Adult: Acquired Disorders

Stroke, Dysphagia and TBI
STROKE

General facts (Stroke Association)

- An estimated 150,000 people have a stroke in the UK each year.
- Stroke costs the economy an estimated £8 billion per year in England alone.
- Stroke patients occupy around 20% of all acute hospital beds.
DEPARTMENT OF HEALTH’S NATIONAL STROKE STRATEGY (2008)

- Strategy aims to make service better for people that have had a stroke, those at risk of having a stroke, and carers of people who have had a stroke.
- Raising awareness of stroke for both the public and professionals that might work with people who have had a stroke.
- Provides information about what service providers should be doing.
- Includes information about TIA, and sets out aims to stop people who have had a TIA from having a full stroke.
- Outlines aims for assessment, treatment and care post-stroke.
- Strategies for Ireland and Scotland can also be found on the Stroke Association website.
NATIONAL SERVICE FRAMEWORK – FOR OLDER PEOPLE (STANDARD 5: STROKE) (2001)

○ Aims:
  - to reduce the incidence of stroke in the population.
  - Ensure those who have had a stroke prompt access to integrated stroke care services.

○ Key interventions
  - Prevention of those at risk (e.g. high blood pressure, obesity, lifestyle).
  - Immediate care (people with a stroke are more likely to survive and recover if admitted promptly to a hospital based stroke unit).
  - Early and continuing rehabilitation.
  - Long term support (ongoing support, regular reviews, reducing risk of further stroke).
  - Multidisciplinary teamwork (e.g. SLTS, physios, OT etc.).
NICE GUIDELINES

Quality standard for stroke (June, 2010)

- 11 quality statements, for example:
  - Receive brain imaging within 1 hour of arrival at hospital.
  - Swallow screen within 4 hours of admission to the hospital.
  - Multidisciplinary goals agreed within 5 days.
  - Offered a minimum of 45 minutes of therapy for a minimum of 5 days a week.
  - Screened for mood disturbance and cognitive impairment within 6 weeks of diagnosis.

- Quick reference guide summarising the recommendations NICE has made to the NHS regarding diagnosis and initial management of acute stroke and transient ischemic attack (TIA).
- The guide is aimed at all health professionals that might be involved in the diagnosis and/or management of stroke.
- Most of the recommendations made regarding management refer to the first 48 hours after stroke (although there are some guidelines for up to 2 weeks after).
- Covers emergency treatment, swallowing and nutrition, pharmacological treatment, surgical treatment, etc.
RCSLT

- **Policy statement: The specialist contribution of speech and language therapists along the care pathway for stroke survivors (RCSLT, 2007)**
  - Explains the role of SLTS at various stages of the stroke pathway e.g. acute stage, transfer of care to community, rehabilitation within the community, completion of therapy and review, and working with others.

- **CQ3 (2006)**
  - Sections on Acquired Motor Speech Disorders and Aphasia (both relevant for stroke)
  - Provides specific information about aetiology, incidence and prevalence, risk issues, and care pathway.
SIGN GUIDELINES (2002)

Quick reference guide
- Provide recommendations for effective healthcare in Scotland based on current evidence.
- Identifies the importance of multidisciplinary working (e.g. medical, nursing, physiotherapy, occupational therapy, speech and language therapy, social work).
- Patients and carers should have a role in rehabilitation from the earliest opportunity.
- Discharge should be fully supported by the MDT.

Full guide
- Has different sections, including ‘communication’ (aphasia and dysarthria)
- Provides recommendations for speech and language therapy, including duration, frequency, and includes references to base the recommendations within current research.
STROKE CHARITIES/FORUMS

- **Different Strokes**
  - Registered charity supporting younger stroke survivors.
  - The charity runs national weekly exercise classes, relevant information via newsletters and a website, a ‘StrokeLine’ telephone service for younger stroke survivors to speak to other stroke survivors.
  - It is run by younger stroke survivors.

- **Stroke4Carers**
  - Provides information for carers of individuals that have had a stroke.
  - Covers a wide range of topics including communication.

- **The UK Stroke Forum**
  - Hosted by the Stroke Association.
  - Aims to stimulate learning across all disciplines involved in stroke and to promote multidisciplinary research.
The Act F.A.S.T. Campaign

- Launched in 2009 and is still running now.

- Previously, there has been insufficient public awareness of what stroke is and its seriousness, how to recognise symptoms and what to do if they occur.

- Act FAST campaign aims to provide people with basic steps to recognise stroke – Face, arm, speech, time (to call 999).
Dysphagia

RCSLT Clinical Guidelines (2005)

- Position paper, section on dysphagia pp. 63–72, 200–221.

- Guidelines on assessment, management and working as part of a MDT.

- Information given regarding use of pulse oximetry, cervical auscultation (both have inconsistent evidence), Videofluoroscopic Evaluation of Swallowing (VFES) and Fibre-optic Endoscopic Evaluation of Swallowing (FEES).

http://www.rcslt.org/members/publications/rcslt_clinical_guidelines
Nutrition and hydration – On admission, people with acute stroke should have their swallowing screened by an appropriately trained healthcare professional before being given any oral food, fluid or medication.

