

Anna's Food and Stroke Chart

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Anna's first stroke was in August of 1999 and her second stroke was one year later. She lived in her hometown nursing facility in Idaho, three hundred miles from my home near Seattle. The Idaho staff notified me immediately upon the onset of those strokes.

Those strokes paralyzed Anna's left limbs. The strokes took additional toll on her memory, as well, but her speech remained intact. The Idaho staff described Anna's stroke recoveries as mostly sleep and depression the first two days, or so, and within a week, back to her usual gregarious state.

I brought my mother to a nursing facility close to my home in June 2001. My wife and I visited my mother after supper each evening. We would share photos and play dominoes with her. On February 21, 2002, we arrived to find her in bed and asleep--then an unusual event.

The following evening we found Anna in the main dining room in her wheelchair totally bewildered. She knew nothing of dominoes. Her expressive language skills were gone and receptive language questionable. Clearly Anna had her third major stroke. This nursing home staff was unaware. The staff members were unaware, not because they did not care, but because there was no consistency in patient assignments. Staff observations were infrequent and too far apart to note change.

Not only were staff members insensitive to Anna's changes, the facility's data collections were obtuse and confusing. A copy of the facility's meal tally-sheet shows blank no-entries, zeros for refusals, hyphens for food not served, and fractions for partially eaten portions that vary in serving size. Numbers in cubic centimeters (cc's) show fluids consumed. All this recorded in day columns and meal, food, and drink rows that form 1,147 boxes on an 8 1/2" X 11" sheet of paper. No change pictures are quickly seen from these observations, either.

Frustrated by the nursing facility procedures and measurement systems, I fed my mother at most meals and recorded her intake in cc's on the Standard Celeration Chart (SC Chart). I charted solid intake on one SC Chart, fluid intake on one SC Chart, and total intake on a third SC Chart. Anna's puree solids SC Chart was the most sensitive of the three.

Anna's Standard Celeration Chart of consumed pureed solids shows how dynamic data reveal life events or life threatening events.

Anna's fourth stroke occurred during SC Chart week 17. Week 17 shows Anna's eating to be an Instant /500 drop day to zero cc's; a four-day X8,000 celeration recovery; and then a return to average eating. These charted data matched Anna's first two stroke behavior recovery descriptions cited by her Idaho nursing staff; and by my own descriptive observations of Anna's third stroke. Anna's fourth stroke eating picture retrojected her first three stroke eating pictures; and provided us with a picture of her stabilizing.

Update. Anna's fourth stroke hit her language areas again leaving her able to communicate only the most basic one to three-word commands. Strokes three and four also increased her need to sleep.

The nursing facility maintains no recorded evidence of Anna's having strokes three or four.

Anna's physician requested all three eating and drinking SC Charts. The doctor wanted some stroke indication in her professional files.

Addendum. One other observation that should not be over-looked in this chart. Anna took Prilosec for acid reflux, vitamin C tablets, and iron supplement for a number of years. SC Chart weeks 6 to 12 shows Anna's puree eating in cc's while taking the prescriptions. For a number of reasons, the prescriptions were discontinued on Thursday of week 12. The data during weeks 12 through 16 shows Anna's puree intake after the discontinuance. The data are a X1.8 step-up and a X1.1 turn-up from the data weeks of 6 to 12. The prescriptions were suppressing Anna's eating.

