



The Stroke Program

A Guide To What You Need To Know
Through Diagnosis To Healing



HOUSTON HEALTHCARE

www.hhc.org



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Dear patient, family member, or significant other:

The Stroke Program at Houston Healthcare is committed to improving the health and wellness of its patients and community. We strive to provide you and your family with excellent care. In this booklet, you will find information regarding the diagnosis, treatment, and recovery of stroke and TIA (transient ischemic attack).

There is a lot of information in this packet that can be helpful to you as you begin your recovery process. The five (5) key things I would like for you to learn more about are:

- *Recognizing the signs and symptoms of stroke - B.E.F.A.S.T.*
- *Personal risk factors for stroke and ways to reduce your risk factors*
- *How to activate the emergency medical system (911)*
- *Need for follow-up with a physician after discharge*
- *Your medications prescribed at discharge*

*Remember, if you or a loved one are having signs of a stroke,
please call 9-1-1 for assistance!*

***Houston Healthcare
Stroke Program Coordinator
(478) 542-7984***

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Resource Information Guide

My doctor is: _____

Phone Number: _____

Pharmacy: _____

Phone number: _____

Home Health: _____

Phone number: _____

Medical Equipment: _____

Phone number: _____

Hospital: Houston Healthcare -
Warner Robins
1601 Watson Blvd
Warner Robins Ga 31093
478-922-4281

Houston Healthcare -
Perry
1120 Morningside Drive
Perry Ga 31069
(478) 987-3600

Where Can I Find Support & More Information?

