Notes for Reviewers

• The assessment tool is designed to support professional practice rather than determine it. Therefore, whilst algorithms may aid reviewers in determining appropriate lines of action to take, professional judgement should always take precedence.

• Where referral of the stroke survivor for further treatment is thought to be detrimental or not beneficial (e.g. if they would be unable to sit upright/remain awake for a specialist swallowing assessment), identified problems should be referred to the stroke survivor’s primary care team for monitoring and referral when appropriate.

• When deciding on actions to take, reviewers should consider whether the stroke survivor is already in receipt of services which are addressing the problem identified.

• The assessment does not have to be completed in the order listed. Where the presenting problems are clearly of more of a social nature, the reviewer may wish to begin with more social sections of the tool and move onto health-related issues at a later stage.

• Individuals should be given an opportunity to explain their primary problems and concerns before any direct questions are asked.

• The areas of post-stroke need covered within the tool should not be considered exclusive. Stroke survivors and their carers may have additional needs which are not covered by GM-SAT. Therefore, at the end of the assessment, an opportunity should be given for any additional problems or concerns to be expressed. These should be noted in the ‘additional notes’ section.

• Assessments should be undertaken in a sensitive and person-centred manner. Whether all questions are covered depends on professional judgement and the person’s wishes. A constant balance needs to be struck between eliciting information and being non-intrusive and respective of personal boundaries.
Do you have problems taking your medicine?

Y

What is the problem?

- Compliance aids required
  E.g. large print labels, non childproof tops, venalink

Signpost to community pharmacy services

N

Problems swallowing medicines

Signpost to pharmacy prescription and delivery services

Do you have problems getting your medicine?

Y

N

Advise to contact primary care team

Compliance aids required
E.g. large print labels, non childproof tops, venalink
Do you always take your medicine as prescribed?

- **N** Is this due to any side effects you get from your medicine?
  - **N** Determine reason for non-compliance
    - Consider signposting to community pharmacy services or advise to contact primary care team
  - **Y** Provide appropriate information and advice

- **Y** Do you get side effects from your medicine?
  - **Y** Identify side effect and potential cause
  - Advise to contact primary care team
  - **N**
Take blood pressure

Is blood pressure above target? (140/90 or 130/80 for established CVD)

- **Y**: Advise to contact primary care team
- **N**: Continue with routine care
Anti thrombotic therapy

Do you have an irregular heart beat?

Y
Is the patient anticoagulated i.e. warfarinised?

Y
Advise to contact primary care team (unless there are known contraindications)

N
Take pulse

N
Is pulse irregular?

N
Advise to contact primary care team (unless there are known contraindications)

Y
Is patient prescribed an anti-platelet? (aspirin and dipyridamole, aspirin or clopidogrel)

Y
Do you take medicine to lower your cholesterol?

- **Y**
  - Have you had your cholesterol checked since your stroke?
    - **N**
      - Advise to contact primary care team (unless there are known contraindications)
    - **Y**

- **N**
Are you diabetic?

Y

Is your blood sugar checked regularly?

Y

Advise to contact primary care team

N
Alcohol

Do you drink alcohol?

Y

How much do you drink and how often?

Does the stroke survivor drink more than:
Male: 1 ½-2 pts of beer or 2-2 ½ small glasses of wine per day (10 ½ pts or 14 ½ glasses per week)
Female: 1-1 ½ pts or 1 ½-2 small glasses of wine per day (7 pts or 9 glasses per week)

Y

Provide appropriate information and advice

N

Consider signposting/ referring to appropriate services

N
Healthy eating

Do you eat a balanced diet?

N

Provide appropriate information and advice

Y
Do you smoke?

Y
Do you want to stop smoking?

Y
Would you like help to stop smoking?

Y
Refer/signpost to appropriate services

N
Provide appropriate information and advice

N
Consider spousal smoking cessation

N
Provide appropriate information and advice
Exercise

Do you exercise regularly? Do you keep active?

N -> Provide appropriate information and advice

Y -> Consider signposting/referring to appropriate services
Do you have any new problems with your sight?

