



RIGHT BRAIN STROKES

The stroke patients with damage to the right side of the brain is able to speak and understand speech but thought processes are impaired. Careful listening will tell a family member that their loved one does not respond or act the way they once did.

These stroke survivors need consistency and repetition. Problems with memory, time, orientation, vision, reasoning and safety are common. These problems may be manifested by any of the following.

- Decreased ability to focus and sustain attention
- Poor eye contact
- Denial of illness or underestimation of deficits
- Unrealistic expectations for recovery
- Poor orientation to the environment
- Confusion with time concepts, such as date, day, time of day
- Inability to recognize and remember people
- Heightened or flat emotional expression
- Monotone voice which lacks usual melody
- Impaired conversational skills; may be verbose, ramble, change the topic inappropriately, or monopolize the conversation
- Disregard to things in the left visual space
- Difficulty sequencing, sometimes even for simple acts such as eating
- Poor memory
- Integrating information is difficult so inferential thinking are deductive reasoning are poor.

Guidelines For Caregivers of Patients with Right Hemisphere Impairment

1. Treat the individual as an adult with dignity and respect.
2. Establish attention and eye contact prior to communicating. Approach the patient from the right side to be sure you are noticed.
3. Focus attention on the task at hand by reducing visual and auditory distractions in the environment. Do not move rapidly when near the patient.
4. Compensate for visual impairments by drawing attention to visual reference points such as the left side of the dinner tray, room features and parts of furniture. Organize and rearrange the environments such as closets and drawers to bet utilize the right visual field and aid memory.
5. Understand the emotional control can be impaired. A lack of affect isn't necessarily disinterest or depression. If emotional outbursts become inappropriate then provide reassurance and change the conversation or situation at hand as smoothly as possible.
6. Decrease impulsivity by asking the person to slow down.
7. A denial of disabilities cannot be changed with argument, which only increases frustration. Instead, drop the subject and bring it up later in a different context. Safety may become an issue when leaving the patient alone, or allowing the patient to operate machinery or household appliances.
8. Supplement verbal expression with gestures or written information if understanding you is difficult.
9. Ask questions during a conversation to see if the patient understands and remembers, and can follow the changes in topics.
10. Encourage organization and follow through for a task by breaking the task into smaller steps. Writing the steps down may help.
11. Make daily schedules as routine as possible. Writing down schedules often gives a sense of security and confidence.
12. Orient the person frequently by stating the day and date, time of day and what has happened or what will happen. Have clocks, calendars and schedules available.