div> <div>4</div> <div>6</div>	<ul style="list-style-type: none">Normal appetite and intakeReduced appetite and intake i.e. eats less than ½ of all mealsTaking nutritional supplements regularlyInadequate fluid intake i.e. less than 5 cups per day and/or restricted fluid less than 1 litreClear fluids for 5 days or moreRefuses diet and nutritional drinks	<div>0</div> <div>3</div> <div>3</div> <div>4</div> <div>5</div> <div>5</div>	<ul style="list-style-type: none">ConstipationPyrexiaNauseaVomitingDiarrhoea/ MalabsorbctionSevere pain/patient controlled analgesia/ syringe driver	<div>2</div> <div>2</div> <div>3</div> <div>3</div> <div>3</div> <div>3</div>
Height (m)	Weight (kg)	BMI											
Medical/Surgical Condition	E	Skin Condition	F	Respiratory Function	G	Additional Factors	H						
<ul style="list-style-type: none">Planned radiotherapy/ ChemotherapyPlanned head and neck surgeryPoor/prolonged recoveryReduced level of consciousnessMajor surgery/major trauma	<div>5</div> <div>5</div> <div>5</div> <div>6</div> <div>6</div>	<ul style="list-style-type: none">HealthyFragile skinOedematous/ascitesPoor wound healingPressure sores – all grades	<div>0</div> <div>3</div> <div>3</div> <div>4</div> <div>5</div>	<ul style="list-style-type: none">Shortness of breathRequires oxygen therapy	<div>3</div> <div>4</div>	<ul style="list-style-type: none">Excessive alcohol intake	<div>5</div>						

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

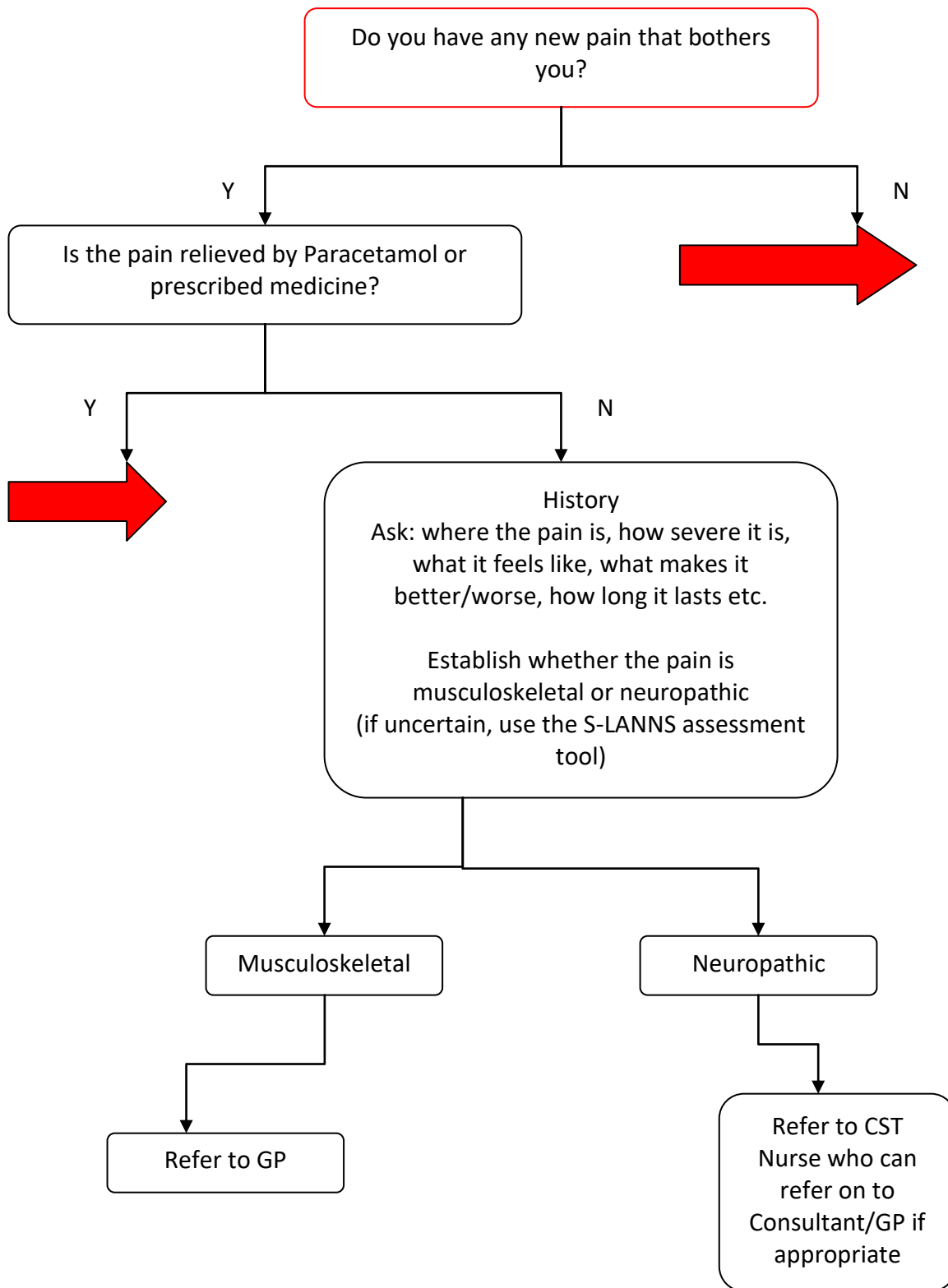
** Please check if patient has been using nutritional supplements prior to assessment

GUIDELINES FOR CARE

[illegible]



Pain



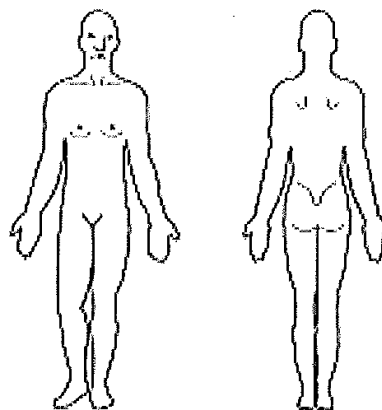
APPENDIX

THE S-LANSS PAIN SCORE

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

NAME _____ DATE _____

- 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 than one area, **only shade in the one main area where your worst pain is.**



- On the scale below, please indicate how bad your pain (that you have shown on the above diagram) has been in the last week where:
'0' means no pain and '10' means pain as severe as it could be.

NONE 0 1 2 3 4 5 6 7 8 9 10 SEVERE PAIN

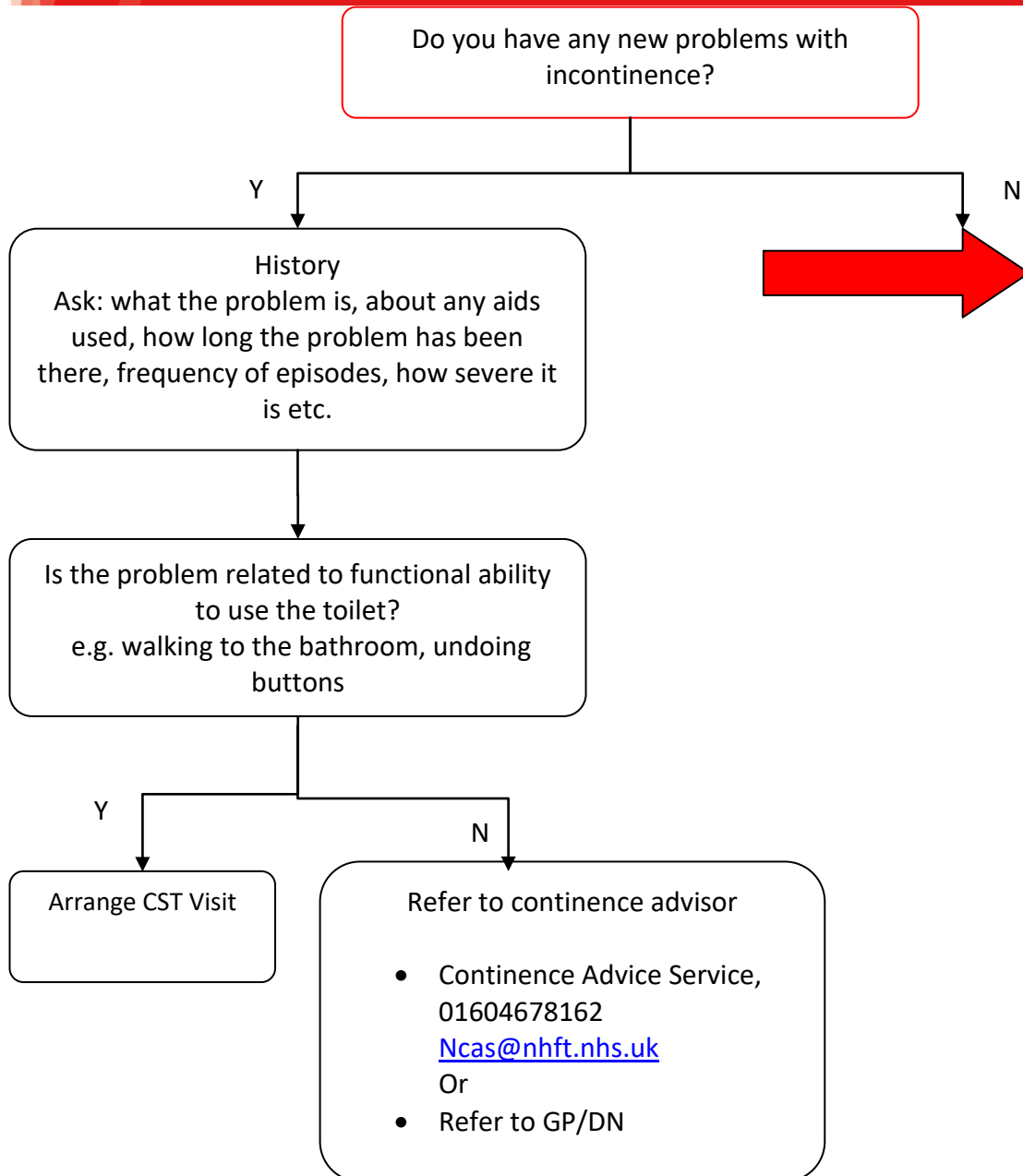
-
- On the other side of the page are 7 questions about your pain (the one in the diagram).
 - Think about how your pain that you showed in the diagram has felt over the last week. Please circle the descriptions that best match your pain. These descriptions may, or may not, match your pain no matter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

S-LANSS

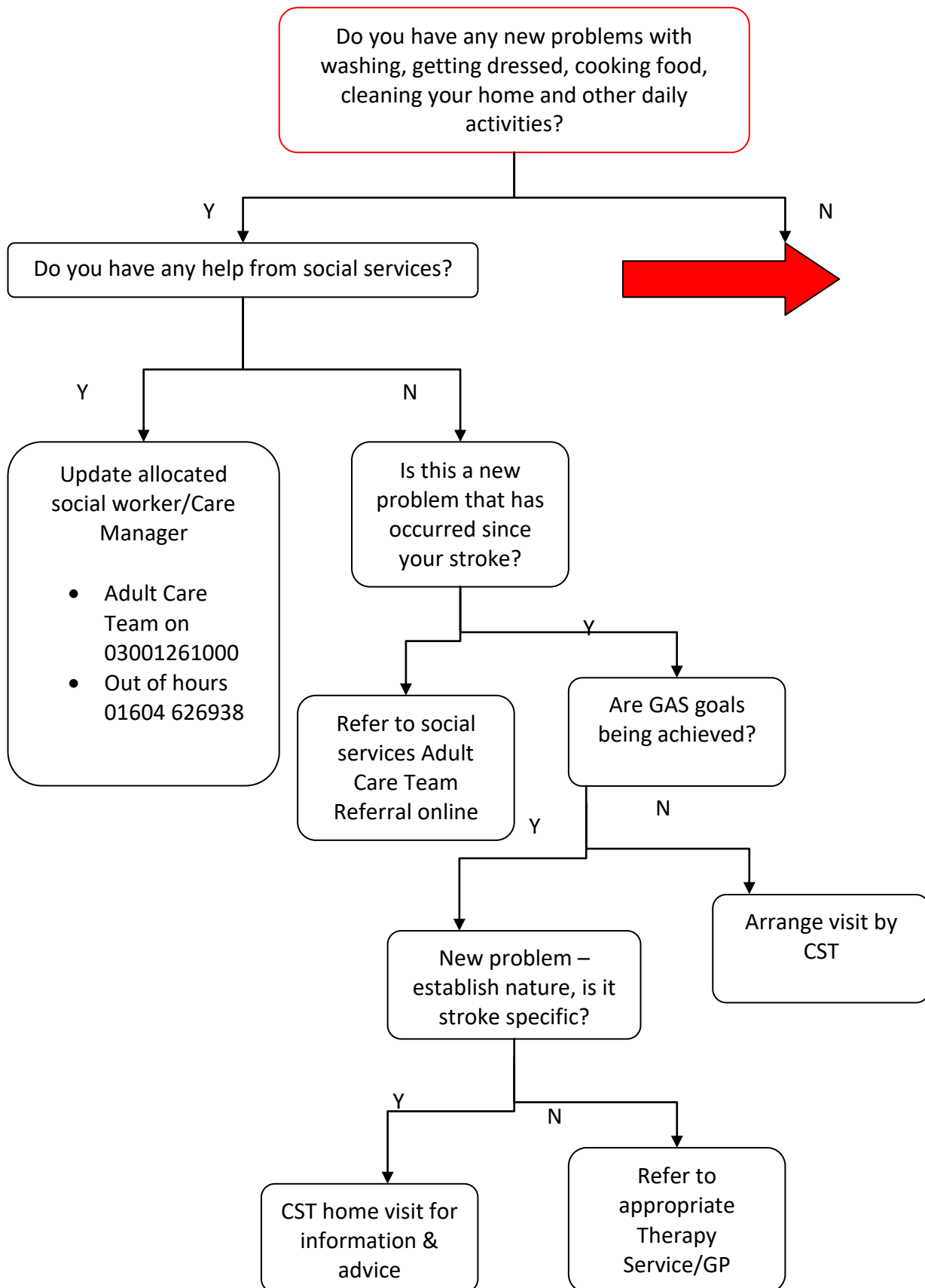
1. In the area where you have pain, do you also have 'pins and needles', tingling or prickling sensations?
 - a) NO – I don't get these sensations (0)
 - b) YES – I get these sensations often (5)
2. Does the painful area change colour (perhaps looks mottled or more red) when the pain is particularly bad?
 - a) NO – The pain does not affect the colour of my skin (0)
 - b) YES – I have noticed that the pain does make my skin look different from normal (5)
3. Does your pain make the affected skin abnormally sensitive to touch? Getting unpleasant sensations or pain when lightly stroking the skin might describe this.
 - a) NO – The pain does not make my skin in that area abnormally sensitive to touch (0)
 - b) YES – My skin in that area is particularly sensitive to touch (5)
4. 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 feel like this (0)
 - b) YES – I get these sensations often (2)
5. 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)
 - b) YES – I get burning pain often (1)
6. Gently rub the painful area with your index finger 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?
 - a) The painful area feels no different from the non-painful area (0)
 - b) I feel discomfort, like pins and needles, tingling or burning in the painful area that is different from the non-painful area (5)
7. 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?
 - a) The painful area does not feel different from the non-painful area (0)
 - b) I feel numbness or tenderness in the painful area that is different from the non-painful area (5)

