

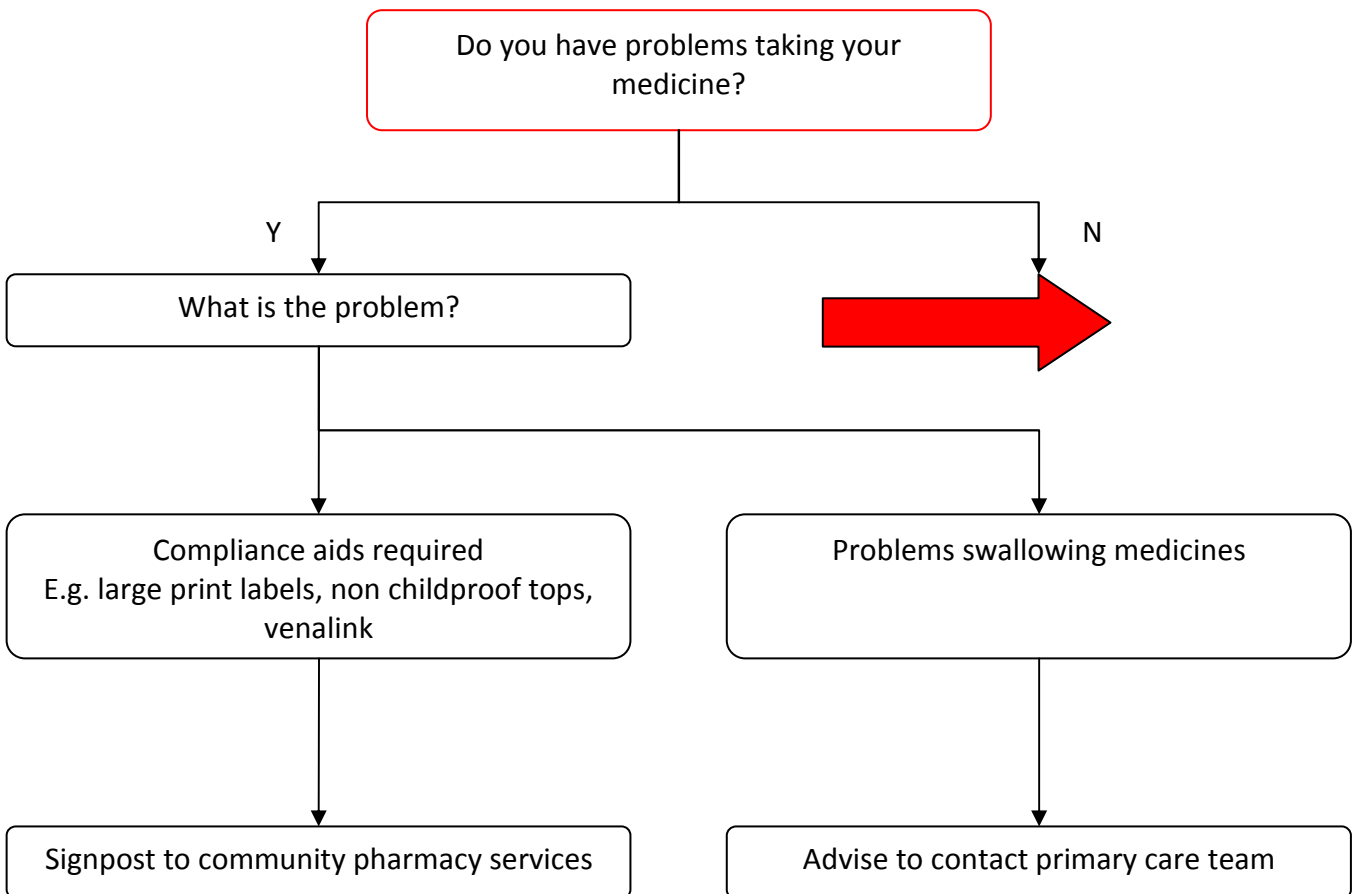
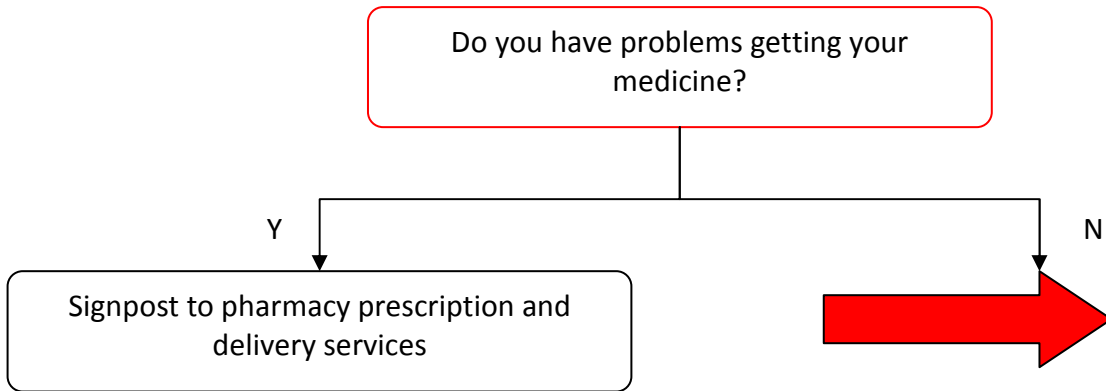
Six Month Post-Stroke Review

GM-SAT: the Greater Manchester Stroke Assessment Tool[®]

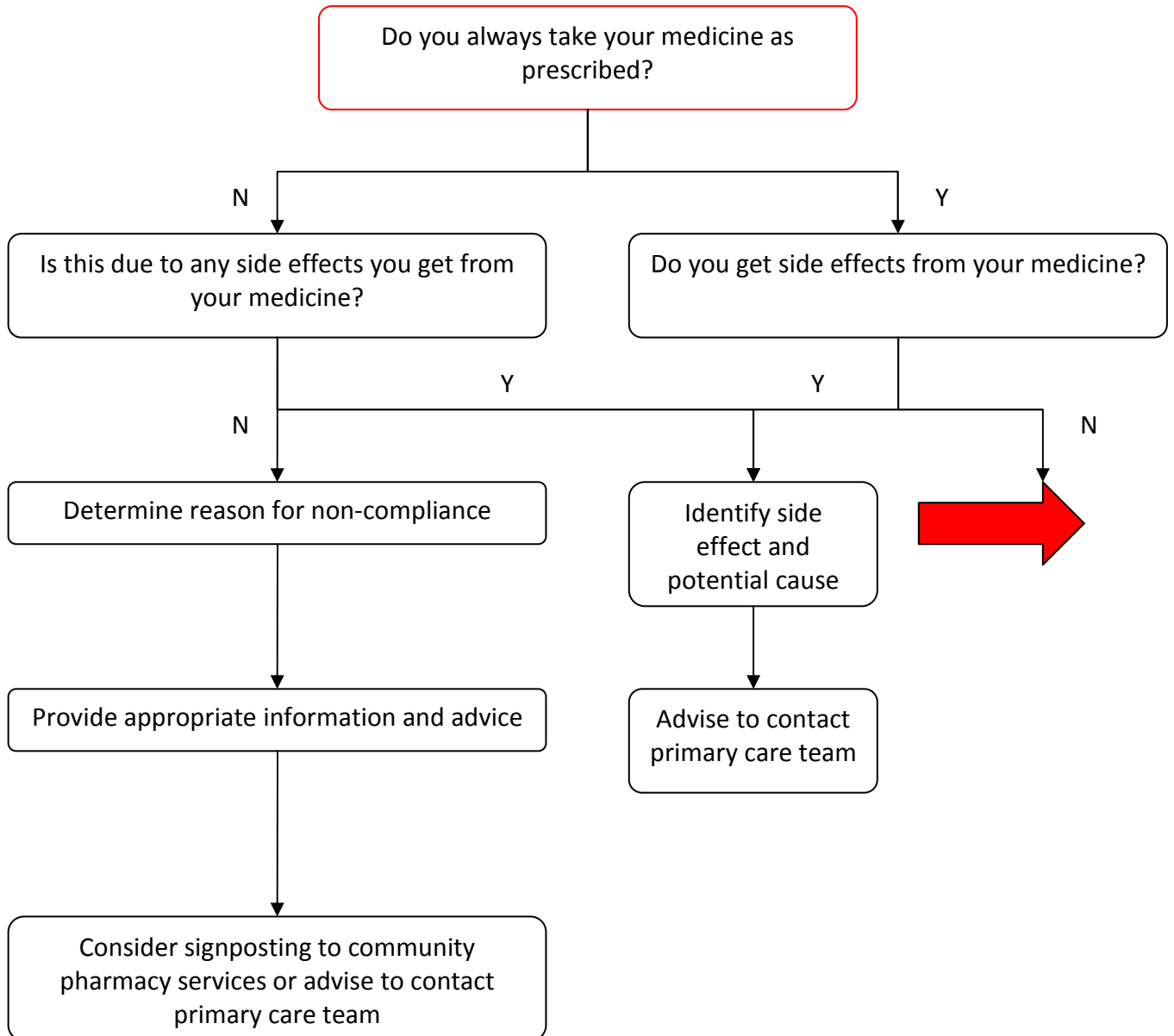
Notes for Reviewers

- 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 respectful of personal boundaries.

