Patient & Family
Stroke Education Booklet
Table of Contents

Stroke Team Survey ........................................ 2
Home Instructions Quick Reference ......................... 3
What is a Stroke? .............................................. 4
Signs & Symptoms of Stroke .................................. 4
What Factors Increase the Risk of Stroke ..................... 5
Different Types of Stroke ..................................... 5
How to Diagnose a Stroke (Tests) .............................. 6-7
What Should I Do After I Leave the Hospital .................. 7
Stroke Rehabilitation ........................................... 8
Complications After a Stroke ................................... 8
What Do I Do In Case...? ...................................... 9
Stroke Support & Other Resources ............................. 9

By signing this document, I acknowledge I was offered and given my Patient & Family Education Packet.

________________________________________________________________________

Patient Signature

________________________________________________________________________

Nurse Signature

________________________________________________________________________

Date

________________________________________________________________________

Date
South Bay Hospital Stroke Team Survey

Your feedback is important to us as we continue to strive to provide the best service possible. Would you please complete the survey below: Your comments will be kept confidential.

<table>
<thead>
<tr>
<th>Did we explain the reasons a stroke can happen?</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Were you told about risk factors and how this affects your chance of future strokes?</td>
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<td>Were you given a stroke education packet?</td>
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<td>Was the therapy you received in the hospital helpful to you? (physical, occupational, speech)</td>
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<td>Did you know the plan for follow up care when you left the hospital? (doctor’s appointments, therapy)</td>
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<td>Did you and your family feel prepared to assume your care when you went home?</td>
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<td>Would you recommend South Bay Hospital for stroke care to family and friends?</td>
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<td>Do you have any recommendations for improvements:</td>
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<td>Anyone in particular you would like to recognize?</td>
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Please return to the unit comment box or mail to the attention of Stroke Coordinator at:
South Bay Hospital • 4016 Sun City Center Blvd. • Sun City Center, FL 33573
Home Instructions
Quick Reference

**Activity**
- Remain physically active; follow your doctor’s instructions about exercise and activity.
- Rest often. Any time you become even a little tired or short of breath, SIT DOWN and rest.
- Keep your feet and legs elevated while sitting. Do not dangle them.
- Plan your activities to include rest periods. Take note of your breathing pattern and how well you tolerate activity.

**Smoking**
- Do not smoke or use other tobacco products. Tobacco is probably one of the most dangerous thing you can do to your health. Nicotine robs the heart of oxygen and contracts blood vessels, which raises heart rate and blood pressure. If you smoke or use tobacco products, discuss alternatives with your doctor. The most important thing is that you continue to try to quit until you are successful!

**Medications**
Your doctor may prescribe one or a combination of medications for you.
- You MUST take your medicine as prescribed. Be sure to take you medicines exactly as your doctor tells you: no more, no less.
- Skipping doses or not refilling a prescription could cause serious problems. Do not stop taking your medicine without talking to your doctor.
- Medicines sometimes cause side effects like causing you to cough or go to the bathroom more often. If you have side effects or questions or believe the medicine is not helping you, call your doctor.

**Monitor Weight**
- If you notice any unexplained weight loss or weight gain, tell your doctor.

**Call Your Doctor If**
Alert your doctor any time you notice a change in your body or your symptoms, but be especially aware of the following and call your doctor if any of these signs or symptoms occur or if you experience any other new symptoms:
- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause
- If you experience any of the above, call 9-1-1 or go to the nearest emergency room immediately

**Diet / Nutrition**
- Follow any diet instructions given to you by your doctor or the dietitian including how much salt (sodium) you are allowed each day.
- If you are overweight, talk to your doctor about a weight reduction plan.
What is a Stroke?

A stroke, or “brain attack”, occurs when the blood flow in the brain becomes occluded. The occlusion may result from either a blocked artery or a ruptured artery within the brain. Strokes are also referred to as “brain attack’s” to remind you to take stroke as seriously as you would a heart attack; the damage that can be caused is just as life threatening and serious. Remember, when dealing with stroke, TIME is BRAIN.

How often do Strokes occur?
Strokes have become very common in the United States. For 2009, the Centers for Disease Control & Prevention expect 795,000 strokes of which 185,000 will be a repeat stroke. Stroke is now the 3rd leading cause of death (approximately 144,000 per year) and the primary cause of serious long-term disability in America. Stroke can happen to young and old alike. Nearly one-quarter of all strokes happen to someone under the age of 65. The National Stroke Association is estimating a cost of $68.9 billion for stroke in 2009.

