

Contents	
<b>Chair Introduction</b>	
COVID -19 Information: & CHSS Resources:	<b>Page 2</b>
Journal Club:	<b>Page 3</b>
Impetus Research Study:	<b>Page 4</b>
Grampian CHSS Nurse Led Clinic	<b>Page 5</b>
Psychological & Neurological Assessment of Stroke Patients across Scotland:	<b>Page 6</b>
Scottish Stroke Research Network Update: & Jokes LOL:	<b>Pages 7-10</b>  <b>Page 11</b>
Important update on SSNF Annual Conference: & Update on STARS Modules Migration Work:	<b>Page 12</b>



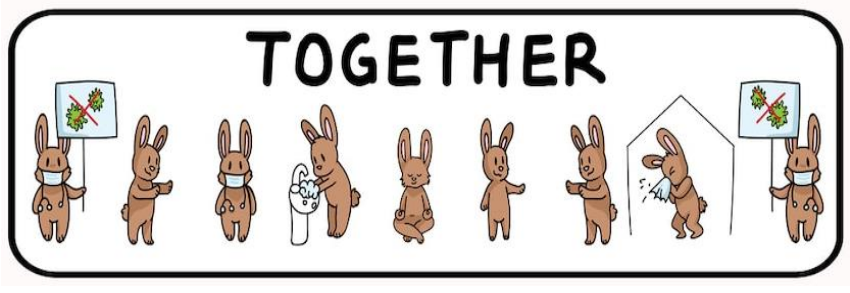
### Message from our Chair

*The SSNF would like to welcome you the Spring 2020 Newsletter it what can only be described as unprecedented times. In line with government recommendations all work and meetings of the SSNF has been suspended until the COVID-19 crisis resolves. This includes the Conference 2020 planned for later this year.*

*We plan to try and keep our newsletter going in order to keep our members up to date with all the latest research and information on stroke and I would like to thank everyone who contributed to this and a special thanks to Katrina McCormack (CHSS) for pulling this all together.*

*It is important that we support one and other, along with our patients and their families. There are many challenges ahead however look on this as a new opportunity to look at ways of working and providing care, advice and support in a variety of settings.*

*Most importantly though look after yourself and those close to you.  
Linda, SSNF Chairperson.*



# Scottish Stroke Nurse Forum Newsletter

## Important COVID -19 Information & Link

### CHSS Resources & Links



**Latest COVID-19 guidance from NHS Scotland & Scottish Government**



Where you can access lots of information Coronavirus (COVID-19) Including:

[General Advice](#) [Check Your Symptoms](#) [Guidance For Households](#) [Social Distancing](#) [Shielding Advice For Professionals](#)  
[Caring For Cough](#) [Caring For Fever](#) [Caring For Cough](#) [Caring For Cough In Children](#) [Caring For Fever In Children](#)  
[Caring For Cough In Babies](#) [Caring For Fever In Babies](#)

All this & other Information available @: [www.nhsinform/coronavirus](http://www.nhsinform/coronavirus)



**Links to CHSS Free Online Resources**



CHEST	HEART	Stroke
<p>Patient Resource-  <b>My Lungs My Life</b> covering:            1. I Have COPD. 2. I Have Asthma.            3. My Child Has Asthma. 4. More Info, Links &amp; Resources.            My Lungs My Life available at-  <a href="https://mylungsmylife.org">https://mylungsmylife.org</a></p>	<p>Patient &amp; Family Resource-  <b>Life After Cardiac Arrest</b> providing:            Support &amp; information for those who have experienced an out of hospital cardiac arrest (OHCA), their families &amp; those who have been bereaved by OHCA.            Life after cardiac arrest available at-  <a href="https://lifeaftercardiacarrest.org">https://lifeaftercardiacarrest.org</a></p>	<p>Patient and Family Resources-  <b>Self Help 4 Stroke</b> providing:            Information on Self Management and Goal Setting to help patients get more control and ownership of their life covering:            1. Getting Started. 2. Keeping well.            3. Being Active. 4. Emotional Support.            5. Coping with Setbacks.            Selfhelp4stroke available at-  <a href="https://www.selfhelp4stroke.org">https://www.selfhelp4stroke.org</a></p> <p><b>Stroke 4 Carers</b> providing:            Advice, support &amp; information for informal carers covering:            1. Stroke cause &amp; effects. 2. The hospital team. 3. Practical advice &amp; tips for carers.            4. Care at home. 5. Money, Benefits &amp; Legal issues. 6. Support for you the carer. 7. Carers rights.            Stroke4carers available at-  <a href="https://www.stroke4carers.org">https://www.stroke4carers.org</a></p>
<p>Professional Resource-  <b>RESPe resource for Staff &amp; Students:</b>            RESPe available at-  <a href="https://www.respelearning.scot">https://www.respelearning.scot</a></p>	<p>Professional Resource-  <b>HEARTe resource for Staff:</b>            HEARTe available at-  <a href="https://heartelearning.org">https://heartelearning.org</a></p> <p>Responders Resource-  <b>Out Hospital Cardiac Arrest (OHCA) providing:</b>            Support &amp; guidance for those attending an OCHA in a trained capacity.            Out of Hospital Cardiac Arrest (First Responders) available at-  <a href="https://heartelearning.org">https://heartelearning.org</a></p>	<p>Professional Resource-  <b>STARs Core Competencies for All Healthcare Staff-</b>            Available @  <a href="https://www.strokecorecompetecies.org">https://www.strokecorecompetecies.org</a></p> <p><b>STARs Advancing Modules for Qualified Staff-</b>            Available @  <a href="https://www.starsadvancingmodules.org">https://www.starsadvancingmodules.org</a></p>

