



Case Study: Stroke and Diabetes



Barbara B. suffered a debilitating stroke in the early morning of October 2, 2009. She was home alone as her husband had died several years earlier after a long battle with cancer, and her children had both lived in western states for decades. Barbara was in the kitchen, preparing a bowl of cereal, when she began to feel 'odd' (as she puts it). Within moments, she was lying on the floor, more than ten feet from the phone on her kitchen wall.

After trying valiantly to crawl to the phone on the other side of the kitchen, Barbara gave up trying to move with only her right arm and right leg functioning. She lay on the floor in a puddle of milk and cereal until sometime after 1:30 p.m. when her neighbor stopped by for an impromptu visit. Barbara said she tried to call out to her friend, but she couldn't seem to think of the word 'Help.' With her friend's assistance, Barbara was in an ambulance and on her way to the hospital before 1:45 p.m.

The first few days in the hospital were harrowing for Barbara as she had trouble finding the words she wanted to say...or the words she did say were garbled, and she was unable to get out of bed, go to the bathroom, or dress by herself. Her daughter flew in from Arizona and was shocked to discover the extent of the damage from her mother's stroke. Once stabilized, Barbara was transferred to the rehabilitation unit of the hospital where physical and speech therapy programs began. The physical therapy was intense, and Barbara tired easily, but by the end of the second week at the hospital, she was able to complete several hours of therapy. Her daughter needed to get back to her family and her job, but Barbara wasn't going to be able to live on her own...and she flatly refused to move to Arizona with her daughter's family.

Barbara's case manager, Sarah, had worked with us many times over the past 14 years, and she was confident that Seasons HomeCare could help Barbara return home rather than move to an assisted living unit or temporarily a skilled nursing unit. All Sara had to do was call our office to give us details about Barbara's condition and her needs. Our Community Liaison went to visit Barbara within a few hours; Barbara and her daughter discussed with our Liaison the services we provide, scheduling care, and finances.

On October 24th, 2009, Barbara was released from the hospital with orders for physical therapy three hours a day, three days a week and speech therapy at her home twice a week. Sarah requested that we 'stand by' while Barbara showered and dressed, assisting her as needed. Our caregivers would also fix Barbara's lunch and dinner, using a diabetic diet. We would provide light housekeeping, laundry and grocery shopping services as well as transportation to and from her doctor and physical therapy appointments. Medication reminders and fall prevention were also on the 'orders' from Sarah.

Barbara has regained some stability and mobility in her left leg, but her left hand is not able to be used. Her aphasia is no longer a problem. Barbara remains our client, and we have provided services to her for 68 months now. We maintain communications with her daughter and her physician, and our caregivers encourage Barbara to continue doing the exercises she learned from the physical therapist. Her physician noted that Barbara is not depressed and has been able to maintain her social connections and activities with Comfort Keepers' help.

(We did not use Barbara's real photo nor her last name in this publication to protect her privacy.)