SIGN Guidelines (No.119, June 2010)

Management of patients with stroke: Identification and management of dysphagia. Recommends patients with dysphagia have daily monitoring, an assessment of nutritional risk (carried out within the first 48 hours and ongoing), clinical bedside assessment (Logemann or similar) carried out by an SLT and further assessment as required. SLT Dysphagia practice guidelines.

http://www.sign.ac.uk/guidelines/fulltext/119/index.html
WARD SWALLOW SCREEN

- Nurses are recommended to be trained in how to carry out ward swallow screens. RCSLT website has some recent information [Link](http://www.rcslt.org/news/events/sheena_borthwick_poster)

- The NHS QIS Stroke Services Standard (2004) identified swallow screen on the day of admission as an essential criteria in the management of patients admitted to hospital. The national review of stroke services in 2005 identified the swallowing screen criteria as a challenging area, with the lack of documentation and audit data being a main factor. [Link](http://www.chss.org.uk/education_and_training/documents/Hard_to_swallow_Dysphagia.pdf)
COMPETENCIES TO PRACTISE


- Inter Professional Dysphagia Framework provides a guide on levels of competencies for dysphagia trained therapists:

- SLT’s must meet RCSLT dysphagic competencies. FEES and VFES both requiring specialist training, clinical experience and meet competencies.
  http://www.rcslt.org/speech_and_language_therapy/standards/CQ3_pdf
MODIFIED TEXTURES

- Dysphagia Diet Food Descriptors were launched in April 2011 to provide standard terminology for all health professionals and food providers to ensure consistent and appropriate textures. All care settings are required to have 2 available textures: Texture C (Thick Puree) and Texture E (Fork Mashable). [http://www.bda.uk.com/publications/statements/NationalDescriptorsTextureModificationAdults.pdf](http://www.bda.uk.com/publications/statements/NationalDescriptorsTextureModificationAdults.pdf)

- Fluids are not currently included in these descriptors. The following guidance is suggested for information on thickened fluids, although there is no standard terminology currently used in the UK for different consistencies:

SPECIALIST AREAS

- **Tracheostomy** – guidelines related to cuff deflation, blue dye use and speaking valve use during a swallow assessment (RCSLT Clinical Guidelines, 2005).

- **ALD** – National Patient Safety Agency provide policies, GP protocols and information on risk assessments, reports, care plans, accessible consent forms and meal time plans for adults with learning disabilities and a swallowing difficulty – http://www.nrls.npsa.nhs.uk/resources/?entryid45=59823
WEBSITES

http://dysphagia.com/ includes info and news for professionals

There are several websites dedicated to dysphagia, which are mostly run by medical/nutritional companies:

- http://www.dysphagia.org.uk/ (Thick & Easy)
- http://www.rosemontpharma.com/health-professionals/clinical-dysphagia-and-swallowing-problems (Meds)
- http://www.dysphagiaonline.com/Pages/home.aspx (Nestle)
FACTS ABOUT TBI (FROM HEADWAY and RCSLT’s CQ3)

- The effects of a traumatic brain injury can be wide ranging, and depend on a number of factors such as the type, location and severity of injury.
- Each year 160 in 100,000 children are admitted to A&E in the UK with TBI.
- As a child with a brain injury develops, they may give a misleading representation on formal tests in terms of recovery, but deficits in communication and executive skills can be present and become a challenge later on.
- The prevalence of severe brain injury is approximately 100–150 per 100,000 adults.
- Only 15% of those with a severe head injury return to work within 5 years.
- Dysphagia is a common complication of head injury, and an increasing literature on cognitive–communication disorders in this client group.
Paediatric acquired brain injury (p273–277):

- Role of SLT in providing rehabilitation services for speech, language, cognitive-communicative disorders and dysphagia from acute care to successful reintegration into education.
- Maximising communication skills
- Minimising the impact of cognitive and behavioural changes
- Ensuring education settings are aware of potential consequences
- Promoting inclusion into schools/society and access to the curriculum
- Minimising secondary difficulties, such as emotional difficulties arising out of communication impairments
- Supporting and educating parents and raising awareness in the community
RCSLT CQ3 (cont.)

- Adults with TBI (pp277–283)
- SLTs provide early assessment in the acute setting to early identify communication and swallowing needs.
- Provide rehabilitation as part of an MDT.
- Working with carers, families and community rehab services to enable communication and swallowing needs to be supported on a day-to-day basis.
- Provide services at any time post-onset to accommodate clients changing life aims and needs.
- Supporting to play a full inclusive role in society.
- Providing intervention that focuses on wider participation.
- Raising awareness about TBI and its consequences.
NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) HEAD INJURY. TRIAGE, ASSESSMENT, INVESTIGATION AND EARLY MANAGEMENT OF HEAD INJURY IN INFANTS, CHILDREN AND ADULTS. CLINICAL GUIDANCE 56 (CG56), SEPT 2007.

