



MY RELATIVE HAD A STROKE, WHAT NOW? WILL I RECEIVE GUIDANCE WHILE STILL AT THE HOSPITAL?

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DID YOU KNOW THAT...



- ... the profile of the family caregiver includes mainly women, usually partners or daughters?
- ... all women in this research questioned why men from the family don't take responsibility for the care during the hospitalization of the ill person?
- ... for some family caregivers, a network of friends might be the only available help to care for the ill person?
- ... many times the family caregivers avoid to ask for professional support of Nurses because they perceive their overload of work?
- ... the female family caregivers don't feel prepared to continue care at home?

AND HOW CAN THE HOSPITAL'S TEAM HELP?



Listening moments

- Moments in which the family caregiver can speak out alone or in groups their distress, difficulties and uncertainties, such as:
 - complaints about family conflicts;
 - difficulties to accept their new role as caregiver;
 - limitations to develop autonomy.
- Reassurance that she/he feels as the protagonist in the caregiving process aiming to guarantee a safe transition from hospital to home.

Orientations for basic and instrumental activities of daily living, such as:



hygiene and comfort;
mobilization;
food and hydration;
sleep, rest;
dress up;
transportation;
manage medications;
preparing meals;
recreation;



Orientations for activities related to the new condition of the relative (stroke):

- administration of medicines;
- managing of devices;
- adapting the household:
 - doors width; wheelchairs; furniture; handlebars; ways to ask for help; non-slip floor; buying special care supplies (diapers, feeding devices, dressings);
- search for help within the community health clinic;
- Social Services guidance.

ATTENTION: WE MUST CONSIDER THAT...



- one of the main complaints of the caregivers during hospitalization is the family conflicts that are potentialized after the stroke due to the need to share chores and responsibilities with other family members;
- the feeling of being overwhelmed in relation to the new role of caregiver while they have their own health issues was brought by the female caregivers;
- the dependence degree of the patient is proportional to the anguish of the family caregiver;
- there is a movement of empathy towards the patients that don't have companions at the hospital;
- families of other patients help to care for those without relatives.

REMEMBER:

- The hospital is the first place of proximity between the family caregiver and the multiprofessional team; it is important to consider spaces to offer support to the family.
- Taking that in account, the team must offer spaces during the daily routines of care to include the family caregiver.
- To prepare the family caregiver to continue care enhances the quality of life to whom survived a stroke, and also relieves the burden of the family.

