A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF CAREGIVERS ABOUT HOME CARE MANAGEMENT OF STROKE PATIENTS.

PROJECT REPORT

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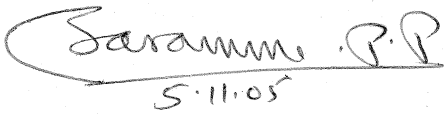
Submitted in partial fulfillment for the requirements in Diploma in Neuro nursing from Sree Chitra Thirunal Institute Of Medical Science And Technology.



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CHAPTER-I

INTRODUCTION

Stroke is the third most common cause of death in the United States. Throughout the world, stroke is a frequent cause of death & disability. Brain is the most vital center of human body. The term brain attack has become more popular in describing stroke, as appreciation had grown of the timeline associated with the development of neurological deficits & the window of opportunity that exists for reversal of neurological deficits with new interventions. Since stroke can cause life long disability, rehabilitation must begin immediately. Rehabilitation is the process of managing the patient capabilities & resources to promote optimal functions related to physical, mental & social well being. In 1995 the Agency for Health care & policy Research (AHCPR) published clinical guidelines for post-stroke rehabilitation that set a national standard for management of stroke patients.

BACKGROUND OF THE STUDY

Stroke represents an enormous public health burden in the United States; it is the third leading cause of death, with 160000 deaths resulting from stroke reported annually. Every year approximately 730000 Americans have a new or recurrent stroke study reports revealing that stroke risk increases with age, women over 30 years of age who smoke & take high estrogen oral contraceptives have a stroke risk of 22 times higher than average.

Now a day's brain attack is very common to all. It causes life long disability because of these reasons rehabilitation must begin immediately; to show the patient

physical improvement in his affected limbs self-care will be the most important means used to lift his depression & to set him going on the road to recovery. Recovery & finding a way back to normal living will be very much in his own hands & the purpose of this study is to show his family & friends & all those who come into contact with how best to help him to help himself. Rehabilitation offers means by which persons disabled after a stroke can be returned to patterns of daily living as close to normal as possible. The home environment & the family attitudes may require considerable revision to meet the patient's individual needs.

The more severely involved patients will require a higher level of rehabilitation & in planning the programs for such patients; the attending physician may need the advice of a specialist thoroughly familiar with stroke rehabilitation.

Impaired communication capability is a frequent complication of stroke. Deprived of this capacity the patient may become bewildered, frustrated, & angry when interaction with others proves difficult. For these patients speech therapist attempts to stimulate maximal function, recognizing that normal language may not be regained ultimately but that heightened efficiency in processing input & in generating output can be achieved .In addition to his primary function, the speech therapist provides information, insight, & reassurance. The support provided by the speech therapist is an essential psychological ingredient & an important factor in treatment.

Home care management of a patient with stroke means

Physical rehabilitation, for e.g.: range of motion activities

Language rehabilitation, for e.g. speech therapy

Psychological rehabilitation .for e.g.. Attaining emotional stability.

Vocational training

In the past decade management of stroke has undergone a fundamental transformation as a result of research & technological advances, including improved patho physiological models of stroke to understand changes of the biochemical& cellular levels; superior neuro-imaging using MRI, MRA, CT; the introduction of new pharmacological neuro protective agents. Improved emergency medical systems triage & the creation of dedicated stroke programs at institutions have scientifically enhanced rapid stroke interventions. In 1995 the agency for health care & policy research published (AHCPR) clinical guidelines for post stroke rehabilitation

NEED & SIGNIFICANCE OF THE STUDY

Stroke is a major disease, which results in lifelong disability. Disability can include vocational, physical, language and psychological means for e.g. unable to lie, sit and stand; unable to speak, unable to do even activities of daily living. These disabilities can be minimized through adopting proper rehabilitation measures. Most of the patients are not aware about the rehabilitation measures & importance of continuing after discharge from hospital. Hence the investigator felt the need to conduct a study on caregivers of the stroke patients, who are attending to the stroke

clinic at SCTIMST, so that it provide a basis for structuring health promotion activities.

Stroke can cause long-term morbidity and mortality rate. So careful attention to the home care management of a patient with stroke is very essential. In order to provide good care in home settings the caregiver should know different aspects of rehabilitation. For eg.caregiver should know about Ryles tube feeding, catheter care, prevention of decubitus ulcer, gait training etc.

Considering the above factors the investigator felt that there is a need to assess the knowledge and practice about the home care management of stroke patients, among caregivers who attended the stroke clinic of SCTIMST.

STATEMENT OF THE PROBLEM

A study to assess the knowledge & practice about home care of patients after stroke, among the caregivers attending stroke clinic of SCTIMST.

DEFENITION OF TERMS

KNOWLEDGE: In this study investigator means knowledge as their ability to understand and answer the questions properly regarding home care management of stroke patients.

PRACTICE: It refers to care given to meet the activities of daily living.

STROKE: It includes medically diagnosed by ischemic stroke, hemorrhageic stroke & transient ischemic attacks.

CAREGIVERS: It refers to the person who takes care of the patient.

HOMECARE: It includes various rehabilitation aspects-vocational, physical, psychological, languages.

STROKE CLINIC: Clinic, which provide follow up for the stroke patients at SCTIMST

OBJECTIVES OF THE STUDY

1Assessing the knowledge level regarding the home care practices of patients after stroke, among the caregivers attending the stroke clinic.

2 Assessing the home care practices of patients after stroke among the caregivers, attending the stroke clinic.

3Identifying the difficulties expressed by the caregivers while giving homecare.

METHODOLOGY

In this study survey approach is used. Investigator conducts a direct interview with caregivers, of stroke survivors who attended the clinic. Interview was based on a structured questionnaire related to home care management and it lasts for 15-20minutes. In this study total sample was 30 caregivers .The validity of the questionnaire was tested by the experts of SCTIMST. Duration of the study was from August to October.

LIMITATIONS

This study was limited to

- Patients attending the stroke clinic with there caregivers only
- The assessment of knowledge was limited to responses of the structured questionnaire.
- The assessment of practice was limited to the responses of the structured questionnaire.
- Caregivers who are co-operating with the investigator were only considered.
- Care givers who are understanding Malayalam only is considered

SUMMARY

This chapter deals with introduction, back ground of the study, need& significance of the study, statement of the problem, defenition of terms, objectives of the study, methodology, & limitations.

ORGANISATION OF THE STUDY

Chapter II, summary of related studies reviewed,

Chapter III, deals with methodology of this study,

Chapter IV, deals with analysis& interpretation of the findings

Chapter V, represents a summary of the study, conclusion, implication, limitation & recommendation

The report also includes a selected bibliography & appendices.

CHAPTER-II

REVIEW OF RELATED LITREATURE

Review of literature was an important aspect of any research project from beginning to end .It gives character insight into the problems and helps in selecting methodology, tool & analyzing data. with these in view ,an intensive review of literature has been done .related literature was reviewed in depth ,so as to broaden the understanding of selected problem .

