

CEREBROVASCULAR ACCIDENT (CVA/STROKE) DISCLOSURE

INSTRUCTIONS: This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility.

_____ is committed in providing quality of care to all residents. For each
(Facility Name)
resident to receive and for _____ to provide the necessary care and services
(Facility Name)

to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for the resident.

A Cerebrovascular Accident (CVA) occurs when the blood supply to the brain is reduced or interrupted. Brain tissue does not receive needed oxygen and brain cells begin to die within minutes. There are 2 causes: a blocked artery (ischemic) or a leaking/bursting of a blood vessel (hemorrhagic). CVA is the 5th leading cause of death in the U.S., killing more than 150,000 a year.

***Note:** The symptoms may vary in severity. Each resident may experience symptoms differently.

CLINICAL SYMPTOMS

- Right hemisphere stroke: signs and symptoms seen on left side
- Left hemisphere stroke: signs and symptoms seen on right side
- Headache – may be sudden and/or severe, sometimes accompanied by dizziness or vomiting
- Altered level of consciousness (LOC) or person becomes unconscious
- Loss of voluntary muscle control (one side of the mouth may droop)
- Paralysis or numbness of face, arm or leg
- Hemiparesis (weakness) or hemiplegia (loss of motor ability) on one side of the body
- Trouble walking
- Bowel/bladder incontinence
- Dysphagia (difficulty with swallowing)
- Receptive or expressive aphasia (absence or impairment of the ability to communicate through speech or writing); trouble understanding what is being said
- Dysarthria (impairments or clumsiness in the uttering of words) - speech may be difficult to understand, may be slurred
- Decreased deep tendon reflexes
- Falls, altered balance
- Apraxia (inability to perform purposive movements although there is no sensory or motor impairment, inability to use objects properly)
- Hemianopsia (blindness in one-half of the visual field) on the affected side of the body
- Sensory losses
- Emotional inability (unstable or changeable)
- Self-care deficits
- Seizure(s) may occur
- Hypertension may be present
- Stupor (a state in which a person is arousable only with vigorous or unpleasant stimulation) may be present

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

CEREBROVASCULAR ACCIDENT (CVA/STROKE) DISCLOSURE

Persons that have had a Cerebrovascular Accident (CVA) may develop complications that put them at risk for:

- Future CVAs/strokes
- Unstable blood pressure from loss of vasomotor control
- Fluid and electrolyte imbalances
- Malnutrition/weight loss/dehydration
- Infections
- Sensory impairments
- Loss of short-term memory
- Impaired judgement and problem-solving abilities
- Altered level of consciousness
- Aspiration pneumonia
- Dysphagia (trouble swallowing)
- Contractures, spasticity
- Skin breakdown (pressure ulcers/injuries)
- Deep vein thrombosis
- Pulmonary emboli
- Post stroke depression
- Falls from hemiparesis and/or hemiplegia
- Total dependence on others for cares; loss of independence
- Coma
- Death

(*If not addressed in the plan of care: Specify resident condition, treatment options, expected outcomes, consequences of refusing treatment, resident's concerns, medications that may affect the disease process and offer relevant alternatives if the resident has refused treatment.)

Additional Comments:

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

ACKNOWLEDGEMENT OF RECEIPT OF CEREBROVASCULAR ACCIDENT (CVA/STROKE) DISCLOSURE

I, _____, acknowledge that I have received and reviewed a copy of
(Resident/Resident Representative/Guardian)

_____ Cerebrovascular Accident Disclosure which summarizes the
(Facility Name)

clinical symptoms a resident diagnosed with cerebrovascular accident may exhibit. Residents diagnosed with having cerebrovascular accident may suffer from complications/adverse events and clinical symptoms that are a result of the natural progression of the disease process.

The Resident/Resident Representative/Guardian acknowledges that complications/adverse events may occur as a result of the cerebrovascular accident.

This facility recognizes the relationship between the Resident and the Resident Representative/Guardian is a critical element in identifying all of the resident's disease symptoms. The facility staff and physician requests that the Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with _____ when there
(Resident/Resident Representative/Guardian)

is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for the resident.

By signing, the Resident/Resident Representative/Guardian acknowledges the clinical symptoms and complications/risks associated with a Cerebrovascular Accident as well as the importance of and participation in the overall plan of care for this resident.

ACKNOWLEDGEMENT SIGNATURES

Resident/Resident Representative/Guardian

Date Signed

If signed by Resident Representative/Guardian, complete the following:

Print Name _____ Relationship _____

Person completing this form: _____
Signature and Title

Date Signed

Witness signature: _____

Date Signed

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed