In-Home Aides
PARTNERS IN QUALITY CARE

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Supporting Clients After a Stroke

A stroke ranks among the leading causes of disability and death for adults in the United States, affecting over 800,000 individuals each year (American Heart Association, 2026) and often resulting in long-term disability. Those who have suffered a stroke may encounter changes in movement, communication, memory, cognition, and behavior. For in-home aides, grasping these effects is crucial in delivering safe, supportive, and person-centered care. The focus should be on fostering the client's highest possible level of physical, emotional, and psychosocial well-being while ensuring safety, independence, and quality of life within the home.

WHAT IS A STROKE?

A stroke happens when the brain's blood supply is interrupted, either because a blood vessel becomes blocked or because a blood vessel ruptures and bleeds into the surrounding brain tissue. Without a steady supply of oxygen-rich blood, brain cells begin to die within minutes, leading to damage that can affect many body functions. Because the brain controls many different body functions, the effects of a stroke vary depending on which area of the brain is affected. These effects may impact movement, speech, cognition, sensation, or behavior, and can range from mild to severe.

There are two main types of strokes:

- **Ischemic stroke**: occurs when a blood clot blocks blood flow to the brain
- **Hemorrhagic stroke:** occurs when a blood vessel in the brain bursts and causes bleeding

For in-home aides, it is important to understand that stroke effects are individual and can change a person's ability to safely complete daily activities, requiring ongoing observation and support based on the care plan.

Different parts of the brain control different functions, so the effects of a stroke depend on the area of the brain that is affected.

- **Frontal lobe** – Controls movement as well as higher-level functions such as personality, focus, planning, and problem-solving. Damage to this area may lead to changes such as irritability, apathy, loss of humor, or jealousy.

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Objectives

- Review the two different types of strokes
- Review the effects of a stroke
- Review the risk factors that contribute to the likelihood of a stroke

References

American Stroke Association
https://www.stroke.org/en/about-stroke/stroke-symptoms

Centers for Disease Control and Prevention
https://www.cdc.gov/stroke/risk-factors/index.html

Mayo Clinic
https://mayocl.in/3ukFxLz - Stroke

National Institute of Health
https://www.ninds.nih.gov/health-information/stroke - NINDS

- **Parietal lobe** – Helps process sensations such as touch, temperature, pressure, and also supports language functions. When affected, a person may have difficulty understanding speech or expressing themselves, which can lead to frustration, anxiety, or anger.
- **Temporal lobe** – Plays a role in emotion, behavior, and aspects of personality. Injury may result in changes such as aggression, paranoia, or increased sexual behavior (Vega, 2021).
- **Occipital lobe** – Controls vision. Damage can cause vision impairment or blindness, which may understandably lead to fear, sadness, or frustration (American Stroke Association, 2026).

A **transient ischemic attack** (TIA), often called a "mini-stroke," occurs when blood flow to the brain is briefly blocked by a clot. The symptoms resemble those of a stroke but typically resolve within 24 hours. Although a TIA usually does not cause permanent damage, it is an important warning sign that a full stroke may occur in the future.

COMMON EFFECTS OF STROKE

Because each area of the brain has a different role, no two strokes are exactly alike. A person's symptoms depend on which part of the brain was affected and the extent of the damage. Some individuals recover quickly with only mild limitations, while others may experience lasting physical, communication, or cognitive challenges.

MOVEMENT & MOBILITY

Many stroke survivors have weakness or paralysis on one side of the body (hemiplegia). The weakness occurs on the side opposite the brain injury and may range from mild weakness to complete loss of movement. Facial drooping is also common.

In-home aides play an important role in supporting recovery. Always follow the client's individualized care plan, encourage the person to do as much as they can safely on their own, and provide hands-on assistance with walking, transfers, and activities of daily living only when needed.

VISION & SENSORY CHANGES

A stroke can affect vision, hearing, touch, and body awareness. Some individuals may not see objects on one side or may have difficulty feeling pain, temperature, or pressure, increasing the risk of injury.

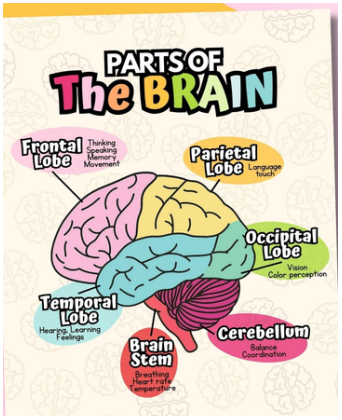
Care tips:

- Keep frequently used items within the person's field of vision.
- Approach from the unaffected side when possible and announce yourself before touching the person.
- Regularly check the skin for cuts, bruises, pressure areas, or burns, as the individual may not recognize pain or be aware that an injury has occurred.