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

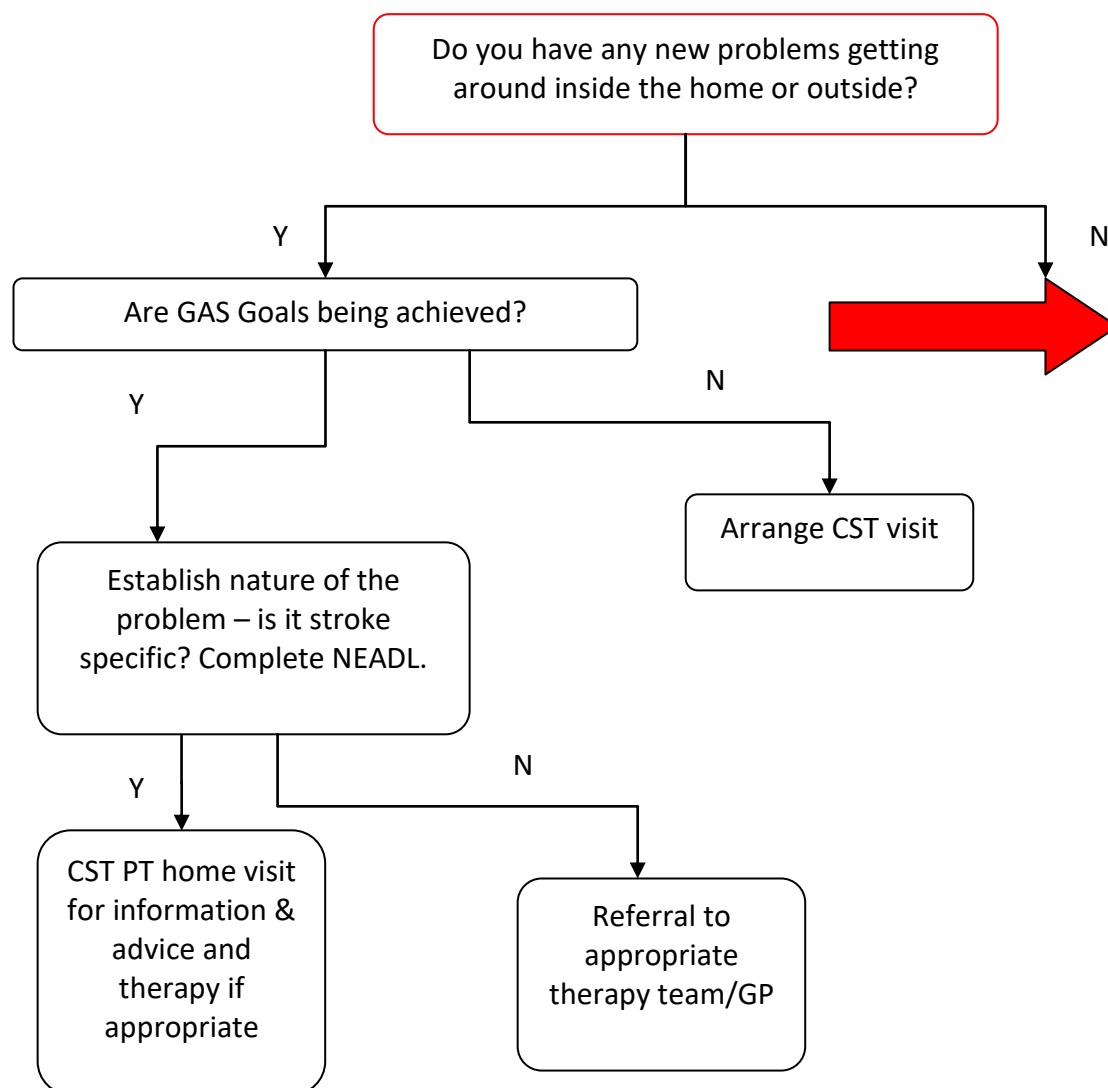
Continence



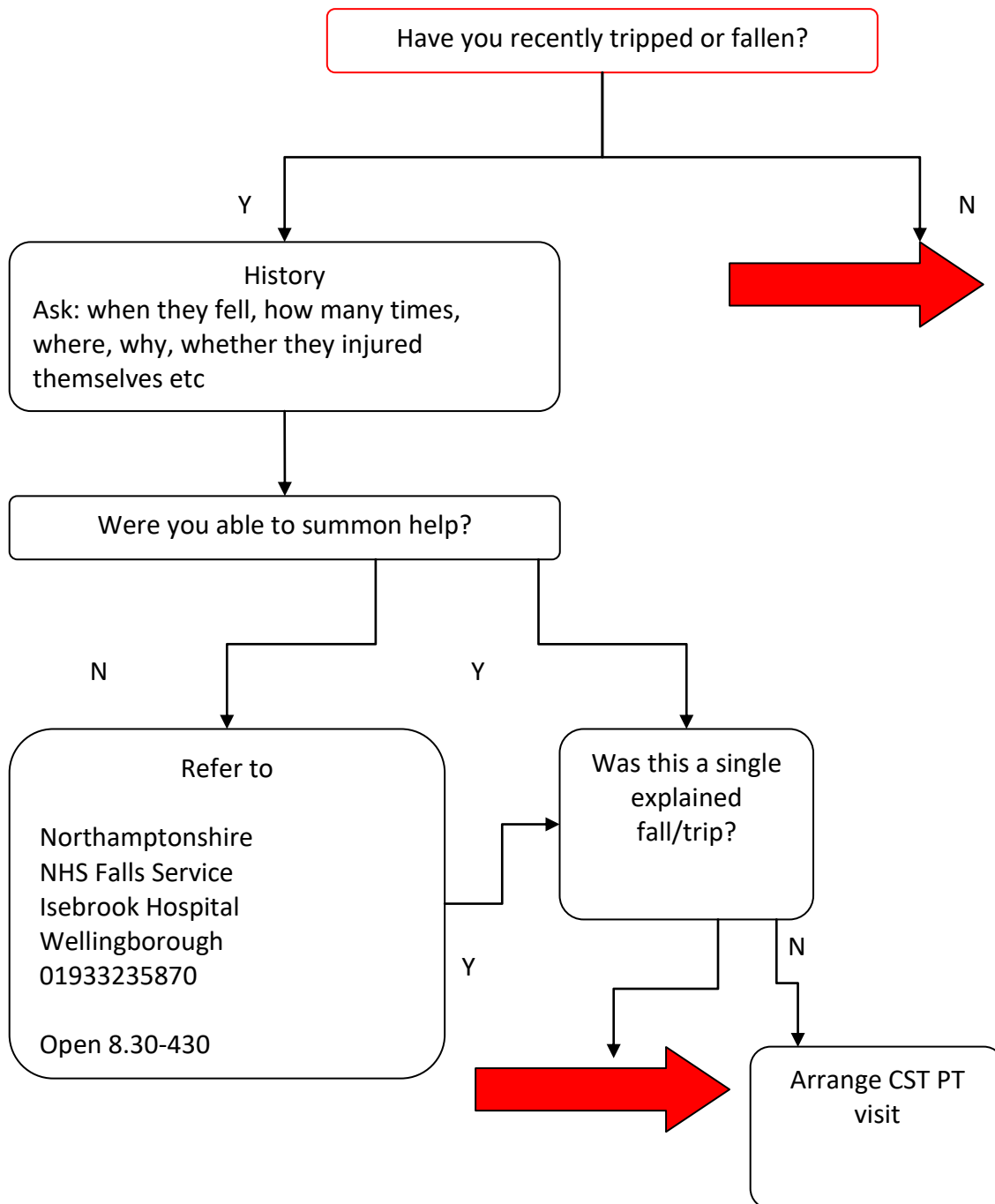
Daily activities



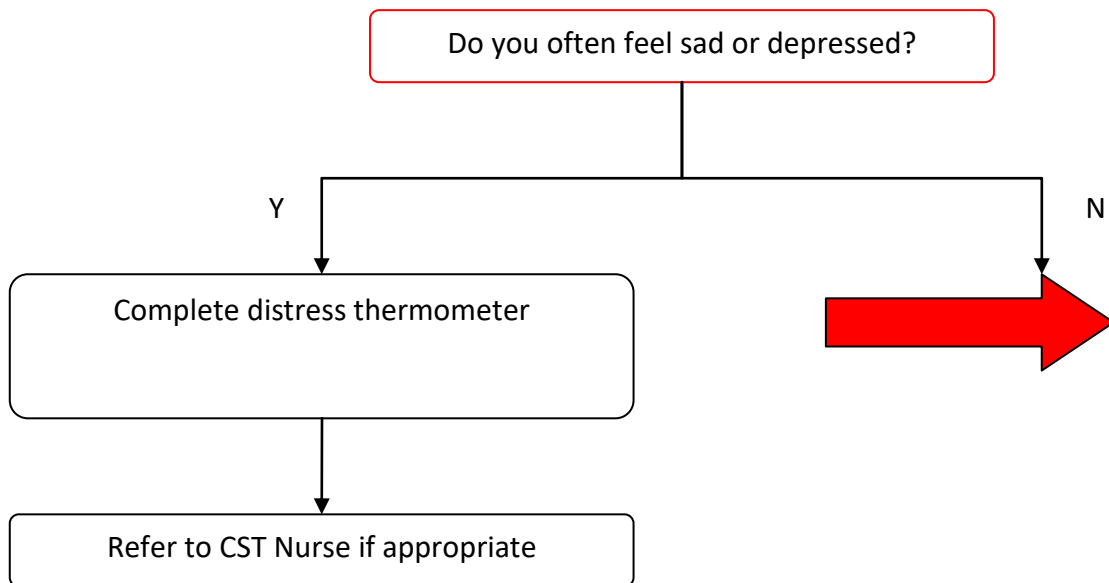
Mobility



Falls

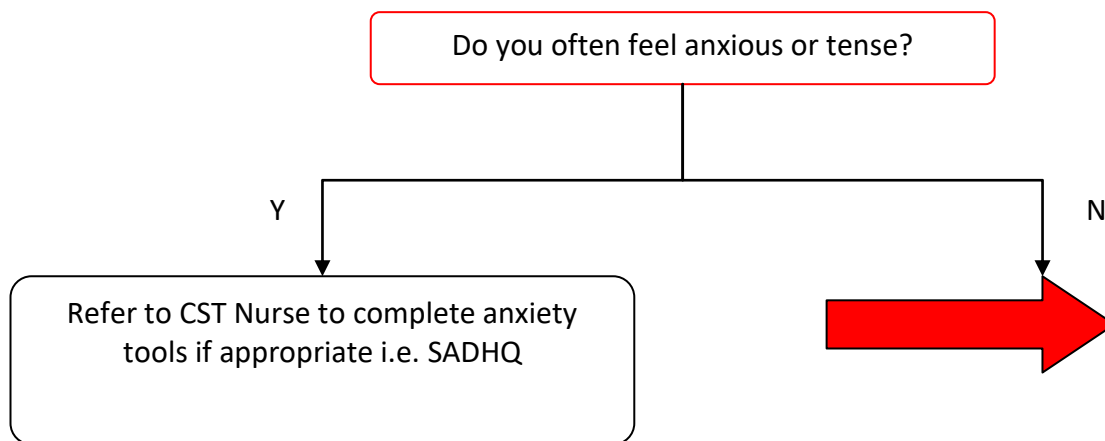


Mood

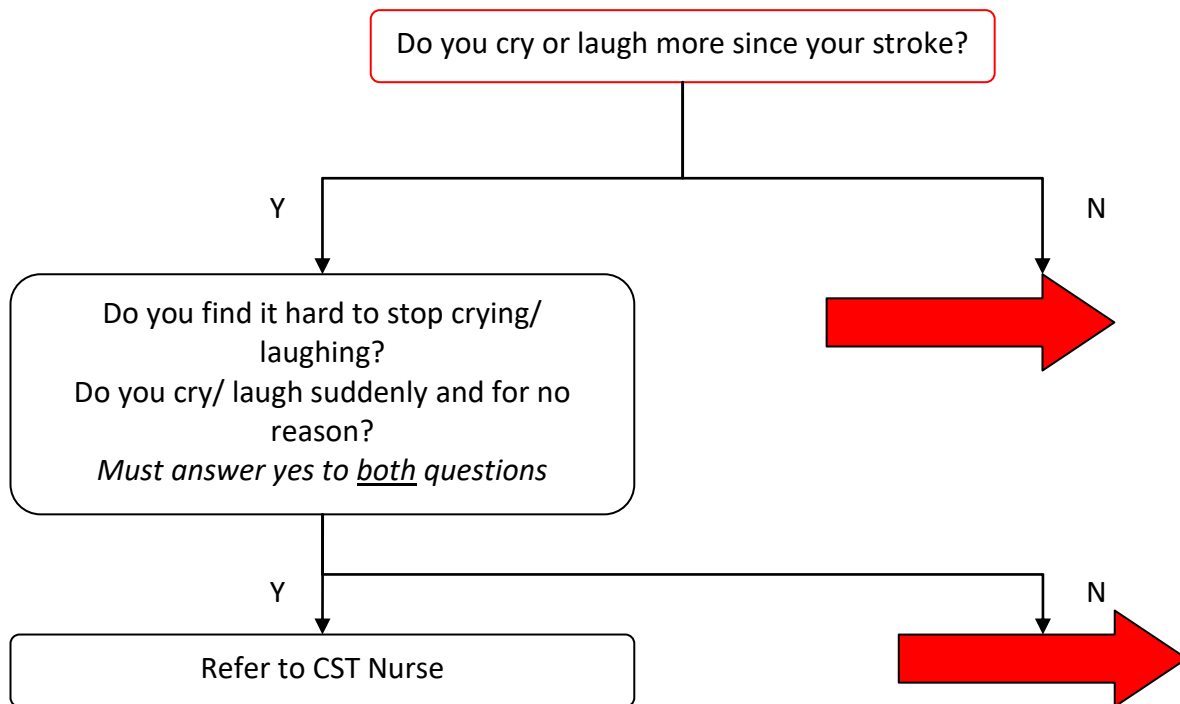


WHERE THERE IS SIGNIFICANT CONCERN ABOUT A STROKE SURVIVOR'S EMOTIONAL STATE (E.G. SUICIAL THOUGHTS, SELF HARM OR SERIOUS SELF NEGLECT) URGENTLY REFER THEM TO THEIR GP IF REQUIRED