What are the Signs & Symptoms of a Stroke?

The most common warning signs of a stroke are:

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Additional Instructions

- Do not smoke or use other tobacco products.
- Keep all appointments with your physician.
- Work closely with your doctor to get the most benefit from your healthcare.
- Take an active role in your healthcare.
- Visit your doctor regularly, take notes, and ask questions.
What Factors Increase the Risk of Stroke?

Risk factors that cannot be treated include:

**Age:** The older you are, the higher the risk. The risk of having a stroke doubles each decade after the age of 55.

**Gender:** More men than women experience stroke.

**Heredity:** African Americans, Hispanics/Latinos, and Asians have higher risk than Caucasians. Family history of stroke or heart disease.

**A prior stroke:** or TIA (Transient Ischemic Attack) or heart attack.

Risk Factors you CAN control:

**High Blood Pressure:** Should be controlled and maintained at less than 140/90 mmHg.

**Heart Disease:** Atrial fibrillation (a rapid, irregular heartbeat) should be treated, talk with your physician about your options.

**Carotid Artery Disease:** Can be treated by surgery, stenting a clogged artery in the neck, or medical therapy.

**Smoking:** If you smoke, you are putting yourself at a much higher risk for stroke and many other dangerous health conditions. It is important that you quit smoking now.

**High Cholesterol:** Total cholesterol should be less than 200, bad cholesterol (LDL) should be less than 100. Eat a diet low in saturated fat, cholesterol, and salt. There are very effective medications to treat this also.

**Diabetes:** Increases the risk for stroke and should be controlled through diet, oral hypoglycemics (medications taken by mouth that lower blood sugar) or insulin.

**Obesity:** The more overweight, the higher the risk for stroke.

**Excess Alcohol Intake:** Should be avoided, no more than 1 alcoholic drink per day for women, no more than 2 per day for men.

**Physical Inactivity:** Being inactive increases your risk. Speak with your physician about starting an exercise plan.

There are 2 major types of stroke. The first, which accounts for approximately 87% of all strokes, is the ischemic stroke. Ischemic stroke occurs when arteries are blocked by blood clots or by the gradual build-up of plaque and other fatty deposits. The second type of stroke is hemorrhagic. A hemorrhagic stroke occurs when a blood vessel in the brain breaks, leaking blood into the brain. This type of stroke accounts for 13% of all strokes, yet is responsible for 30% of all stroke related deaths.

**Ischemic Stroke**
Blood Clot stops blood flow to an area of the brain

**Hemorrhagic Stroke**
Hemorrhage / Blood leaks into the brain tissue
What is TIA
TIA, or transient ischemic (TRAN-see-ynt)( is-KE-mik) attack, is a "mini stroke" that occurs when a blood clot blocks an artery for a short time. The symptoms of a TIA are like the warning signs of a stroke, but they usually last only a few minutes to several hours. About 10 percent of strokes are preceded by TIA’s.

TIA’s are strong predictors of stroke risk. Don’t ignore them. Call 911 or seek emergency medical attention immediately.

How to Diagnose a Stroke?

Imaging Tests:
You may have any of the following tests to diagnose a stroke:

**Chest x-ray** - This is a picture of your lungs and heart. Doctors use it to see how our lungs and heart are doing. Doctors may use the x-ray to look for signs of infection, like pneumonia, or to look for collapsed lungs. Chest x-rays may show tumors, broken ribs, or fluid around the heart or lungs.

**Computerized Axial Tomographic Scan (CT or CAT scan)**
A special x-ray machine uses a computer to take pictures of your brain. It may be used to look at the skull, brain tissue, and blood vessels. You may be given dye before the pictures are taken. The dye is usually given in your IV and may help your doctor see the pictures better.

**Magnetic Resonance Imaging Scanning (MRI)** - Using magnetic waves, this test, also called an MRI, takes pictures of your head. An MRI can provide very accurate images of the brain and is used to determine the presence, location and size of aneurysms and ischemic strokes. You will need to lie still during an MRI.

Allergies: People who are allergic to iodine or shellfish (lobster, crab, or shrimp) may be allergic to some dyes. Tell the doctor if you are allergic to shellfish, or have other allergies or medical conditions.