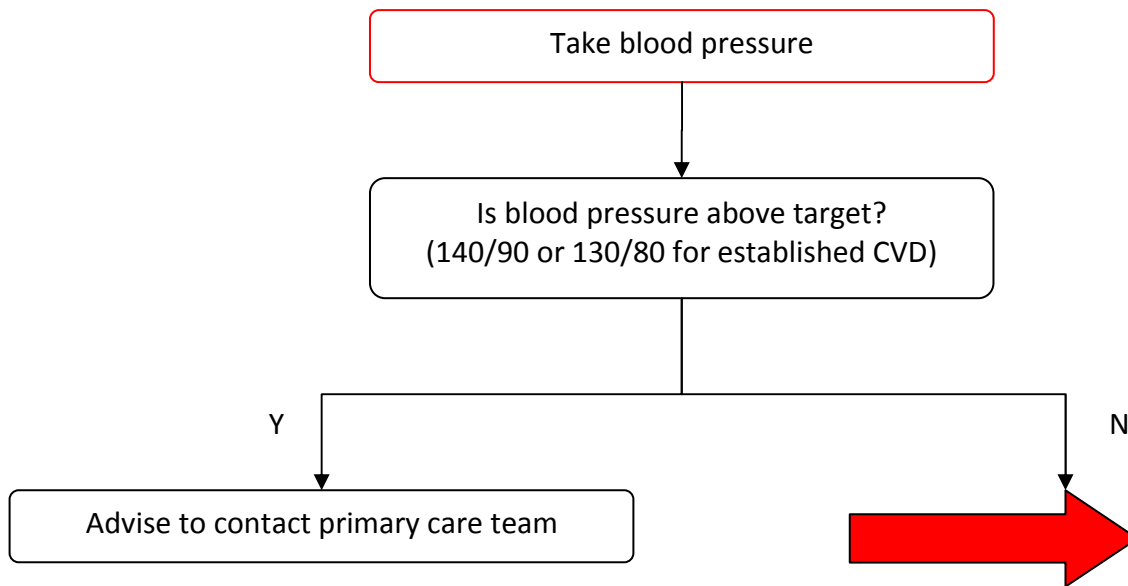
Medicine management



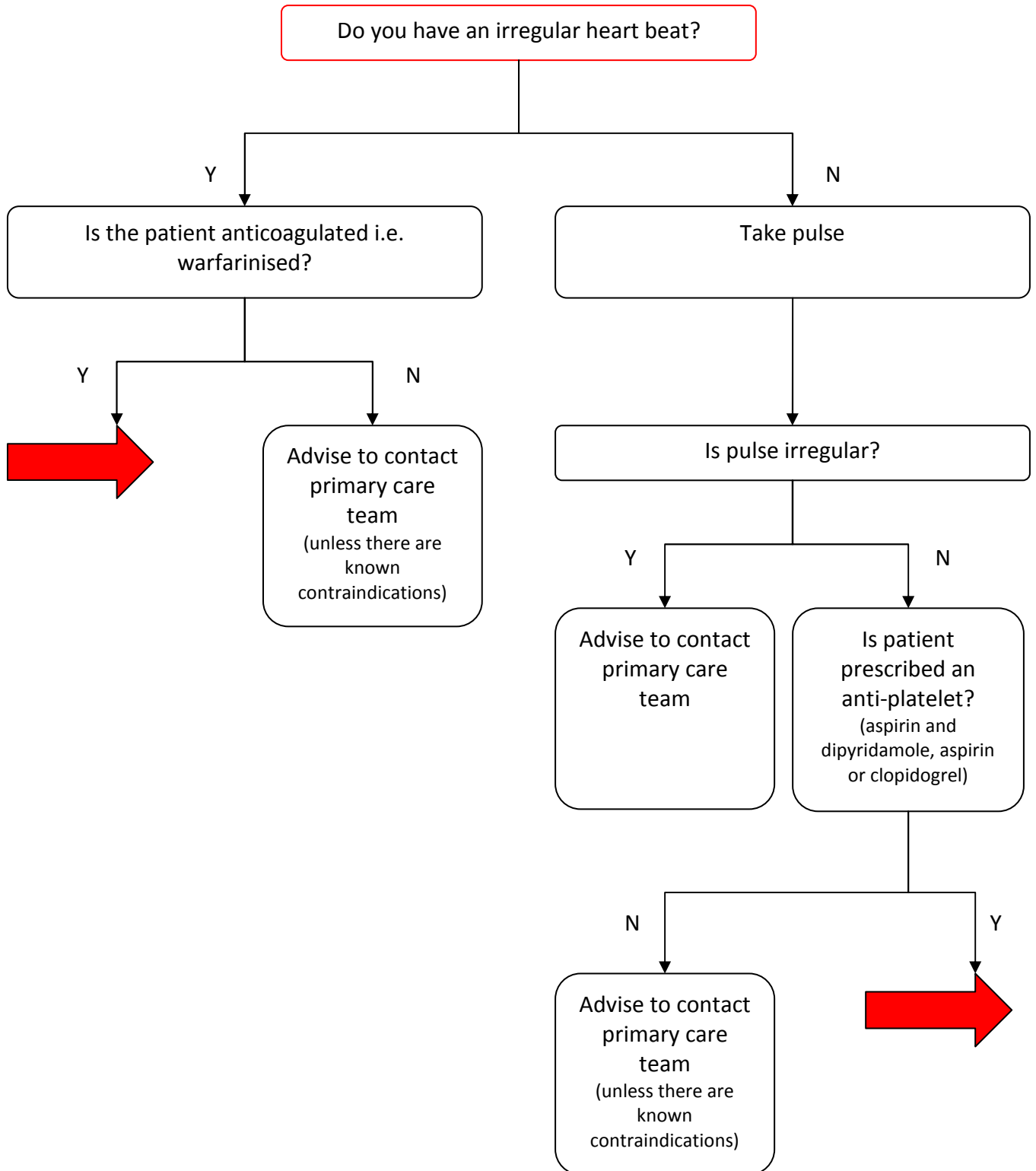
Medicine compliance



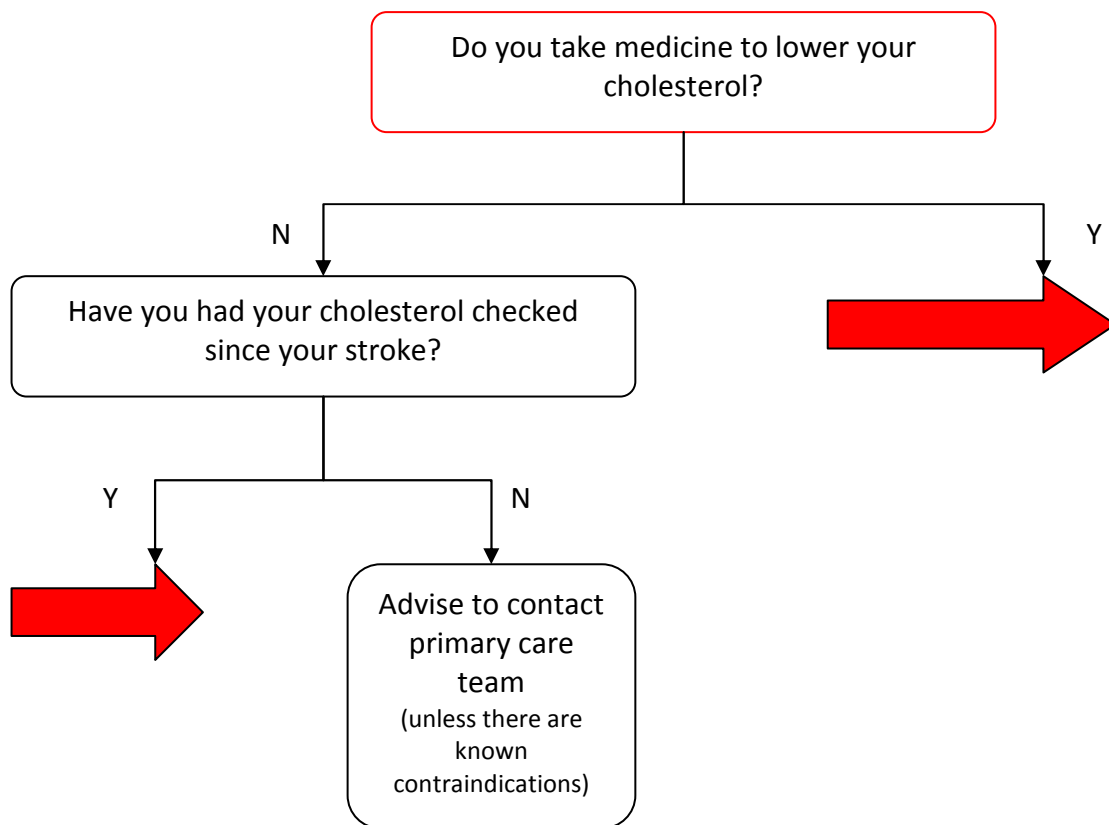
Blood pressure



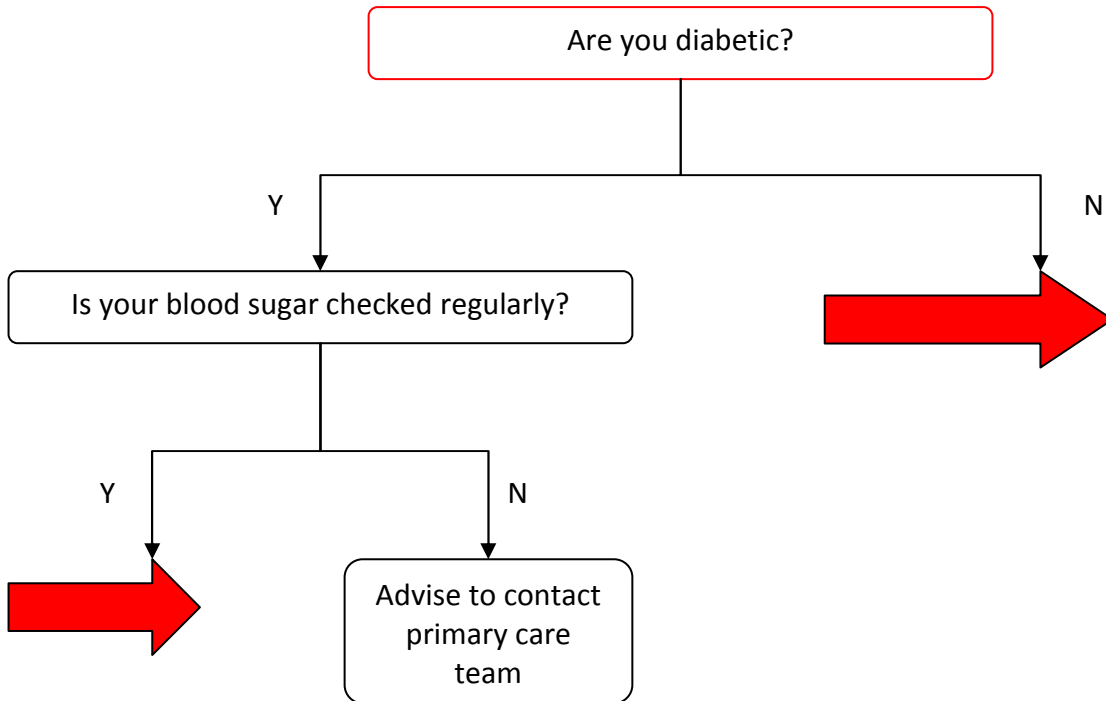
Anti thrombotic therapy



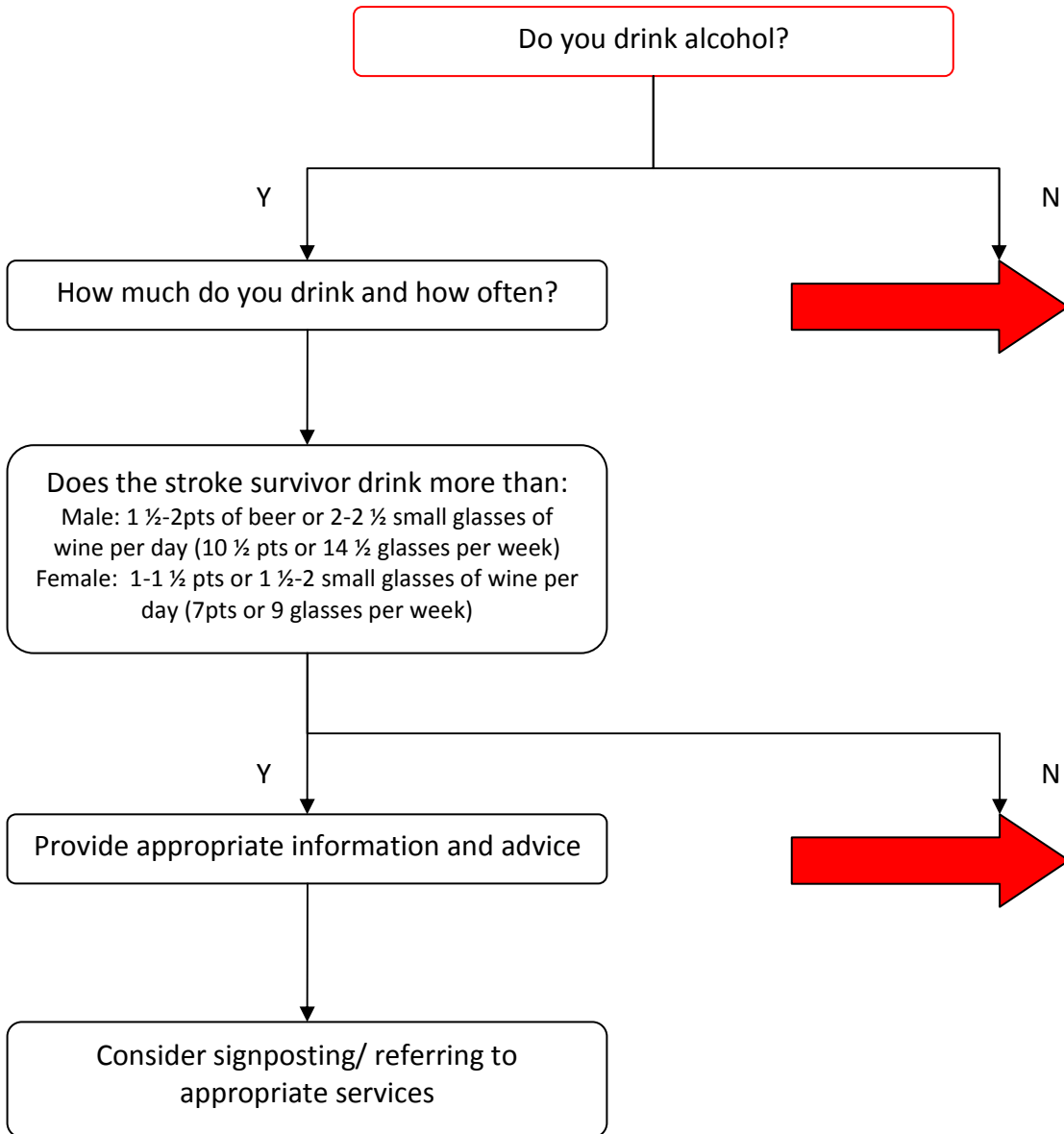
