

## How to Support Patients with Communication Difficulties – Decision-Making Tool for Acute Stroke Unit Staff

*NOTE: This flowchart DOES NOT serve as a formal assessment tool, and is solely for the use of non-SLT staff to determine which type of communication support might be helpful to use with patients in the hyper-acute stages of stroke. All communication difficulties require formal SLT assessment before a diagnosis can be made.*

**Start by ensuring the patient is optimally supported to communicate, i.e.**

- Wearing their hearing aids/glasses/dentures if applicable – liaise with NOK re bringing these in as needed
- Alert and sitting upright
- Background noise reduced

**Once the environment is optimised** – does the patient present with communication difficulties?

**Yes** – ensure a timely referral to SLT if these difficulties are NEW (i.e. not the patient's baseline)

**No** – continue to monitor, refer to SLT if any concerns arise in future

Difficulties with slurred speech/speech errors?

**Likely dysarthria/apraxia of speech.**

**Support by:**

- Encouraging a slower speech rate with frequent pauses, and repeating/re-wording as needed
- Encouraging the patient to exaggerate their lip and tongue movements
- Provide a pen and paper to see if the patient can write down their message
- Try using an alphabet chart so the patient can spell out words
- Summarising back the patient's message to ensure understanding

Difficulties with following instructions/understanding basic questions?

**Likely receptive aphasia.**

**Support by:**

- Keeping language simple and concise – 1 piece of information at a time, avoiding complex language
- Giving the patient plenty of time to respond
- Using objects/gestures/picture cues to convey key concepts/words
- Writing down key words to support understanding
- Reversing your question to check the patient's response is reliable e.g. 'are you hot' 'are you cold'

Difficulty producing words/sentences (e.g. word-finding difficulties, naming objects incorrectly, using jargon)?

**Likely expressive aphasia.**

**Support by:**

- Giving the patient plenty of time to respond
- Providing objects/pictures for the patient to use e.g. to make a choice
- Offering a pen and paper/alphabet chart (though note the patient may also have difficulties with writing/spelling)
- Encouraging the patient to use gesture/draw pictures to convey messages
- Ask closed questions e.g. yes/no
- Summarise back the patient's message to ensure understanding