Award Winning Free CHSS ADVICE LINE NURSE Service which is available to Patients Carers & Professionals.

Open Monday to Friday 09:30 till 16:00 Tel: **0808 8010899**

**Depression and anxiety symptoms post-stroke/ TIA:**  
**prevalence and associations in cross-sectional data from a regional stroke registry**

Anyone who works with stroke patients will already be aware that depression and anxiety are common and can have a huge impact on not only their recovery but their life expectancy. Literature up until now has largely focused on depression and anxiety has been largely over-looked and this study aimed to investigate this in more detail.

Using the Glasgow Local Enhanced Services for Stroke and the Hospital Anxiety and Depression Scale (HADS) the researchers examined 13,283 potential participants. Those with stroke and TIA in were put into separate cohorts. All the patients had been discharged from hospital.

This was the first study to investigate mood in stroke and TIA using an identical assessment and the data collected suggest that depression and anxiety symptoms are common following stroke events, and this includes those with TIA. The cause of the underlying depression and anxiety was not investigated with these finding it raises the question; should we routinely be screening for depression and anxiety in all stroke events including TIA?

The SSNF recognises that more work needs to be done in this field within their Top 10 Research Topics for nurses (Rowat et al 2015): what are the best ways to manage altered mood and emotions after stroke but perhaps this needs to be widened to include those with TIA as well.

**Reference:**

Broomfield N.M, Quinn T.J, Abdul-Rahim A. H, Walters M.R, Evans J.J (2014). *BMC Neurology*, 14:198  
The full article is available to read on : <http://www.biomedcentral.com/1471-2377/14/198>

*Journal Club article submitted by Linda Campbell, Stroke Coordinator, NHS Highland.*



### IMPETUS Research

SSNF member Dr. Lisa Kidd is leading research into supported self-management following stroke at the University of Glasgow. The IMPETUS study is a two year project funded by the Stroke Association and supported by a team of researchers from across the UK and clinicians from across Scotland, including SSNF and SSAHPF members.

Supported self-management in stroke is a multidisciplinary team intervention(s) that has been found in clinical trials to improve stroke survivors' quality of life and self-efficacy, promote their engagement in healthy lifestyle behaviours and reduce their use of health services. The provision of supported self-management for stroke survivors and their families has been recommended in UK-wide policy documents and clinical guidelines for addressing the longer-term needs and outcomes of stroke survivors and their families. However, an established or 'gold standard' model of what supported self-management in stroke is or consists of does not yet exist creating confusion over what SSM is and where self-management sits in the stroke pathway.

The purpose of the IMPETUS study is to address these gaps in current understanding and service provision around supported self-management and to investigate: What is supported self-management? How is supported self-management implemented? And, what makes supported self-management work in different contexts of community-based stroke rehabilitation?

The project is well underway with the project's researcher assistant, Dr. Julie Duncan Millar, travelling across Scotland to speak to stroke survivors, managers and clinicians to explore their views on what is most important in making supported self-management work. So far 18 interviews with stroke survivors, eight interviews with managers, and 5 focus groups with a total of 20 clinicians have been completed. Data analysis is due to start in March before the second round of interviews in summer. The findings from the interviews will be combined with the results of a literature synthesis and will be used to provide programme theories about how supported self-management works in different contexts. The results of the project will be published once the study finishes in March 2021. The study will provide guidance to clinicians and managers on how to implement and integrate supported self-management in day-to-day practice.

