

Hyper acute stroke unit

Patient and carer information

Phoenix ward: 01872 252120



Contents

Section	page
Introduction	1
Unit philosophy	1
Multidisciplinary team	2
Administration team	4
Other services	4
Visiting times	5
Advice for visitors	5
Infection control	6
Process of care	7
Transfer and discharge	8
Service development and research	9
Your named team	9
Feedback	10

Introduction

Phoenix Ward is a 21 bedded unit. It has 6 hyper acute stroke beds and 15 acute stroke beds. There are two gender-specific bays with the HASU being a mixed sex bay. There are gender-specific toilet facilities available. There is a strong multidisciplinary team approach to enable quick identification and treatment of specific problems and co-ordinated early rehabilitation to enable you to reach your maximum level of independence, and work towards your earliest possible discharge from hospital.

Unit philosophy

Our specialist team will assess your needs and:

- provide emotional, physical and social support for you and your family
- therapists, nursing and medical staff will work together to help you reach your maximum level of independence, in a safe, supportive and friendly environment.

Multidisciplinary team

The multidisciplinary team comprises of the following.

Doctors

There are two rotational consultants covering the acute stroke beds, Dr Adie and Dr Mate, who rotate on a weekly basis. They lead a medical team who will assess and manage your medical investigations and treatment on the wards, and discuss any medical concerns you or your family may have, including specific investigations, and treatment advised.

Doctors are available to discuss any queries or concerns you have. Please let the nursing staff know if you wish to discuss your medical management with the doctor so this can be arranged.

Specialist nurses

There is a team of stroke specialist nurses who provide 24 hour cover and will track your journey through the hospital, ensuring you are receiving appropriate investigations, treatment and therapy input.

Nurses

A team of named nurses will be responsible for your day to day care. On arrival to Phoenix you will be cared for in the 6 bedded hyper acute unit for up to 72 hours, then transferred into an acute stroke bed on the unit. You will be assessed and your care planned in discussion with yourself and your family. The nursing staff will work to ensure your privacy and dignity, and with therapists to help you regain your independence. They will advocate and communicate your needs and achievements, and assist planning your return to the community.

Speech and language therapist (SLT)

The SLT will be involved if you experience communication or swallowing difficulties. All aspects of your communication including reading, writing, understanding, speaking and gesture will be explored. You or your family may be given a communication questionnaire to complete and return together with some family photos.

If swallowing difficulties are identified the texture of your food and drink may need to be modified to prevent further medical complications. A management plan to make eating and drinking as safe as possible will be provided. Feeding via a tube may also need to be considered if your swallow is significantly impaired.

Family and friends are actively encouraged to be involved in the therapeutic process. This may mean following swallowing advice or facilitating communication.

When you are discharged from this ward the SLT will assess your need to continue therapy.

Physiotherapist

Following a stroke, the physiotherapist will assess how it has affected your movement, your sensation in your limbs, and will help to prevent or treat chest infections. They will develop a treatment programme and set goals with you to improve all aspects of your movement.

Even if you are unable to move your limbs, the physiotherapist will advise on positioning, and passive exercises to maintain your range of movement and help promote recovery. They will involve your relatives or carers in this. They will advise on what assistance you will need to transfer out of bed, appropriate seating and will assess your ability to balance in sitting and the potential to stand or walk. The physiotherapist will also inform you of the physiotherapy services available in the community if this is required.

Occupational therapist (OT)

Your OT will discuss your mobility and lifestyle before your stroke or neurological event, and your home environment. They will assess how you manage everyday activities on the ward including how you move on/off furniture, manage personal care and kitchen activities. They will assess your movement, sensation, cognition and perceptual skill to identify any difficulties following your stroke or neurological event. If further support is required, the OT may refer you to a neuropsychologist who specialises in assessing psychological and cognitive problems.

The OT's aim is to enable you to regain as much independence as possible. This will include practising daily tasks, providing yourself and family with strategies to manage difficulties, and assess your need for any special equipment.

The OT will assess and discuss with you and your family plans to return you to your home. Depending on your progress this may occur whilst you are on Acute Stroke Care Ward. This will involve discussion about support, further rehabilitation, and equipment which may be required. The OT will assess the need for a home visit or discharge visit depending on your circumstances.

Dietician

You may be referred to a dietician during your admission. They will be involved in setting up feeding programmes if you have difficulty swallowing and require a nasal gastric tube. They will work closely with nursing and your speech and language therapist to meet your dietary needs. Good nutrition and change in eating habits are important following a stroke or neurological event.

Ward administration

Hostess

The Hostess will provide hot drinks and meals. They may assist with meal preparation, and will help you with your menu choices each day.

Ward clerk

The ward clerk assists with administration on the ward and will be the first contact on the telephone.

Other services

Psychiatric Liaison Team

The psychiatric liaison nurses assess and provide recommendations where there are confusional, mental health or behavioural problems following stroke or neurological event, and provide recommendations on support required during rehabilitation, and also on discharge.

Department of Adult Care and Support (DASC) (formerly known as Social Services)

DASC are involved via the integrated patient discharge team in providing packages of care to support you and your family on discharge. If you require support a case co-ordinator will be allocated and involved in arranging carers and monitoring your progress. They also provide carer assessments, and link into a variety of support agencies. Packages of care are means tested. DASC also assist in minor and major adaptations of properties as recommended by your OT to enable discharge home.