COMMUNICATION DIFFICULTIES

Some stroke survivors have difficulty speaking, understanding language, reading, or writing:

- Aphasia: Difficulty understanding or expressing words.
- Dysarthria: Slurred or unclear speech caused by weak muscles.



PLAY

https://mayocl.in/3ukFxLz

RISK Factors

- Diabetes
- Obesity
- High Cholesterol
- Heart Disease
- Sleep Apnea
- Atrial Fibrillation
- High Blood Pressure
- Smoking
- Physical Inactivity

Care tips:

- Speak slowly and clearly using short, simple sentences.
- Allow plenty of time for the person to respond.
- Ask one question at a time.
- Use gestures, pictures, or written words when helpful.
- Avoid interrupting or finishing the person's sentences unless requested.

CHANGES IN PERCEPTION

After a stroke, some people may not recognize one side of their body or may ignore objects or people on one side of their surroundings. They may also have difficulty judging distance, time, or space. Although they may appear physically capable, they may not recognize their own limitations, which can increase the risk of falls or other injuries.

Care tips:

- Never assume the client can safely complete a task without assistance.
- Follow the care plan and use recommended safety measures during mobility and daily activities.
- Stay nearby when assistance or supervision is indicated.

MEMORY & ATTENTION CHALLENGES

A stroke can affect memory, concentration, and the ability to process information. Clients may forget instructions, lose track of what they are doing, or become overwhelmed when asked to complete several steps at once.

Care tips:

- Give one instruction at a time.
- Allow extra time for the client to respond or complete tasks.
- Keep daily routines as consistent as possible.
- Use reminders and repeat instructions when needed in a calm, supportive manner.

EATING & SWALLOWING

Some stroke survivors can feed themselves but may need help preparing meals, opening containers, or using adaptive utensils. Others may have difficulty swallowing (dysphagia), which increases the risk of choking or aspiration.

Care tips:

- Always follow the prescribed diet and the instructions in the care plan.
- Make sure food, drinks, and utensils are within easy reach.
- Observe for coughing, choking, pocketing food, or increased difficulty swallowing during meals.
- Report any changes or concerns to your supervisor promptly.

EMOTIONAL & BEHAVIORAL CHANGES

A stroke can affect emotions, judgment, and self-awareness. Some clients may become frustrated, anxious, depressed, impulsive, or experience sudden crying or laughing that seems out of character. Others may believe they can safely walk or perform tasks independently, even when they continue to need assistance.

Care tips:

- Stay calm, patient, and reassuring.
- Offer encouragement while supporting the client's independence whenever it is safe to do so.
- If the client becomes upset or frustrated, redirect the conversation or activity in a gentle, supportive way.

KEY TAKEAWAYS

Every stroke survivor's recovery is different. Following the care plan, promoting safe independence, and recognizing changes early helps in-home aides provide safe, supportive care.

- No two stroke survivors are the same. Always follow their care plan. Every stroke is different, so every recovery looks different too. Your client's care plan is built around the exact part of their brain that was affected. Stick with it, even if something worked differently for another client.

- Stay close, even if they seem fine. Some stroke survivors don't realize they have a problem, especially with balance or one side of their body. They may try to get up and walk on their own when it isn't safe. This isn't stubbornness. It's a real effect of the stroke on the brain, and your steady presence nearby is one of the best safety tools you have.

- Keep things simple, consistent, and repeated. Memory, focus, and processing speed often take a hit after a stroke. Give one instruction at a time. Keep daily routines the same from day to day, and repeat yourself calmly whenever it's needed. Consistency isn't just kind, it actually helps the brain relearn skills.

- Watch closely at mealtimes. Trouble swallowing, known as dysphagia, is common after a stroke. It can lead to choking or lung infections if food or liquid goes down the wrong way. Watch for coughing, throat clearing, a wet or gurgly voice, or food staying in the cheek. Report any of these signs right away.

- Sudden crying or laughing may not mean what you think. Some stroke survivors cry or laugh suddenly for no clear reason, or their reaction doesn't match the moment. This is a real, physical effect of the stroke, not an emotional overreaction. Stay calm, don't take it personally, and let your supervisor know if it's new or getting worse.

- Small wins matter. Encourage independence where it's safe. Recovery is often slow and frustrating for your client. Celebrate small progress, offer encouragement, and support them in doing what they safely can, all while sticking to the safety precautions in the care plan.

BE FAST

Stroke survivors are at higher risk for a second one. Teach yourself the acronym *BE FAST*. **Balance** (sudden loss of balance or coordination), **Eyes** (sudden trouble seeing or blurry vision), **Face** drooping, **Arm** weakness, **Speech** difficulty, and **Time** to call 911.