Cholesterol



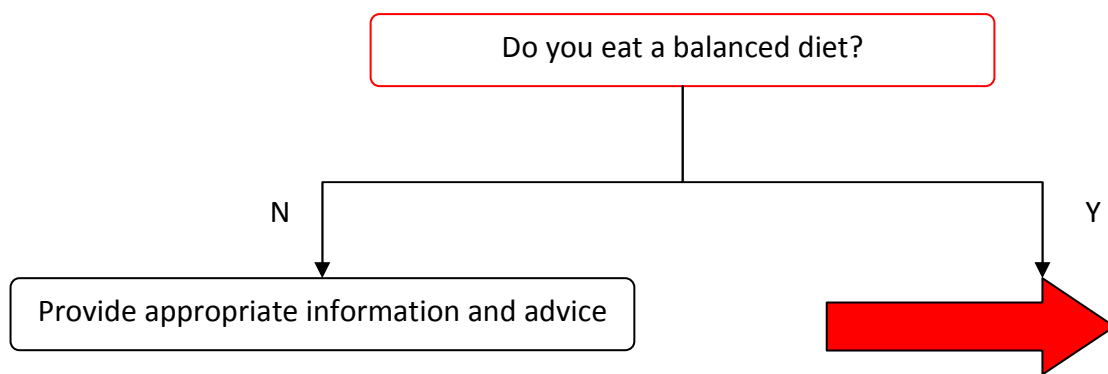
Diabetes



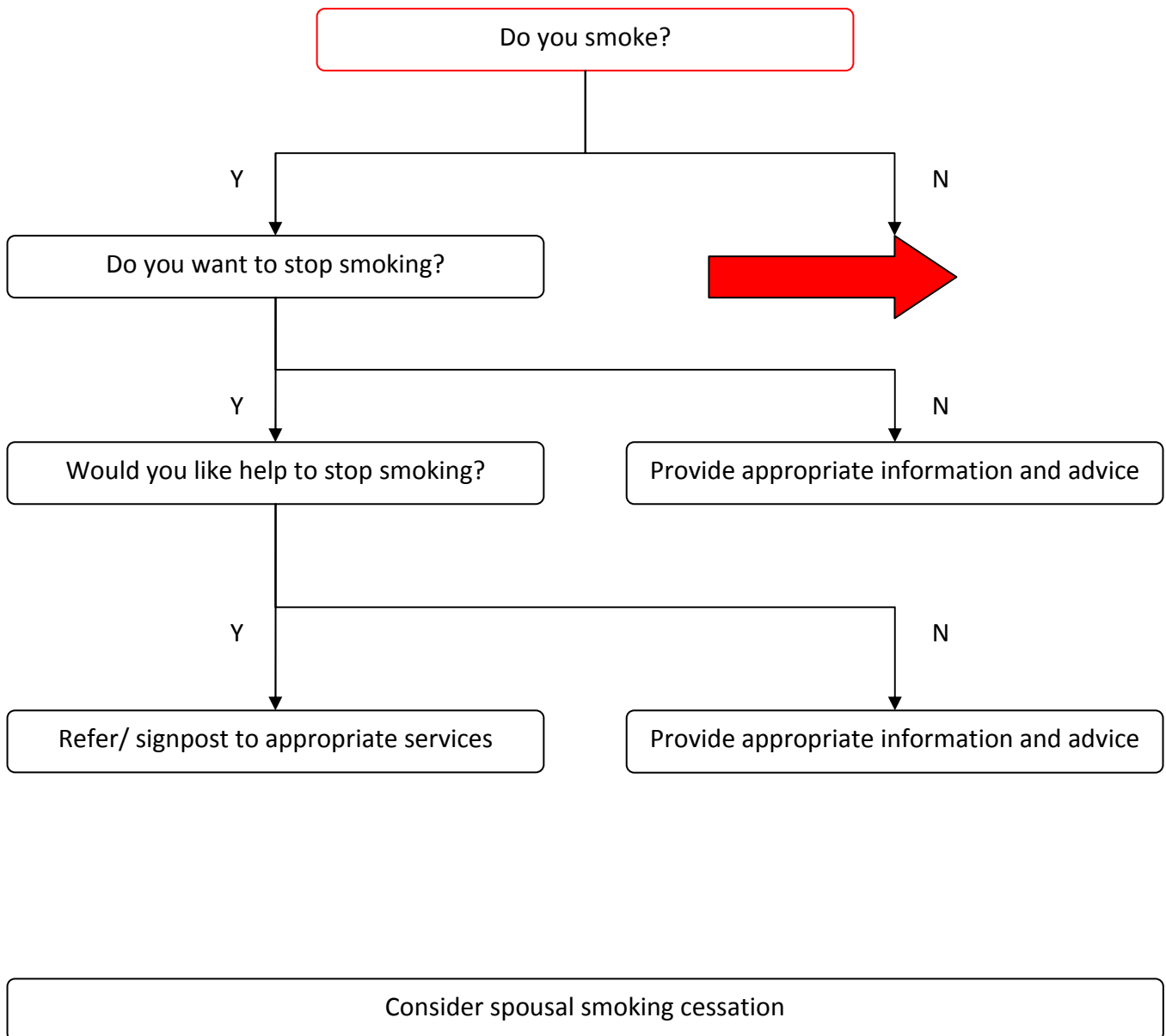
Alcohol



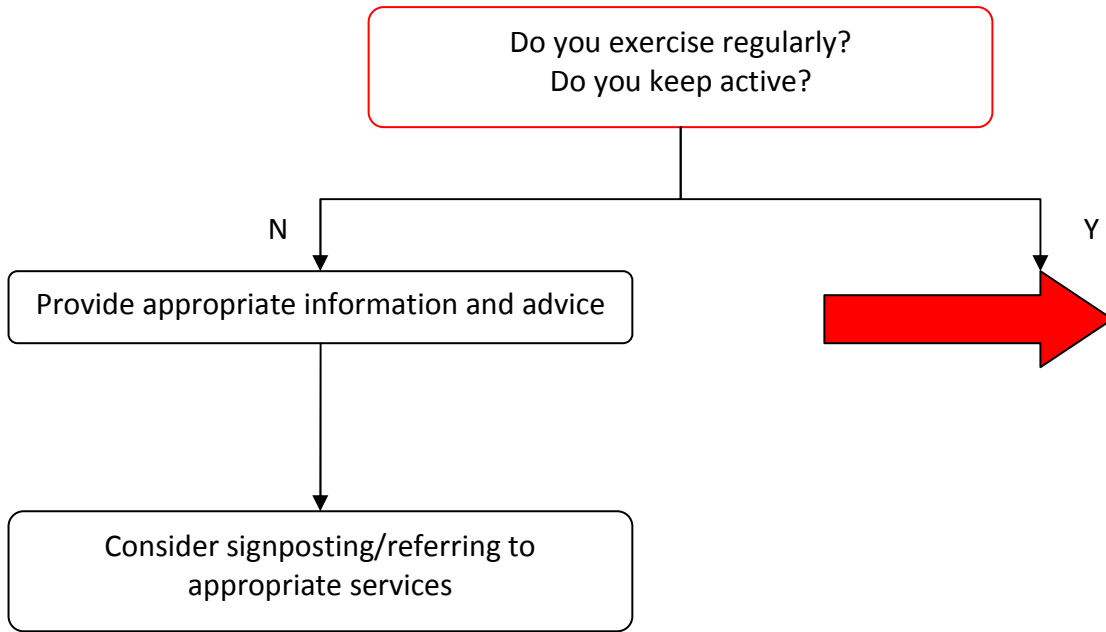
Healthy eating



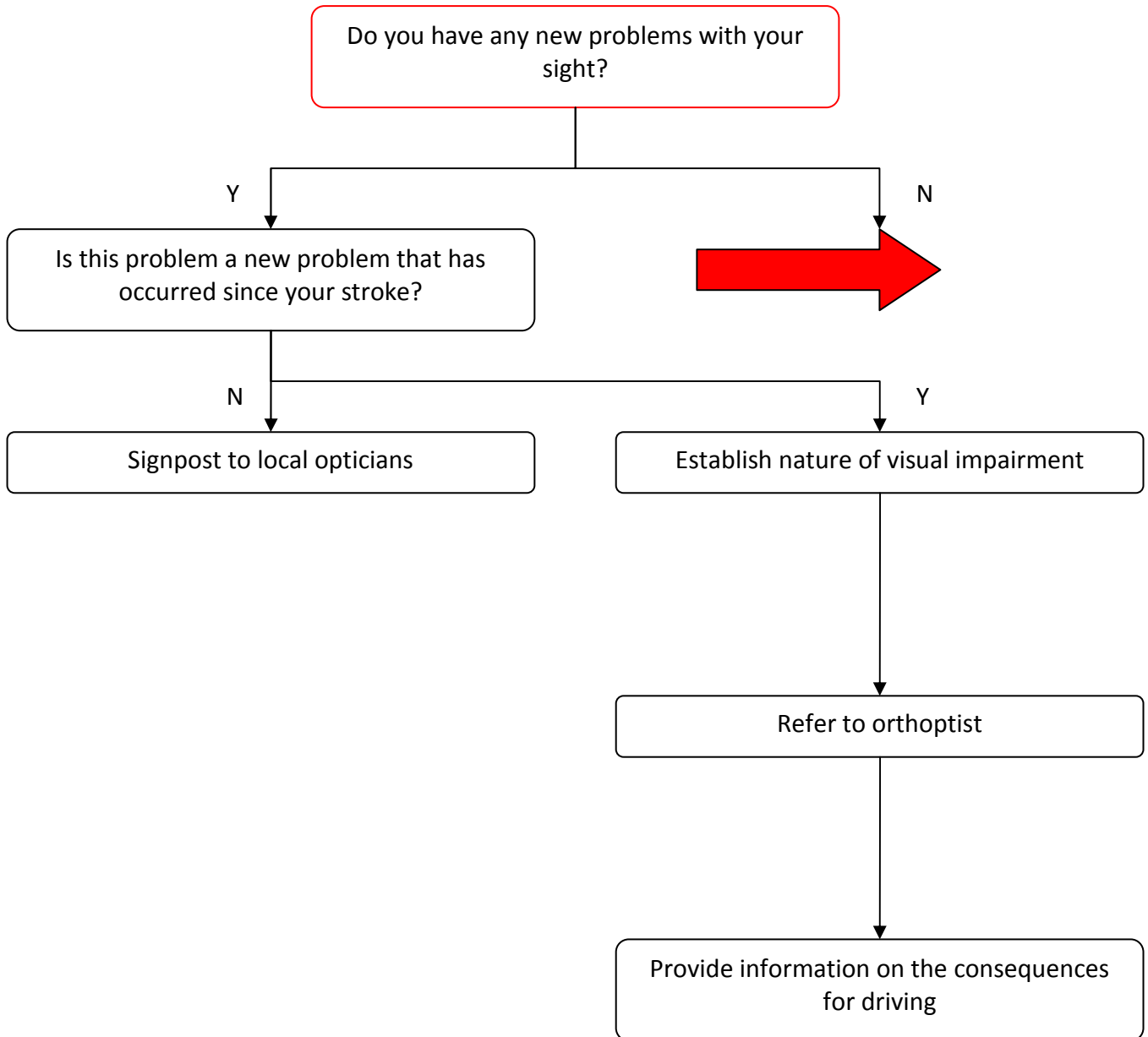
Smoking



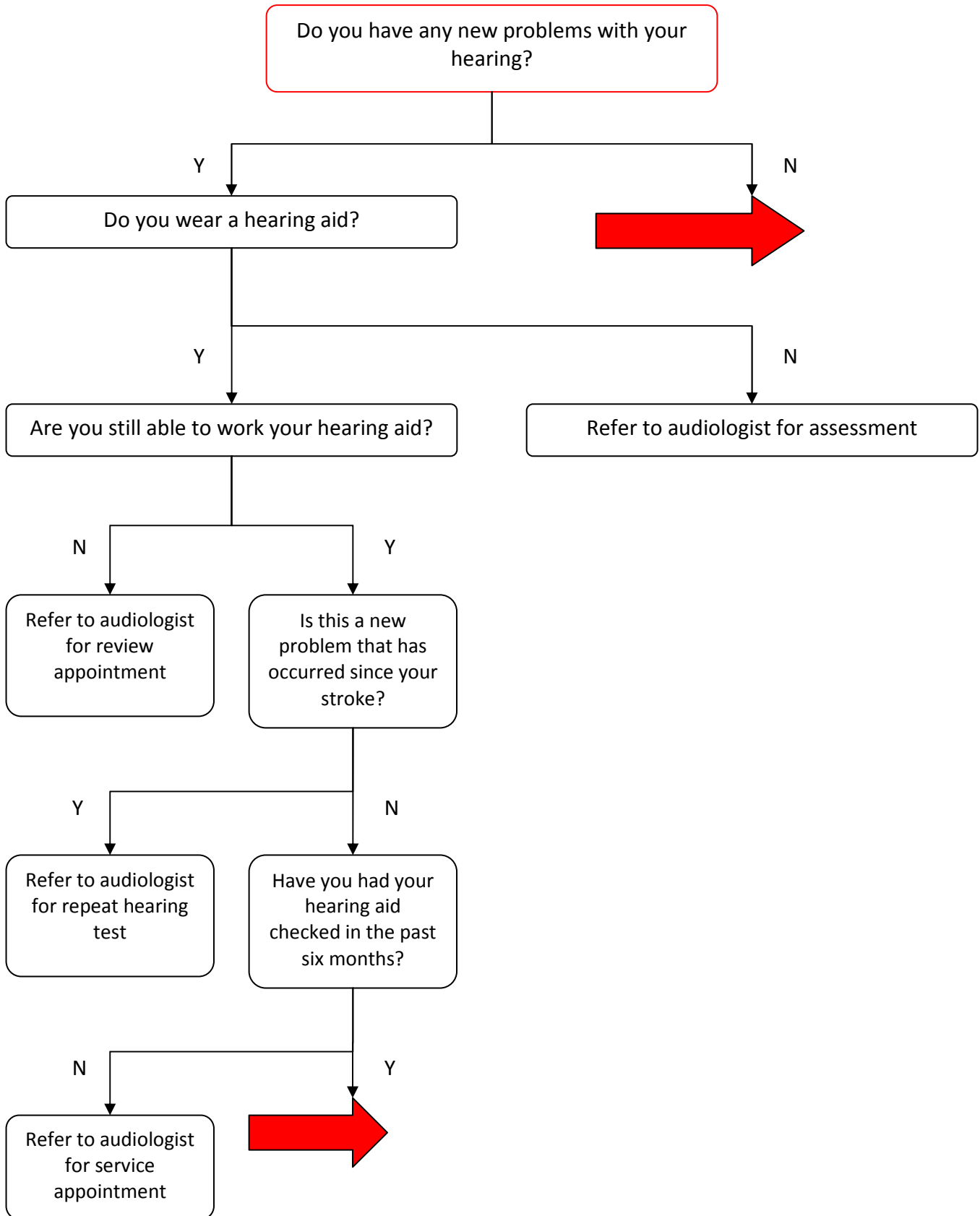
Exercise