Find out more about the study [here](#) and follow project updates on Twitter @IMPETUSstroke.

*Article submitted by Dr. Lisa Kidd. Reader in supported self management, University of Glasgow.*





### Grampian CHSS Nurse Led Clinics



The Grampian CHSS Nurse led stroke clinics began in March 2007. Following recognition that GP's were referring ever increasing patient numbers back to stroke Consultant Clinics to have questions answered.

It was felt that these patients should have access to the same support that CHSS Stroke Nurses provide to patients discharged home from acute and rehabilitation stroke wards across Grampian.

As most of the patients attending Neurovascular Clinics have a TIA or minor stroke, it was acknowledged that they could return to a Nurse led clinic for advice and support. For those unable to attend clinic a home visit is organised.

Initial set up comprises of 2 clinics per week at Aberdeen Royal Infirmary (ARI). Each clinic has 4 x forty five minute slots. Following on from the success of the Nurse led clinics at ARI there are now additional fortnightly clinics in Inverurie and monthly clinics in Peterhead & Fraserburgh.

The main benefits of these CHSS Nurse led clinics are that more patients can be seen in a shorter time frame as well as clinic slots being offered as near to the patients' homes as possible. This ensures that there is equity of service to patients living outside of Aberdeen. Patients are usually seen within 2 weeks of referral from the Consultant.

**Article submitted by Fiona Sales, CHSS Nurse NHS Grampian.**



### Physiological and Neurological Assessment of Stroke Patients across Scotland

At the Scottish Stroke Nurses Forum Conference on the 19th September 2019 a short survey was circulated to explore current practice of physiological and neurological assessment of stroke patients on admission to hospital. Of the 26 completed questionnaires: 24 (88%) reported that they used a version of the National Early Warning Score to record the patients' observations on admission, regardless if patients received thrombolysis or not; two reported using the Stroke Thrombolysis Observation Complication Chart (STOC) chart; and five used the Glasgow Coma Scale (GCS) to report neurological observations at the same time as the physiological monitoring.

In patients that do not receive thrombolysis, the frequency and duration of physiological and neurological assessment ranged from half hourly to 6-hourly for up to 72 hours from hospital admission. Six responders stated the frequency and duration of neurological assessment depended on the type of stroke and clinical presentation on admission, with the timing interval of the physiological monitoring being more frequent until the patient was deemed stable.

For patients that receive thrombolysis, the most common frequency and duration of physiological and neurological assessment was 15 minutes to 2-hourly in the first 16-24 hours and then 2 to 4 hourly for the next 24-48 hours. It was not reported when the monitoring is discontinued. Six responders also highlighted they follow a dedicated thrombolysis protocol to monitor patients.

The results of this small survey suggest there is a lack of consensus on the frequency and the duration of physiological and neurological assessment for stroke patients, regardless of whether they receive thrombolysis on admission or not. Although, only seven of the 14 Scottish health boards were represented in the survey, there were notable differences both between and across these health boards on how physiological and neurological observations are being recorded.

Although the current guidelines highlight the importance of neurological assessment and monitoring there is very limited guidance on what we should be doing when and for which patients. Definition and identification of early neurological deterioration is also hampered by a lack of agreement in assessment procedures and how it should be quantified. Some causes of neurological deterioration could be reversed if acted on in a timely manner. Completion of a UK wide survey, which is being undertaken by Alison McLoughlin a PhD student based at the University of Central Lancashire, aims to establish current practice and briefly explore clinicians' experiences of neurological assessment and monitoring for stroke patients. Interviews will then be conducted across a small number of UK stroke units to ask staff about their professional experiences of undertaking it to allow identification of factors that influence neurological assessment and monitoring in clinical practice. The primary aim of the research is to develop a standardised neurological observation schedule and response protocol that will aid clinicians, give them more confidence in communicating changes in patients and guide what they should do in response to a noted deterioration. It is hoped the programme of research will feed into clinical guidelines and ultimately will improve outcomes for patients.

*Article submitted by Alison McLoughlin & for further information contact: Alison McLoughlin, NIHR Doctoral Research Fellow, Stroke Research Team, Faculty of Health and Wellbeing, Brook 445 University of Central Lancashire (UCLan), Preston. PR1 2HE. Tel: 01772 894950. E-mail: asrmcloughlin1@uclan.ac.uk*





### NRS Stroke Research Network Update Spring 2020 Study Updates



The ATTEST 2 study is a large-scale study funded by the British Heart Foundation and the Stroke Association and is a prospective randomised open-label blinded endpoint (PROBE) clinical trial.

