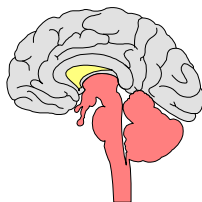


The Facts about Strokes (“Brain Attacks”)

1. Every minute someone in the United States suffers a stroke.
2. Every year, approximately 550,000 Americans experience a new or recurrent stroke.
3. Four out of five American families will be affected by a stroke during their lifetime.
4. Stroke is the number one cause of adult disability.
5. Currently, three million Americans are permanently disabled because of a stroke.
6. Males and females of all ages and races have strokes.
7. Strokes cost the US \$30 billion annually in healthcare costs and lost productivity.
8. You can reduce your risk of stroke.

In a study done by the University of Cincinnati, researchers found that 4 out of 10 people who survived a stroke and those people at greatest risk were not familiar with the signs and symptoms. Recognizing signs and symptoms of a stroke are important because prompt treatment can reduce the damage and resultant disability in some strokes, but **ONLY** if treatment is initiated within 3 hours of the onset of symptoms.



There are 2 types of strokes: ischemic (caused by a clot) and hemorrhagic (caused by a burst blood vessel). A head CT scan is done in the emergency room to determine the type. “Clot busting” medication can only be given when there is no evidence of hemorrhage or a bleed into the brain.

A stroke is a medical emergency. Most people associate heart attacks as being a medical emergency. For this reason strokes are being referred to as a “brain attack” so that the public will act on the symptoms the same way as they would a heart attack and seek prompt treatment.

Risk Factors for a Stroke include:

- ◆ High blood pressure
- ◆ High cholesterol
- ◆ Smoking
- ◆ Obesity
- ◆ Lack of exercise
- ◆ Excessive alcohol intake
- ◆ Use of street drugs such as crack and cocaine
- ◆ Heart disease, particularly atrial fibrillation
- ◆ Diabetes
- ◆ Carotid artery disease
- ◆ Race: Afro-Americans are at higher risk
- ◆ Family history
- ◆ Previous stroke or TIA (transient ischemic attacks) [A TIA is a brief episode of stroke symptoms]

Warning Signs of a Stroke

- ◆ Sudden weakness or numbness of the face, arms or leg on one side of the body.
- ◆ Sudden dimness or loss of vision, particularly in only one eye.
- ◆ Loss of speech, trouble talking or understanding speech.
- ◆ Sudden, severe headaches with no known cause. “Worse headache of your life”
- ◆ Unexplained dizziness, unsteadiness or sudden falls with no previous symptoms.

For more information go to: www.stroke-site.org

Patient Safety Issues: Falls

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has been tracking sentinel events since 1995. Over 1540 incidents have been reported. The top 7 events were: patient suicide (16.7%), operative/post-op complications (12.1%), medication errors (11.6%), wrong site surgery (11%), delay in treatment (5.1%), **patient falls (5.1%)**, and patient death or injury due to restraints (4.9%)

Source: www.jcaho.org 🌟

Statistics on Falls in the Elderly

- ◆ In the United States, one of every three adults 65 years old or older falls each year.
- ◆ In 2001, more than 1.6 million seniors were treated in ERs for fall related injuries and 373,000 hospitalized.
- ◆ Falls are the leading cause of injury/death among people over 65. (10% of these falls occur in hospitals)
- ◆ In 2001, more than 11,600 people over the age of 65 died from fall-related injuries.
- ◆ Of all fall deaths, more than 60% involve people who are 75 years or older.
- ◆ Fall-related death rates are higher among men than women and differ by race, with the highest among white men..
- ◆ Falls account for 87% of all fractures in people 65 years and older. Falls are also the leading cause of spinal cord and brain injury among older adults.

For more statistics on falls go to:

<http://www.cdc.gov/ncipc/factsheets/falls.htm> 🌟

Risk Factors for Falls

- ◆ Medications such as sedatives, diuretics, antihypertensives, and narcotics.
- ◆ Chronic diseases such as arthritis, neurological impairments, orthopedic disorders
- ◆ Weakness or impaired ability to walk
- ◆ Altered sensory perception such as blindness, deafness or decreased vision
- ◆ Urinary incontinence and frequency
- ◆ Diarrhea
- ◆ Mental confusion
- ◆ History of substance abuse
- ◆ History of a previous fall, the most valid predictor of future falls.

All hospitalized patients and long term care residents should have a fall risk assessment documented in their medical record. 🌟

What Should be Assessed After a Fall

Skin: Observe for bruises, lacerations or abrasions.

Musculoskeletal: Note any pain or deformity in the extremities, particularly the hip, arm, leg or lumbosacral spine. It should be noted if one of the patient's legs is rotated to the outside, pulled away from the midline of their body or shortened compared to the other side.

Cardiovascular: The patient's BP should be taken lying and sitting to see if they are orthostatic (if they are, there will be a drop of 20-30 mm Hg in the top number of their BP reading). The pulse should be checked for irregularities that could have caused fainting.

Neurological: The patient should be assessed for any obvious neurologic changes, such as slurred speech, decreased strength in the extremities, or changes in mental status.

Pain: Location, quality and character of pain, and intensity.

Source: *Nursing Documentation, Mosby, 1999* 🌟



ADDRESS CORRECTION REQUESTED