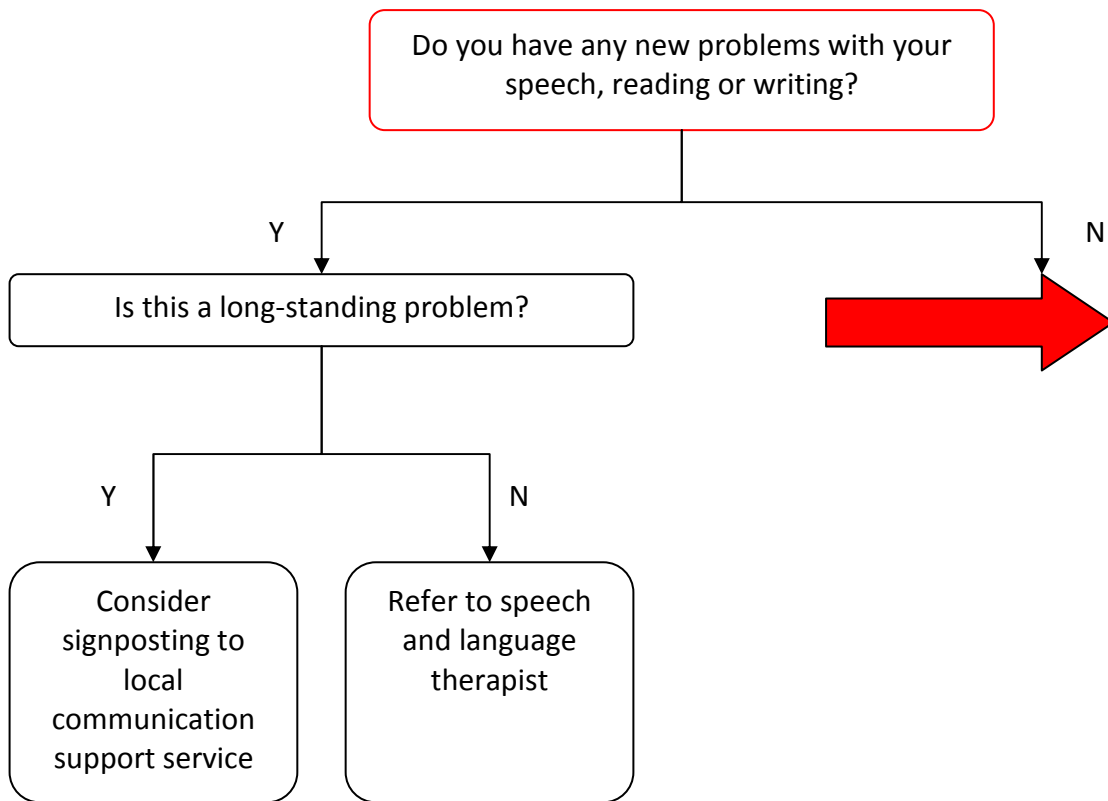
Vision



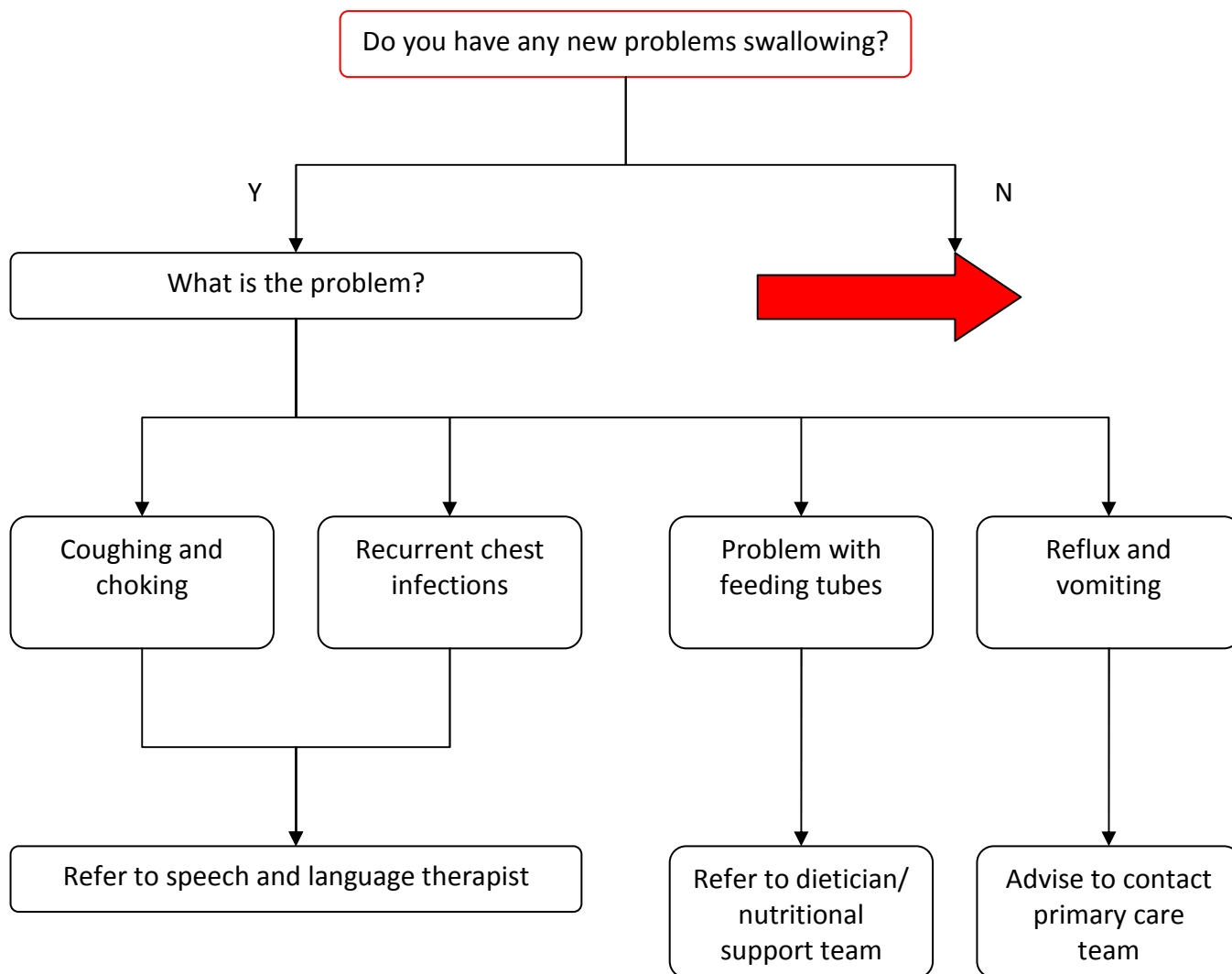
Hearing



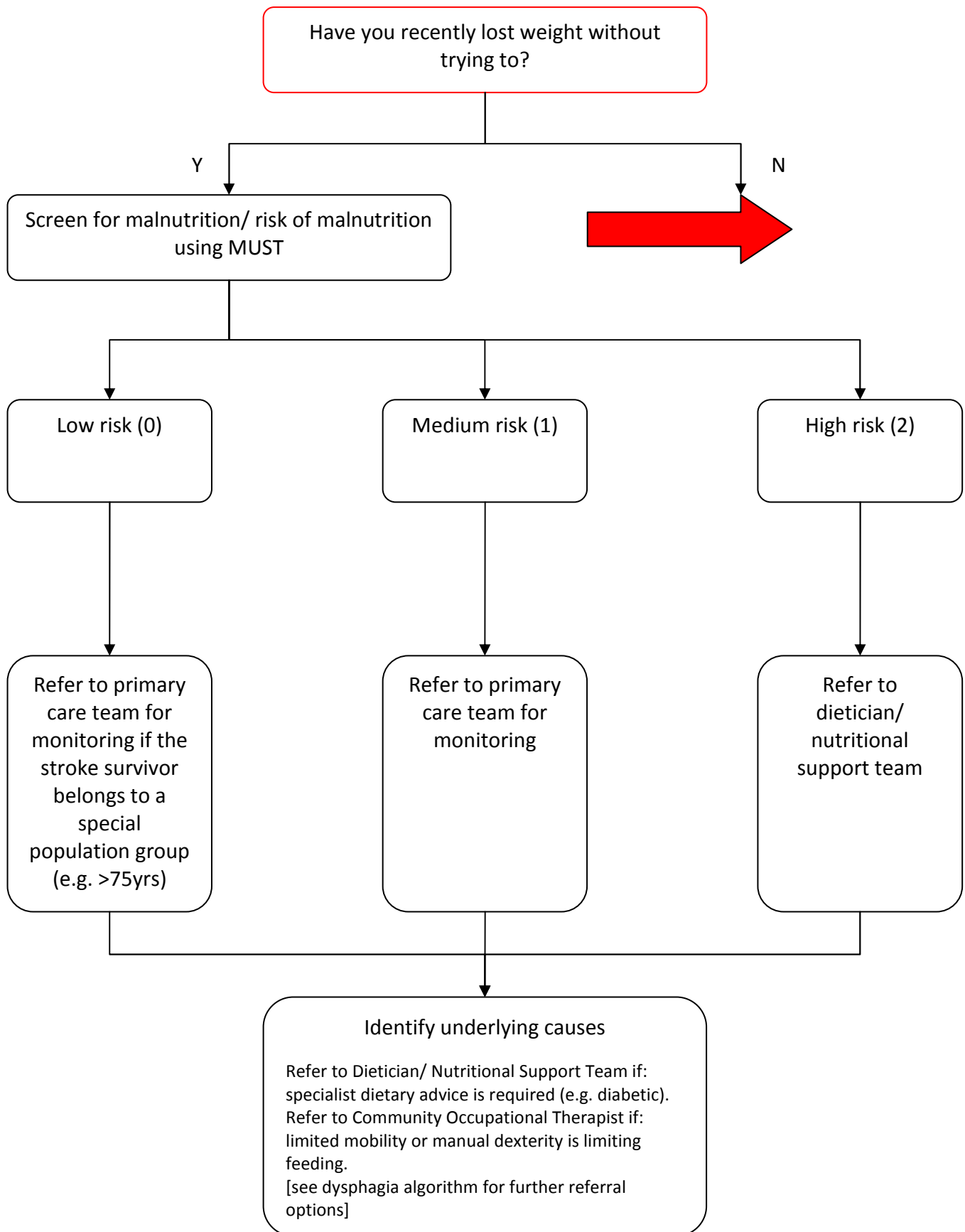
Communication



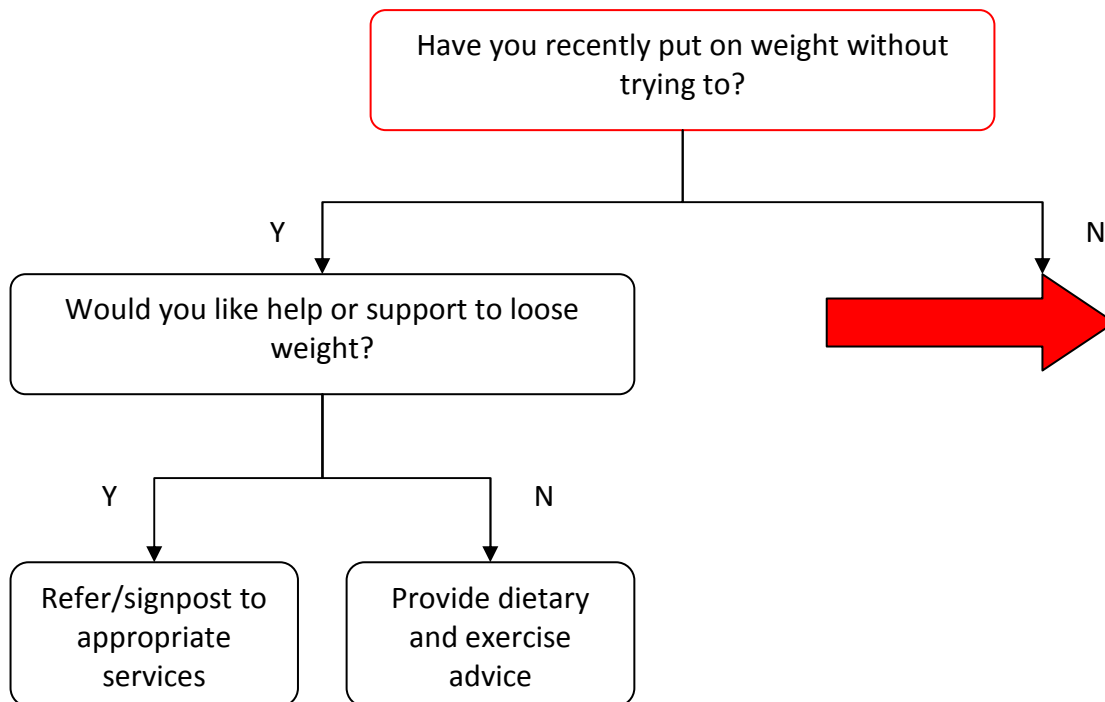
Swallowing



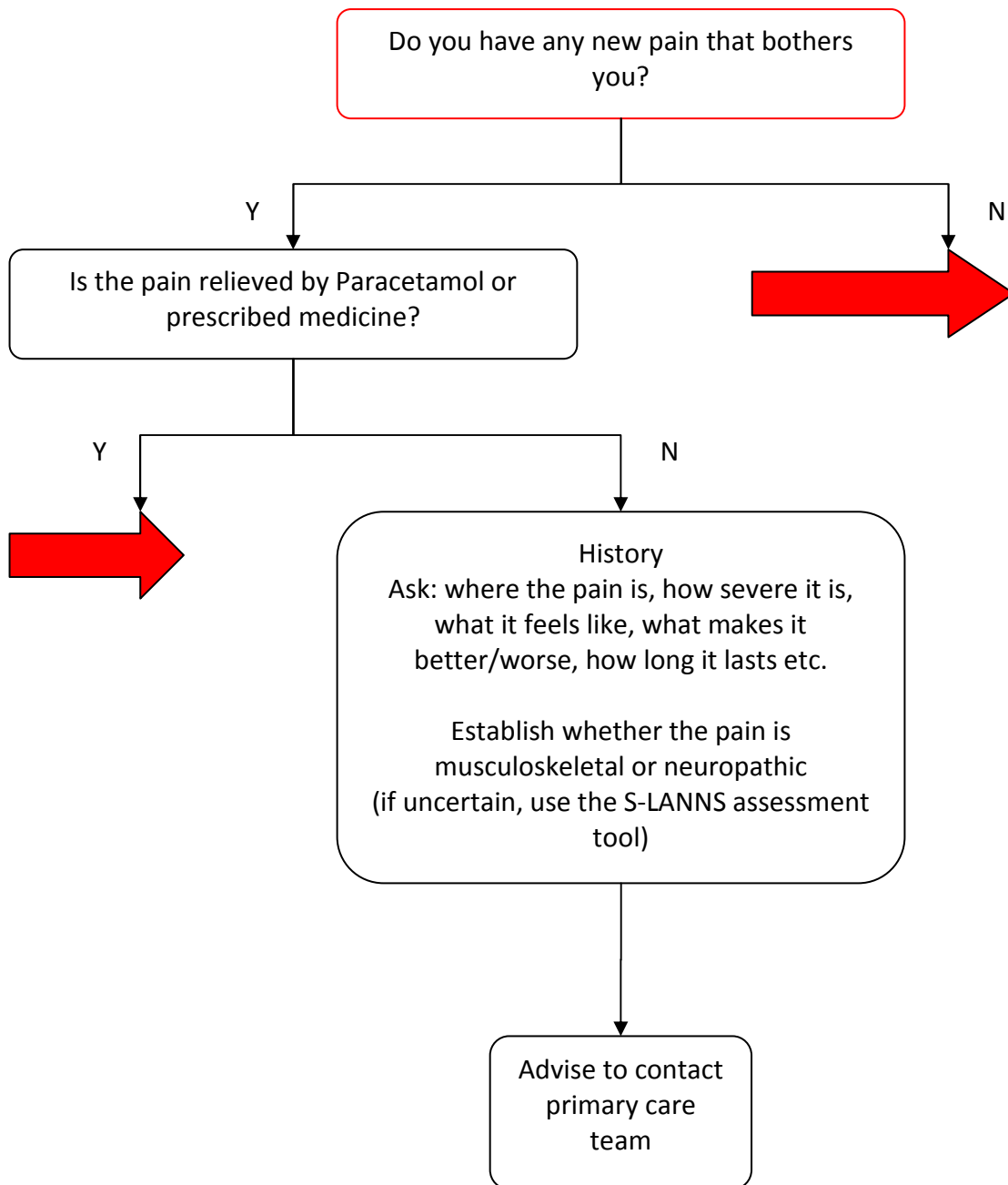
Nutrition



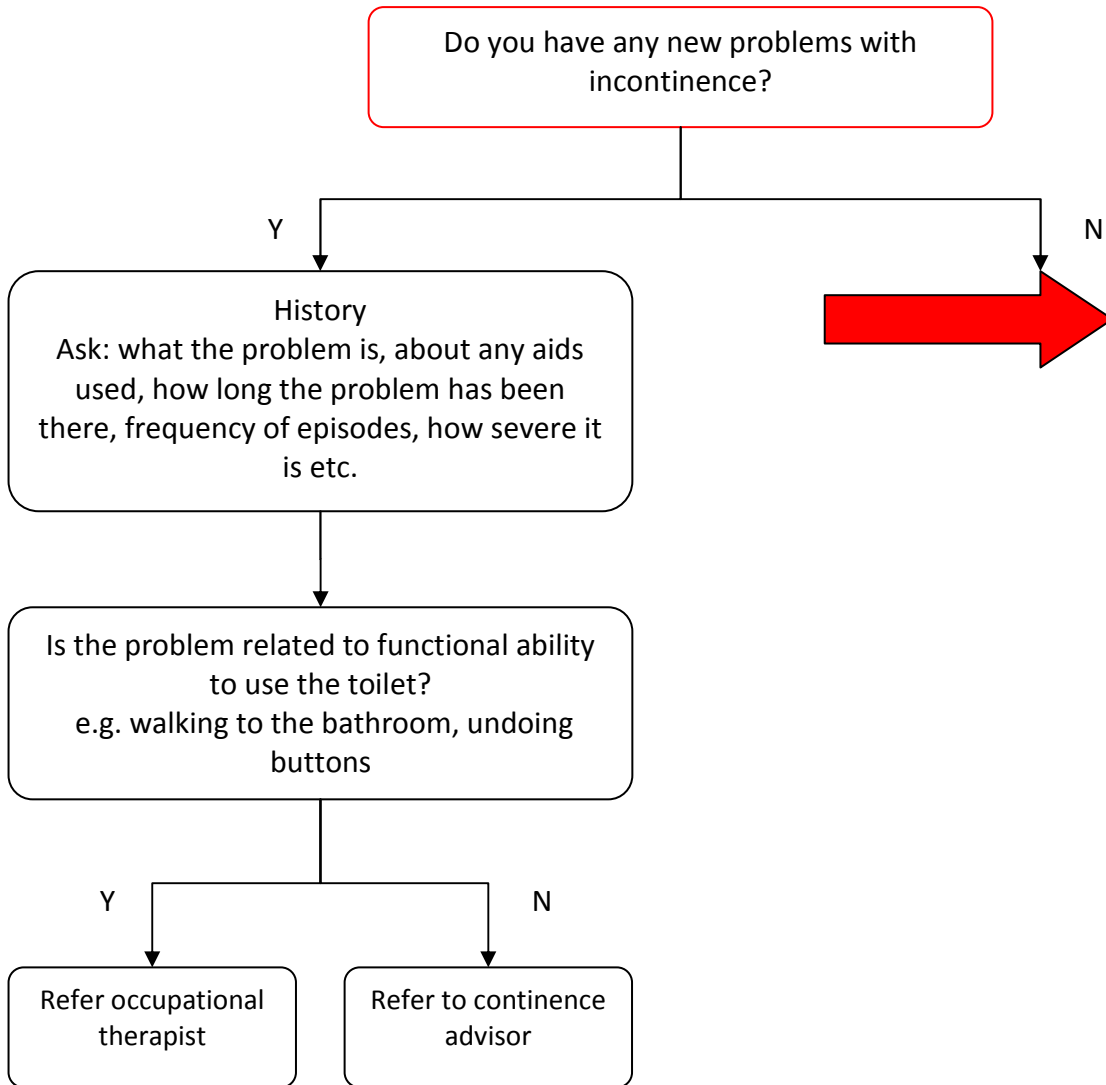