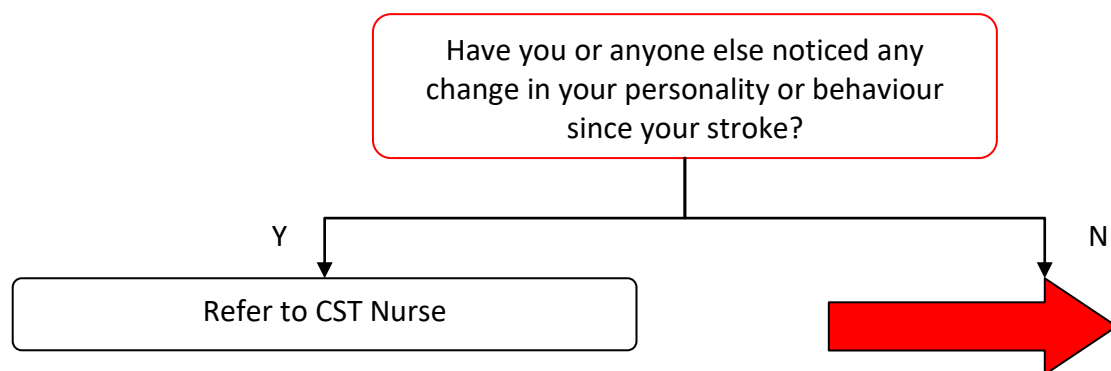
Anxiety



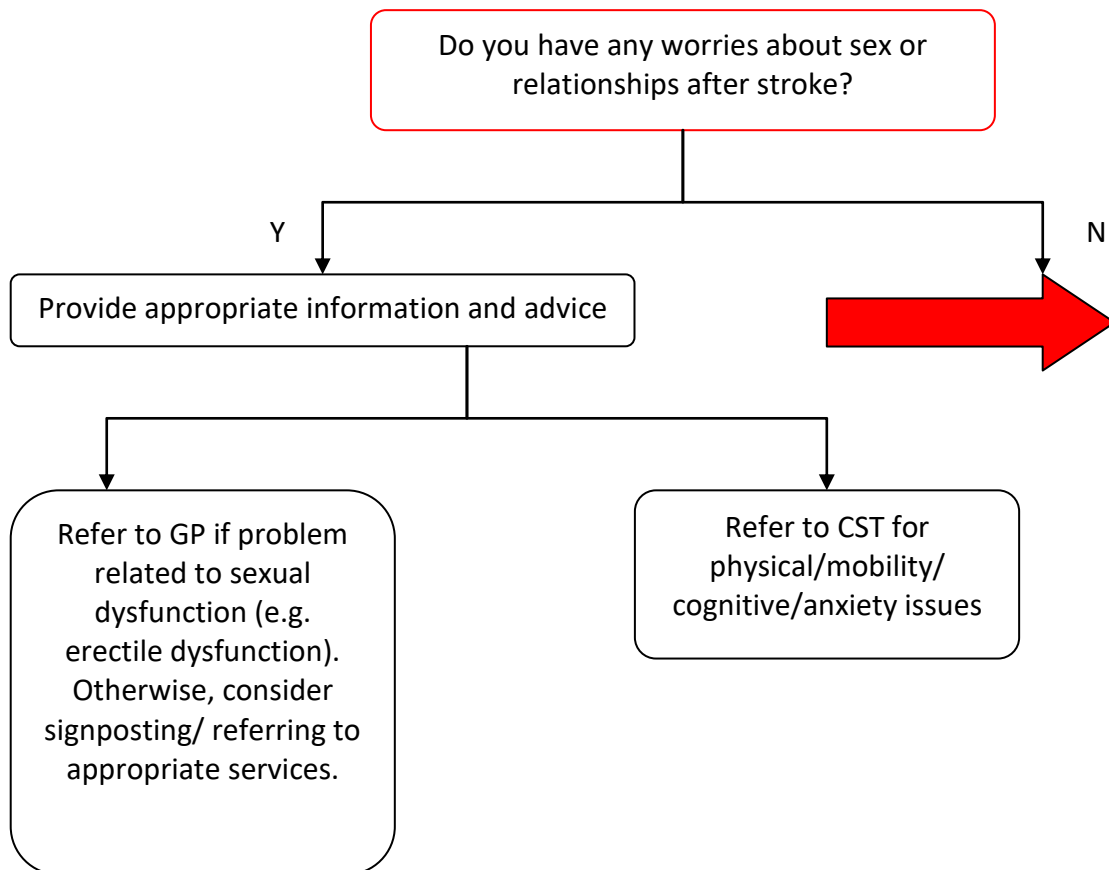
Emotionalism



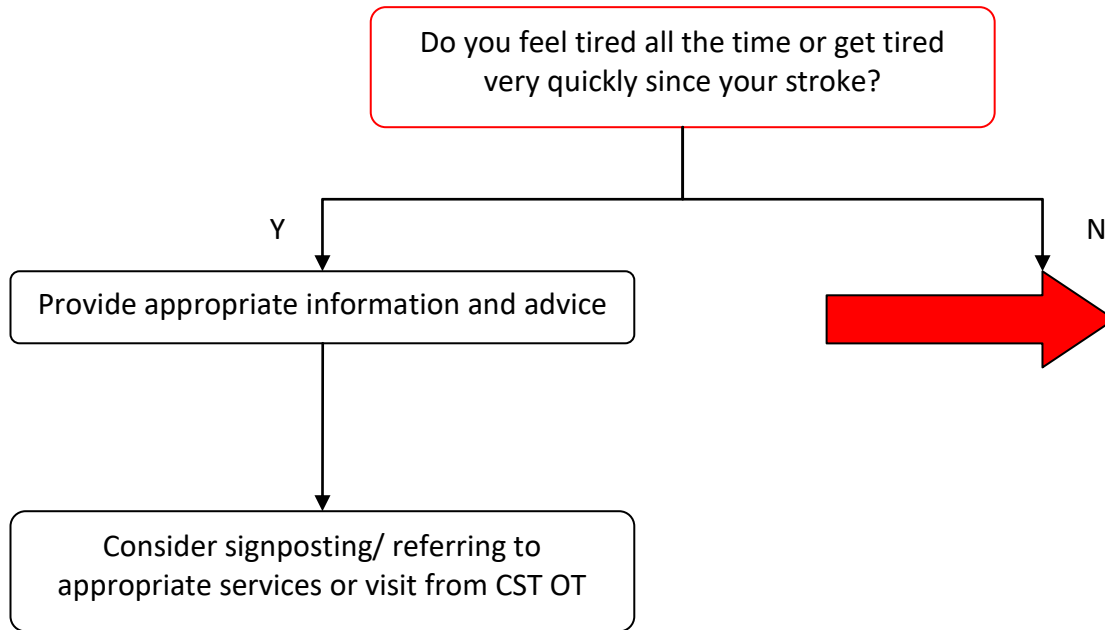
Personality changes



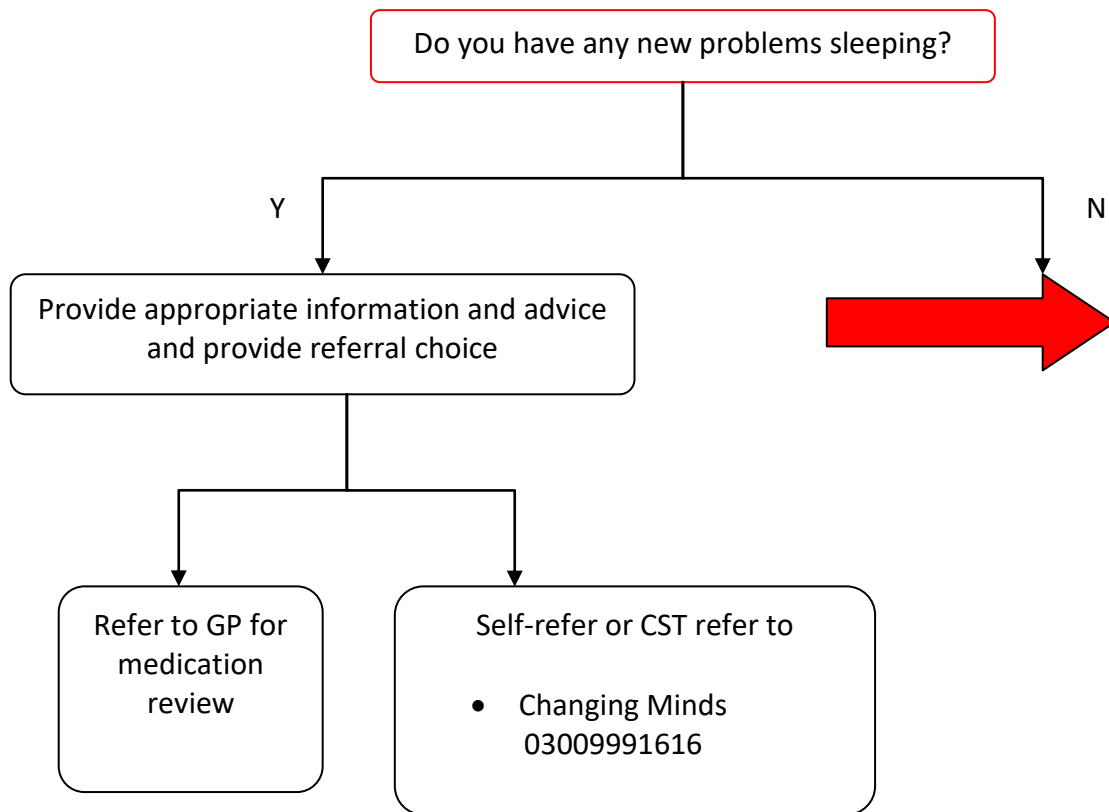
Sexual health