Y

Is this problem a new problem that has occurred since your stroke?

N

Signpost to local opticians

Y

Establish nature of visual impairment

Refer to orthoptist

Provide information on the consequences for driving

N
Do you have any new problems with your hearing?

N

Y

Do you wear a hearing aid?

N

Y

Are you still able to work your hearing aid?

Y

Is this a new problem that has occurred since your stroke?

N

Have you had your hearing aid checked in the past six months?

N

Y

Refer to audiologist for repeat hearing test

Refer to audiologist for service appointment

Refer to audiologist for assessment
Do you have any new problems with your speech, reading or writing?

- Y
  - Is this a long-standing problem?
    - Y: Consider signposting to local communication support service
    - N: Refer to speech and language therapist

- N
  - Refer to speech and language therapist
Do you have any new problems swallowing?

Y
- What is the problem?
  - Coughing and choking: Refer to speech and language therapist
  - Recurrent chest infections

N
- Problem with feeding tubes: Refer to dietician/nutritional support team
- Reflux and vomiting: Advise to contact primary care team
Nutrition

Have you recently lost weight without trying to?

Y

Screen for malnutrition/ risk of malnutrition using MUST

Low risk (0)

Refer to primary care team for monitoring if the stroke survivor belongs to a special population group (e.g. >75yrs)

Medium risk (1)

Refer to primary care team for monitoring

Identify underlying causes

Refer to Dietician/ Nutritional Support Team if: specialist dietary advice is required (e.g. diabetic).
Refer to Community Occupational Therapist if: limited mobility or manual dexterity is limiting feeding.
[see dysphagia algorithm for further referral options]

High risk (2)

Refer to dietician/ nutritional support team

N
Weight management

Have you recently put on weight without trying to?

- 
  - Y: Would you like help or support to lose weight?
    - Y: Refer/signpost to appropriate services
    - N: Provide dietary and exercise advice
  - N: End

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Do you have any new pain that bothers you?

- **Y**
  - Is the pain relieved by Paracetamol or prescribed medicine?
    - **Y**
      - Establish whether the pain is musculoskeletal or neuropathic (if uncertain, use the S-LANNS assessment tool)
    - **N**
      - Advise to contact primary care team
  - **N**

- **N**
  - N

**History**

Ask: where the pain is, how severe it is, what it feels like, what makes it better/worse, how long it lasts etc.
Continence

Do you have any new problems with incontinence?

Y

History
Ask: what the problem is, about any aids used, how long the problem has been there, frequency of episodes, how severe it is etc.

Is the problem related to functional ability to use the toilet? e.g. walking to the bathroom, undoing buttons

Y

Refer occupational therapist

N

Refer to continence advisor

N

Six Month Post-Stroke Review
GM-SAT: the Greater Manchester Stroke Assessment Tool
Do you have any new problems with washing, getting dressed, cooking food, cleaning your home and other daily activities?

- **Y** Do you have any help from social services?
  - **Y** Inform social worker
  - **N** Refer to social services

- **N** Refer to occupational therapist
Do you have any new problems getting around inside the home or outside?

Y

Refer to physiotherapist

N
Falls

Have you recently tripped or fallen?

Y

History
Ask: when they fell, how many times, where, why, whether they injured themselves etc

Were you able to summon help?

N

Refer to social services

Y

Consider signposting/referring to appropriate services

N

Was this a single explained fall/trip?

Y

Advise to contact primary care team

N

Consider signposting/referring to appropriate services

Six Month Post-Stroke Review
GM-SAT: the Greater Manchester Stroke Assessment Tool®
Do you often feel sad or depressed?

Y

Screen for depression
Recommended: Abbreviated Wimbledon Self Report Scale

Possible clinical depression

Refer to stroke psychologist

N

Normal limits

Provide appropriate information and advice

Consider signposting/referring to appropriate services

WHERE THERE IS SIGNIFICANT CONCERN ABOUT A STROKE SURVIVOR’S EMOTIONAL STATE (E.G. SUICIAL THOUGHTS, SELF HARM OR SERIOUS SELF NEGLECT) URGENTLY REFER THEM TO THEIR PRIMARY CARE TEAM OR ANOTHER APPROPRIATE HEALTH CARE PROFESSIONAL
Do you often feel anxious or tense?