Weight management



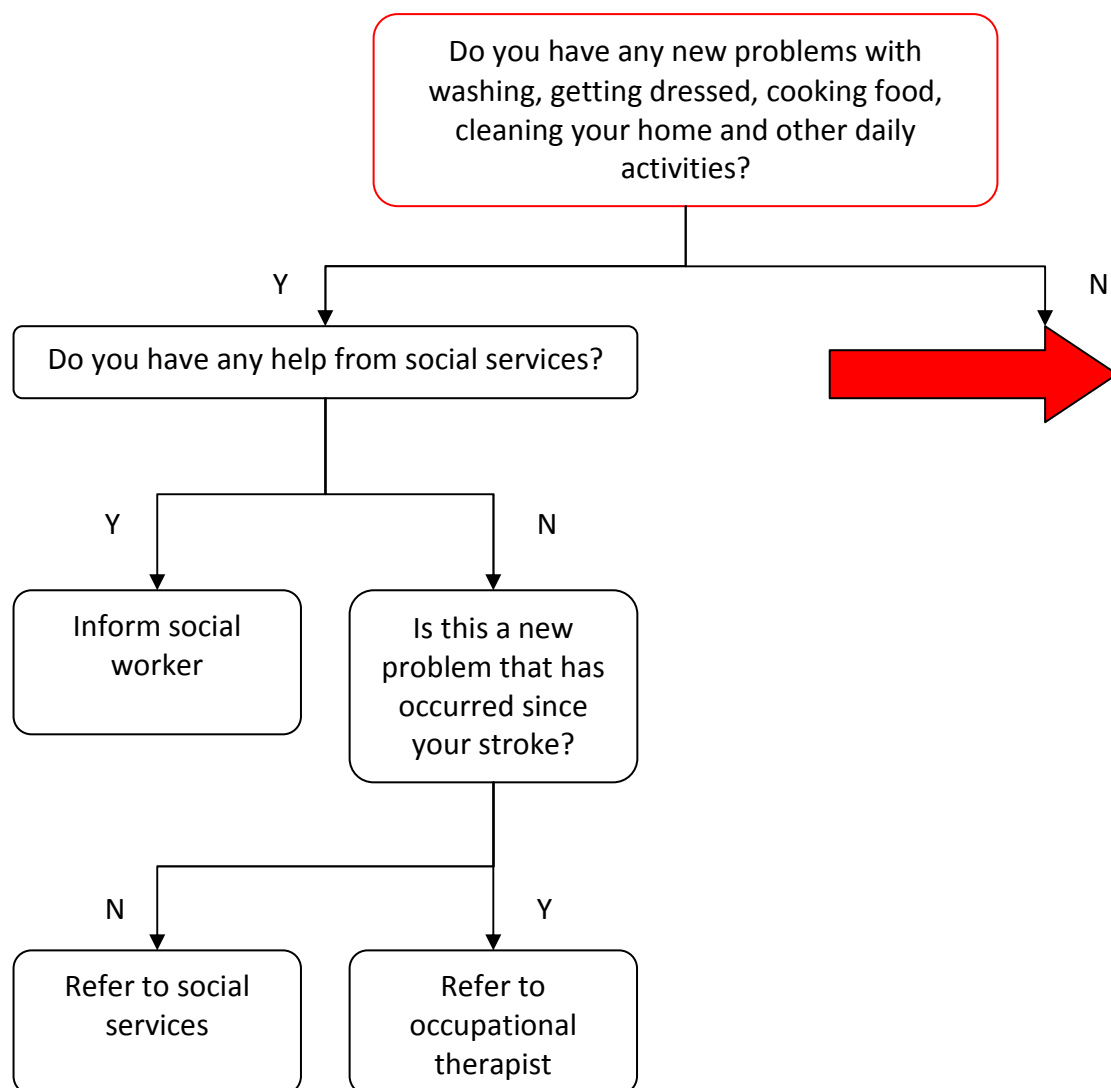
Pain



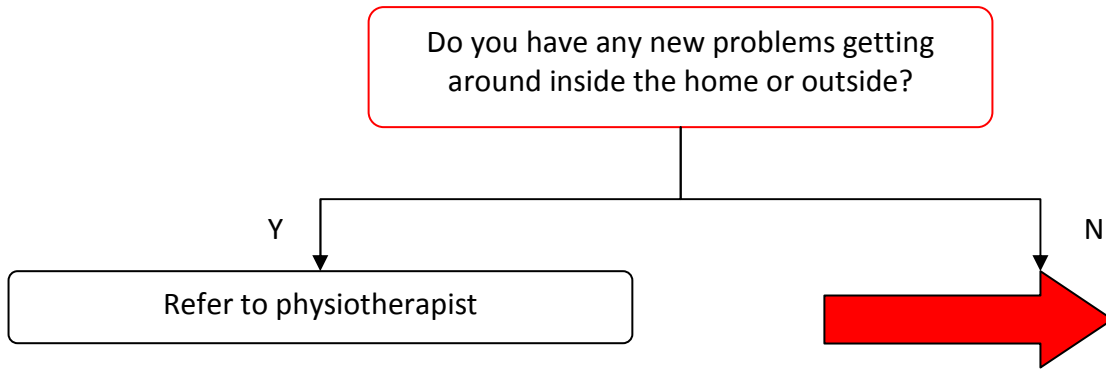
Continence



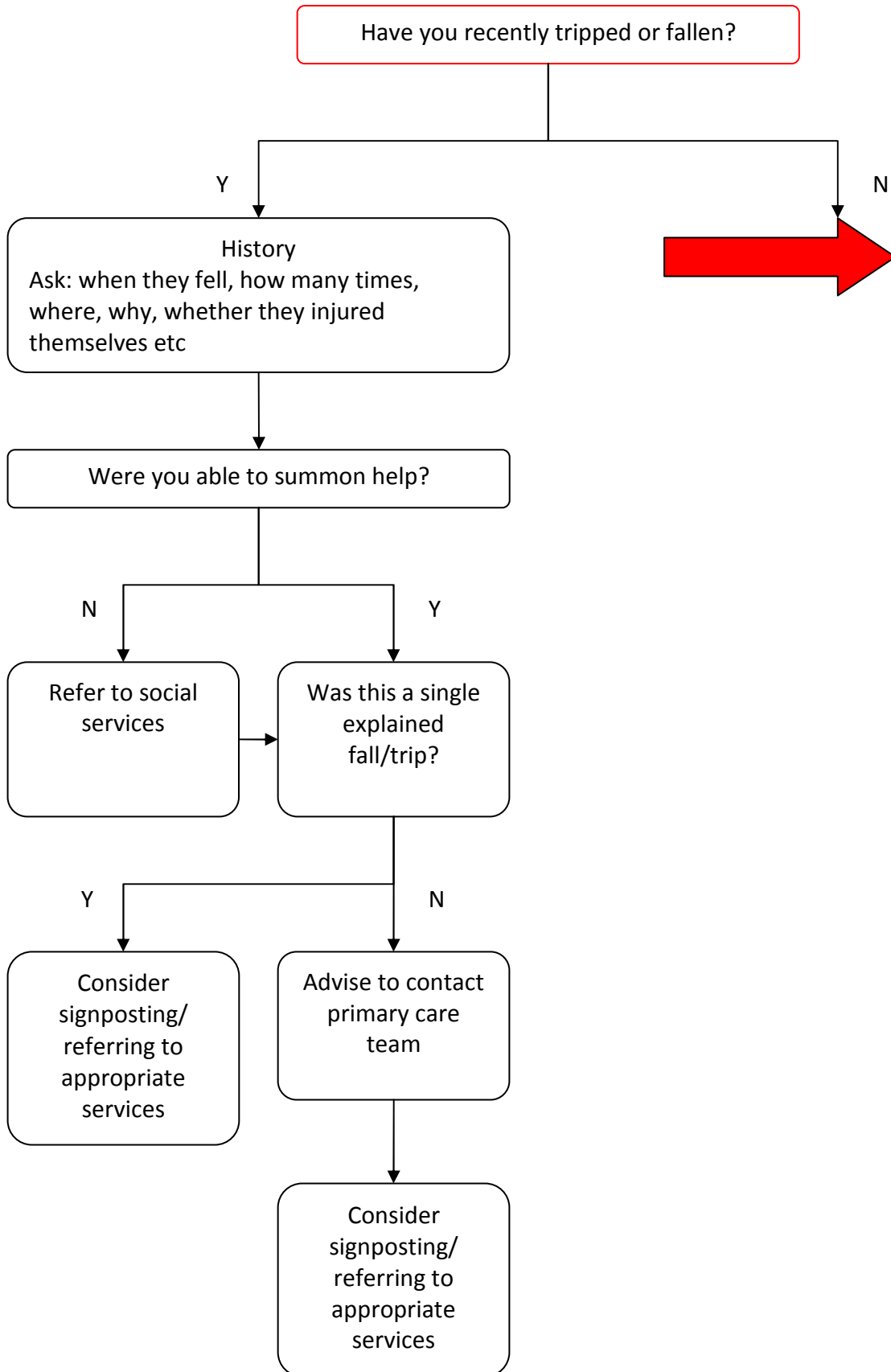
Daily activities



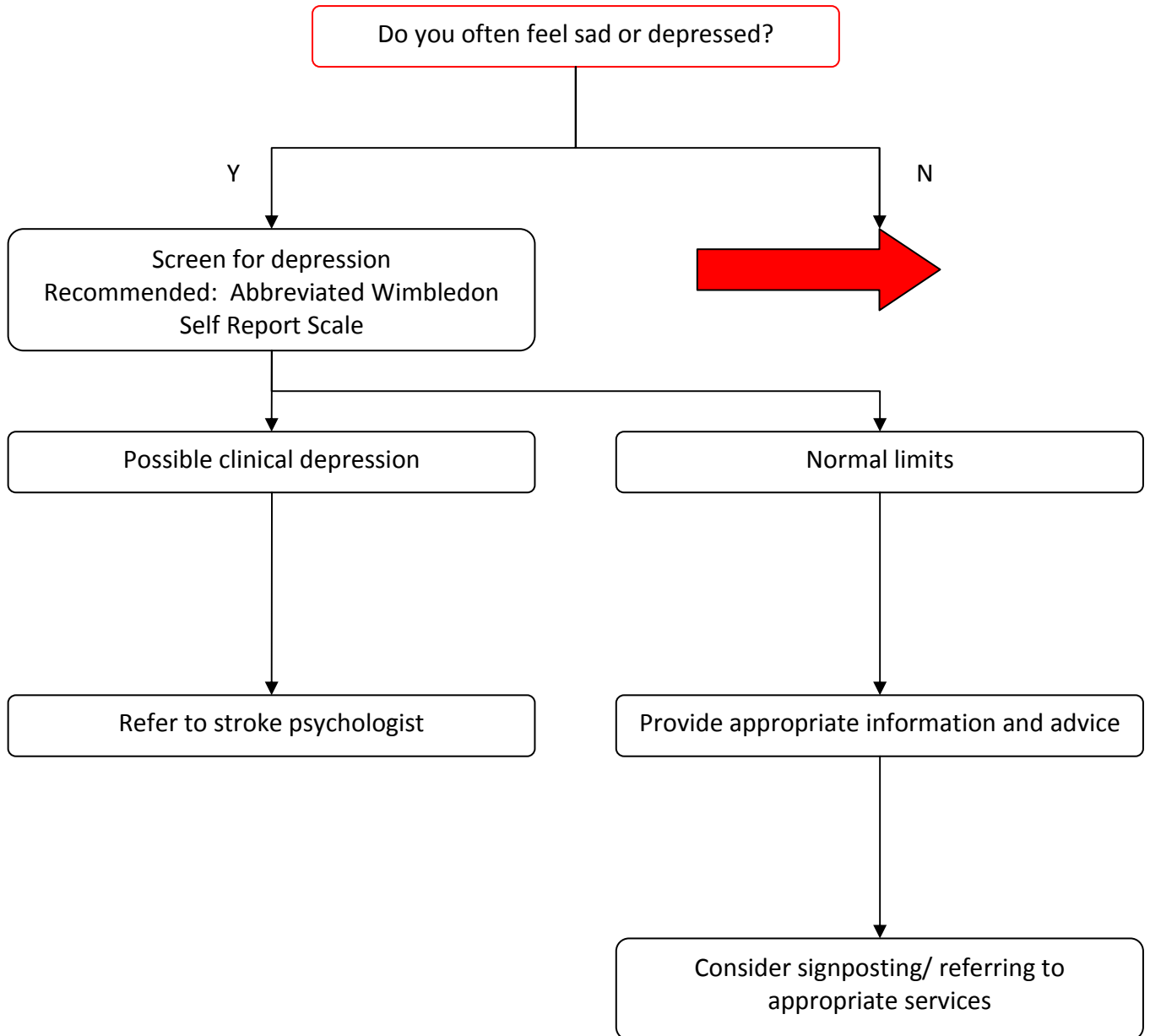
Mobility



Falls

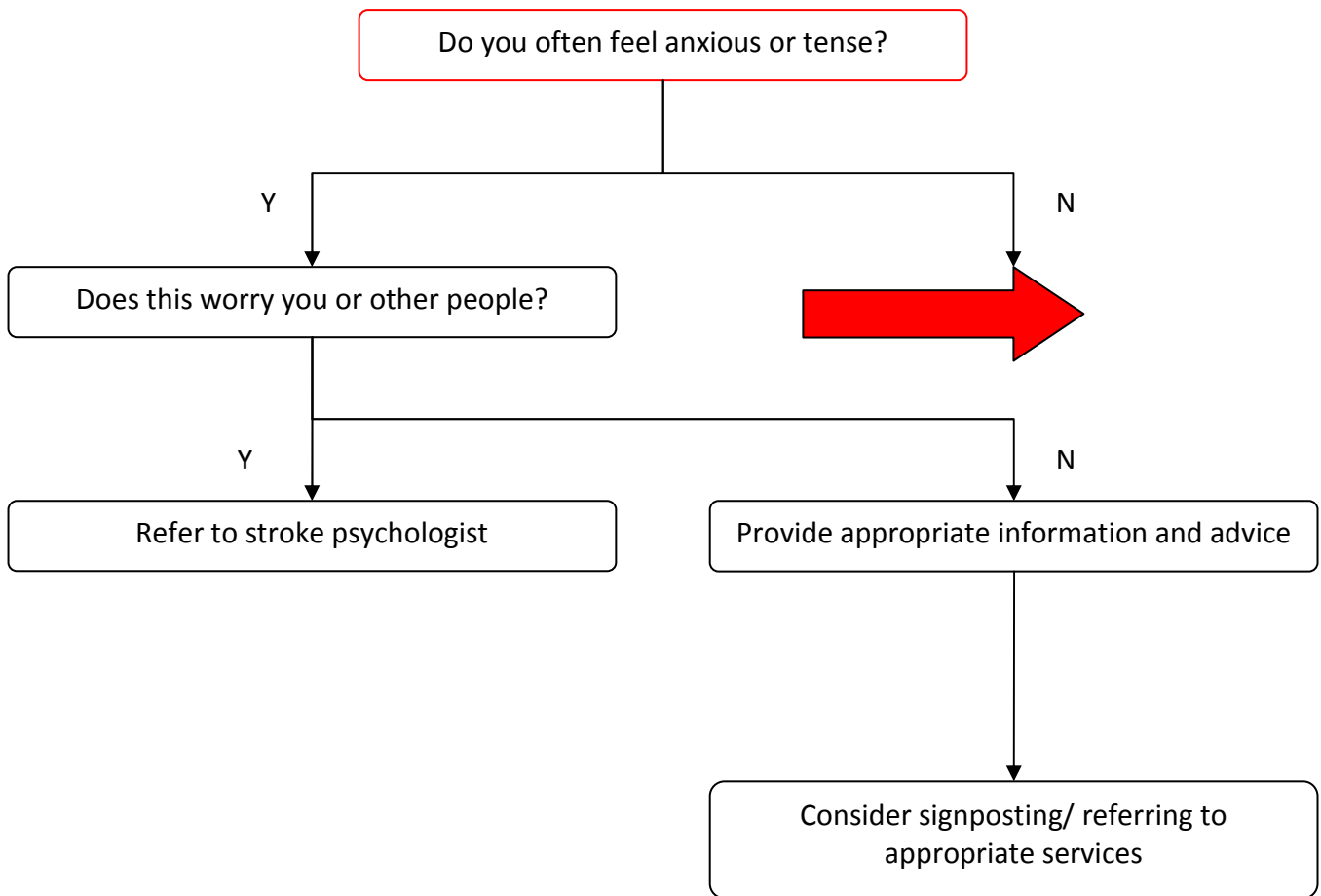