Visiting

Phoenix visiting times: Open visiting from 10am. Protected protected meal times are between 12pm and 1pm and 5pm and 6pm.

Please discuss any concerns or queries with staff as we are continuously striving to enhance patient centres quality of care.

Telephone calls

Contact us on:

Phoenix ward: 01872 25 2120 / 5965 / 3390

- Please avoid ringing between 10am - 10.20am and 1pm - 1.30pm as the phone will not be manned during these times.
- It would be appreciated if one family member only could be nominated for general telephone enquiries.

Advice for visitors

Visitors are crucial in getting people better. A list of tips has been designed to ensure your visits are worthwhile and as enjoyable as possible.

- If you have any concerns please share them with the staff who will do their best to help. If staff don't know they will contact someone who does.
- Please inform staff of patient's two next of kin and discuss whether you wish to have a night call if you are the next of kin.
- There are protected meal times from 12pm - 1pm, and protected rest times from 1pm - 2pm. Please do not visit during these times.

- Conserve your visiting energy as you may be visiting over weeks.
- Short frequent visits can be more satisfying than a single long visit.
- Don't be worried if the person you are visiting is emotional or sleepy as this is common. 20- 30 minutes is often long enough.
- Priority must be given to patient's therapy and personal needs, so please check with staff as to when your visit will be most enjoyed.
- Too many visitors can be overwhelming, so please limit to two visitors at once.
- Be prepared to bring in news/ photographs of family, and assist to complete any patient information forms. Please ensure the patient's names are on the back of any photographs.
- Small gifts including fruit, sweets, magazines and toiletries are welcome but check with staff about the patient's swallowing ability and dietary needs before you bring in food. Please consider the limited bed space available.
- Please do not bring in flowers.
- Please read information available on the ward including leaflets. Staff can signpost you to information displays.
- You may be asked to help with therapy, such as exercises. If you wish to participate please do, if only for a few minutes.

Infection control

The hospital is working hard to reduce the spread of infection. Could you please help in the following ways:

- please wash hands and use hand gel on entering and leaving the ward to protect yourself and the patient you are visiting
- take personal clothing home for washing
- do not sit on beds
- do not visit if you are unwell
- please follow specific instructions if visiting a known infected area babies and infants have a higher risk of picking up an infection and for their own safety it is advisable for them not to visit the ward.

What patients will need during their stay:

- loose comfortable clothing (labelled if possible)
- comfortable shoes or slippers with backs
- usual toiletries and wash bag

Please make sure that any valuables and jewellery are taken home.

Process of care

During your admission in acute stroke care, the multidisciplinary team will start assessing causes of stroke which may include CT scans, blood tests, and carotid doppler scans. They will also assess the effects of your stroke on your functional abilities. They will discuss with you plans to minimise further risks of stroke, and manage medical issues. The multidisciplinary team will start rehabilitation to increase your level of independence.

There are daily board meetings where a nurse, doctor, physiotherapist, OT, SLT and dietician discuss the progress of patients, medical management and discharge or transfer of care. There is a consultant led ward round twice weekly to review medical management, with daily medical review by junior medics. Consultants will review all new patients daily. There is a weekly multidisciplinary team meeting to review your overall progress and discharge plans.

The length of time you spend in acute stroke care will depend on a number of things including your medical health, the rate in which your functions improve - for example eating/ drinking, mobility, language, and your home circumstances.

The usual length of stay in acute stroke care is a week. Following this a number of options will be discussed depending on your recovery and home circumstances.

Your therapists will discuss with you if you need referral to an Early Support Discharge (ESD) team for stroke (which will include stroke specialist expertise), and whether further input from a SLT is needed.

If you have had a stroke, a community stroke care co-ordinator will continue to monitor your progress at home and your medical management.

Discharge home

Any plans for discharge back to your home will be discussed and agreed with you and your family members. This will include a discussion about support needs. This could include a package of care to assist personal care, mobility, and meals from Social Services. There is a financial assessment for Social Services. Referral to voluntary agencies to assist with community activities, shopping, and befriending will be discussed. Your OT will discuss if a discharge or home visit is required, and whether any equipment and minor adaptations for example rails, and lifeline are needed to enhance your safety and abilities. Your OT will also discuss the carer support services and assistive technology available.

Expected date to be medically fit for discharge or transfer

Community rehabilitation

If you need further rehabilitation before discharge, you may be transferred to a community hospital. There are two specialist stroke units in the community where you will receive therapy from a multi professional team. Your length of stay will depend on a number of factors, according to your level of need. The multi-disciplinary team in the hospital will discuss your progress and work towards the earliest discharge from hospital in discussion with you and your family to agree discharge plans and the most appropriate discharge location.

Residential or nursing home

If going home is not a desired, safe or a realistic option, moving into a care home may be discussed. A nursing needs assessment would be conducted whilst in hospital to determine the level of care required and whether a nursing or residential home is required. A social worker from Social Services will assist you in selecting a suitable nursing or residential home and assisting to arrange funding for this.

A financial assessment will be required to determine the level of your financial contribution. You may be transferred to a community hospital whilst placement is being organised.

Patient and carer feedback

We would be very grateful for your comments regarding:

- things we do well
- things we could improve.

Feedback can be given using the 'Friends and Family Test' questionnaire, available on the reception desk.

The feedback will assist in developing and improving the quality of our services.

If you would like this leaflet in large print, braille, audio version
or in another language, please contact the General Office on
01872 252690