The review of literature relevant to the study was presented in the following sections.

a. Studies related to newer rehabilitation techniques

b. Studies related to educational needs of caregivers.

a. Studies related to newer rehabilitation techniques

Olle lindvall (2004) conduct a study, related to cell therapy. Main objective of the study was to restore function in the diseased human brain by replacing dead neurons with new neurons through transplantation or stimulation of neurogenesis from endogenous stem | precursor cells. Area of study was LUND STRATEGIC RESEARCH CENTER for stem cell biology & cell therapy, Sweden. Author studied about recovery & rehabilitation in stroke stem cells. Stem cells are immature cells with prolonged self-renewal capacity & depending on their origin, the ability to differentiate into multiple cell types or all cells of the body. Data's for study purpose is collected by interviewing the stroke survivors attending the

hospital clinic. Sample consists of 200 populations. Recent progress shows that specific types of neurons &glial cells suitable for transplantation can be generated from stem cells in culture. Adult brain produces new neurons from its own stem cells in response to stroke. Although these findings raise hope for the development of stem cell therapies for brain repair after the stroke, many basic issues remain to be solved.

Thora.B.Haf stainsbottir (2004) says that Neuro Development Treatment (NDT) is most used rehabilitation approach in the treatment of patients with stroke. Aim of this study was to conduct an interventional check and measure the nurses competence in positioning stroke patients according to the NDT approach in Nether land. Sample consists of 144 nurses in 6 neurological wards who where observed while positioning stroke patients according to the NDT approach. For this study approximately a week before the study, the nurse manager was contacted by telephone to determine an exact and convenient collection of data. A few days before the measurements, information including the aims of the study and description of the study procedure was sent to each of the participating nurses. The observation took place in a quiet room where all materials to be used where available. Patient was also informed previously. 144 nurses were observed while performing the NDT positioning, handling, and movements of the stroke patients. The result of this study indicates that the nurses had sufficient knowledge and skills in handling and positioning stroke patients according to NDT approach.

Peter Hagell (1999) studied about the global views on International Perspective ness on Stroke rehabilitation. The main objective was to found various aspects of rehabilitation and give awareness to acute stroke patients. For this author selected a acute stroke rehabilitation in united states and give awareness to the patients attending the clinic, 100 persons are included age group from 30 to 60 years was considered. Peter give a teaching class regarding the introduction of new treatment such as Tissue Plasminogen Activator (TPA), acute neuro protective agents, treatment with glutamate receptor antagonists and attempts to restore neurological functions by intracerebral implantation of cultured cell line derived neurons into ischemic brain areas are both examples of future possible treatments for stroke. After that author gave a questionnaire regarding the class. Seventy-five percentage of the population are aware about various medical management, while looking through their filled questionnaires

F. Beryl Pikington (1999) a qualitative descriptive exploratory study was done to enhance understanding about quality of life after stroke from the patients on perspective loosely structured interviews aimed at eliciting descriptions of quality of life were scheduled during the acute care stay and at one and three months after stroke onset. A total 32 interviews were conducted with 13 participants including 9 men & 4 women aged 40 to 91 years. When interpreted in light of the human becoming theory the themes expand understanding of what it is like to live with a stroke & provide insights that may enhance the quality of care.

b. Studies related to educational needs of the caregivers

Bev O 'Connell (2003) studied about the educational needs of the caregivers of the stroke survivors in acute and community settings. Because they are central to supporting survivors living in the community, attention must be given to the development of educational materials that address caregiver's needs. Author interviewed to determine their perspective on support and educational needs at two different stages in the recovery of the stroke level of uncertainty of among the caregivers in the acute and community settings, limited information was provided to assist them in their role. A mulifactorial approach would involve the development and implementation of specifically designed educational materials for caregivers, the use of a tool such as a patient-held record to assist in and improve the continuity and communications of care and provision of ongoing support from a stroke nurse practioner who would follow stroke survivors from the acute setting to the community.

M.P.Branes (2003) reviewed the basic principle that underlie the subspecialty of neurological rehabilitation .The main objective was to demonstrate the process that can produce real benefit in terms of functional improvement, fewer unnecessary complications & better co-ordination of services of disabled person. Author conducted a study in Hunters Moor Regional Rehabilitation Center, Newcastle, United kingdom. Study includes 150 populations, which consist of age group 30 to 80 years who had undergone traumatic brain injury or stroke. The data collection includes interview directly & through telephone, also from medical records. It found that neurological rehabilitation provided by skilled groups help the disabled person

to cope up with new situation. Author concluded that neurological rehabilitation is a process of education and enablement that must involve the disabled person and their family. It is a process that should be conducted through a series of specific goals to enroot a long term strategic aim In the past rehabilitation has been viewed some as vague and woolly process often with justification. Modern rehabilitation is a combination of a precise science while retaining the art of traditional medicine.

Tamily Bakas (2002) conducted a study on shortened hospital stays have contributed to the urgent need for caregivers to manage difficult and time consuming tasks required for the care of stroke survivors in the home setting. Main objectives of the study include to identify which tasks were perceived as the most time consuming and difficult, determine which of these tasks were most predictive of mood and other negative care givers outcomes and elevate the psychometric properties of the oberest care giving burden scale as a measure of tasks. Family caregivers of stroke survivors were recruited through a mailed questionnaire to 388 stroke survivors who were receiving care from two Midwest rehabilitation hospitals in United states sample size includes age group from 40 to 80 years. Data collection procedure is by mailing questionnaire to family member or friend who cares the patient. Implications for practice include referring caregivers to resources for tasks that fall outside of the scope of nursing, providing support, information or advice related to tasks perceived as time consuming or difficulty by care givers and encouraging family caregivers to seek care for their own physical, emotional, and social needs.

Robert .W. Teasell (2004) says that earlier rehabilitation is started the better recovery; greater intensity of treatement translates into greater recovery and that improvement that can continue for some time after discharge from hospital or rehabilitation center. Neuro imaging evidence suggests that different parts of the brain may be involved at different times in recovery, and this pattern may vary according to the level of recovery. Ward .et .al undertook functional MRI studies in stroke patients while performing outcome related motor tasks during the early and latent phases of recovery From data's of patients at St.josephs health care, London kings college hospital LONDON. Author conducted observational study in 64 patients 5-stroke clinic. Based on this studies conducted that therapy based rehabilitation services for a stroke patients living at home within in one year of experiencing a stroke resulted in a significant improvement in the ability to manage activities of daily living and reduced the likely hood of deterioration in Activities of Daily Living (ADL)

Margaret Ackerman Pasquarello (1990) a uniform medical treatment is established acute stroke programme .The purpose of this study was to measure the impact of a nurse –managed acute stroke program and its outcomes. Aspects of the stroke program's included in daily nourishing assessment, patient teaching, two support groups of staff education, family discharge and telephone follow up. Variables examined were length of stay disposition, readmission and compliance factors. Author conducted study among 50 patients in St. Thomas school of medicine, physical medicine and rehabilitations acute stroke units. Author

concluded that 45 percentages of the patients are showing good outcome after the acute stroke programme.

Linda.J.Boynton: De Sepulveda (1994) had an objective to make the stroke patient, effectively in coping with difficulty. The study was conducted in St. Luke hospital in United States .75 persons were interviewed among their relatives. Although the interviews did not fit the data several path coefficients within the interview were statistically significant. Functional status was positively related to coping effectiveness. Persons with functional disability following stroke also had decreased social contact perceived less availability of social resources and increased threat to physical well being and had reduced coping effectiveness. Author studied about how the patient coping effectively with his difficulties. Author conducted that the buffering effect of social support was related to the level of disability of stroke persons.