Caution: Never enter the MRI room with an oxygen tank, watch, or any other metal objects. Piercings should be removed as a precaution. Serious injury can occur if metal objects enter the room. You will receive a screening by the Technologist performing your test. Tell your caregiver if you have any metal implants in your body.
Blood Tests:
You may need blood taken for different tests. We will check your bleeding times, cholesterol, blood counts and electrolytes.

Carotid Ultrasonography (Carotid Doppler) - This test uses sound waves to show the blood flow in your carotid arteries. The carotid arteries are the blood vessels in your neck that carry blood to your brain. A carotid Doppler test will check if there is a narrowing or blockage of the carotid arteries that may lead to a stroke.

Arteriography (Angiography) - This test provides detailed information about the condition of arteries in your head and neck that supply blood to your brain. Special substances are injected into the blood vessels and an x-ray is taken. This gives a picture of the blood flow through these vessels. This allows the size and location of the blockages to be evaluated. This test is especially valuable in diagnosing aneurysms and malformed blood vessels and providing valuable information before surgery.

Electrical Activity Tests:
Electrocardiogram (ECG or EKG) - This test measures the electrical activity of your heart. It tells if you have had a past heart attack, have enlargement or are currently having a heart attack. It is painless, and involves sticky tabs being placed on your chest, and possibly on your arms and legs. Each sticky pad has a wire that is hooked to a machine or TV-type screen. A short period of electrical activity in your heart muscle is recorded. Doctors look closes for certain problems or changes in how your heart is working. This test takes about 5 to 10 minutes. It is important that you lie as still as possible during the test. You may need this test more than once.

Electroencephalogram (EEG) - In this diagnostic procedure, small metal disks (electrodes) are placed on a person’s scalp (this is not painful). These electrodes can detect electrical activity in the form of impulses that are recorded. A Neurologist can interpret the EEG and have valuable information about underlying problems in the brain.

What Should I Do After I Leave the Hospital?

Medication Management
It is very important to take the medications prescribed for you when you leave the hospital. Here are some medication management tips for stroke survivors and caregivers.
• Keep a current and accurate list of all medications (including vitamins, herbs, and over – the - counter meds) with you at all times for physician visits.
• Aspirin is a very important medication (even without a prescription).
• High blood pressure medicines are very important for stroke survivors and anyone with high blood pressure.
• Monitor for side effects to your medications. You can work with your physician to avoid this.
• Coumadin (blood-thinner) must be managed with dietary and bleeding precautions, as well as having regular blood draws to monitor the level.
• Use just one pharmacy. It is easier to monitor drug interactions and usage this way.
• Use a pill box to organize your medications for the coming week. It’s easier to remember if you have taken your medications this way.
• Plan ahead and refill medications before they run out. Take your medications along if you travel.
• Never change your dose or stop a medication without speaking with your physician first.
• Never take any expired medications.
• Never share medications that were not prescribed for you.

Need for follow-up medical care after discharge
Your medications and treatments are most effective when they help you reach the goal of lowering each of your risk factors. Therefore the doses of these medicines and the treatments you need will likely need to be adjusted in order for them to be effective. It is important that you receive regular medical care after you leave the hospital, since this is how the physicians can measure the effectiveness of the treatments and make sure your medications are adjusted properly.
Your doctor’s highest priorities after a stroke are to prevent complications from the present stroke and to prevent another stroke. Your doctor must determine that you are medically stable and able to resume some self-care activities. This means that all complications must be treated and under control.

Some complications happen as a direct result of injury to the brain due to stroke, or because of a change in the patient’s abilities; for example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.

The most common complications are:

- **Edema (eh-DE-mah)** – brain swelling after injury
- **Seizures** – abnormal electrical activity in the brain causing convulsions
- **Clinical Depression** – a treatable illness that often occurs with stroke and causes unwanted emotional and physical reactions to changes and losses
- **Bedsores** – pressure ulcers that result from decreased ability to move
- **Limb Contractures** – shortened muscles in an arm or leg from reduced range of motion or lack of exercise
- **Shoulder Pain** – stems from lack of support or exercise of an arm
- **Blood Vessel Problems** – blood clots form in veins, most common in legs
- **Urinary Tract Infection and Bladder Control** – urgency and incontinence
- **Pneumonia** – causes breathing problems and is a complication of many major illnesses

Medical treatment often involves medical supervision, monitoring and drug therapies. Physical treatment usually involves some type of activity that may be done by you, a healthcare professional or by both of you working together. Types of treatment may include:

- Range of motion exercises and physical therapy to avoid limb contracture and shoulder pain, blood vessel problems and pneumonia
- Frequent turning, good nutrition and skin care to avoid bedsores; sometimes use of a special mattress called an egg crate or air mattress may be put on your bed.
- Bladder training programs for incontinence
- Swallowing and respiratory therapy and deep breathing exercises, all of which help to decrease the risk of pneumonia
- Use of 4 prong cane or walker when walking may be needed to keep from falling; use of chairs with arms to ease getting up and down

Psychological treatment can include counseling or supportive therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or a combination of both. You may also be referred to a local stroke support group.
What Do I Do In Case…?