Mood

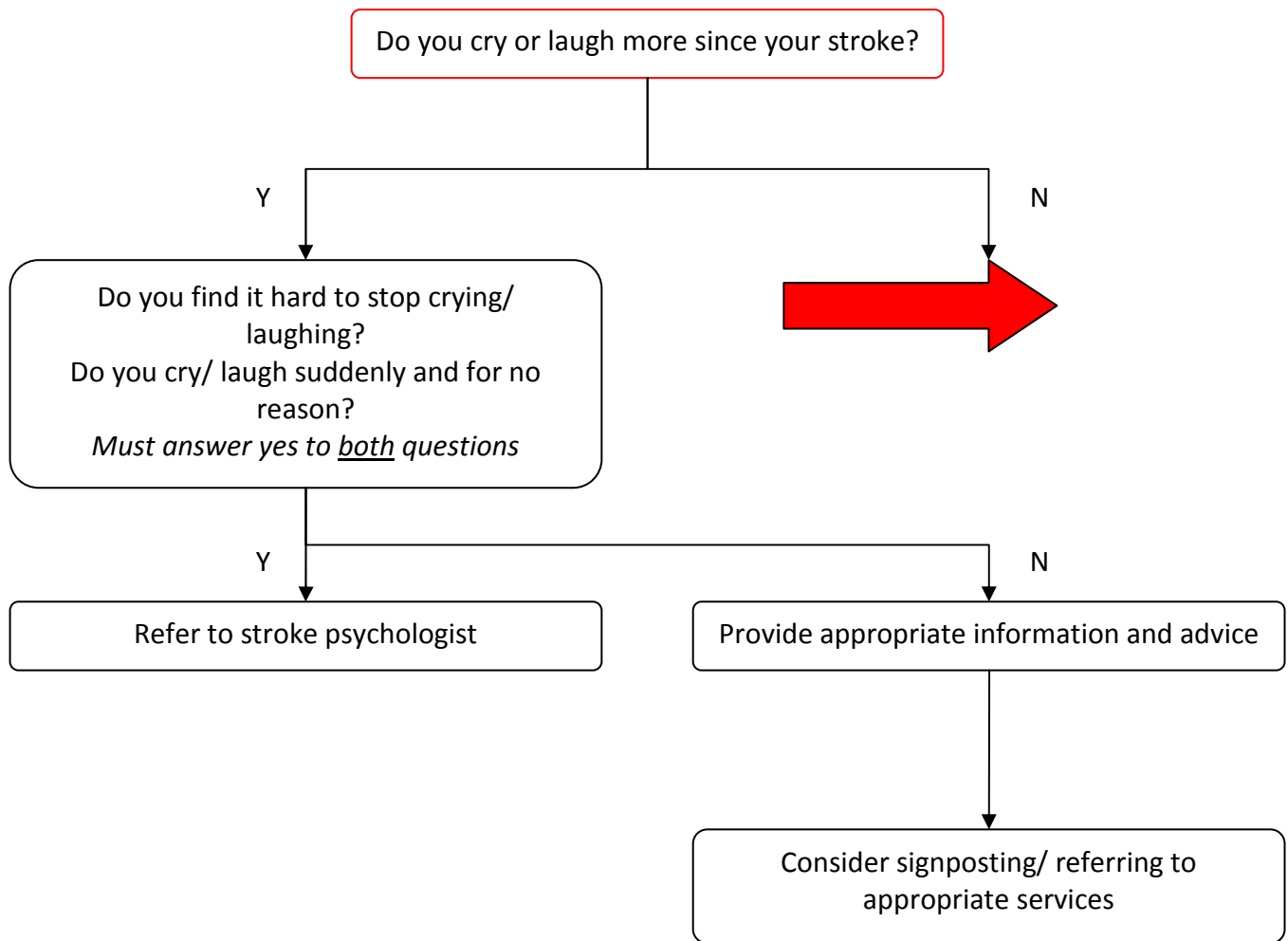


WHERE THERE IS SIGNIFICANT CONCERN ABOUT A STROKE SURVIVOR'S EMOTIONAL STATE (E.G. SUICIAL THOUGHTS, SELF HARM OR SERIOUS SELF NEGLECT) URGENTLY REFER THEM TO THEIR PRIMARY CARE TEAM OR ANOTHER APPROPRIATE HEALTH CARE PROFESSIONAL