SUMMARY

The review of literature on the above areas helped the investigator to gain deeper knowledge about rehabilitative measures of stroke, which in turn helped construction of tools. However the investigator could not locate such studies done in Indian settings.

The literature also helped in design of the study, development of tool, information about sample, data collection procedure and plan of analysis.

CHAPTER-III

METHODOLOGY

Introduction

Methodology was a way of systematically solving the problem. May be understood as a science of studying how research is doing scientifically (C.R.Kothari 1990). This chapter provides a brief description of different steps taken to conduct this study. It includes research approach, research design, setting, sample, and sampling technique, development of tool, description of tool, pilot study, data collection procedure and plan of analysis.

RESEARCH APPROACH

Survey approach was conducted in the study.

The main objectives are

(1) To assess the knowledge about the home care management of patients among the caregivers

(2) To assess the home care practices of stroke patients among the caregivers.

(3) To identify the difficulties faced by the care givers while giving care

Moreover survey approach is suitable for educational fact finding in a relatively small sample.

RESEARCH DESIGN

It was concerned with overall framework for conducting the study .For fulfilling the objectives of the study; the following design was utilized for collection and analysis of data, as shown in table 1

SCHEMATIC DESIGN OF THE STUDY

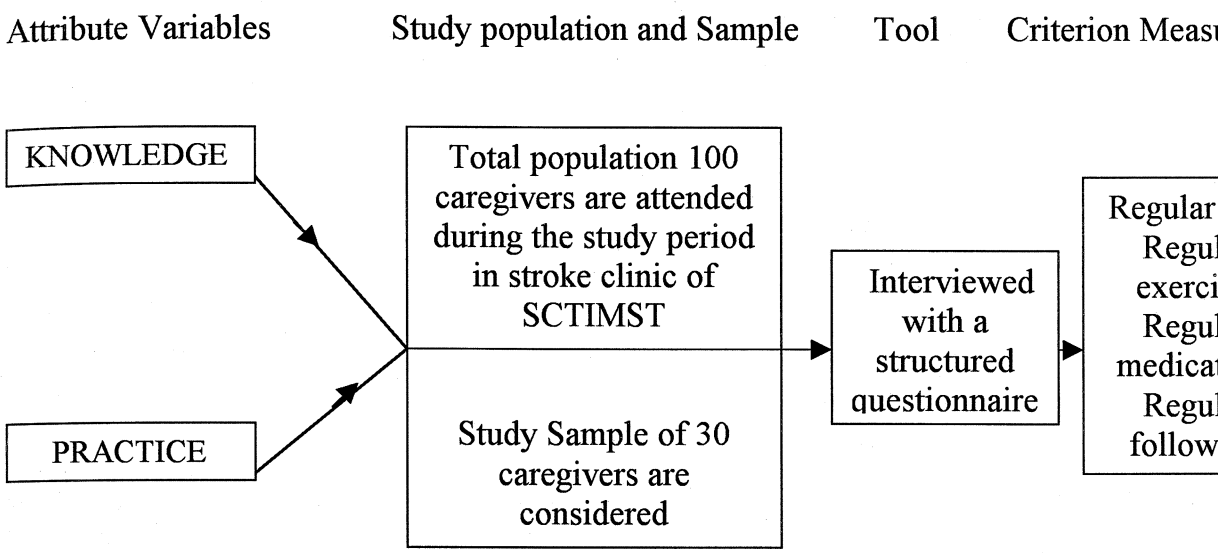

Table. 1

SETTING

The study was conducted in SCTIMST, tvm. The rationale for selecting SCTIMST for study was the investigator was most familiar with this institution. In addition to that, this stroke clinic is conducting in very few specialties all over India. In SCTIMST, stroke clinic is on all Fridays from 10 am to 12noon.Here mainly follow up of stroke patients are conducting.

POPULATION

The population of this study includes, the caregivers attending the stroke clinic of SCTIMST.There are approximately 100 populations attended the stroke clinic during one-month duration.

SAMPLE & SAMPLING TECHNIQUES

A convenient sampling technique was used to select the samples of the study. Two-stage sampling was used for the present study. First stage consisted of 5 samples for pilot study. In the second stage 30 persons selected for the study for one-month duration. The total duration of the study period include from August 2005 to September 2005.

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria:

- Care givers who were willing to participate in the study
- Care givers who can understand and speak Malayalam

Exclusion criteria

- Patients attending the stroke clinic without there care givers

DEVELOPMENT OF TOOL

An extensive review and review of study of literature helped in preparing items of tool. The tools examined and content validity was tested by the experts of SCTIMST.A multiple-choice questionnaire of 30 questions was prepared based on the literature. After obtaining prior permission from the authorities and caregivers, direct interview was done.

The step was taken for development of tool are presented below

STEP1

A structured questionnaire of 30 questions for assessing the knowledge and practice was made based on the literature reviewed and on experts opinion

STEP2

The tool was pilot test on a sample of 5 persons .The time taken for completion of the interview varied from 15 to 20 mts.

STEP3

Pilot study gave information regarding the feasibility and effectiveness of the study. For each responds scoring also done, then the remaining study was conducted with this tool.

DESCRIPTION OF TOOL

The tool used in the present study constituted of two parts

Part 1:It composed of demographic characteristics of stroke patients such as age, sex, occupation, month and year of the first stroke, length of hospital stay, demographic characteristics of caregivers such as name, age, relationship and educational status.

Part 2: It consist of 30 questions for assessing the knowledge and practice of about home care management among care givers .In this 15 questions each are for assessing the knowledge and practice respectively. Importance of regular diet, exercise, medications, followup, physiotherapy etc are checked through these questions .For these questions scoring also done by giving a credit of one for the best response and a weight of zero for other response or omissions. The possible range of knowledge score was 15 and the possible range of practice was15.

PILOT STUDY

After obtaining prior permissions from the authorities. Study started on 26.8.05The purpose of pilot study was to check about the feasibility of the tool. Direct interview was held with a structured questionnaire, after getting signed consent. With necessary modification, tool was pilot tested. Pilot study gave information regarding the feasibility and the effectiveness of the study. The pilot study participants were excluded from the main study. For each responds scoring also done, then continued with the tool

DATA COLLECTION

The data were collected from stroke clinic of SCTIMST. Formal permission was obtained from the authorities. Period of data collection was 2-september to 30-september 2005.

The investigator was introduced to the care givers about the purpose of the study and the confidentiality of their responses were assured .The time taken for completion of the interview was 15 to 20 mts.

PLAN OF ANALYSIS

A plan for data analysis was developed by the investigator after the pilot study .The data obtained from knowledge and practice assessment would be analyzed by descriptive stastics. Percentages are used for describing the samples and bar diagrams would be utilized to represent the distribution of total scores and sub scores in the different content areas.

SUMMARY

This chapter presented the research approach used for the study, research design of the study, setting of the study, sample and sampling techniques, development of tool, pilot study, data collection procedure and plan of analysis.

CHAPTER-IV

ANALYSISS AND INTERPRETATION

This chapter analyses and interprets the data obtained from knowledge and practice of 30 caregivers of stroke patients in stroke clinic of SCTIMST.