Y
Does this worry you or other people?

Y
Refer to stroke psychologist

N
Provide appropriate information and advice

N
Consider signposting/ referring to appropriate services

Six Month Post-Stroke Review
GM-SAT: the Greater Manchester Stroke Assessment Tool®
Emotionalism

Do you cry or laugh more since your stroke?

- **Y**: Do you find it hard to stop crying/laughing? Do you cry/laugh suddenly and for no reason? *Must answer yes to both questions*
  - **Y**: Refer to stroke psychologist
  - **N**: Provide appropriate information and advice

- **N**: Consider signposting/referring to appropriate services
Personality changes

Have you or anyone else noticed any change in your personality or behaviour since your stroke?

Y

Does this worry you or other people?

Y

Refer to stroke psychologist

N

Provide appropriate information and advice

N

Consider signposting/referring to appropriate services
Sexual health

Do you have any worries about sex or relationships after stroke?

Y

Provide appropriate information and advice

N

Advise to contact primary care team if problem related to sexual dysfunction (e.g. erectile dysfunction). Otherwise, consider signposting/referring to appropriate services.
Fatigue

Do you feel tired all the time or get tired very quickly since your stroke?

Y

Provide appropriate information and advice

Consider signposting/ referring to appropriate services.

N
Sleep pattern

Do you have any new problems sleeping?

Y

Provide appropriate information and advice

N
Memory, concentration and attention

Do you have any new problems remembering things or concentrating?

Y

What do you forget/ find it difficult to concentrate on?

Y

Are there any safety concerns?

Advise to contact primary care team. Consider referring to occupational therapist or social services

N

Does this problem interfere with daily activities?

Y

Advise to contact primary care team. Consider referring to occupational therapist or social services

N

Provide appropriate information and advice on compensatory strategies

Consider referring or signposting to appropriate services

N

Are there any safety concerns?

Advise to contact primary care team.
Did you drive before your stroke?

Y

Have you started driving again?

Y

Did your doctor tell you that you could drive again?

N

Inform the stroke survivor to contact their GP. Provide information and inform them that they MUST NOT DRIVE until their GP or the DVLA has told them that they can do so.

N

Ensure the stroke survivor has told the DVLA and their insurance company about their stroke

N

Would you like to start driving again?

Y

N
Transport and travel

Do you have enough access to a car or public transport?

N
Provide appropriate information and advice

Y
Consider signposting/referring to appropriate services

Stroke survivors and their carers often ask about holidays and air travel. If they enquire about their suitability for air travel, inform them that they should contact their GP.

The Stroke Association’s ‘Holiday Information’ factsheet provides information on organisations that can help people with disabilities arrange a holiday.
Activities and hobbies

Do you take part in any leisure activities and hobbies?

Y  N

Are there any hobbies and activities you would like to do?

Y       N

Provide appropriate information and advice

Signpost/refer to appropriate services

Provide information on stroke clubs
Work

Do you work?

N

Do you want to work?

Y

Is there anything you would like help or support with?

Y

Provide appropriate information and advice

N

Y

Signpost/ refer to appropriate services

N
Money and benefits

Do you need any information about benefits or money?

Y
Provide appropriate information and advice

N
Signpost/refer to appropriate services
Six Month Post-Stroke Review

GM-SAT: the Greater Manchester Stroke Assessment Tool

House and home

Do you need have any new problems with where you live?

Y → Provide appropriate information and advice

N → Signpost/ refer to appropriate services
Do you have a carer or someone who helps you?

- **Y**
  - Is there anything they need help with?
    - **Y**
      - What is the problem? What support do they need?
        - Psychosocial: Provide appropriate information and advice
        - Practical: Provide appropriate information and advice
        - Respite care: Refer to social services for carers’ assessment
    - **N**

- **N**