

REGIONAL STROKE NURSING THEN AND NOW

In hindsight, I suppose I was always meant to be a stroke nurse. When I was asked during my final med/surg exam at uni 'What is epistaxis?' and I answered 'unsteady gait' (ataxia)...

That was 20 years ago when I was completing my bachelor of nursing at University of Ballarat and I had no idea what kind of nurse I wanted to be. While on a nursing placement in my third year I was talking to one of the nurses who told me the story of a young man she looked after following a car accident. He had a serious ABI and was unconscious at the time but she began to read the newspaper to him when she was working after the family said he always liked to hear about what was going on in the world. Many years later she looked after him at a rehab centre and the patient heard her voice and said 'I know your voice, you read to me when I was sick'.

This is the kind of nurse I wanted to be...

I was going to be a neuro nurse. I quickly committed to post graduate studies in neurological nursing and started working on the stroke unit. I remember discussing neuro/stroke nursing with friends and colleagues. Most of their responses were things like 'But it is so heavy and depressing', 'Isn't it like aged care?', 'Don't you want to do something more interesting?' or my least favourite of all 'Why would you want to work in the veggie patch?'

I never saw the stroke ward as a 'veggie patch'. I saw people whose lives had suddenly changed, people struggling to adjust to their new life, people who never thought it would happen to them, and people who have had to face their own mortality.

Caring for people who have had a stroke is hard work but also one of the most rewarding things I could have done. My years working on stroke wards has taught me many things that I would not otherwise know but perhaps most of all is that sometimes it is the 'little things' that can be the most important. I will never forget a young stroke patient I cared for many years ago. This man was very unwell, had been in bed for well over a week and had a very low mood. I had him on a morning shift and I declared at the start of the day that this man was having a shower no matter what. It took nearly two hours, a physio, an OT and two nursing staff to do it, but we did it. Afterwards I asked him how he felt and as he was aphasic he just gave me 'jazz hands' and a droopy smile on his face. That is what stroke nursing is all about, the patient.

Being a stroke nurse is working within a multidisciplinary team to achieve great outcomes for the patient and going the extra mile. Every patient is different. What the person can live with and what they never wanted and what is important to them. Some improve and return home as they were, some have residual deficits and need a bit more help, some people do not improve and need rehabilitation and some deteriorate and need end of life care. Stroke management will always be person centred.

Stroke has come a long way over the years. My nursing colleagues have told me how stroke patients were cared for 'back in the day'. The patient would present to the emergency department with a 'CVA' they would receive oxygen then be parked in the corner and wait to go to a ward where they would wait for maybe rehab but likely a nursing home or palliative care. Nowadays stroke management looks completely different. These days patients are cared for in a stroke unit and receive evidence-based specialist care. Stroke patients who receive organised inpatient stroke care are more likely to be alive, independent and living at home one year after the stroke (Langhorne et al, 2020). Gone are the days of 'CVA', stroke is no accident! In fact, 80% of strokes are thought to be preventable.

In 2015 I took on the position of the Victorian Stroke Telemedicine coordinator at Ballarat Health Services, this is when everything started to change. The Victorian Stroke Telemedicine project sought to reduce the inequality for regional Victorians to receive evidence-based stroke care purely because of where they lived. It brought specialist stroke care to regional health sites to improve patients' access to life saving therapies such as endovascular clot retrieval and thrombolysis, improve patient outcomes and to ensure patients receive appropriate and timely care.

While stroke management has evolved to include more therapies and improving patient outcomes, stroke is still a medical emergency, one of Australia's biggest killers. As a stroke team we always strive for excellent patient outcomes but not all patients do as well as we hope. The role of end of life care in stroke remains significant with many patients dying from their stroke, a recurrent stroke or complications following stroke.

Seeing how the stroke service has evolved over the last decade makes me excited about the future for stroke management and the role of stroke nursing. It is predicted that by 2050 the number of first ever strokes will rise to 50,600 or one stroke every 10 minutes without action. The role of specialist stroke teams, primary prevention, secondary prevention and health promotion have never been more important.

It is known that 1 in 4 people globally will have a stroke in their lifetime. Knowing the signs of stroke is one simple way to lead the fight against stroke. Talk to your friends and family about the FAST message and know your risk.

Recognise STROKE Think F.A.S.T.

F
Has their **FACE** drooped?

A
Can they lift both **ARMS**?

S
Is their **SPEECH** slurred and do they understand you?

T
Call 000, **TIME** is critical

Stroke FOUNDATION

If you see any of these symptoms
Act FAST
call 000

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