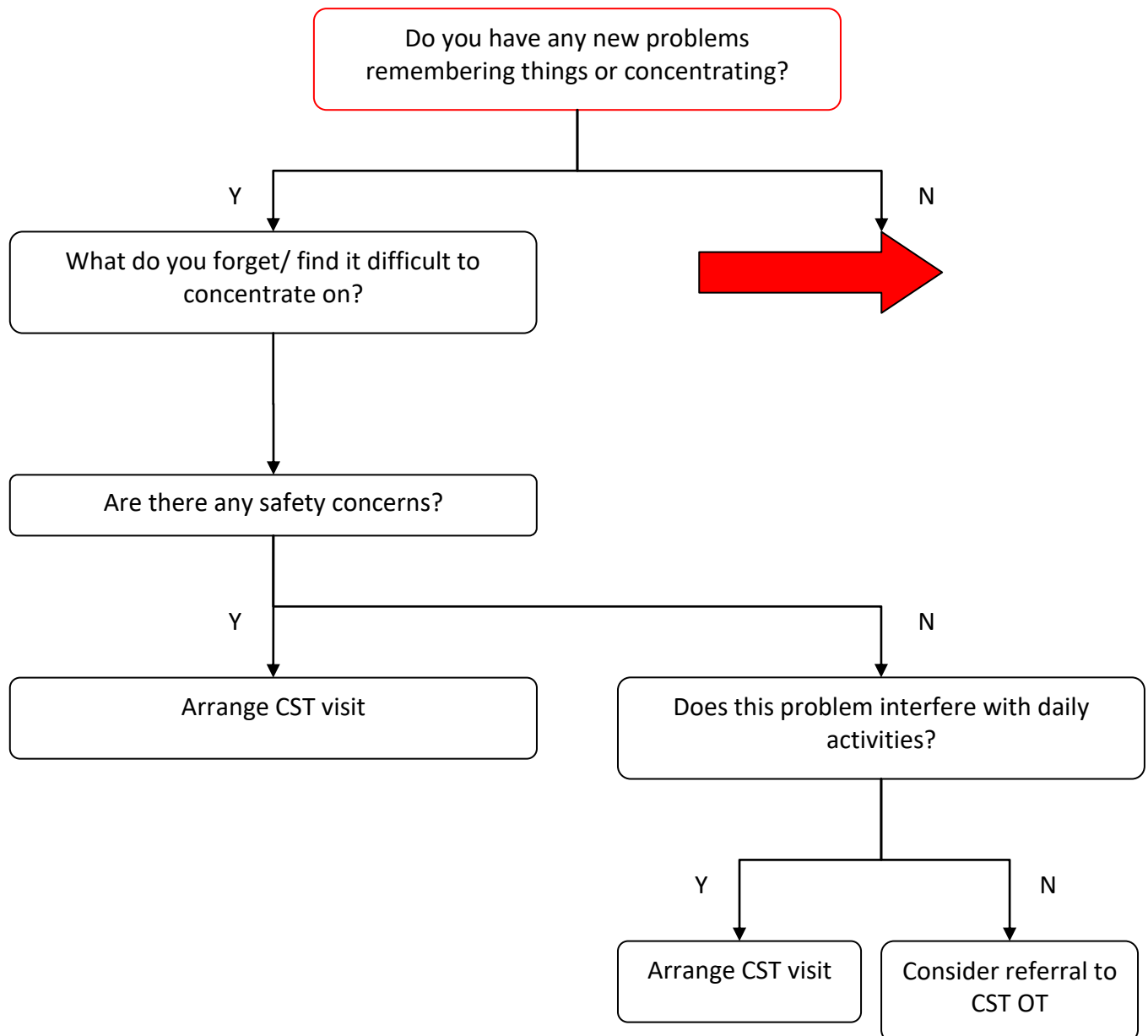
Fatigue



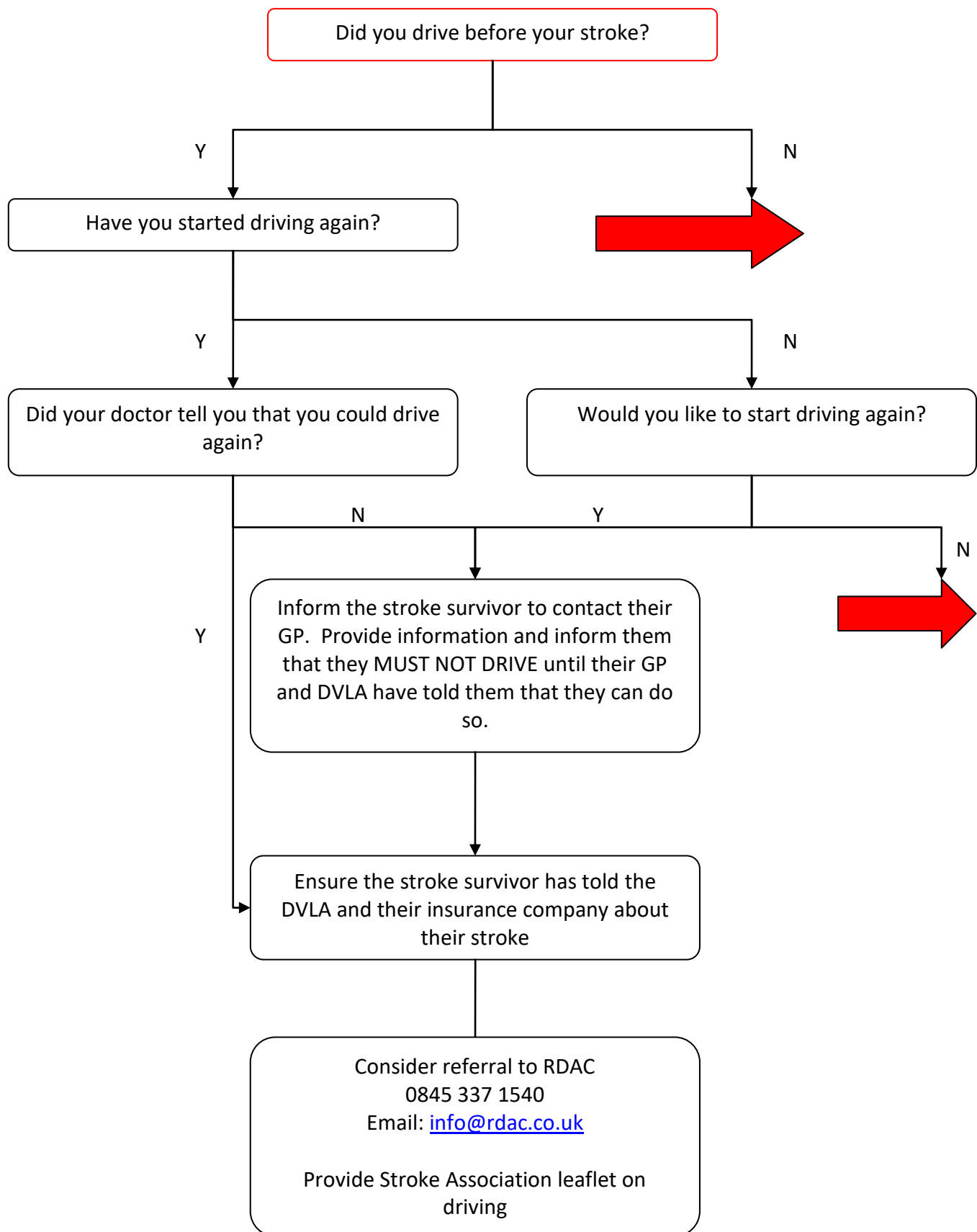
Sleep pattern



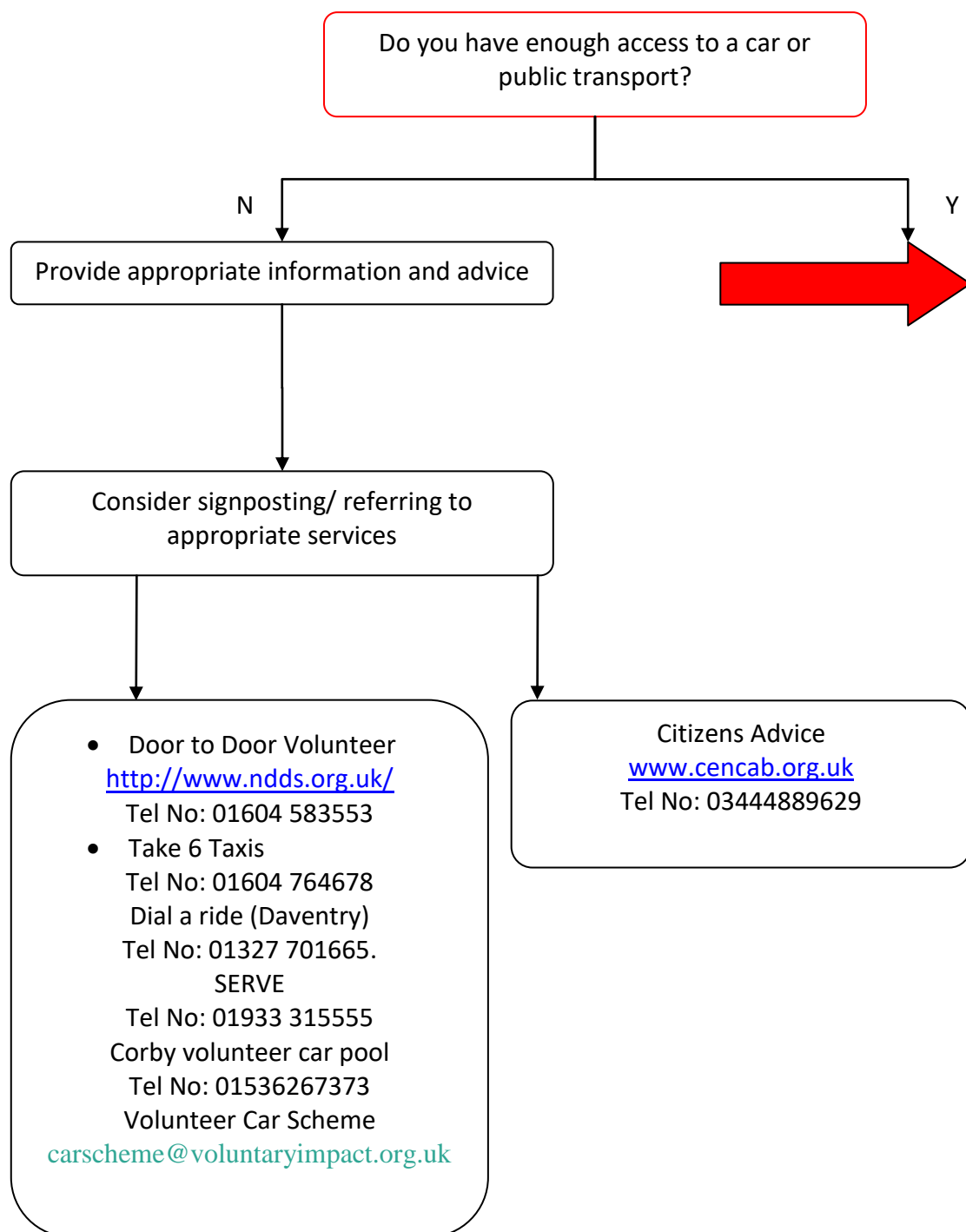
Memory, concentration and attention



Driving



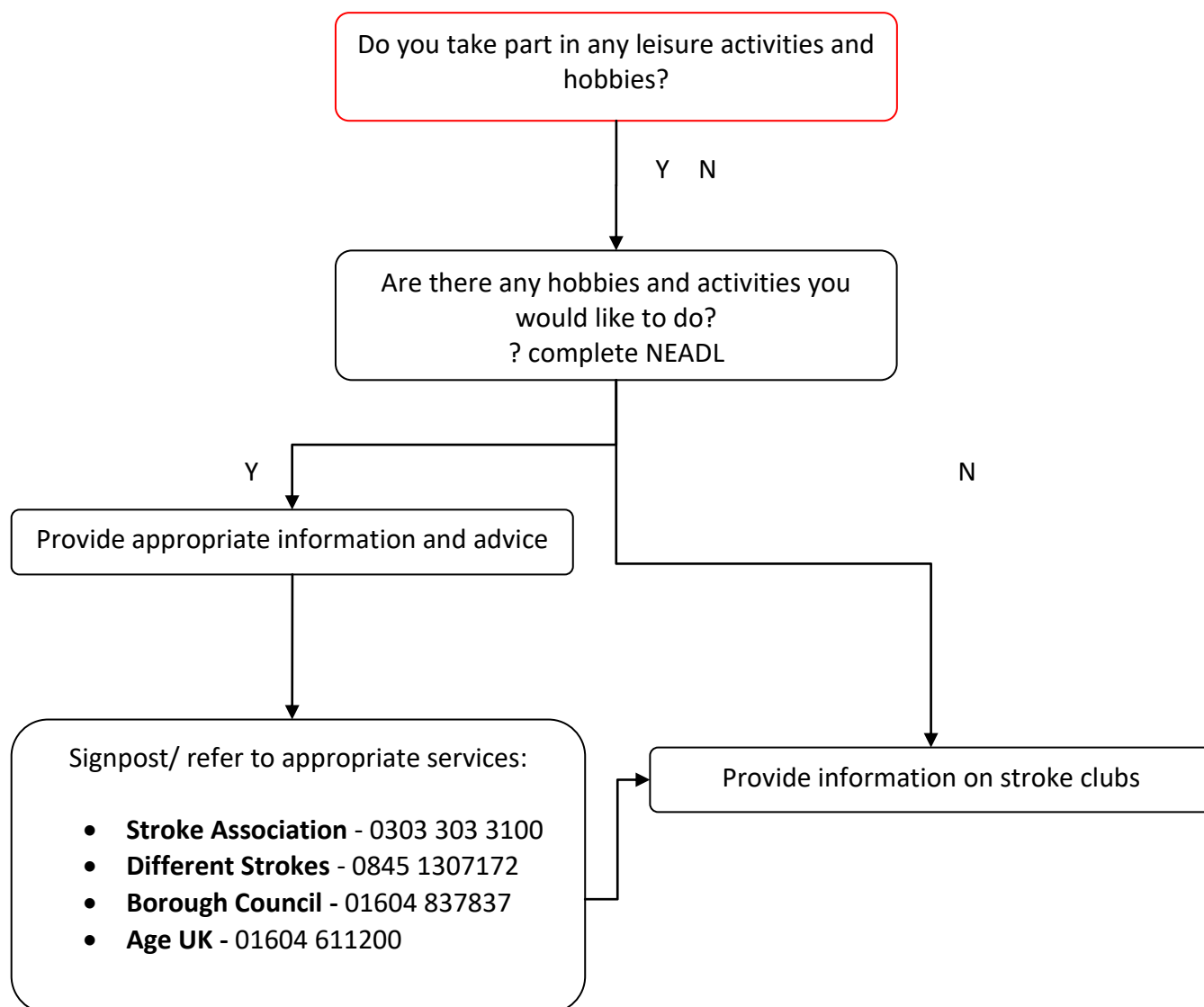