The purpose of present study was to assess the knowledge of home care management of stroke survivors among the caregivers of patients attending the stroke clinic, to assess the activities practiced towards the home care management. The analyses of data are presented in 3 sections

1. Sample characteristics
2. (a) Data on care givers knowledge and practice in all areas

   (b) Data on care givers knowledge and practice in specific areas
3. Data on knowledge and practice according to selected demographic variables

DESCRIPTION OF SAMPLE CHARACTERISTICS

Sample of 30 caregivers are selected for the study .The demographic data includes were age, sex, education, occupation. Its distributions are shown in table 2 below.

Distributions of Caregivers among demographic variables

Demographic Data	Total Number	Percentage
a. Age		
30-39 yrs 40-49 yrs 50-59 yrs	8 17 5	26.66% 56.66% 16.66%
b. Sex		
Male Female	22 8	73.33% 26.66%
c. Educational Qualification		
Primary <7 std Secondary <12 Graduates >12	5 14 11	16.66% 46.66% 36.66%
d. Occupational Status		
Working Not-working Retired	8 18 4	26.66% 60% 13.33%

Distributions of care givers among their age group

In this figure x axis represents, age and in y axis its percentage. Most of the caregivers who attended the stroke clinic are 40- 49 yrs.

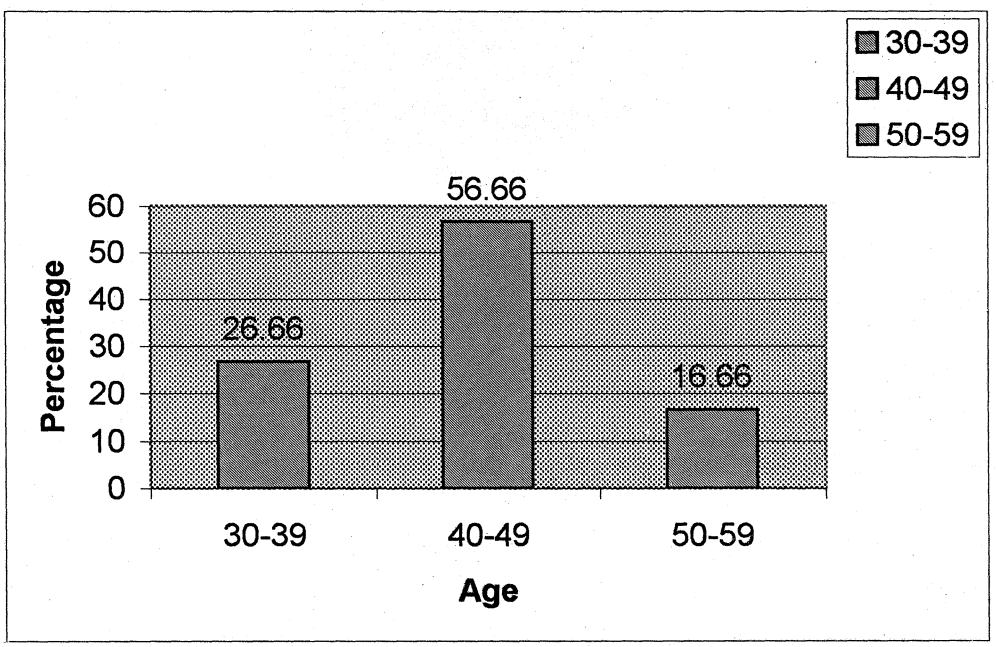

Figure 1

Distributions of care givers among their sex

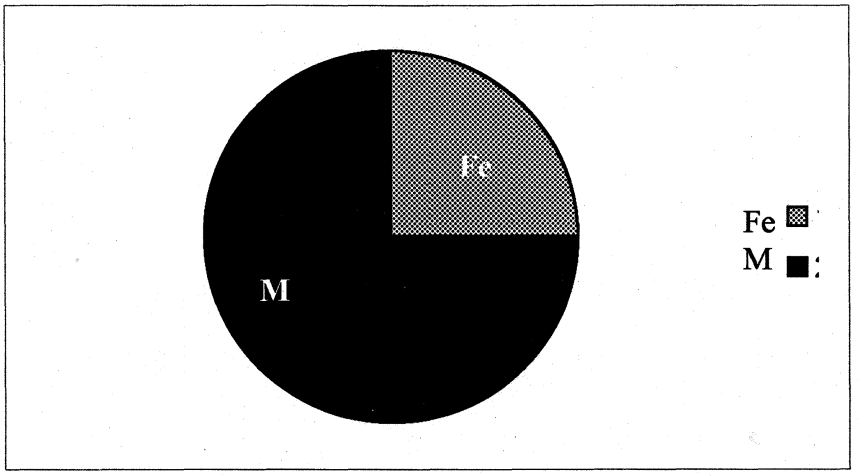

Figure 2

Most of the caregivers attend the clinic are male caregivers. Only 25% of Female caregivers attended the stroke clinic during this study.

Distributions of care givers among there Educational status

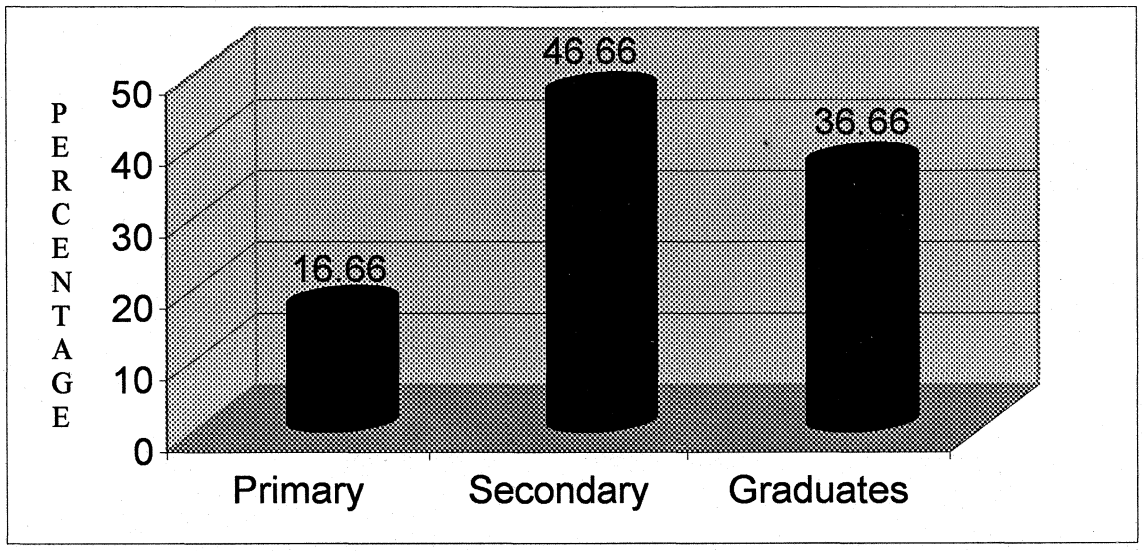

Figure 3

Most of the caregivers are having secondary education, majority are 10^{th}std.They are more aware about the knowledge and practice comparing to other age groups in this study.

