Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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BP Blogger

Myth Busting: Stroke 2 Issue

Myth 1: No help for a clenched fist

Stroke can cause muscles to become stiff and tense. Known as spasticity or high tone, it can cause a resident's hand to tighten into a fist. A clenched fist makes it difficult for the resident or care provider to properly clean the hand. Keeping the hand clean helps to avoid skin breakdown, odour and infection. Stroke can also cause muscles to become limp, heavy and flaccid. A flaccid or low tone arm can be easily injured and must be handled and positioned carefully.

Spastic or High Tone Hand Handling and Care TIPS	
DON'T	**DO**
DON'T touch the palm or force the hand open *WHY?* It can cause pain and injury to the hand muscles.	**DO** encourage the resident to use their "good" hand, to **slowly and gently** open the fingers of the affected hand and place the hand on a supporting surface. Try to avoid contact with the palm of the affected hand.
DON'T encourage the resident to squeeze a ball unless instructed by a therapist. *WHY?* Squeezing a ball can increase spasticity in the hand by stimulating flexor muscles that are already overactive.	**DO** promote hand relaxation by positioning the resident's hand and forearm on a flat surface, gently stroking the back of the hand.
DON'T use a splint to position a spastic or high tone hand unless instructed by a therapist. *WHY?* Splints need to be custom made by specialists to meet the resident's unique hand needs.	**DO** report changes that you notice in the resident's pain, swelling, redness, skin temperature and skin breakdown as well as any changes to the muscle tone of the affected arm or hand.
DON'T open the thumb from the tip *WHY?* This can cause joint pain. Gently and slowly open it starting from the first knuckle.	**DO** ask a therapist to provide specific recommendations for hand care. **DO** wash and dry the entire hand thoroughly and keep all fingernails cut short to promote hand hygiene. Open the hand and fingers **slowly and gently** during hand care.

Flaccid or Low Tone Hand Handling and Care TIPS	
DON'T	**DO**
DON'T pull on the arm or pull up under the armpit when positioning or transferring the resident *WHY?* This may cause injury.	**DO** try to keep the shoulder and hand supported at all times. **DO** encourage residents to gently massage and/or rub lotion on their hand.
DON'T place items that are too cold or hot on the limb. *WHY?* This may cause injury.	**DO** follow instructions provided by therapists for handling and positioning of the affected arm and hand
DON'T use a splint to position a flaccid hand unless instructed by a therapist. *WHY?* Splints need to be custom made by specialists to meet the resident's unique hand needs.	**DO** elevate the hand to heart level if it's swollen, keeping the arm and shoulder supported.

Myth 2: Oral health doesn't affect general health

Poor oral health can have serious have effects on a resident's overall health. Dental plaque (bacteria), builds up on all surfaces in the mouth including teeth and partial dentures. When resident's teeth are not cleaned twice daily, plaque build up can cause gum disease and cavities. Gums will look swollen, shiny, tender and bleed more easily. If untreated, teeth can become infected, painful and loose. Unhealthy gums means that bacteria can more easily enter the blood stream increasing the risk of stroke, heart disease, lung disease and diabetes.

Mouth Care Tips

- Promote self care skills, assist and prompt as needed
- Use toothbrush with small head, soft bristles, large-handle, rubber grips
- Obtain adapted toothbrushes, dental floss, other brushes e.g, denture, inter-dental and use according to oral care needs
- Clean all mouth surfaces including teeth, gums, tongue, palate
- Use pea-sized amount of non-foaming fluoride toothpaste or equivalent
- Can use alcohol-free mouth rinses, dip toothbrush in mouth rinse if can't use paste
- Clean mouth surfaces (gums, palate, tongue) of denture wearers
- Do oral care minimum twice daily: ideally after each meal, before bed & as necessary
- Clean dentures twice daily, clean before soaking overnight, re-clean before insertion
- Coordinate regular dental checkups and professional cleaning of teeth
- No lemon glycerin oral swabs as very drying to oral mucosa
- Avoid toothettes, avoid petroleum-based lip products

Special Needs – Risk of Aspiration

- Individualized assessment for appropriate oral care method (e.g, RDH, SLP)
- May need to substitute toothbrush dipped in fluoride mouth rinse instead of toothpaste
- Suction toothbrush or electric toothbrush (keep them clean !!!)

RGP central shrtn

Regional Geriatric Program Central and SHRTN Library Service Hamilton & Area

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BPGs and Resources 2

Contacts for Information 1 & 2

More information on This and Other Best Practices

- **Contact** your **Regional LTC Best Practices Coordinator.** They can help you with Best Practices Info for LTC. **Find them at:**
- **www.rnao.org** Click on Nursing Best Practice Guidelines and select LTC BP Initiative
- **www.shrtn.on.ca** Click on Seniors Health
  - **Check out Long-Term Care and Geriatric Resources at www.rgpc.ca**
  - **Surf the Web** for BPGs, resources and sites are listed on pg 2.
  - Review back issues of the BP Blogger for related topics **www.rgpc.ca**

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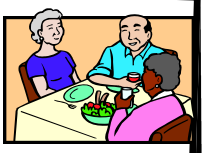
Find it on the Web at www.rgpc.ca or www.shrtn.on.ca

Ontario Stroke System
Fewer strokes. Better outcomes.