I feel very weak.
Lie down and check your pulse and blood pressure.
Call your doctor. If the next dose of blood pressure medication is due; hold this dose until you get a call back.

Another doctor put me on a new medication.
Please notify your primary doctor and/or your neurologist office within 24 hours of any medication change.

Call Your Doctor If:
- You are having trouble with any of your therapy or exercises
- You have a pressure sore on your skin
- You have a temperature
- Your blood pressure is over what the doctor has told you
- You have any questions or concerns about your illness, medicine, or care

Seek Care Immediately If:
- You have chest pain that spreads to your arms, jaw or back
- You have one or more of the following signs or symptoms of a stroke:
  - A very bad headache. This may feel like the worst headache of your life
  - Confusion and problems speaking or understanding things.
  - Not able to see out of one or both of your eyes
  - Too dizzy to stand, trouble walking, or loss of balance
  - Weakness or numbness of face, arm, or leg, especially on one side of the body
  - You have trouble breathing

This is an emergency. Call 911 for an ambulance to get to the nearest hospital. Do not drive yourself!

Stroke Support & Other Resources

National Institute of Neurological Disorders and Stroke
P.O. Box 5801
Bethesda, MD 20824
Phone: 1-800-352-9424
http://www.ninds.nih.gov

American Stroke Association
(A division of the American Heart Association)
233 Mesa Hills Drive
El Paso, TX 79912
Phone: 1-888-4-STROKE
     (1-888-478-7653)

National Stroke Association
9707 E. Easter Lane, Bldg. B
Centennial, CO 80112
Phone: 1-303-649-9299
Phone: 1-800-787-6537
www.stroke.org

Medic Alert
Phone: 1-888-633-4298
www.medicalert.org

Stroke Support Group
Sun City Center
This group meets the 1st Wednesday of each month in the East/West room of the Kings Pointe Clubhouse at 1 p.m.

For information, please contact
Kim McKell
South Bay Hospital
Phone: 1-813-634-0249
Kimberly.McKell@HCAHealthcare.com
FREE Subscription Order Form

Stroke Connection Magazine provides useful information and inspirational stories that support stroke survivors and caregivers in the recovery process. Each issue is packed with practical tips on daily living, reducing the risk of another stroke, news about treatments and much more.

Stroke Connection Magazine is also an informational professional resource for high risk patients, stroke survivors, caregivers and clinicians. Use this form to order your FREE subscription to Stroke Connection Magazine and keep it in your waiting room, use it as a reference or copy this form and fill it out for your patients or colleagues. Stroke Connection Magazine is edited by the American Stroke Association. The goal of the American Stroke Association, a division of the American Heart Association, is to raise awareness of stroke and reduce disability and death from stroke. To learn more about stroke and life after stroke, or to find out about additional resources available for healthcare professionals call 1-888-4-STROKE or visit our Web site at StrokeAssociation.org.

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Name  
Address  
City State Zip  
Telephone Fax  
E-mail  

I am a: ☐Stroke survivor ☐Adult child of survivor ☐Spouse of survivor ☐Healthcare professional (specialty) ☐Other  
I am: ☐Male ☐Female  
I had a(n): ☐Hemorrhagic stroke ☐Ischemic stroke ☐N/A  
I had a stroke: ☐Within the past year ☐1-2 years ago ☐3-4 years ago ☐5 or more years ago ☐N/A  
I have had: ☐1 stroke ☐2-3 strokes ☐more than 3 strokes ☐TIA ☐N/A  
I am ☐25 years or younger ☐26-40 years old ☐41-55 years old ☐55-65 years old ☐66-75 years old ☐76 years old or older  
I am: ☐Caucasian ☐African American ☐Hispanic ☐Asian or Pacific Islander ☐Other  

*Any information obtained is purely confidential and used for statistical analysis only.