American Stroke Association

Phone: 1-888-4-STROKE

Web Address: Stroke.org

National Institute of Neurological Disorders and Stroke

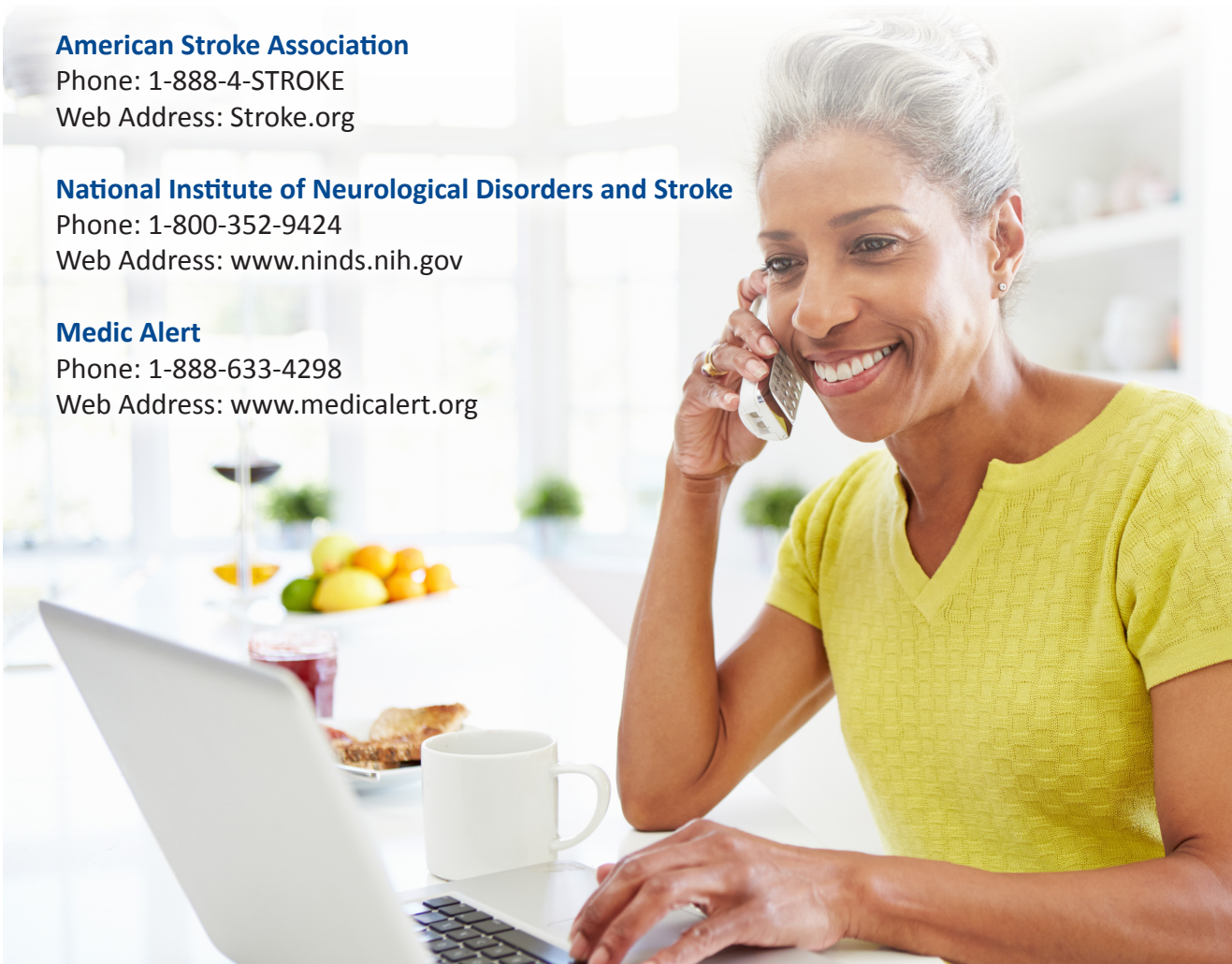
Phone: 1-800-352-9424

Web Address: www.ninds.nih.gov

Medic Alert









Phone: 1-888-633-4298

Web Address: www.medicalert.org



Home Instruction

QUICK REFERENCE

| Topics | Instructions |
|--|---|
|  Activity | <ul style="list-style-type: none"> ■ Remain physically active following your doctor’s instructions about exercise and activity. ■ Rest often. Anytime 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. |
|  Diet/ Nutrition | <ul style="list-style-type: none"> ■ Follow any diet instructions given to you by your doctor or the dietician including how much salt (sodium) you are allowed each day. ■ If you are overweight, talk to your doctor about a weight reduction plan. |
|  Medications | <ul style="list-style-type: none"> ■ Your doctor may prescribe one or a combination of medications for you. ■ You MUST take your medicine as prescribed. Be sure to take your medicines exactly as the doctor or nurse tells you: no more, no less. ■ Skipping doses or not refilling a prescription could cause serious problems. Do not skip taking your medicine without telling 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. |
|  Follow-up | <ul style="list-style-type: none"> ■ Be sure and schedule a follow-up appointment with your primary care doctor or any specialists as instructed. |
|  Weight Monitoring | <ul style="list-style-type: none"> ■ If you notice any unexplained weight loss or weight gain, tell your doctor. |
|  Call your doctor if: | <ul style="list-style-type: none"> ■ Alert your doctor any time you notice a change in your body or symptoms. If you experience any of the following call 9-1-1 to go immediately to the Emergency Room. <ul style="list-style-type: none"> ❖ Sudden numbness or weakness in the face, arm or leg, especially on one side of your 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. |
|  Smoking | <ul style="list-style-type: none"> ■ Do not smoke or use other tobacco products. If you smoke or use tobacco products, discuss alternatives with your doctor. |
|  Additional Instructions | <ul style="list-style-type: none"> ■ Keep all appointments. ■ Work with your doctor. Visit your doctor regularly, take notes, and ask questions. |

Introduction



This book has been developed by your Stroke Team here at **Houston Healthcare** to help you understand what may happen during your hospital stay; such as tests you may have, types of therapy you may need, as well as help explaining your diagnosis, personal risk factors and answers to any other questions you may have.

In 2021, 1 in 6 deaths from cardiovascular disease was due to stroke.

Every 40 seconds, someone in the United States has a stroke.

Every 3 minutes and 14 seconds, someone dies of stroke.

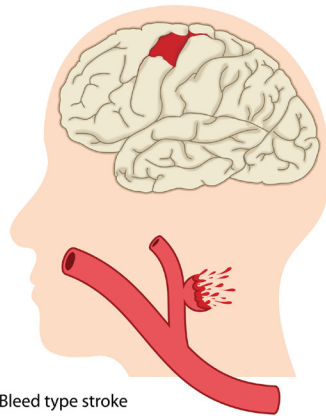
Every year, more than 795,000 people in the United States have a stroke.

Having a stroke is very scary for you as the patient and for your family. What happens when you have a stroke depends on many things. Such as, where did the stroke occur? Or, what type of stroke did I experience?

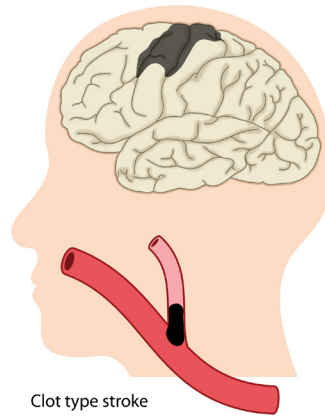


Houston Healthcare follows the guidelines set forth by the **American Stroke Association (ASA)** to ensure the highest quality of care for our stroke patients. If you have any questions, please ask your nurse, doctor, or other healthcare provider so we can make sure you understand your plan of care. We are here to answer all of your questions related to your stay.

What Is A Stroke?



Bleed type stroke



Clot type stroke

Blood vessels that carry blood to the brain from the heart are called arteries. The brain needs a constant supply of blood, which carries the oxygen and nutrients the brain needs to function. Each artery supplies blood to a specific area of the brain.