Transport and travel



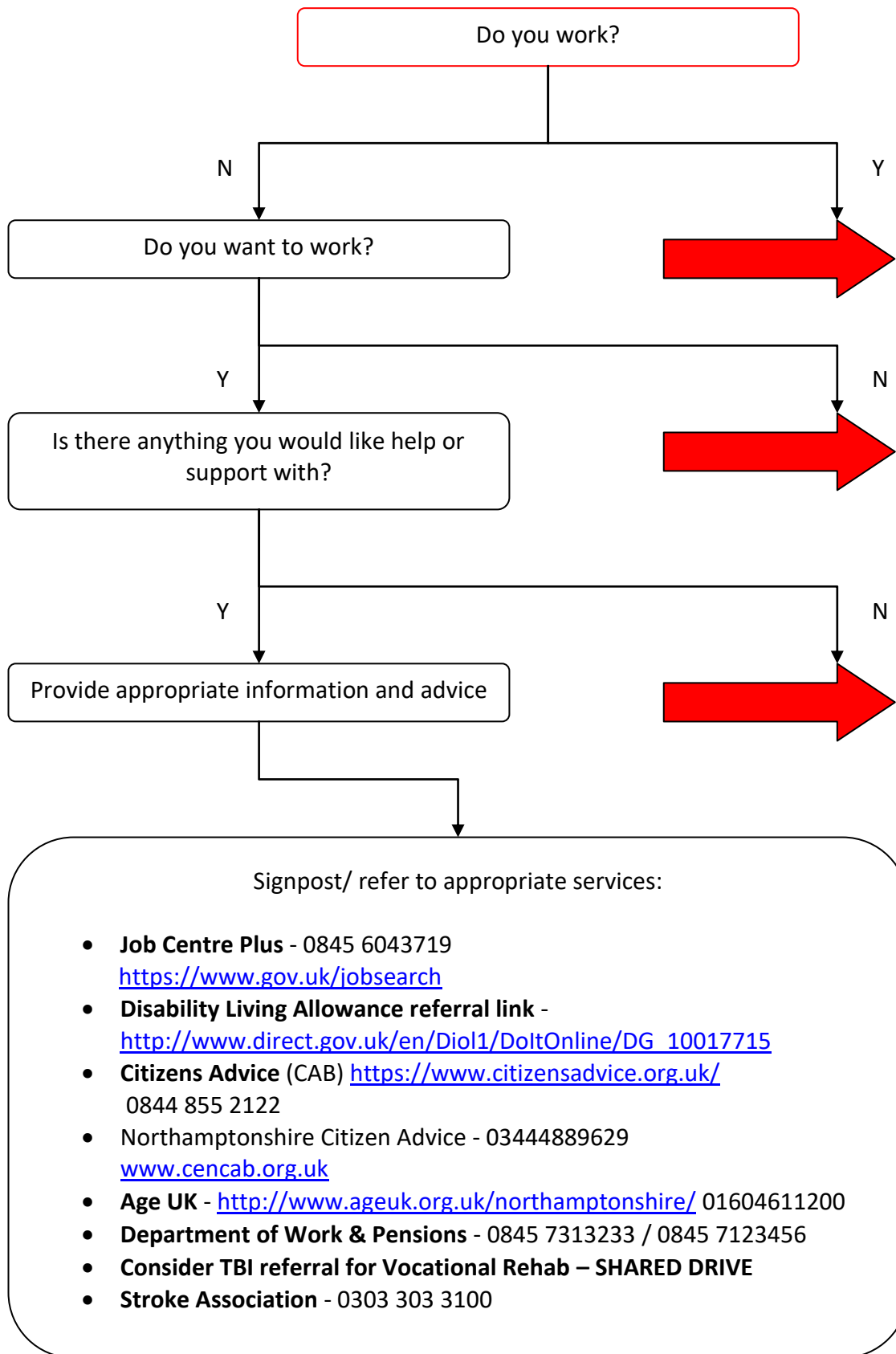
Stroke survivors and their carers often ask about holidays and air travel. If they enquire about their suitability for air travel, inform them that they should contact their GP.