Distribution of caregivers among their occupational status

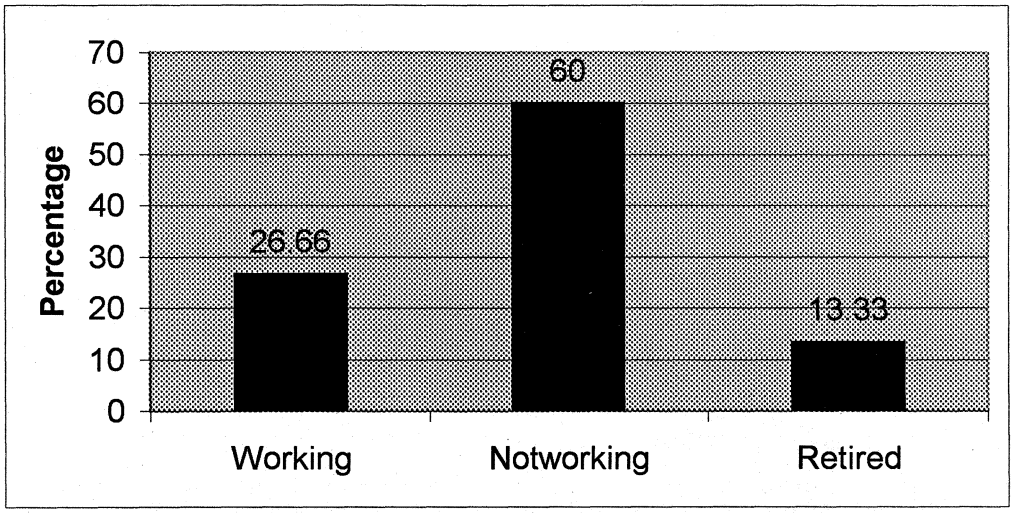

Figure 4

2. a. Data on caregiver's knowledge and practice [illegible]s

This part of analysis shows the distribution of total sample of 30 caregivers about the home care management .the total knowledge score is 67% and of practice is 70% in this study.

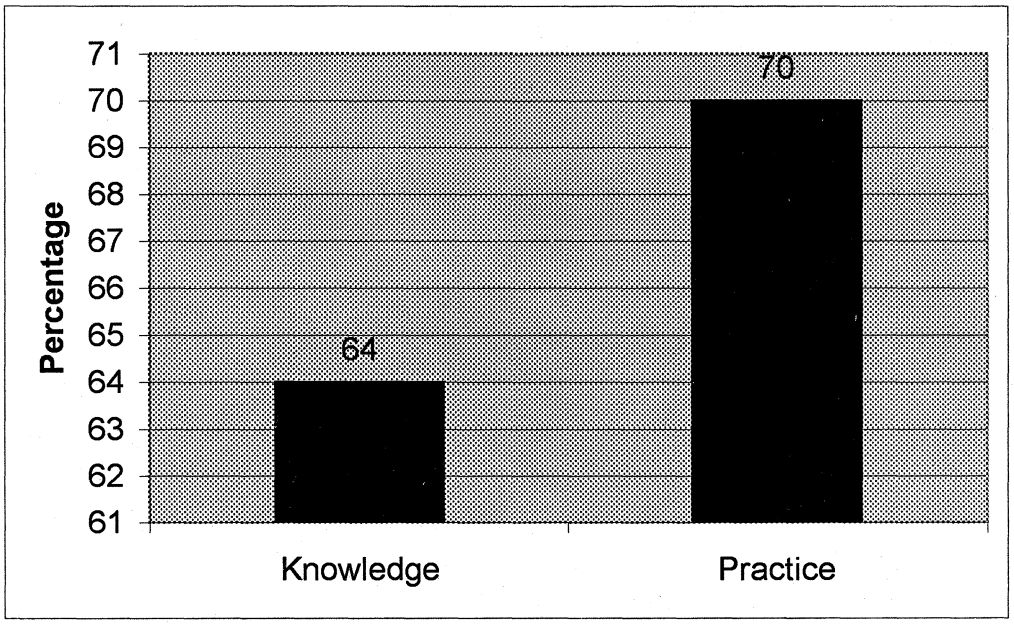

Figure 5

Data on caregiver's knowledge and practice in specific areas

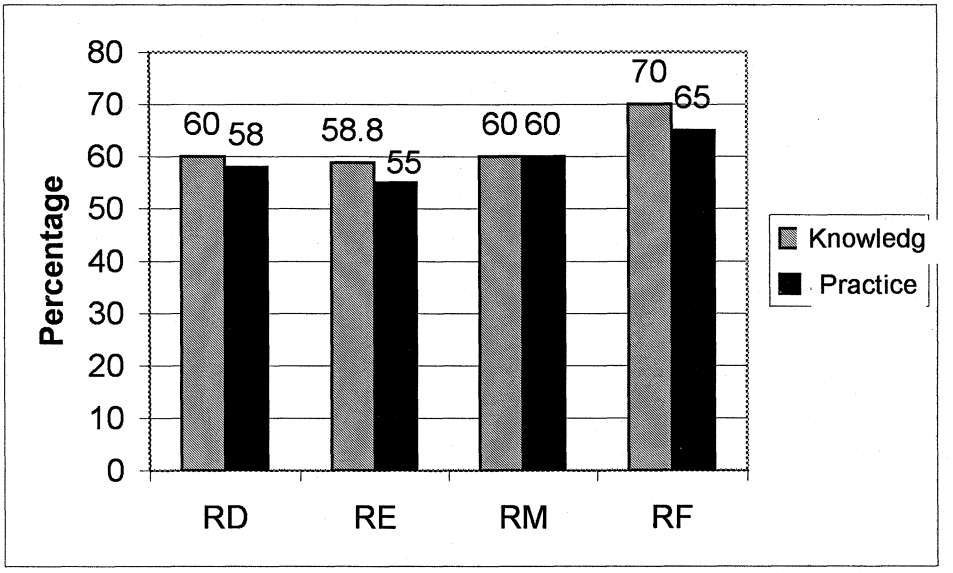

Figure 6

RD : Regular Diet
RE : Regular Exercise
RM : Regular Medicines
RF : Regular Follow-up

SUMMARY

The chapter deals with analysis and interpretation of data collected from 30 caregivers .Bar diagrams, and pi diagrams are used for representing the data's. from caregivers. Total knowledge 64% and practice 70%is obtained.

CHAPTER-V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter gives a brief account of the present study including conclusions drawn from the findings and possible application of the result. Recommendation for future research and suggestions for the present study improving the present study are also presented.

Summary

This study was undertaken to assess the knowledge and practices of home care management of stroke survivors among the caregivers who are attended the stroke clinic of SCTIMST. Objectives, need and significance, review of related literatures, helped the investigator for understanding methodology and developing the tool on home care management.

Figures and bar diagrams are used to represent the analyzed data's of this study. Major findings of the study are

Knowledge scores of caregivers in this study are 64% & practice is 70%

IMPLICATIONS

Implications can be drawn from the findings of the study are instructional programs helps in the promotion of educational aspects of caregivers. Pamphlets on rehabilitation in co-operating figures and risk modification aids in equipping the caregiver.

LIMITATIONS

The investigator has developed the tool, as no standardized tool was found available.

CONCLUSION

Based on the findings of the study the conclusions were drawn as

1. The knowledge of caregivers about homecare management of stroke patients is 64%.
2. The activities practiced by the caregivers towards the homecare management of stroke patients are 70%.

RECOMMENDATIONS

The following recommendations are made as the basis of present study.

1. A similar study can be conducted in other healthcare institutions.
2. A study can be done to find out the effectiveness of planned health education in homecare management of stroke patients.
3. A study may be undertaken to find out the health related content on stroke in school and college curriculums.
4. A similar study can be replicated in the community settings.

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APPENDICES

TOOL

Name of the Patient :

Hospital No :

Age :

Female/Male :

Educational Qualifications :

Diagnosis :

Occupational Qualification :

Year & Date of First stroke :

Duration of hospital stay :

Name of the caregiver :

Age :

Female/Male :

Relation of caregiver with the patient :

Commonly facing difficulties while giving care :

DM/HTN/Cholesterol/Smoking/Cardiac disorders/palpitation :

1. What is the reason for weakness in stroke patients
    a. Cell destruction in a part of the brain
    b. Blood supply to the part of the brain is cut off
    c. O2 deprevation to a part of the brain
    d. a + b + c

2. What happened to the muscles while doing physiotherapy

    a. Muscles get constricted

    b. Muscles prevented from constriction

    c. Unknown

3. Time period for starting rehabilitation after brain attack is

    a. 24 to 48 hrs

    b. 72 to 100 hrs

    c. 12 to 24 hrs

    d. Unknown

4. Use of salt in your daily intake

    a. Large amount

    b. Less amount

    c. Don't care

5. Large amount of cholesterol can cause arteriosclerosis, there by increasing the risk of strok

    a. Yes

    b. No

    c. Don't know

6. Which of the following are having low cholesterol

    a. Egg york

    b. Meat

    c. Fish

7. Which of the following are having high cholesterol

    a. Chicken

    b. Egg york

c. Pasteurized milk

8. Which of the following is ideal for cooking
   a. Dalda
   b. Coconut oil
   c. Gingely oil

9. Do your patient check Sr. cholesterol level periodically
   a. Yes
   b. No

10. The chance of stroke in patients doing regular exercise is
   a. increasing
   b. decreasing
   c. unknown

11. Do your patient take regular exercise at home
   a. Yes
   b. No

12. Do your patient is having any type of diet control
   a. Yes
   b. No

13. Window period of stroke is
   a. 1 hrs
   b. 2 hrs
   c. 3 hrs
   d. 4 hrs

14. Applying heat on the paralysed part for pain relief is
   a. Good, increases blood supply to that part & decreases pain
   b. Not good, it causes burns

c. Unknown

15. Whether the patient can feel your touch, hot & cold etc

a. Yes

b. No

16. Is your patient is having Ryles Tube Feeding, then which of the following is correct

a. Aspirate the stomach contents before feeding

b. Pinching the tube helps in preventing air entry

c. Ryles Tube Feeding should be done 2 hourly.

d. a + b + c

17. Speech of the patient after stroke

a. Normal

b. Comprehensive sounds

c. Some noises only

d. Aphasia

18. Role of speech therapy in patients with speech problem

a. Chance of improvement

b. No chance of improvement

19. Do your patient had any mental stress

a. Yes

b. No

20. Is your patient is having CBD, then which of the following is correct

a. Cleaning the part thoroughly after passing motion

b. Keep the bag at lower level

c. Keep the bag always closed

d. a + b +c

21. Do you know how to treat constipation

a. Increase fluid intake & roughage containing diet

b. Mild exercise

c. a + b + c

22. How long the patients get sleep normally

a. 2 hrs

b. 4 hrs

c. 6 hrs

d. 8 hrs

23. Do you know about the reasons for bedsore

a. Lack of change in position during every 2 hrs

b. Lack of attention to the back

c. Malnourished

d. a + b + c

24. Good diet for patients having difficulty in swallowing

a. Semisolid

b. Clear liquids

c. Kanji

25. Patients having speech problems are able to correct it by doing speech therapy

a. True

b. False

26. Signs of urinary tract infection

a. Fever

b. Chills & vomiting

c. Loose stools

d. a + b + c

27. Are the patient able to do activities of daily living

a. Yes

b. No

28. Are he happy with his new situation

a. Yes

b. No

29. Is there need of follow-up for the patient

a. Yes

b. No

30. Do you come for all follow-ups regularly

a. Yes

b. No

സമ്മതപത്രം

രോഗിയുടെ അസുഖവുമായി ബന്ധപ്പെടുത്തിയും അറിവു പരിശോധിക്കുന്നതിനായും എന്നോടു കുറച്ചു ചോദ്യങ്ങൾ ചോദിക്കുന്നതിലും അതിലെ പോരായ്മകൾ എന്നെ പറഞ്ഞു മനസ്സിലാക്കിതരുന്നതിനും ഞാൻ പൂർണ്ണമായി സമ്മതിക്കുന്നു. ഇത് ഒരു പഠിത്തത്തിന്റെ ഭാഗമായാണ് അതായത് പക്ഷാപാതത്തെ തുടർന്ന് വീട്ടിലെ പരിചരണ രീതിയും ഇതിലെ പോരായ്മകളെ മനസ്സിലാക്കാനും ഉള്ള ഈ പഠനത്തിനുവേണ്ടി ഞാൻ സഹകരിച്ചു കൊള്ളാമെന്ന് സമ്മതിക്കുന്നു.

തീയതി:

