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Stop stroke. Save lives. End suffering.

# Dietetics

## Concise guidelines Stroke rehabilitation and recovery

This summary is designed to provide a quick overview of the recommendations relevant to dietitians from the full *Clinical Guidelines for Stroke Rehabilitation and Recovery*. Important caveats to the recommendations are included in the preamble to each section in the main document. Readers are referred back to the main document for details regarding these caveats along with the specific research which underpins the recommendations and the designated NHMRC levels of evidence for each

recommendation. In general the use of the term 'should' or 'may' has been used to indicate the strength of a recommendation, that is, 'should' is used to indicate a stronger recommendation whereas the use of 'could' reflects a weaker recommendation. These guidelines cover care **after** the first seven days. They should be used in conjunction with the *National Clinical Guidelines for Acute Stroke Management* which refers to the first seven days of care.

## Discharge planning, transfer of care and integrated community care

### 2.1: Family and team meetings

The stroke team should meet regularly with the person with stroke and the family to involve them in management, goal setting and planning for discharge.

### 2.2: Pre-discharge needs assessment

Before discharge, people with stroke and their carers should have the opportunity to identify and discuss their post-discharge needs (eg. physical, emotional, social and financial) with the interdisciplinary team.

### 2.3: Care plans

People with stroke, their carers, the general practitioner and community care providers

should be involved with the interdisciplinary team in the development of a care plan that outlines care in the community after discharge, including the development of self-management strategies and any outpatient appointments.

### 2.4: Carer training

Therapists should provide specific training for carers before the person's discharge home. *This should include training, as necessary, in modified diet.*

### 2.5: Liaison with community providers

The stroke survivor's general practitioner, other primary health professionals and community service providers should be involved in, and informed about, the discharge plans and agreed post-discharge management, as early as possible prior to discharge.

## 2.7: General information and education

All stroke survivors and their families should be provided with timely, up-to-date information in conjunction with opportunities to learn via education from members of the interdisciplinary team and other appropriate community service providers. Simple information provision alone is not effective.

## Management of the consequences of stroke

### 3.8 Hydration and nutrition

- a) Fluid supplementation by appropriate methods should be used to treat or prevent dehydration.
- b) Nutritional supplementation should be offered to people whose nutritional status is poor or deteriorating.
- c) Early enteral tube feeding via a nasogastric tube may be used for people who require alternative feeding methods as a consequence of dysphagia.
- d) NG rather than PEG feeding should be used during the first month post-stroke for people who do not recover a functional swallow.
- e) Decisions regarding long-term enteral feeding for people who do not recover a functional swallow should be made in consultation with the person with stroke and the family.
- f) If a decision is taken for long-term enteral feeding, a PEG or similar permanent feeding tube should be used.
- g) People with stroke should be monitored to prevent dehydration.



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- h) People who are at risk of malnutrition, including those with dysphagia, should be referred to a dietitian for assessment and management.

### 3.12 Secondary prevention

#### 3.12.3: Blood pressure lowering therapy

All people after stroke or TIA, whether normotensive or hypertensive, should receive blood pressure lowering advice or drug therapy, unless contraindicated by symptomatic hypotension.

#### 3.12.4: Cholesterol

- b) People with high cholesterol levels should be considered for dietetic referral for nutritional review and counselling.

#### 3.12.5: Behaviour change

- a) Every person with stroke should be assessed and informed of their risk factors for a further stroke and possible strategies to modify identified risk factors. The risk factors and interventions include:

- improved diet: a diet that is low in fat (especially saturated fat) and sodium, but high in fruit and vegetables should be consumed. Potassium supplements may be used

- b) Interventions should be individualised and may be delivered using behavioural techniques (eg, counselling) via a group or on a one-to-one basis

This summary is based on the *Clinical Guidelines for Stroke Rehabilitation and Recovery*, National Stroke Foundation 2005, which have been endorsed by the Dietitians Association of Australia.



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