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

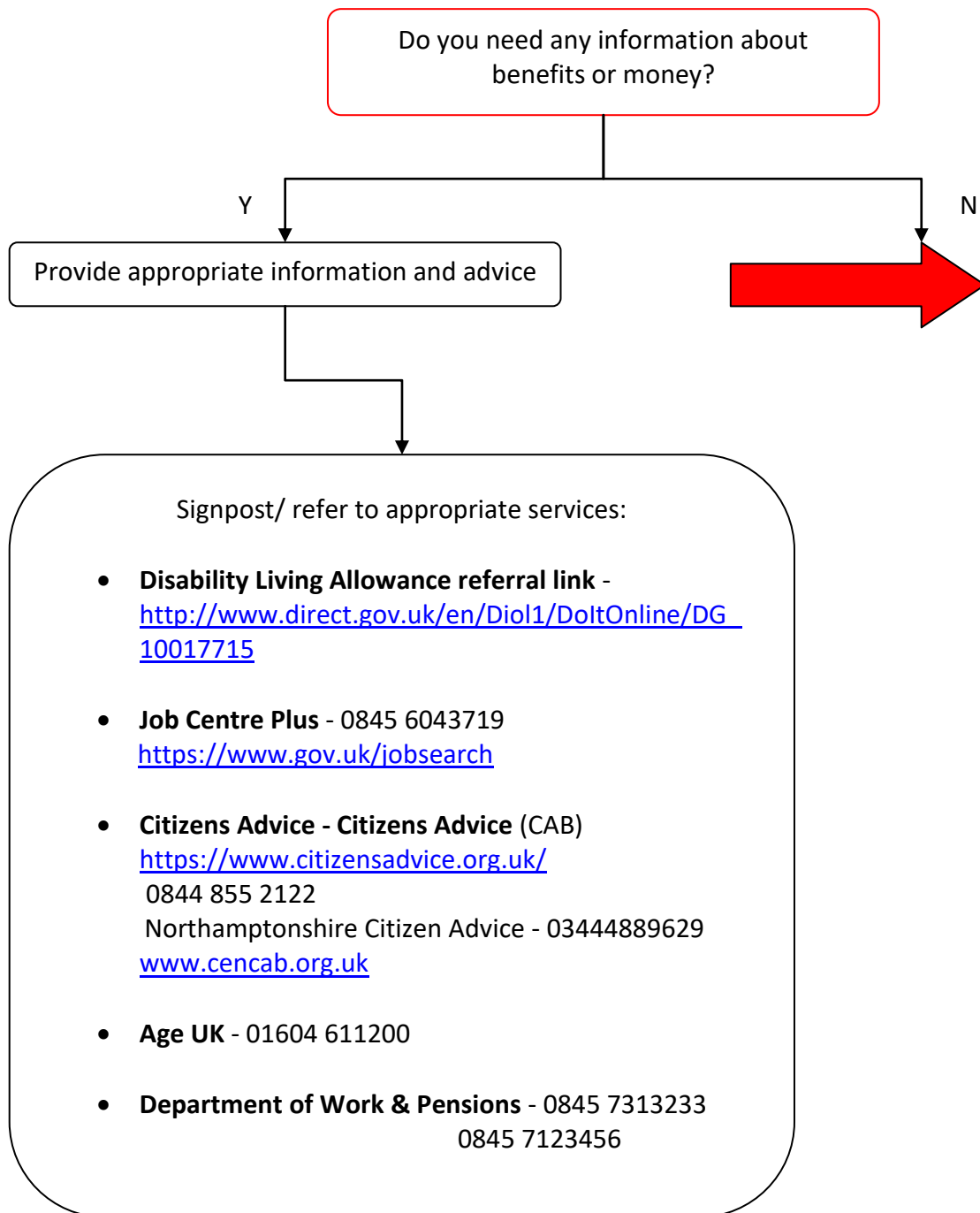
Activities and hobbies



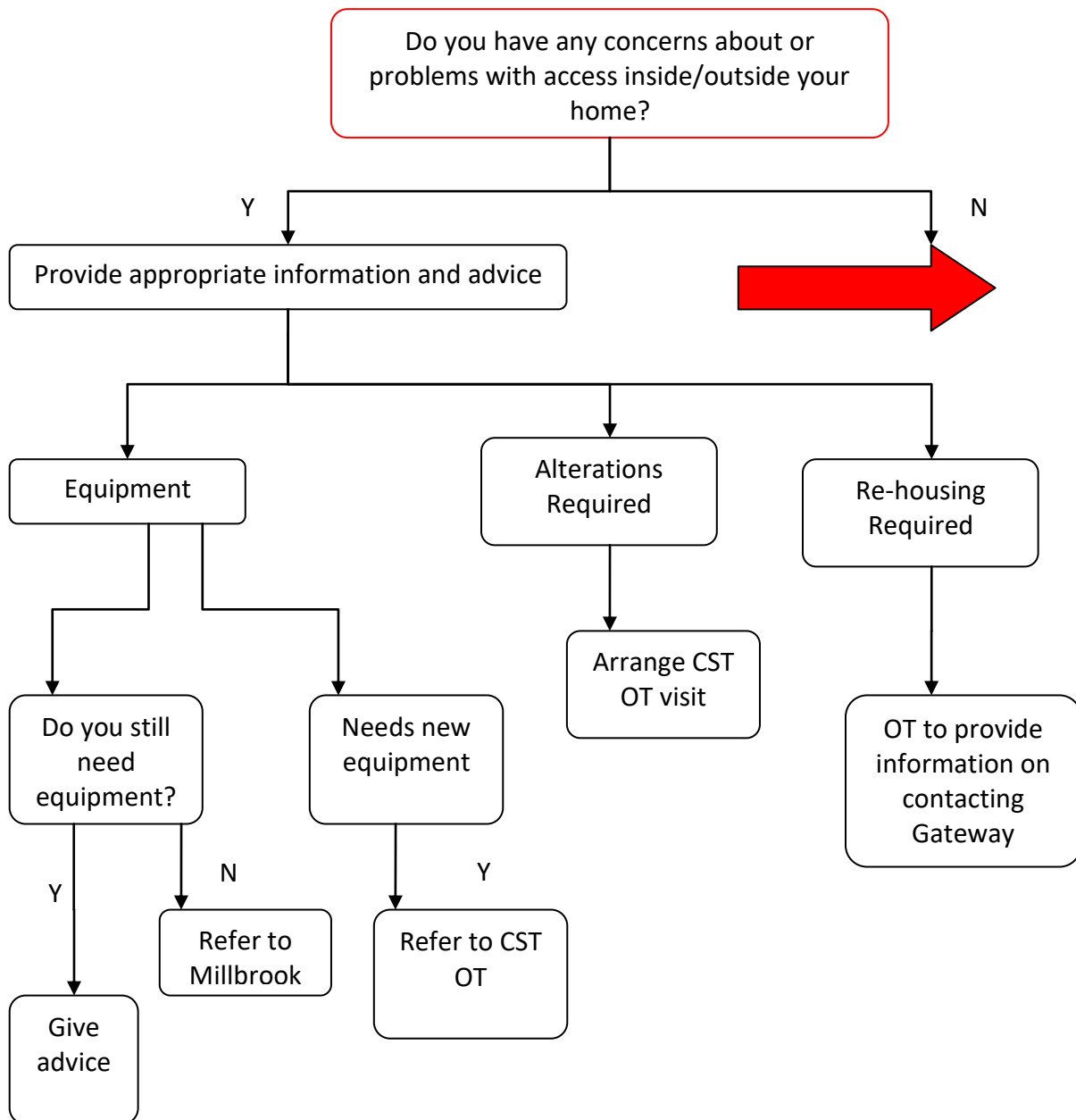
Work



