The Village Residence

Date reviewed

June 2017, June 2020, October 2021, Sept 2023

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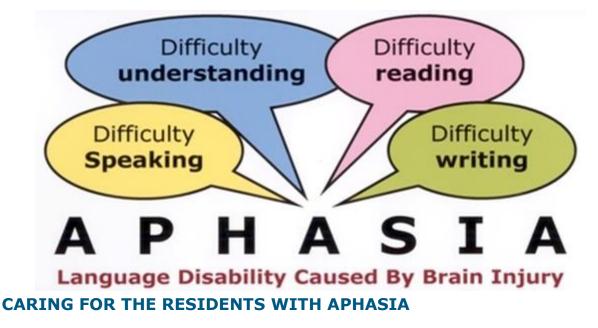
POLICY NO:

Caring for Residents who have Aphasia/Dysphasia

Caring for residents who have aphasia/dysphasia		
Developed by: Director of Nursing Office with Clinical Nurse Managers	Date Developed: June 2017, June 2020, October 2021, September 2023	
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APHASIA.



Aphasia is a disorder that results from damage to portions of the brain that are responsible for language. For most people, these are areas on the left side (hemisphere) of the brain. Aphasia usually occurs suddenly, often as the result of a stroke or head injury, but it may also develop slowly, as in the case of a brain tumor, an infection or dementia. The disorder impairs the expression and understanding of language as well as reading and writing. As nurses, we need to take a full assessment of the disease process in caring for the resident with aphasia, particularly in learning ways to sharpen our communication skills to provide for their specific needs.

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Anyone can acquire aphasia, including children, but most people who have aphasia are middle-aged or older. Men and women are equally affected. According to the National Aphasia Association, approximately 80,000 individuals acquire aphasia each year from strokes. About one million people in the United States currently have aphasia. Aphasia is caused by damage to one or more of the language areas of the brain. Many times, the cause of the brain injury is a stroke. A stroke occurs when blood is unable to reach a part of the brain. Brain cells die when they do not receive their normal supply of blood, which carries oxygen and important nutrients. Other causes of brain injury are severe blows to the head, brain tumors, brain infections and other conditions that affect the brain.

Common characteristics displayed by a person who has aphasia may include decreased attention, decreased memory, inability to recall specific words, poor auditory comprehension, lack of ability to use words or gestures to make needs known, and high levels of frustration. Some areas will be affected greater than others. The person with aphasia will most likely have weakness or paralysis of the right side of their body. This is because the left hemisphere of the brain is usually where language is located and the left side of the brain controls the right side of the body. Although it is rare, a person may have aphasia resulting from a stroke in the right hemisphere of their brain. In this case, the person would experience weakness or paralysis on the left side of their body.

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A nurse is normally the first person to see a resident just after admission to the floor. There are several things we must do and not do as nurses caring for the resident with aphasia:

Do talk simply and naturally and encourage the resident to respond in whatever way he/she can.

Do include him/her in the daily affairs. Consult the individual for their decisions in matters.

Do explain what has happened to the resident. Reassurance may be provided by an intelligent, simple explanation.

Do encourage gestures and talking with hands.

Do tactfully change the subject when the resident is frustrated in trying to explain something.

Do keep any instructions and explanations simple. Try to keep your conversation geared to the resident's immediate needs or surrounding.

Do encourage the use of greetings and social exchanges such as "Hello" and "Thank You".

Do utilize routine activities for speaking. Let the resident ask for what is needed regarding dressing or mealtime issues. If he/she is unable, say the word for them.

Do ask direct questions requiring a simple "yes" or "no" rather than those requiring complex answers.

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Do educate family members on the tips for communicating at home.

Do <u>not</u> speak as if he/she were a child, deaf or retarded. Treat the individual like an adult and simplify or rephrase your wording without shouting.

Do <u>not</u> discuss the resident's emotional reactions and problems in his/her presence.

Do not give false optimism; reassure and be empathetic instead.

Do <u>not</u> confuse the resident with too much idle chatter or too many people/distractions in the room.

Do not answer for the resident if they are capable of speaking.