ബന്ധുവിന്റെ ഒപ്പ്

ബന്ധം

ടൂൾ

1. സ്ട്രോക്ക് വന്ന രോഗികൾക്ക് ബലക്കുറവ് വരാനുള്ള കാരണം
   a. തലച്ചോറിലെ ഏതെങ്കിലും ഒരു ഭാഗത്തെ കോശങ്ങൾ നശിക്കുന്നതുമൂലം
   b. തലച്ചോറിലെ ഏതെങ്കിലും ഒരു ഭാഗത്തെ രക്തയോട്ടം നശിക്കുന്നതു മൂലം
   c. തലച്ചോറിലെ ഏതെങ്കിലും ഒരു ഭാഗത്തെ O_2 ന്റെ അളവ് കുറയുന്നതു മൂലം
   d. മേൽപറഞ്ഞതെല്ലാം.
2. ഫിസിയോതെറാപ്പി ചെയ്യുമ്പോൾ മസിലുകൾക്ക് ഉണ്ടാകുന്ന മാറ്റം.
   a. മസിലുകൾ ചുരുങ്ങുന്നു
   b. മസിലുകൾ ചരുങ്ങുന്നത് തടയുന്നു.
   c. അറിയില്ല.
3. മസ്തിഷ്കാഘാതം വന്ന എത്ര മണിക്കൂറിനകം പുനരധിവാസം തുടങ്ങേണ്ടത്
   a. 24 മുതൽ 48 മണിക്കൂർ b. 72 മുതൽ 100 മണിക്കൂർ
   c. 12 മുതൽ 24 മണിക്കൂർ d. അറിയില്ല.
4. സാധാരണ ഭക്ഷണത്തിൽ കൊഴുപ്പ്, ഉപ്പ് എന്നിവയുടെ സ്ഥാനം.
   a. കൂടുതൽ b.കുറവ് c. ശ്രദ്ധിക്കാറില്ല d. അശേഷം ഇല്ല
5. സാധാരണയിൽ കവിഞ്ഞ കൊഴുപ്പ് രക്തധമനികളിൽ പറ്റിപിടിച്ച് പക്ഷാഘാത സാധ്യത വർദ്ധിപ്പിക്കുന്നു
   a.ശരി b.തെറ്റ് c. അറിയില്ല
6. താഴെ പറയുന്നവയിൽ ഏതാണ് കൊഴുപ്പ് കുറഞ്ഞ ഭക്ഷണപദാർത്ഥം
   a.മുട്ടയുടെ മഞ്ഞക്കരു b.ഇറച്ചി c.മീൻ
7. താഴെപറയുന്നവയിൽ ഏതാണ് കൊഴുപ്പ് കൂടിയത്
   a.കോഴിഇറച്ചി b.മുട്ടയുടെ മഞ്ഞ c.സംസ്ക്കരിച്ച പാൽ
8. താഴെ പറയുന്നവയിൽ ഏത് എണ്ണയാണ് പാചകത്തിന് ഏറ്റവും നല്ലത്
   a.ഡാൽഡ b.വെളിച്ചെണ്ണ c.നല്ലെണ്ണ.
9. ഇടയ്ക്ക് ഇടയ്ക്ക് രോഗിയുടെ രക്തപരിശോധന നടത്താറുണ്ടോ
   a.ഉണ്ട് b.ഇല്ല.
10. വ്യായാമം,പക്ഷാഘാതം വരാൻ ഉള്ള സാധ്യത
    a.കൂടും b.കുറയും c.അറിയി
11. സാധാരണ വീട്ടിൽ വ്യായാമം ചെയ്യാറുണ്ടോ
    a.ഉണ്ട് b.ഇല്ല
12. രോഗിയ്ക്ക് ഏതെങ്കിലും തരത്തിലുള്ള ആഹാരനിയന്ത്രണം ഉണ്ടോ
    a.ഉണ്ട് b.ഇല്ല
13. പ്രാരംഭലക്ഷണങ്ങൾകണ്ടുതുടങ്ങിയ രോഗിയെ എത്ര മണിക്കുറിനകം ആശുപത്രിയിലെത്തിക്കേണ്ടതാണ്
    a.1 മണിക്കൂർ b.2 മണിക്കൂർ c. 3 മണിക്കൂർ d. 4 മണിക്കൂർ
14. പക്ഷാഘാതം വന്ന ഭാഗത്ത് വേദന കുറയ്ക്കുന്നതിനായി ചൂട് പിടിക്കുന്നത്
    a.നല്ലതാണ്,അങ്ങോട്ടുള്ള രക്തയോട്ടം കൂട്ടി വേദന കുറയ്ക്കുന്നു
    b.നല്ലതല്ല, പൊള്ളലുകൾ ഉണ്ടാകാൻ സാധ്യതയുണ്ട്.
    c.അറിയില്ല.
15. രോഗിയ്ക്ക് നിങ്ങളുടെ സ്പർശനവും,ചൂടും,തണുപ്പും തിരിച്ചറിയാൻ പറ്റുന്നുണ്ടോ

a.ഉണ്ട് b.ഇല്ല

16. ട്യൂബ്വഴി ആണെങ്കിൽ,താഴെപറയുന്നവയിൽ ശരി ഏത്
a.നേരത്തെ കൊടുത്ത ഭക്ഷണപദാർത്ഥങ്ങളെ ട്യൂബ് വഴി വലിച്ചുനോക്കുക
b.ഇടയ്ക്ക് മടക്കി പിടിച്ചുകൊണ്ടുതന്നെ ട്യൂബിലൂടെ കൊടുക്കുക അതുവഴി വയറിൽ ഗ്യാസ് കയറുന്നത് തടയാൻ സാധിക്കും
c.2 മണിക്കൂർ കൂടുമ്പോൾ കൊടുക്കുന്നു
d.മേൽപറഞ്ഞതെല്ലാം

17. രോഗിയുടെ സംസാരം പക്ഷാഘാതത്തിനു ശേഷം എങ്ങനെയാണ്
a.സാധാരണസംസാരം b.പറയുന്നത് എന്താണെന്ന് മനസ്സിലാകാറില്ല
c.ചില ശബ്ദങ്ങൾ മാത്രം ഉണ്ടാക്കുന്നു.d.സംസാരിക്കാറില്ല.

18. ഈ കൂട്ടരോട് സംസാരിക്കുന്നതിനുവേണ്ടി,സ്പീച്ച് തെറാപ്പി ചെയ്തിട്ടുണ്ടോ
a.ഉണ്ട് b.ഇല്ല.c.കുറച്ചുനാൾ 2 മുതൽ 6 മാസം വരെ

19. മൂത്രം ട്യൂബ് വഴിയാണെങ്കിൽ
a.ഓരോ പ്രാവശ്യവും മലവിസർജ്ജനത്തിനുശേഷം വൃത്തിയാക്കുക
b.ബാഗ് താഴ്ത്തിവയ്ക്കുക
c.എപ്പോഴും ബാഗ് അടച്ചു സൂക്ഷിക്കുക
d. എ + ബി + സി

20. രോഗിയ്ക്ക് മലബന്ധം ഉണ്ടെങ്കിൽ എന്തെല്ലാം ചെയ്യാം
a.ധാരാളം വെള്ളം കുടിപ്പിക്കുക,നാര് അടങ്ങിയ ഭക്ഷണം കൊടുക്കുക
b.വ്യായാമങ്ങൾ ചെയ്യുക c.മരുന്ന് കഴിക്കുക d. എ + ബി + സി

21. രോഗിയുടെ ഇപ്പോഴത്തെ മാനസ്സികനില എങ്ങനെയുണ്ട്
a.എപ്പോഴും ദേഷ്യപ്പെടുക b.ശാന്തനായിരിക്കുക c.വിഷാദം
d.രോഗത്തിനെപ്പറ്റി എപ്പോഴും ചിന്തിച്ച് വ്യാകുലനാകുക

22. സാധാരണ എത്ര മണിക്ക് ഉറങ്ങാറുണ്ട്
a. 1 മണിക്കൂർ b. 4 മണിക്കൂർ c. 6 മണിക്കൂർ d. 8 മണിക്കൂർ

23. കിടക്കപ്പുണ്ണ് ഉണ്ടാകാൻ സാധ്യതയുള്ള കാരണങ്ങൾ അറിയാമോ
a.2മണിക്കൂർ കൂടുമ്പോൾ ചരിച്ചുകിടത്താത്തതുകൊണ്ട്
b.പുറം നന്നായിട്ട് ശ്രദ്ധിക്കാത്തതുകൊണ്ട് c.പോഷകാഹാരക്കുറവ്
d.മേൽ പറഞ്ഞതെല്ലാം

24. ഭക്ഷണം ഇറക്കാൻ പ്രയാസമുള്ള രോഗികൾക്ക് ഏറ്റവും നല്ലത്
a.കുറുക്ക് b.നേരിയ പാനീയങ്ങൾ c.കഞ്ഞി

25. സംസാരശേഷി നഷ്ടപ്പെട്ടയാൾക്ക് സ്പീച്ച് തെറാപ്പി കൊണ്ട് എന്തെങ്കിലും പ്രയോജനമുണ്ടോ
a.ഉണ്ട് b.ഇല്ല c.അറിയില്ല

26. മൂത്രാശയം സംബന്ധിച്ചുള്ള രോഗാണുബാധയുണ്ടാവുകയാണെങ്കിൽ സാധാരണയായി കണ്ടുവരുന്ന ലക്ഷണങ്ങൾ
a. പനി b.പനി,വിറങ്ങൽ, ഛർദ്ദി c.വയറിളക്കം d. എ + ബി + സി

27. രോഗിയ്ക്ക് ജീവിതചര്യകൾ, സ്വന്തമായി ചെയ്യാൻ കഴിയുമോ
കഴിയും ഇല്ല

28. രോഗിയ്ക്ക് ജീവിതചര്യകളിൽ സന്തുഷ്ടി ഉണ്ടോ
ഉണ്ട് ഇല്ല

29. പുനപരിശോധനയുടെ ആവശ്യകതയുണ്ടോ
ഉണ്ട് ഇല്ല

30. പുനപരിശോധനയ്ക്ക് വരാറുണ്ടോ
ഉണ്ട് ഇല്ല

പുനരധിവാസം

തലച്ചോറിലെ ഏതെങ്കിലും ഒരു ഭാഗത്തെ കോശങ്ങൾ നശിക്കുന്നതു മൂലമാണ് പക്ഷാഘാതം വന്ന രോഗികൾക്ക് ബലക്കുറവ് വരുന്നത്. നശിച്ചു പോയ കോശങ്ങളുടെ ചുറ്റുമുള്ള ഭാഗത്തെ കോശങ്ങൾ ക്രമേണ നശിച്ചു പോയവയുടെ ധർമ്മം ഏറ്റെടുക്കും. അപ്പോൾ ബലക്കുറവ് പതിയെ മാറും. ശരീരഭാഗങ്ങൾ അനങ്ങാതിരുന്നാൽ ആ ഭാഗത്തെ മസിലുകൾ ചുരുങ്ങിപ്പോകും.അതുകൊണ്ട് രോഗികൾക്ക് ഫിസിയോതെറാപ്പി ചെയ്യണം. മസ്തിഷ്കാഘാതം വന്ന് 24-48 മണിക്കൂറിനുള്ളിൽ തന്നെ പുനരധിവാസ ചികിത്സ ആരംഭിക്കണം. എത്ര നേരത്തെ പുനരധിവാസ ചികിൽസചെയ്യുന്നു എന്നതിനെ അനുസരിച്ച് രോഗിയുടെ നിലമെച്ചപ്പെടാനുള്ള സാധ്യത കൂടുന്നു. പുനരധിവാസം കൊണ്ട് രോഗിയുടെ നിലമെച്ചപ്പെടാനുള്ള സാധ്യത കൂടുന്നു. പുനരധിവാസം കൊണ്ട് രോഗിക്ക് പരിമിതിക്കുള്ളിൽ നിന്ന് മെച്ചപ്പെട്ട ജീവിതം ഉണ്ടാക്കികൊടുക്കുകയാണ്. ഫിസിയോതെറാപ്പിസ്റ്റ്, ഒക്യുപേഷണൽ തെറാപ്പിസ്റ്റ്, സ്പീച്ച് തെറാപ്പിസ്റ്റ് എന്നിവരാണ് ഈ ടിമിലുള്ളത്. ശരീരത്തിന്റെ ഒരു ഭാഗം മുഴുവനായോ ഭാഗികമായോ തളരാം ഇവർക്ക് നടക്കാനും സാധനങ്ങൾ മുറുക്കിപ്പിടിക്കാനും ഒക്കെ പ്രയാസമായിരിക്കും പതിയെപ്പതിയെ രോഗിക്ക് കട്ടിലിൽ നിന്ന് കസേരയിലേക്ക് ഇരിക്കാനും നിൽക്കാനും പരസഹായത്തോടെയോ, അല്ലാതെയോ നടക്കാനും കഴിയുന്നു.ഒക്യുപേഷണൽ തെറാപ്പിയിൽ രോഗി മുമ്പ് ചെയ്തിരുന്ന കാര്യങ്ങൾ ചെയ്യാൻ പഠിപ്പിക്കുന്നു.മുടി ചീകാൻ ചീപ്പ് പിടിക്കേണ്ടത് എങ്ങനെ എന്നൊക്കെ ചിലപ്പോൾ മറന്നുപോയിട്ടുണ്ടാകും. അത്തരം കാര്യങ്ങൾ ഈ ചികിത്സയിൽപെടുന്നു. സംസാരശേഷി നഷ്ടപ്പെട്ടവർക്കും ഭാഷ കൈകാര്യം ചെയ്യാനുള്ള കഴിവ് കുറഞ്ഞുപോയവർക്കും സ്പീച്ച് തെറാപ്പി ആവശ്യമായിവരും എഴുതാൻ മറന്നുപോകുക, വായിക്കാൻ മറക്കുക, വിചാരിച്ച കാര്യങ്ങൾ തെറ്റുകൂടാതെ പറഞ്ഞു ഫലിപ്പിക്കാൻ കഴിയാതെ വരിക,മറ്റൊരാൾ പറയുന്നത് മനസ്സിലാക്കാതെ വരിക... തുടങ്ങിയ പ്രശ്നങ്ങൾ ഇവർക്കുണ്ടാകാം.

പക്ഷാഘാതവും ആഹാരവും

പുനരധിവാസത്തിന്റെ ഭാഗമായി ഭക്ഷണക്രമീകരണം അനിവാര്യമാണ്. പോഷകാഹാരക്കുറവ്മൂലം നീര്, പേശീനഷ്ടം എന്നിവയും കാണപ്പെടുന്നു. സ്ട്രോക്ക് വന്ന രോഗികളിൽ ശയ്യാവലംബികളായിട്ടുള്ളവർക്കും ഭക്ഷണം ചവച്ചിറക്കാൻ സാധിക്കുന്നവർക്കും പോഷകങ്ങളുടെ അവശ്യകത ഒരുപോലെയാണെങ്കിലും ഭക്ഷണത്തിന്റെ ഘടനയിൽ വ്യത്യാസം വരുത്തേണ്ടതുണ്ട്. ചുണ്ടുകൾ മുഴുവനും അടയ്ക്കാൻ സാധിക്കാത്ത നിലയിലുള്ളവർക്കും തൊണ്ടയിലേക്ക് ആഹാരം ഇറക്കാൻ ബുദ്ധിമുട്ടുള്ളവർക്ക് നാരിന്റെ അംശം കുറഞ്ഞ മൃദുവായ അർദ്ധഖരരൂപത്തിലുള്ള കുറുക്കുകളാണ് ഉത്തമം.

ANSWER KEY

1 → d

2 → b

3 → a

4 → b

5 → a

6 → c

7 → a

8 → c

9 →

10 → b

11 →

12 →

13 → a

14 → b

15 →

16 → d

17 →

18 → a

19 → d

20 → d

21 →

22 → d

23 → d

24 → a

25 → a

26 → d

27 →

28 →

29 → a

30 →