STROKE Cheat Sheet

by Michellephillips02 via cheatography.com/214485/cs/46718/

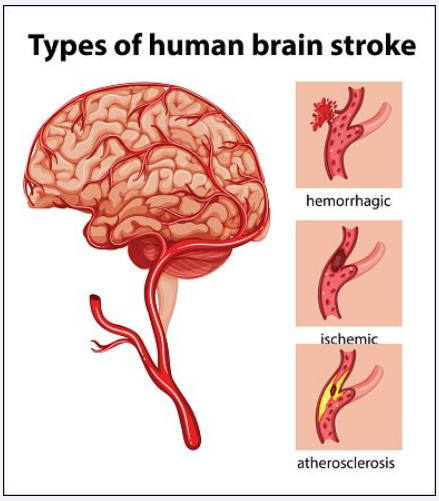
Guidelines

QH FEEDS Stroke dietetic support process

2020 Stroke Foundation Clinical Guidelines for Stroke Management (nutrition pg 5)

2021 European Stroke Organisation and European Society for Swallowing Disorders guideline for the diagnosis and treatment of post-stroke dysphagia

Types



Stroke types

Ischemic	Blood clot in brain (more common). Sudden.
Haemorrhagic	Vessel rupture, bleeding (eg trauma, HTN). Sudden.
Transient ischaemic attack (TIA) *mini stroke*	Temporary blockage of blood flow to the brain. ↑ chance of stroke. Symptoms usually resolve 1/7

S/S

tingling in hand	hoarse voice
drooping eye (ptosis)	ataxia (impaired coordination)

S/S (cont)

headache	↓ sensation (pain, temperature) – one side of body

***FAST** = **F**ace (droop?), **A**rms (one side weaker?), **S**peech (sluring?), **T**ime (seek help fast)*

NIS

reduced oral intake	taste changes
swallowing difficulties (neurological dysphagia)	motor function – ability to self-feed
aspiration risk	dehydration

Nut Reqs

CVA (cerebrovascular) simple ratio, or

Repletion (clinical judgement)

Intervention

Screen for **malnutrition** (MNA)

Maintaining weight and muscle mass during rehabilitation

Preventing malnutrition

EN - Consider when below 65% of needs. NG.

Intentional weight loss is not recommended in the early post-stroke period

Refer: Speechie & OT - Swallowing & cognitive assessment. Texture modification. Assistive cutlery.

Consider: food preferences, appearance, variation, medications, consulting with family, living situation, access to ONS, support?, location

***Don't focus on diabetes** – medical management. Malnut is more important.*

Outpatient: encourage heart healthy diet. **5Fs** - Fibre, fish, fats, fitness, phytosterols

Outpatient: Weight loss if obesity-related comorbidities

Example PESS

Inadequate oral intake (NI2.1), due to chewing and swallowing difficulties in relation to recent stroke, as evidenced by NBM

Strategies

HPHE - mid meal snacks, finger foods, ONS, smaller meals more frequently, favourite foods, HE swaps, social eating

Education: reducing risk of further incidents – comorbidities. General healthy eating and weight management. Seeing outpatient APD.

Outpatient	Increase plant foods, mod intake of low fat dairy products
	EVOO as main oil
	Fish/legume recipes
	Low intake of processed and red meat and sugary foods

Monitoring

Malnut screen weekly (MNA). If malnut, SGA

Biochem – dehydration

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