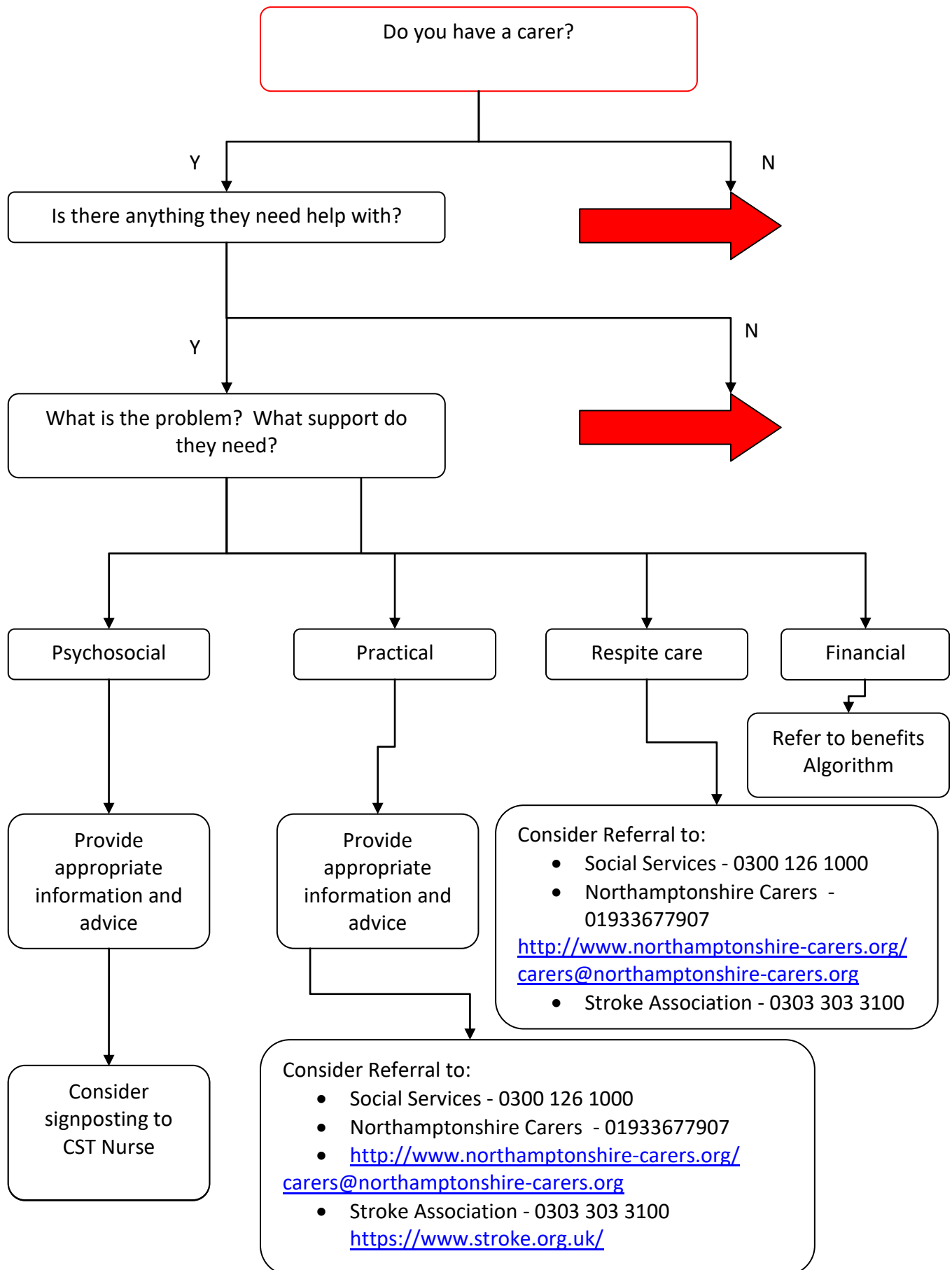
Money and benefits



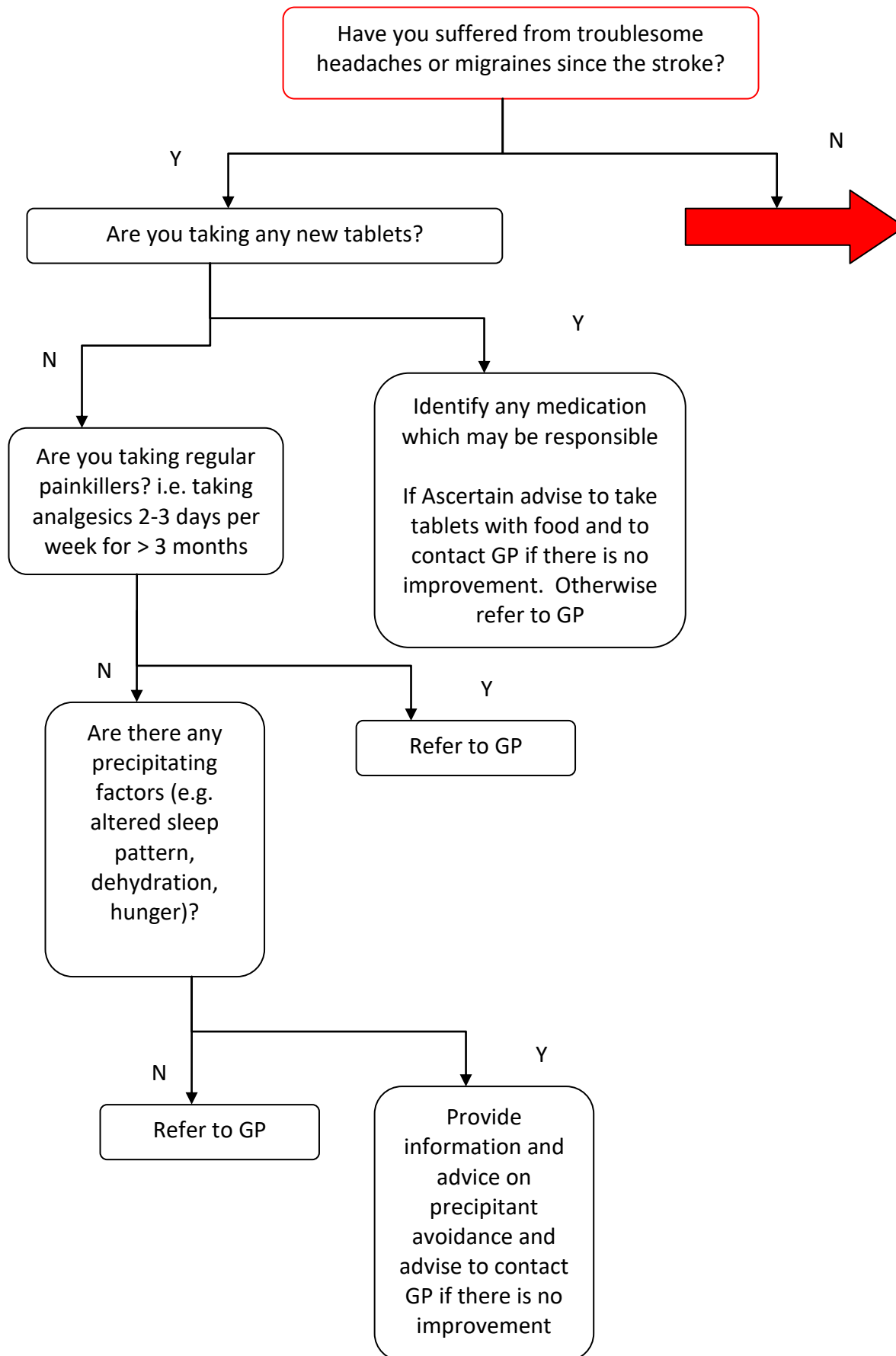
House and home



Carer needs



Headaches & Migraines



Seizures