- Covers immediate medical intervention / acute stage following TBI
- Adults and children (including infants)
- Doesn’t discuss rehabilitation or long term care, but does explore identification of those who need rehabilitation.
- Acute advice which may be specific to SLT includes mention of procedures required if patient has loss of protective laryngeal reflexes, and the need for verbal advice/head injury card which may need to be in an accessible format for the patient’s comprehension.

- Developed to complement the NICE CG56
- Covers medium to longer term needs of the patient and family, with core values of reduced impairment, improved activity and enhanced participation
- Specific breakdown of MDT members and minimum SLT staffing provision for specialist inpatient rehabilitation services and the community.
- Dysphagia screening in TBI discussed p29
- Establishing baseline communication to express needs discussed p32–33
- Communication rehabilitation discussed p42+
VOCATIONAL ASSESSMENT AND REHABILITATION AFTER ACQUIRED BRAIN INJURY. INTER – AGENCY GUIDELINES. ROYAL COLLEGE OF PHYSICIANS OF LONDON 2004

- SLTs discussed with reference to rehabilitation and return to employment
- Discusses inter-agency working between NHS staff, JobCentre Plus, social services and independent vocational providers in order to facilitate return to work.

- Covers 11 general quality requirements around person-centred services, access to specialist settings and community rehab., social integration and interdisciplinary working etc.
- Is tailored to long term neurological conditions (but can be applied to other long term conditions)
- SLTs mentioned in passing on p11, 16 & 48, but whole document focuses on generalised values which should be applied by all staff working with those with long term health conditions.

- Care in primary care settings and partnerships across health and social care
- Integrated patient-centred services matching care to need, and increasing patients’ ability to self-manage where appropriate
- Systematic approach
- Not specific to speech and language therapy or TBI but general principles
Supports and protects those who may have difficulty making (and communicating) decisions themselves.

Statutory act – legal guidelines applicable to anyone working with persons who lack mental capacity to make decisions – see Mental Capacity Act Code of conduct at http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/@disabled/documents/digitalasset/dg_186484.pdf

Updated to include issues of deprivation of liberty for this group of individuals via the Mental Health Act 2007 as a result of the Bournewood Consultation.
CHARITIES

- Headway – Aims to promote understanding of all aspects of brain injury and to provide information, support and services to people with a brain injury, their families and carers. [www.headway.org.uk](http://www.headway.org.uk)

- BASIC – Experts in rebuilding lives following acquired brain injury, neurological disease and spinal injury, providing emotional, practical and physical support. Affiliated to the Greater Manchester Neuroscience Centre at Hope Hospital, but selected by DoH to share best practice across the company. [www.basiccharity.org.uk](http://www.basiccharity.org.uk)

- Child Brain Injury Trust – Established by a group of health professionals in 1991 to research and provide information regarding the effects of 'traumatic' injury on a child's developing brain and provides non-medical services to families affected by childhood acquired brain injury (traumatic and other) in the UK, including factsheets for carers professionals etc about how to support. [www.childbraininjurytrust.org.uk](http://www.childbraininjurytrust.org.uk)

- HeadFirst – Small charity supporting research into brain injury. [www.headfirstcharity.co.uk](http://www.headfirstcharity.co.uk)
Additional Links from Headway

- **Equality Act 2010** – The Equality Act 2010 was introduced in October 2010 and replaces the previous Disability Discrimination Act 2005 (DDA 2005). It builds on earlier discrimination laws and applies to all employers, education and training providers and everyone who provides a service to the public.

- **Putting People First**: A shared vision and commitment to the transformation of Adult Social Care. Discusses joint working between L.A.s, local NHS, other statutory agencies, third and private sector providers to provide fair, accessible, care system responsive to individual needs.

Agreed outcomes should ensure people, irrespective of illness or disability, are supported to:

- live independently;
- stay healthy and recover quickly from illness;
- exercise maximum control over their own life and where appropriate the lives of their family members;
- sustain a family unit which avoids children being required to take on inappropriate caring roles;
- participate as active and equal citizens, both economically and socially
STROKE REFERENCES

- Act FAST Campaign – http://www.nhs.uk/actfast/Pages/stroke.aspx
- Different Strokes – http://www.differentstrokes.co.uk/
- Stroke4carers – http://www.stroke4carers.org/?tag=communication
  - Quick reference guide – http://www.sign.ac.uk/pdf/qrg64.pdf
Dysphagia References


Systematic Reviews

TBI REFERENCES

- Rehabilitation following acquired brain injury – National Clinical Guidelines, can be accessed at [http://bookshop.rcplondon.ac.uk/contents/43986815-4109-4d28-8ce5-ad647dbdbd38.pdf](http://bookshop.rcplondon.ac.uk/contents/43986815-4109-4d28-8ce5-ad647dbdbd38.pdf)