Patients recruited are randomly assigned to treatment to either Alteplase or Tenecteplase. It will investigate whether treatment with Tenecteplase is associated with reduced disability and dependence in daily living activities compared to treatment with Alteplase. This will be measured using the modified Rankin Scale 90 days after the index stroke event by centralised telephone interview carried out at the QEUH in Glasgow.

The ATTEST 2 will recruit 1850 patients in total, with 30 UK stroke centres opened at present with 3 centres in Scotland, Aberdeen Edinburgh and Glasgow.

The study so far has recruited 915 patients, with 221 being recruited from our 3 Scottish sites. We are looking for other sites that may wish to take part, therefore if you would like to know more information about the study please contact our Clinical Trials Manager Shirley Mitchell [Shirley.mitchell@glasgow.ac.uk](mailto:Shirley.mitchell@glasgow.ac.uk)



*Left to right Sam Neilson, Keith Muir, Shirley Mitchell, Angela Welch, Wilma Smith, Ammad Mahmood*

#### **Trial Publication**

**Tranexamic acid to improve functional status in adults with spontaneous intracerebral haemorrhage: the [TICH-2 RCT](#)**

Visit the [NIHR Journals Library](#) to view the final report.

<https://www.journalslibrary.nihr.ac.uk/hta/hta23350/#/abstract>



### **NICHE: Neuro-Inflammation after Cerebral Haemorrhage in Edinburgh**

Bleeding into the brain or a brain haemorrhage accounts for around 20% of all strokes and can have devastating consequences for those affected. Currently we have limited knowledge about the causes and progression of haemorrhages and we don't have any effective treatments.

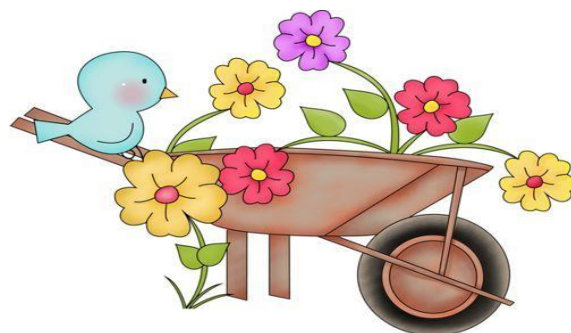
Research to Understand Stroke due to Haemorrhage (RUSH) is a team of re-searchers based in Edinburgh and led by Professor Rustam Al-Shahi Salman. The group have an extensive portfolio of original projects including randomised control trials and they collaborate widely both nationally and internationally.

Consultant Neurologist, Dr Neshika Samarasekera, is a central member of the team and is currently leading an observational study investigating swelling in the brain post-haemorrhage. The NICHE study (Neuro-Inflammation after Cerebral Haemorrhage in Edinburgh) aims to chart the progress of swelling to give a greater understanding of how the brain is affected. The team hope this may lead to the investigation of potential treatments in the future.

Participants receive a comprehensive assessment by the RUSH team which includes additional CT brain scans, blood sampling to investigate genetic and non-genetic influences on bleeding; on-going follow-up and the opportunity to donate brain tissue in the event of death.

Approaching potential participants and families at such an acute and sensitive time can be challenging but it can also offer opportunity and reassurance. The RUSH team are highly committed and are delighted that almost a third of the target recruitment has been achieved in the first year of this three year study.

The NICHE study is a sub-study of LINCHPIN (Lothian study of INtraCerebral Haemorrhage Pathology, Imaging and Neurological outcome), and is funded by the Stroke Association.





### NICE

National Institute for  
Health and Care Excellence

[NICE](#) has published a new [impact report on stroke](#). This report focuses on how NICE's evidence-based guidance contributes to improvements in care for people who have had a stroke.

The important new resource will be particularly relevant to your colleagues / members / stakeholders so please help spread the word about it through your networks and communication channels.

This is the latest impact report in a series which look at how NICE's evidence-based guidance is being used in priority areas of the health and care system. Impact reports are based on data from national audits, reports, surveys and indicator frameworks that show the uptake of our guidance and quality statement measures. You can access all of the impact reports on the [NICE website](#).

Professor Gillian Leng, NICE's Deputy Chief Executive and Director of Health and Social Care recently published a [blog](#) with her thoughts about the new impact report on stroke, in the National Health Executive. Please feel free to share this link as part of your communications activities.