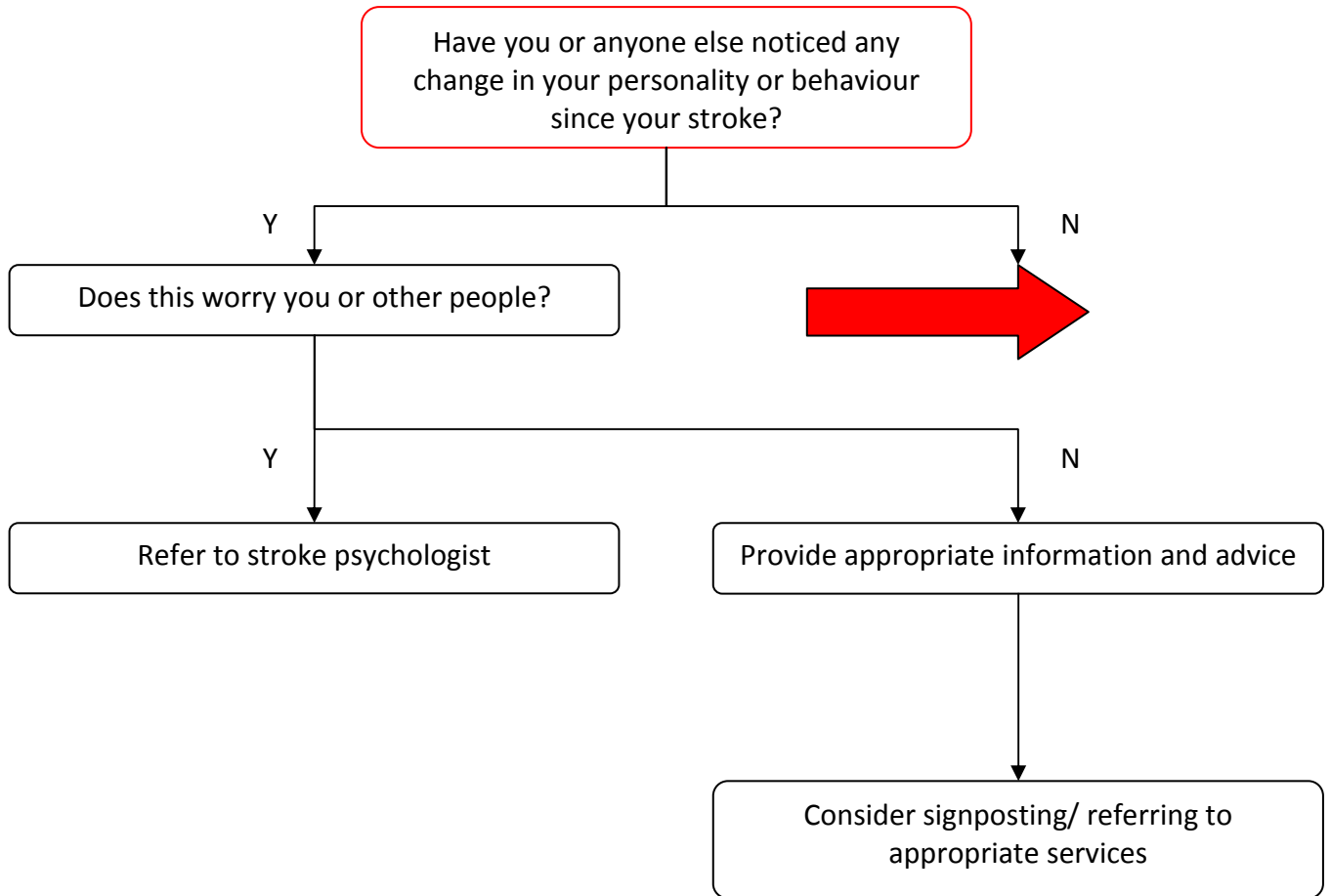
Anxiety



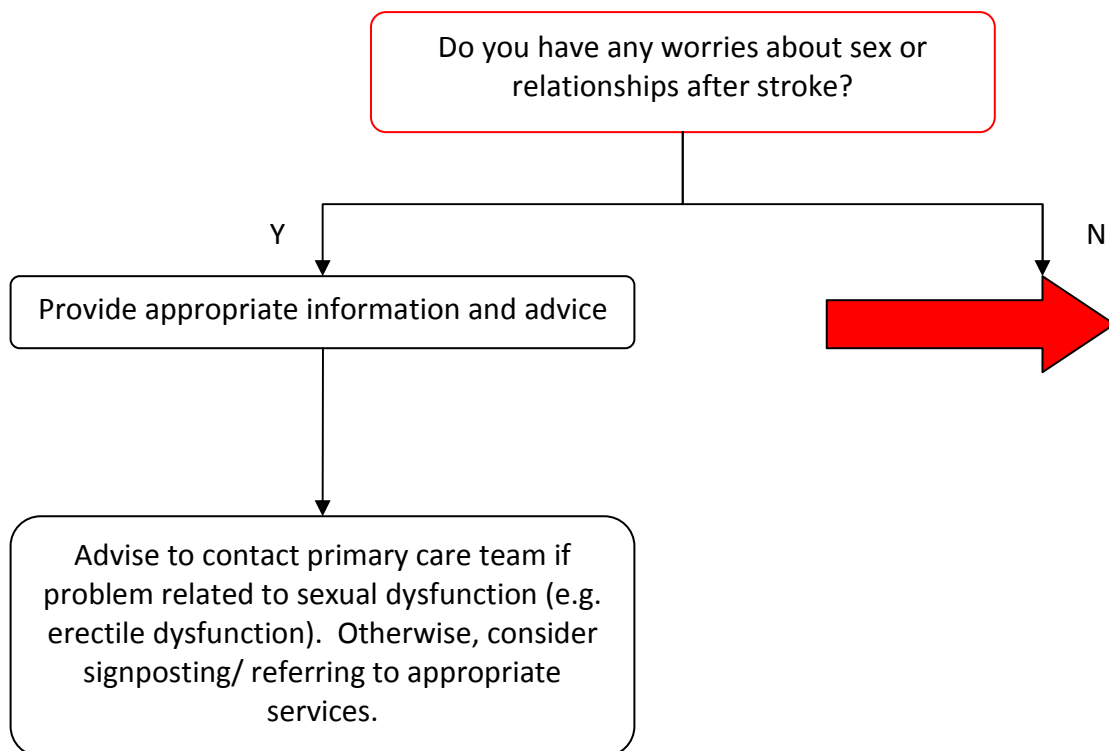
Emotionalism



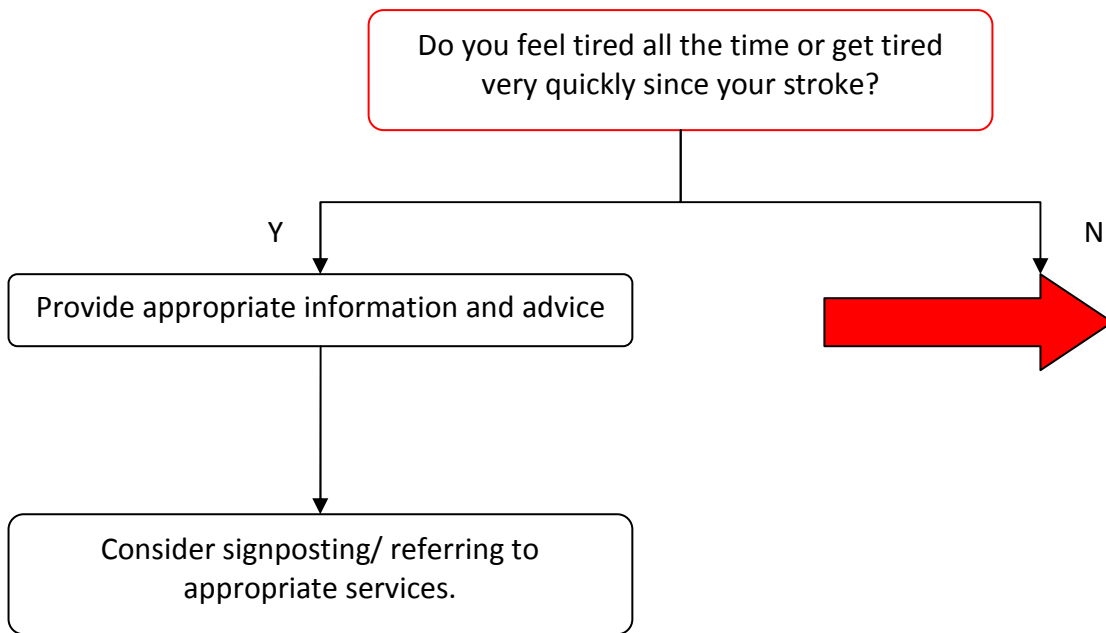
Personality changes



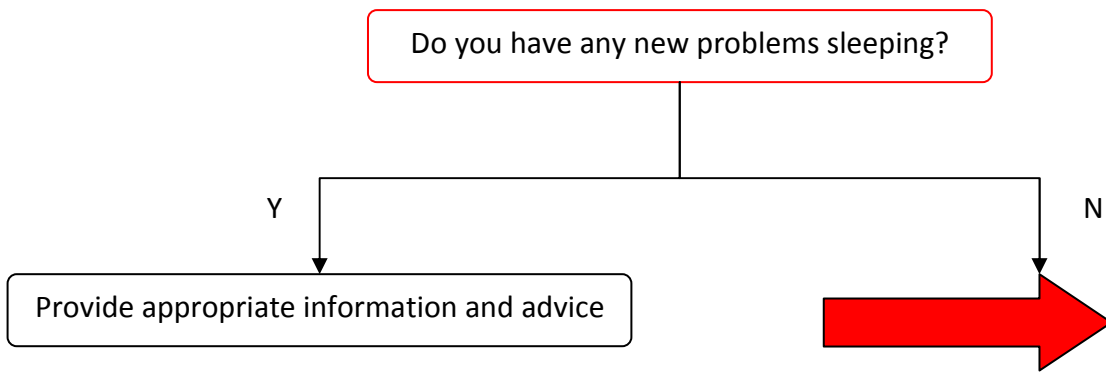
Sexual health



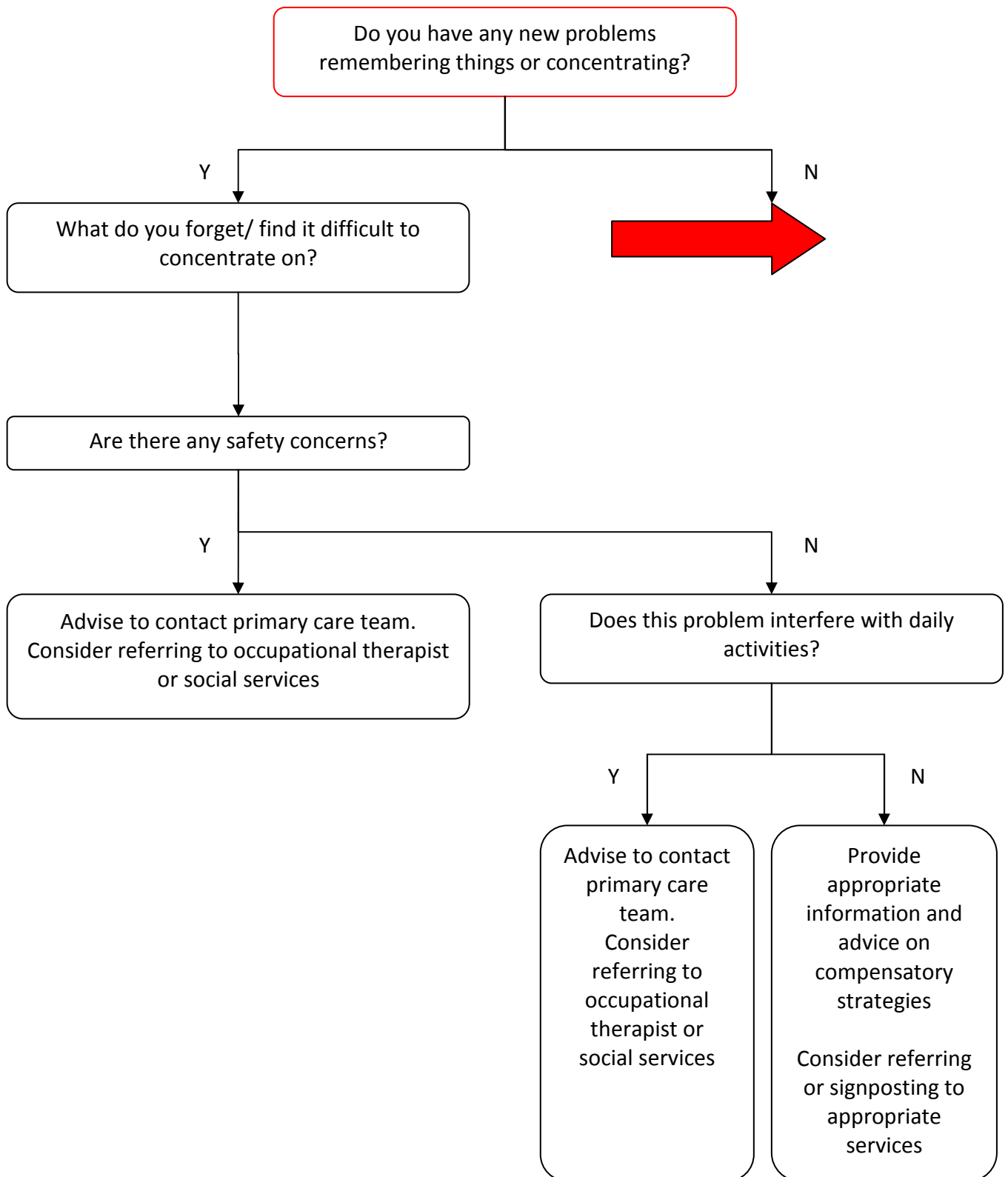
Fatigue



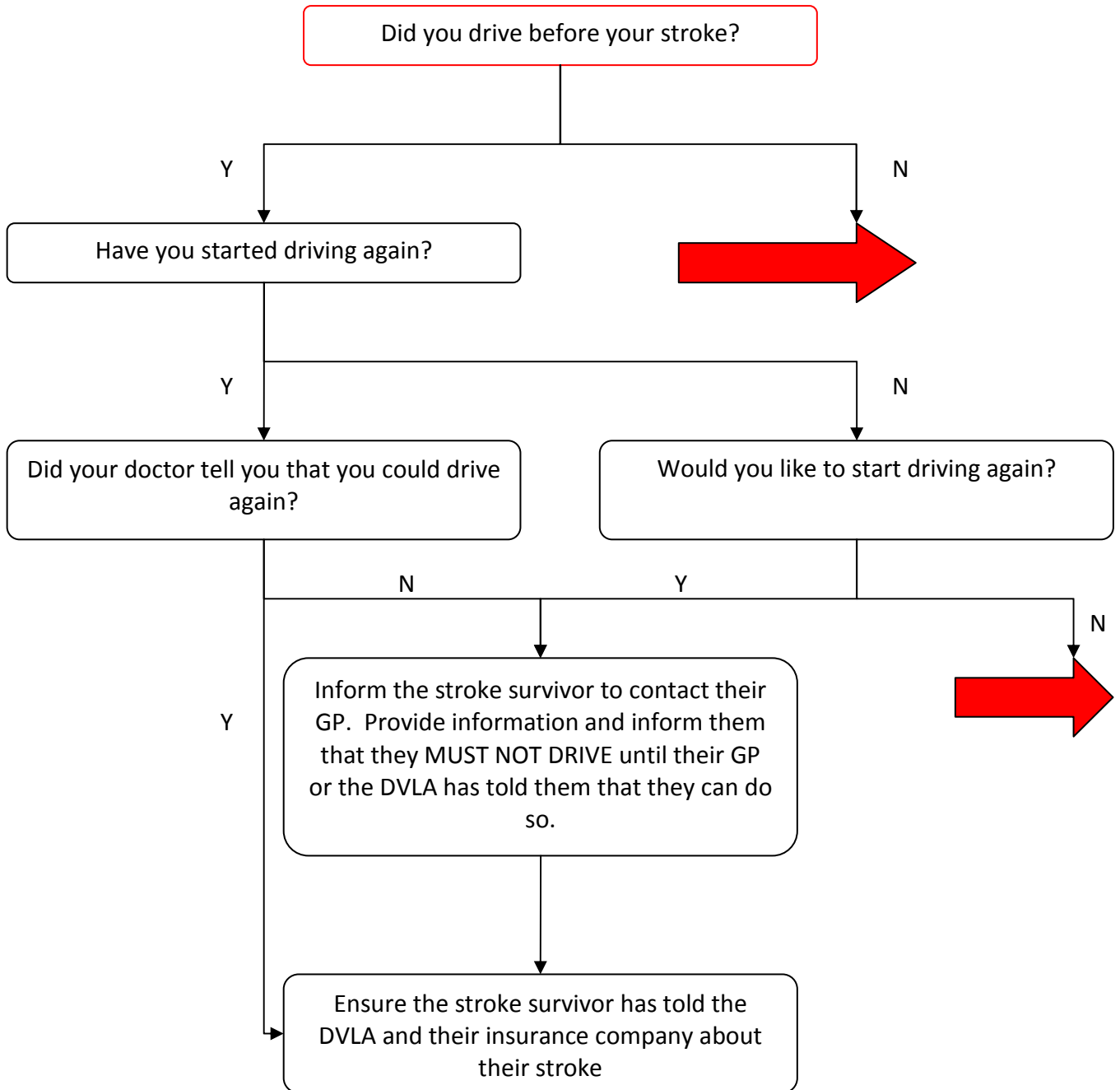
Sleep pattern



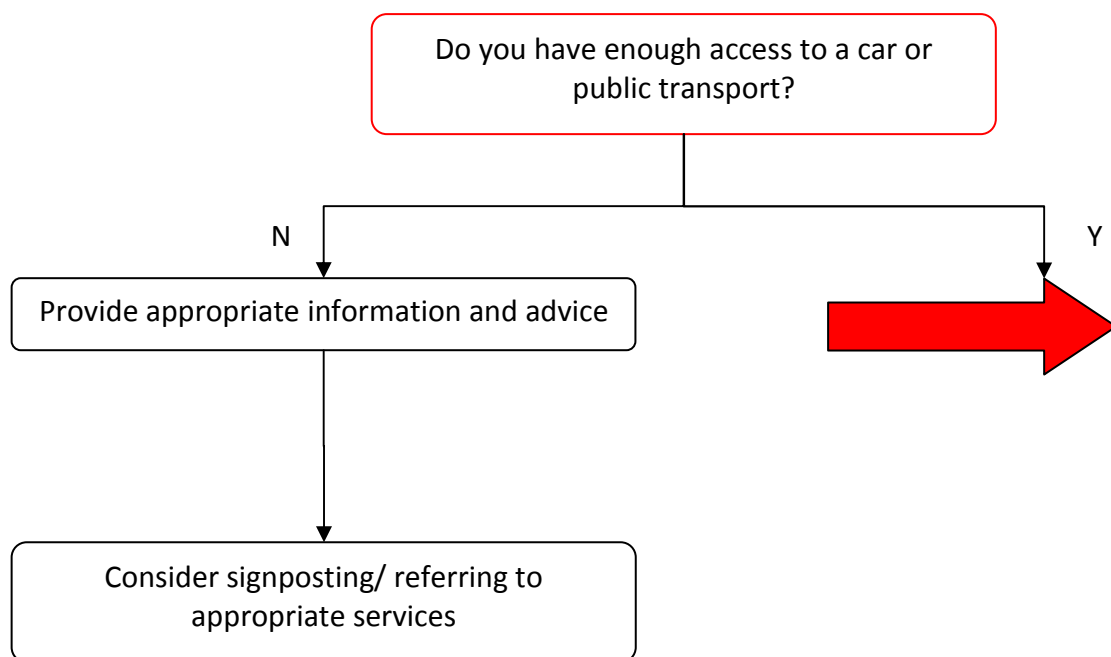
Memory, concentration and attention



Driving



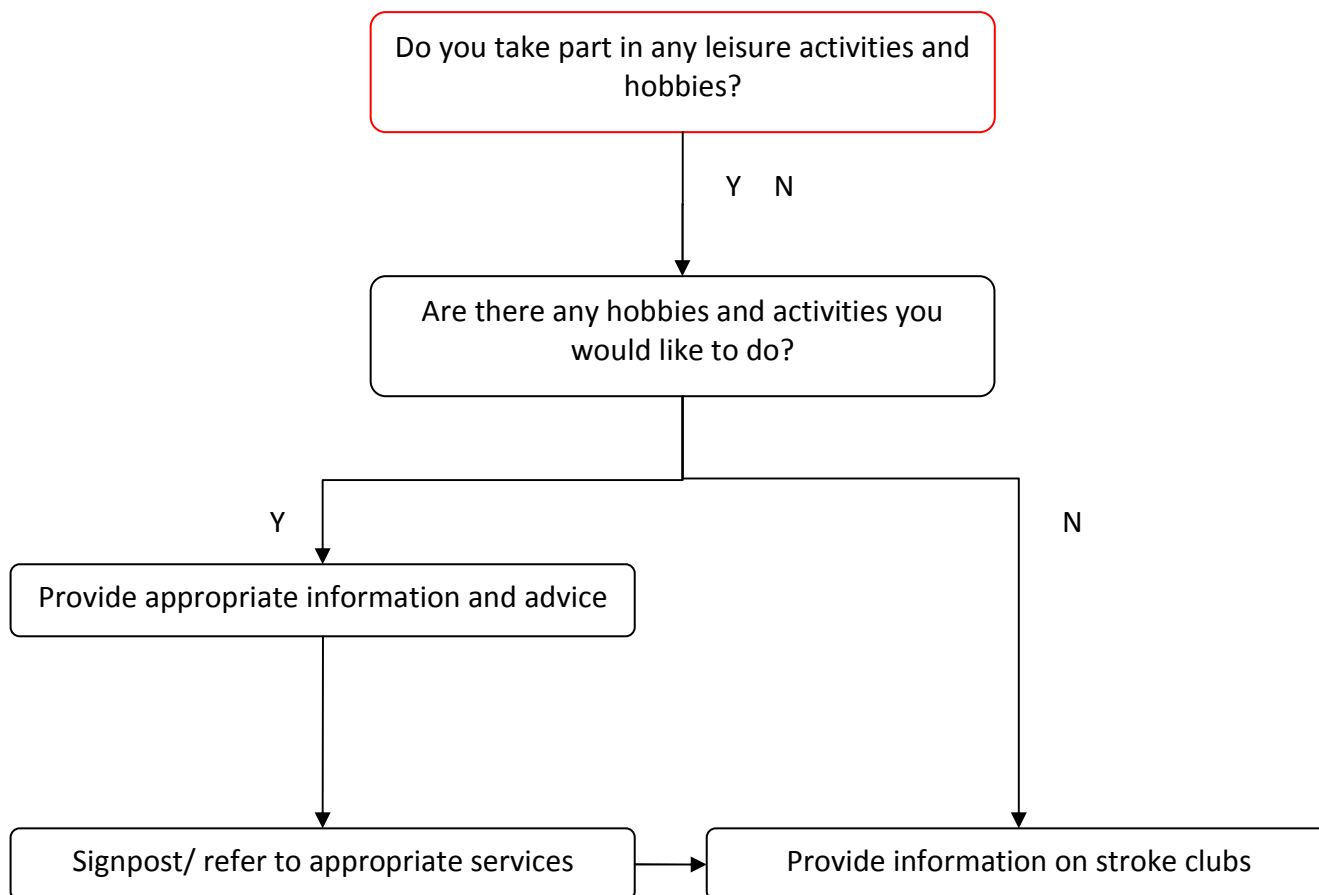
Transport and travel



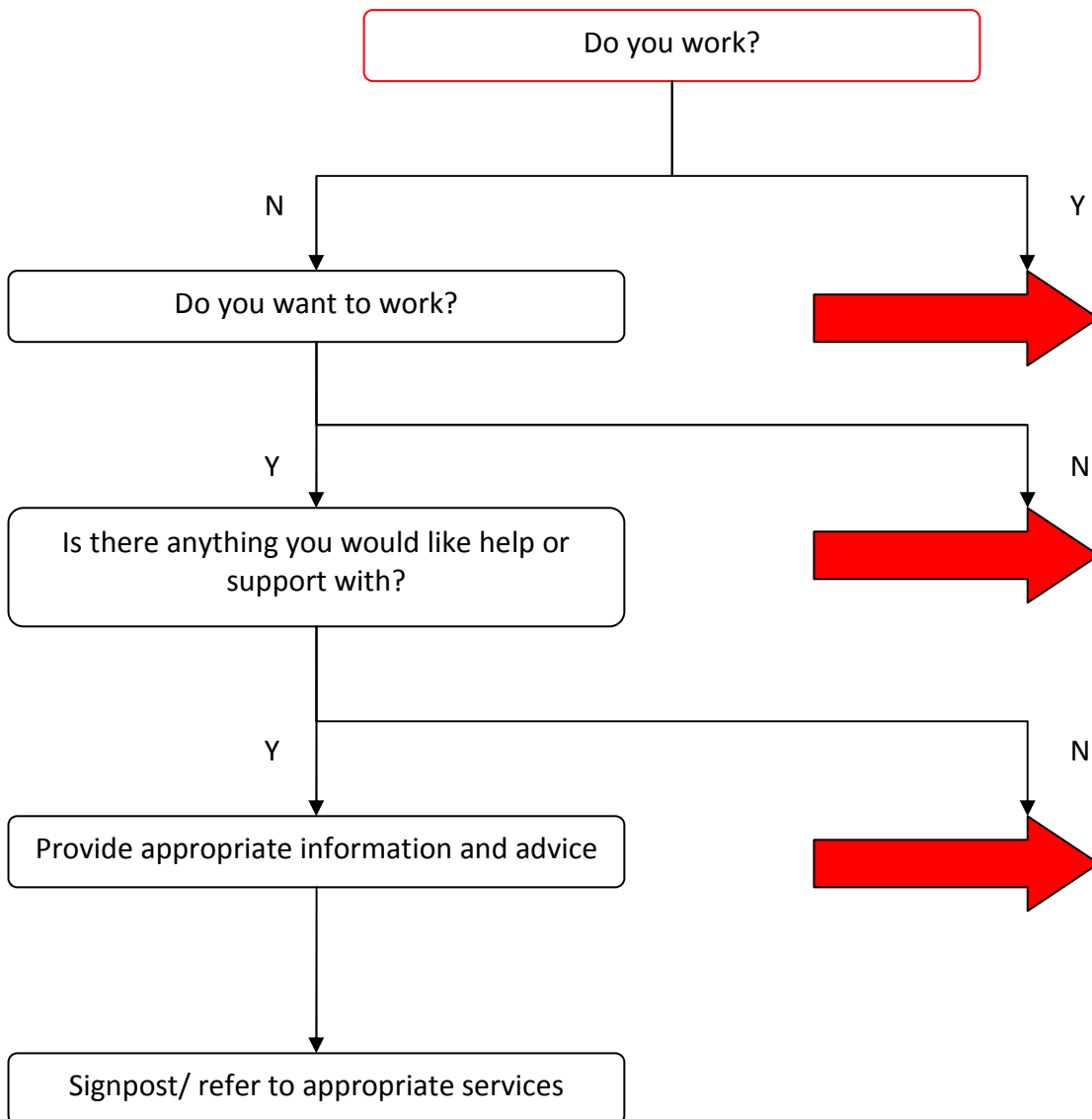
