

Take Home Assignment: CVA Long Term Care

Purpose:

The purpose of this assignment is to offer the learner the opportunity to reflect on the concepts learned during the cerebrovascular unit. The focus is on the nursing role in preparing the client and family regarding the potential psychosocial impact on the quality of life that a CVA may have. The student will create an informative package for the client and family, utilizing the concepts discussed in week 1 and 2 of this course including loss, grief, loneliness, isolation, collaboration, and safe environment.

Learning outcomes:

Through the completion of this assignment, the learner will have the opportunity to increase their understanding of the psychosocial impact transitioning from acute care to long term care can have on clients and families and the importance of the nursing role in teaching and learning.

Concept Guidelines:

1. Students will work in groups of three to create a video and a paper health brochure that can be provided to clients and families prior to discharge from acute care after a cerebrovascular accident. Your focus is to provide education and raise awareness of what can be expected to both the client and family upon discharge in regards to a concept.
2. Students will create an informative package with the intended audience of an older adult with adult family members. The video and health brochure will aim to be used for clients who require long-term care (community or residential) to cope with the residual physical symptoms as a result of a CVA.
3. Using the concepts from class, choose 2 concepts for the basis for the video. One of these concepts chosen for the video should be utilized for the basis of the brochure.
4. The video and the brochure should incorporate evidence-informed research for each concept related specifically to care of the client post CVA.
5. Students will be required to create a video between 5-10 minutes with grade deductions of the time limits are not followed. Students may be required to use voice-over audio to clarify the visual content of the video.
6. To submit the video, post privately to YouTube and email the URL to the instructor. The video must not have any TRU or SON identifiers. Once the video has been marked it can be posted publicly to YouTube.
7. The brochure is standard format (see example attached) and to be submitted in hardcopy to the instructor. The concept will be thoroughly researched and presented in written form to address health promotion and prevention of complications related to the chronic disability from stroke illness.
8. The health brochure created for the intended audience should utilize “plain language” to be understood by those with different levels of health literacy. The health brochure is a resource for client and family and should be applicable to an age range for both young and older adults.

9. It is imperative that each student group adhere to the principles of Fair Use and Creative Commons License (CCL) in making these videos. In the event the video is used publically, student groups will need to create a personal CCL for the work created. Please see the following link if this applies:

<http://copyright.ubc.ca/guidelines-and-resources/support-guides/creative-commons/>

<https://creativecommons.org/licenses/>

https://wiki.creativecommons.org/wiki/Best_practices_for_attribution

10. A rubric will be used to grade this assignment that will be accessible for students to review prior to beginning this assignment.
11. The assignment is due by February 9th, 2019 at 0830. Please email the URL and have the video posted to the YouTube channel by this time. The hardcopy health brochure needs to be submitted at the beginning of class to your instructor.
12. This assignment is out of a total of 40 marks. With both the video and health brochure worth 20 marks each.
13. APA 6th edition guidelines must be utilized for the paper health brochure for citations. Please provide a reference list on the back of the brochure. Please use single spacing within the brochure for the text.
14. A minimum of 5 scholarly and reputable references are required to complete this assignment.

Please consult with your instructor for any clarification, questions, or difficulties.



PREVENTION

OVERDOSE IS MOST COMMON WHEN:

- Your tolerance is lower: you took a break, were in detox/treatment or jail, or you are new to use
- You have been sick, tired, run down, dehydrated or have liver issues
- You mix drugs: prescribed or not, legal or illegal
- The drugs are stronger than you are used to: changes in supply, dealer, or town

TO PREVENT OVERDOSE:

- Know your health status and your tolerance
- Do not mix drugs and alcohol. If you do mix, choose to use drugs before alcohol
- Be aware: using drugs while on prescribed medications can increase overdose risk
- Don't use alone. Leave door unlocked. Tell someone to check on you
- Do test to check strength. Use less. Pace yourself
- Talk to an experienced person or a trusted healthcare provider about reducing risk
- Know CPR and get trained on giving naloxone
- Choose a safer route of taking drugs

THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking. **Don't go!**

CHOOSE A SAFER ROUTE



OVERDOSE?



TAKE CHARGE.



TAKE CARE.

OPIOIDS / DEPRESSANTS

(e.g., opioids, morphine, dilaudid, heroin / depressants: alcohol, GHB, benzodiazepines)

FEELS AND LOOKS LIKE:



- Person cannot stay awake
- Can't talk or walk
- Slow or no pulse
- Slow or no breathing, gurgling
- Skin looks pale or blue, feels cold
- Pupils are pinned or eyes rolled back
- Vomiting
- Body is limp
- **No response to noise or knuckles being rubbed hard on the breast bone**

IN CASE OF OPIOID OVERDOSE:



- Stay with person. Use their name. Tell them to breathe
- Call 911 and tell them person is not breathing. When paramedics arrive tell them as much as you can about drugs and dose
- Use naloxone if available. Naloxone only works on opioid overdose
- After naloxone a person might feel withdrawal. Do not take more drugs. Sick feeling will go away when naloxone wears off (30 – 75 minutes). Be aware: overdose can return

SAVE ME

- S** stimulation
Can you wake them up?
If not, **call 911**
 - A** airway
Make sure there's nothing in their mouth that stops them from breathing. Breathe for them. (Plug nose, tilt head back, and give 1 breath every 5 secs). Are they any better?
 - V** ventilate
Are you trained to give naloxone?
 - E** evaluate
 - M** muscular injection
Inject 1cc of naloxone into a *muscle*.
 - E** evaluate & support
Is the person breathing on their own? If they're not awake in 5min, another 1cc dose is needed. Tell the person not to use any more drugs right now – wait at least 2 hours.
- This is proven to work. Other remedies can actually be harmful!

STIMULANTS

(e.g., cocaine, methamphetamine, ecstasy)

FEELS AND LOOKS LIKE:



- Fast pulse or no pulse
 - Short of breath
 - Body is hot/sweaty, or hot/dry
 - Confusion, hallucinations, unconscious
 - Clenched jaw
 - Shaky
 - Chest pain
 - Seizures
 - Vomiting
 - Cannot talk or walk
- There are **NO** medications to safely reverse a stimulant overdose.

A: MENTAL DISTRESS/OVERAMP

ASSESSMENT: ARE THEY EXPERIENCING A OR B?

Associated with: sleep deprivation, crashing, anxiety, paranoia. If a person is conscious, and you are sure this is not medical in nature, they may just need support and rest. Call Poison Control to help assess.

WHAT TO DO:

- Keep calm. Stay with person. Use their name
- Give water or fluid with electrolytes. Do not overhydrate
- Place cool, wet cloths under: armpits, back of neck, and head
- Open a window for fresh air
- Get them comfortable. Move away from activity
- If aggressive/ paranoid suggest they close their eyes, give person space
- Encourage person not to take any other substances
- Doctor may treat agitation and paranoia with a benzodiazepine

If you're not comfortable with the situation, call 911.

B: PHYSICAL DISTRESS/ACUTE STIMULANT TOXICITY

Medical attention is required immediately if person has:

- Jerking or rigid limbs
- Rapidly escalating body temperature and pulse
- In and out of consciousness
- Severe: headache, sweating, agitation
- Chest pains

WHAT TO DO:

- Call 911
- Stay with person
- Keep person: conscious, hydrated, calm
- If heart has stopped do "hands-only" CPR
- Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death