If you require further information or have any questions, please get in touch with:

Setal Bachelard  
External Communications Executive  
External Communications  
National Institute for Health and Care Excellence  
Level 1A | City Tower | Piccadilly Plaza | Manchester M1 4BT | United Kingdom  
Tel: 0161 413 4022  
Web: <http://nice.org.uk>



### Patient, Carer & Public Involvement

In the NRS Stroke Research Network we recognise the importance of involving people living with stroke in research. Over the last few years, we have supported a number of initiatives to encourage user input into research. One of our most successful schemes has been the creation of the Glasgow Stroke Research User Group.

The Group brings together stroke researchers and people who have experience of stroke. We offer opportunities to learn more about the research that is happening in Scotland and to get involved. Members of the Group have already helped researchers by sharing their opinions on research studies and suggesting ideas for future studies. We think the Group has been a great success, and we aren't the only ones – the group was awarded a prize by University of Glasgow for involving the public in research.

Last year we ran workshops to look at the best ways to get stroke survivors and their caregivers involved in research.

The Group gave us lots of opinions and comments to work with. Some key messages were:

- ☑ People living with stroke want to share their experiences – getting involved in research is a way to be heard and help others.
- ☑ Being part of the group is about more than research, the Group gives an opportunity to meet other people with experience of stroke.
- ☑ Stroke survivors can contribute to every stage of research; they should not just be added when a project is finished.
- ☑ Even if people don't want to get hand-on with research, they still want to be kept in-formed about stroke research.

To share these messages and to say thank you, we held an April meeting of the Group in the Central Hotel, Glasgow. Dr Terry Quinn spoke about the success of the Group and what we have learned from listening to the members. We made sure there was lots of time for meeting other people, both researchers and stroke survivors. Feedback from the event has been really positive and many people asked if there were any projects they could get involved with.

If you are interested in helping with research there are lots of projects that are looking for input from people like you. For more information contact:

Karen McBurnie [kmcburnie@nhs.net](mailto:kmcburnie@nhs.net)

Stroke Research Network

Room 17

4th Floor Walton Annex

Glasgow Royal Infirmary

G4 0SF

Telephone 0141 211 4874 (leave a message) / 07999 535085





### Joke Club... lol!!!



Here are some jokes CHSS services staff and their families have been sharing to bring some laughter and help lift spirits in these challenging times:

*I keep randomly shouting out 'Broccoli' and 'Cauliflower' - I think I might have Florets*

*I've just heard there is now a mathematical formula to relieve constipation. Apparently, you can get a pen and work it out.*

*What did the 0 say to the 8? Nice Belt!!*

*What did the cheese say when he looked in the mirror?" "Haloumi (Hello me)"*

*Why did Tigger go to the toilet?..... Because he was looking for Poo(h).*

*Why can't you give Elsa a balloon? She will let it go!!*

*Knock knock whos there? A little old lady alittleoldladywhoooooo? I didn't know you could yodel !!*

*Who can drink 5 litres of petrol and not get sick? Jerry Can!!*

*Man walks into a bar with a newt on his shoulder. Barman says: Nice newt what's his name?'*

*The man says, 'Tiny'*

*Barman asks, 'Why do you call him Tiny?'*

*Man replies, 'Because...he's my newt'*

*Why do you never find any medicine in the Jungle? Because the Paracetamol (parrots eat em all!!!!!!)*

*Did you hear about the mathematician who's afraid of negative numbers? He would stop at nothing to avoid them!*

*I was going to tell you a joke about a builder ... but I'm still working on it!!*

*When does Sean Connery arrive to Wimbledon? Tennish!!*

*Knock Knock Who's There? Control Freak.. now you say control freak who!!!*



### **Important Information on 2020 SSNF Annual Conference**

Unfortunately in light of the exceptional circumstances of COVID-19 a decision has been taken to delay the opening of bookings for this years Scottish Stroke Nurse Forum Annual Conference on 17<sup>th</sup> September 2020. We will continue to review the situation so please check the SSNF website regularly for conference updates.

### **Update on STARS Core & Advancing Modules Upgrade Work**

It has been agreed to postpone the work of updating the content of the STARS Core Competencies & Advancing modules for the next few months. However, work remains on track to upgrade these resources and relaunch onto new platforms. It is envisaged that this work will be completed by mid to late July 2020. Included within this workstream is new educational information relating to Thrombectomy care.

For more information on STARS and other free online resources for patients, families, carers & professionals please see page 2 of this Newsletter.