Stroke survivors and their carers often ask about holidays and air travel. If they enquire about their suitability for air travel, inform them that they should contact their GP.

The Stroke Association's 'Holiday Information' factsheet provides information on organisations that can help people with disabilities arrange a holiday.

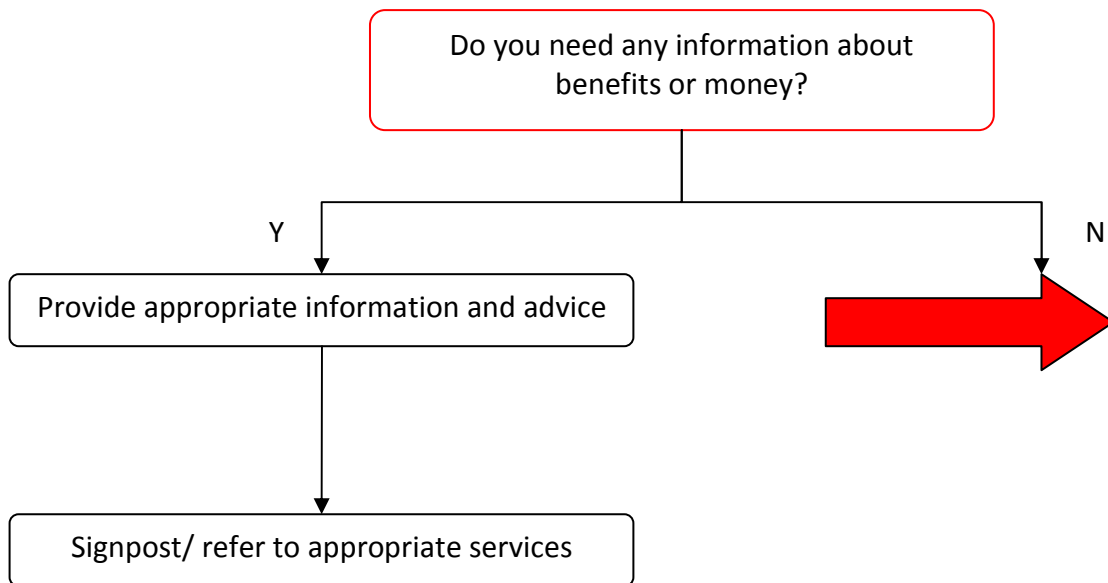
Activities and hobbies



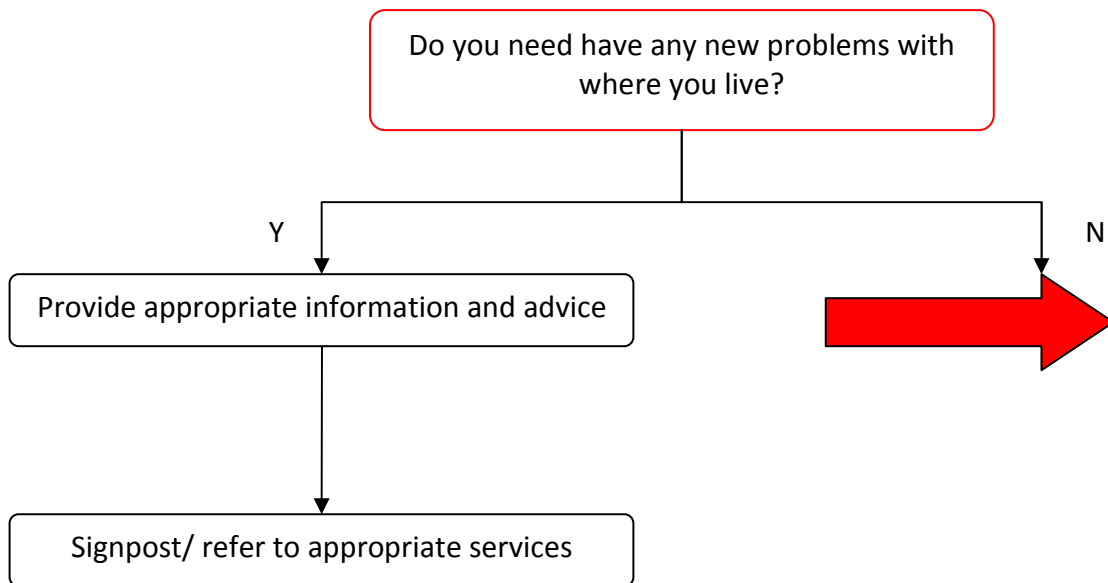
Work



Money and benefits



House and home



Carer needs