Myth 3: Swallowing problems are obvious



A stroke can affect the muscles we use to eat and swallow like the lips, tongue and cheeks. Swallowing difficulties are called "dysphagia". Residents with swallowing difficulties may drool, cough, choke or have excessive throat cleaning when drinking or eating. They may have a wet or gurgling voice or food left over in their mouths. There is a danger that food, drink and even saliva may go down the wrong way into the lungs instead of the stomach. This is called aspiration and can lead to pneumonia. Good oral care helps to remove food and bacteria from teeth, dentures, roof of mouth, tongue and cheeks and avoid it accidently being aspirated into the lungs. Residents with stroke and dysphagia should have their swallowing ability assessed by a Speech Language Pathologist or another appropriately trained health care professional. Always observe for changes in the resident's swallowing ability such as pocketing food in mouth, eating slower or faster, problems chewing, repeat swallowing, not eating, needing more help and repeat chest infections. Use safe feeding techniques to minimize aspiration.

Tips for Safe Eating and Swallowing

- Follow food/liquid texture, feeding strategy recommendations
- Encourage resident to eat and drink only when fully awake, sitting straight up, stabilize with pillows if necessary
- Make sure dentures, hearing aids, glasses are worn for meals
- Encourage the resident to feed themselves placing cups/utensils within reach
- When feeding – be at eye level with the resident, reduce distractions and promote a relaxed dining experience
- Encourage small bites/sips, making sure they're swallowed (watch Adam's Apple area) before the next is given
- Keep the resident upright 20-30 minutes after each meal
- Check the mouth is clear and cleaned of food after each meal
- Observe and report if the resident has difficulty swallowing

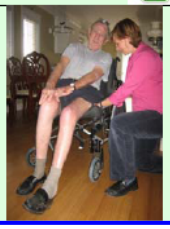
Myth 4: Slouching in chairs is more comfortable

Residents who are not positioned properly may have problems with eating, swallowing and talking; dressing; moving their body and wheelchair; pain, skin breakdown and social interaction. It's important to make sure that residents are positioned properly and that you **protect yourself** from injury when adjusting their position. If the resident is positioned properly in their chair, they will have their:

- Head straight
- Back supported and straight
- Arm supported (arm rest, pillow, lap tray)
- Hips level, well back in chair
- Feet flat on floor or on the foot pedals of their wheelchair

OTs/PTs can provide advice on positioning and appropriate chairs and wheelchairs.

How to Reposition a Resident in a Wheelchair

STOP		GO
1. DO NOT lift when trying to level the hips.		1. DO level the hips by drawing tucked hip out towards you. Ensure your knees are bent to protect your back.
2. DO NOT leave the feet on the foot pedals.		2. DO remove the feet from the foot pedals and place the ball of the foot directly under the knee.
3. DO NOT pull the stroke arm onto their lap.		3. DO gently place resident's stroke arm on their lap.
4. DO NOT pull up underneath the armpits to take the weight off the hips.		4. DO guide the shoulders forward to shift the weight off the hips.
5. DO NOT lift the hips to the back of the chair.		5. DO gently guide the hips back into the chair by placing your knees against theirs and carefully guide them backwards.

Did You Know?

- ✓ Dysphagia occurs in 55% of people with new-onset strokes
- ✓ 50% of people with stroke recover their normal swallowing by 6 months

Check out these Best Practices, Guidelines & Websites Answers to the Myths came from them. Find out more!

Canadian:

Lindsay P, Bayley M, Hellings C, et al. **Canadian Stroke Strategy Best Practices and Standards.** CMAJ 2008 179:S1-S25. www.canadianstrokestrategy.ca/eng/resourcestools/best_practices.html

Heart & Stroke Foundation of Ontario. (2002) **Tips and Tools for Everyday Living: A Guide for Stroke Caregivers.** www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5385217/k.E8DF/HCP_Tips_and_Tools.htm

The Registered Nurses Association of Ontario (2008). **Oral health: Assessment and interventions.** Toronto, ON: Author. www.rnao.org

British Society of Gerondontology. **Guidelines for the Oral Healthcare of Stroke Survivors.** June 2010. http://www.gerodontology.com/forms/stroke_guidelines.pdf

Swallowing difficulties after stroke brochure, Toronto West Stroke Network. Authors: Becky French, Amanda Ratner, Lisa Dirkin, Rosemary Martino. Available at : www.tostroke.com

Make Feeding Safer (2010). Poster developed by the Stroke Strategy of Southeastern Ontario. http://www.strokestrategyseo.ca/public/uploadedfiles/Dysphagia%20poster_v2_hi_res%20final.pdf

Heart & Stroke Foundation of Ontario (2006). **Management of Dysphagia in Acute Stroke: An Educational Manual for the Dysphagia Screening Professional.** HSFO: Toronto.

Making Seating a Success. (2010) Poster. Stroke Strategy of Southeastern Ontario http://www.strokestrategyseo.ca/public/uploadedfiles/Seating%20poster_pd_v5_hi-Final%202.pdf

Heart & Stroke Foundation of Ontario. (2008). **Best Practice Guidelines for Stroke Care: A resource for implementing optimal stroke care.** http://www.heartandstroke.on.ca/site/c.pvI3IeNWJwE/b.5349227/k.AAEHCP__Ontario_Best_Practice_Guidelines.htm

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Reach Community & LTC Coordinators at local Regional Stroke or Enhanced District Stroke Centres or go to Stroke Regions www.heartandstroke.on.ca