



Supporting the arm during transfers/gait  
 Handling of the arm during care  
 Positioning of the arm during sit/lie  
 Pain: What do I do if a patient reports pain?

## The SHiPP Standard of Care: Minimizing Pain in the Hemiplegic Shoulder and Arm

Goal: Minimize the occurrence and/or severity of pain in the upper extremity in clients following stroke.

Inclusion criteria:

- Hemiplegic upper extremity is flaccid
- And / Or the pt is unable to lift the arm off the bed to 90 degrees (of flexion)
- And / Or the arm is painful

Who can assess for inclusion?:

PT                      OT                      RN                      RPN

Patients meeting the criteria will receive:

1. A individualized care plan that includes;
  - a. How to support their arm during transfers and ambulation (ie sling)
  - b. Education on how to properly handle their arm
  - c. Positioning guidelines for sitting and lying. (ie use of arm trough in wheelchair).
  - d. Instructions to report any pain to a member of their care team
2. Patient/Family instruction including;
  - a. Personalized instructions on the “Caring for My Affected Arm after Stroke” form.
  - b. Patient/Family Education session within the 1 East Education Series
  - c. Supporting Handout “Caring for your Affected Arm after Stroke
3. Inclusion in the standard of care will be noted in the Kardex. “High risk hemi-arm” will be noted in the top right hand column.
4. Applicable bedside logos will be posted on positioning, transfers and sling donning/doffing.

### Roles and Responsibilities

All Team (PT, OT, Nursing, SW, SLP, Rec Therapy, Pastoral Care, Portering)

- 1) Be aware of clients in the SHiPP program and how this may affect your interaction with them.
- 2) Be aware of proper positioning and handling principles, and identify situations where someone may be at risk, and be able to rectify or access someone who can help.
- 3) Share any reported incidents of hemiplegic shoulder/arm pain to the team. This may include documenting in the chart, informing the charge nurse or other attending therapist.

OT, PT, RN or RPN Responsibilities:

- 1) To be able to identify clients who meet the criteria for the “Hemiplegic Arm Protocol” and enter them in the program. See instructions under FAQ section.

OT, PT Responsibilities:

- 1) Once identified, create individualized plan of care for supporting, handling and positioning for patient. Document in chart. Monitor care plan and reassess as necessary. Communicate this information at conference.
- 2) Ensure proper logos are posted at patient’s bedside.
- 3) Fill out “Caring for My Affected Arm after Stroke” and place in client’s binder.
- 4) Encourage patient and family to attend “Minimizing Pain in the Arm/Shoulder Education session and place “Caring for your Affected Arm after Stroke” handout in binder.



## **SHiPP Standard of Care:** **Minimizing Pain in the Hemiplegic Shoulder and Arm**

### **Frequently Asked Questions**

#### **What does SHiPP Stand for?**

The Standard of Care includes coordinated and individualized care in the following areas;

- **SUPPORTING:** The arm will be supported during transfers and mobility
- **HANDLING:** While moving the arm proper technique will be utilized and movements are restricted to safe limitations
- **POSITIONING:** While sitting or lying positions will be encouraged that consider trunk alignment, minimize contractures, promote weight-bearing and encourage sensory input
- **PAIN:** Reports of pain will be acted on immediately; assessed, documented and shared with the team.

#### **What is an Interprofessional Standard of Care?**

Coordinated care occurs when all team members work towards a common goal and understand the care expectations and their role in the care plan. SHiPP is an Interprofessional standard of care based on Canadian Best Practice Guidelines with the goal of minimizing pain in hemiplegic shoulders/arms.

#### **What do I do if my patient meets the inclusion criteria?**

- 1) Document your assessment and inclusion in chart. Place sticker on Kardex “High Risk Hemiplegic Arm”.
- 2) Communicate with patient’s OT and PT and collaborate to create an individualized plan of care for Supporting, Handling, Positioning and Pain. (OT/PT have further roles once patients are identified)

#### **Where do I find the bed side logos, stickers for kardex and patient education tools?**

Each unit will be given a kit with care planning tools and will decide on processes that follow their workflow. Ask the charge nurse, OT, PT or unit clerk on your unit.

#### References:

1. Canadian Best Practice Recommendations for Stroke Care. (2010). Canadian Stroke Network & Heart and Stroke Foundation of Ontario.
2. Tips and Tools for Everyday Living: A Guide for Stroke Caregivers. (2002). Heart and Stroke Foundation of Ontario.
3. Management of the Post Stroke Arm and Hand: Treatment Recommendations of the 2001 Consensus Panel. Barrecca S. (Ed.)
4. SCORE (Stroke Canada Optimization of Rehabilitation through Evidence) evidence based recommendations for the upper and lower extremities and risk assessment post stroke (2007). Canadian Stroke Network.