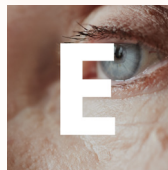
A stroke occurs when one of these arteries to the brain is either blocked or bursts. As a result, part of the brain does not get the blood it needs, so it starts to die. When nerve cells die and don't function, the part of the body that they control does not function properly.

Millions of brain cells die every minute during a stroke, which increases the risk of long term brain damage, disability, or death. Knowing the symptoms and remembering to **BEFAST** and seek medical attention can save a life and decrease the risk of disabilities. The good news is that up to 80% of strokes can be prevented. Research has shown that you can take steps to prevent stroke by reducing and controlling your risk factors.

**Know the symptoms of a stroke and
BEFAST to save a life.**



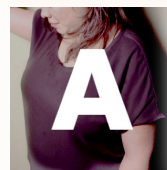
Balance Issues



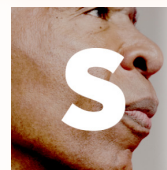
Eyes/Vision



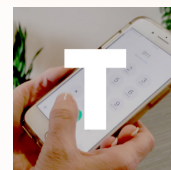
Face Drooping?



Arm Weakness?



Slurred Speech?



Time to call 9-1-1

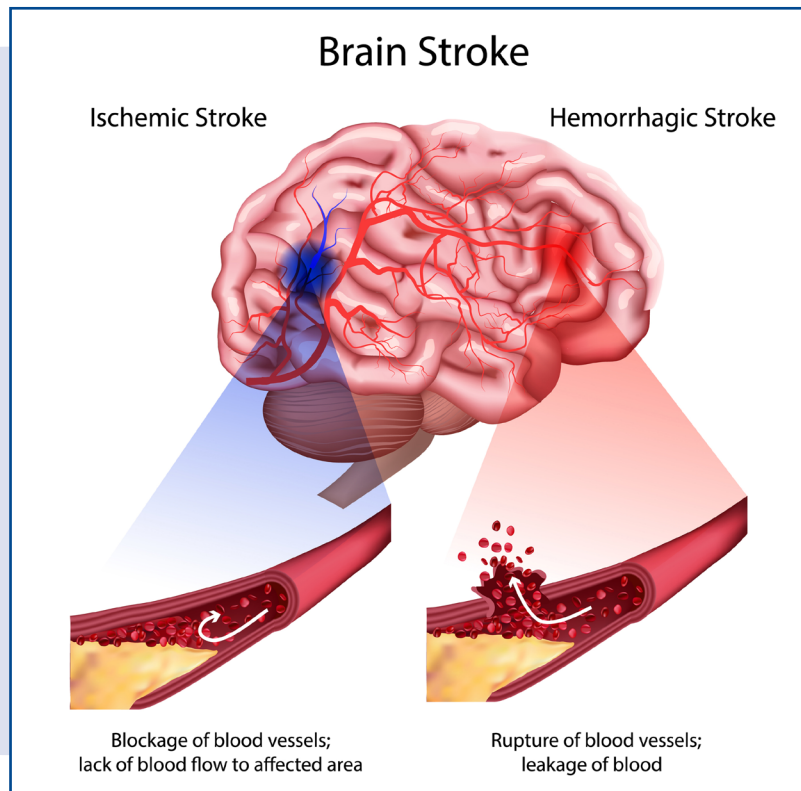
Types of Stroke

There are different types of stroke. They're not all alike.

The two types of stroke are:

ischemic
(isch-ae-mic)

hemorrhagic
(hem-or-rhag-gic)



Ischemic

Ischemic strokes are the most common type of stroke. An ischemic stroke happens when an artery in the brain is blocked. There are two main types of ischemic strokes: **embolic** and **thrombotic** (throm-bot'ik).

■ **Embolic Stroke:** A blood clot or plaque fragment forms, usually in the heart or the large arteries leading to the brain, and then moves through the bloodstream to the brain. In the brain, the clot blocks a blood vessel and leads to a stroke.

■ **Thrombotic Stroke:** A blood clot forms inside an artery that supplies blood to the brain. The clot interrupts blood flow and causes a stroke.

Hemorrhagic

A **hemorrhagic stroke** happens when a blood vessel in the brain bursts. Blood leaks out and can injure or irritate the brain tissue, or cause damage by pushing into other areas. High blood pressure is the most common cause of this type of stroke.

Types of Stroke

Transient Ischemic Attack (TIA)



A transient ischemic attack (TIA) is an emergency!

You should call 9-1-1 immediately if you experience the warning signs of a stroke or TIA

A **transient ischemic attack (TIA)** is sometimes called a “mini-stroke” and is an emergency. You can have stroke-like symptoms that go away and leave no permanent damage to your brain. While TIAs generally do not cause long term brain damage, they are serious warning signs of stroke and should not be ignored. Up to 40% of all people who experience a TIA may go on to have an actual stroke if they do not receive some type of preventive treatment.

You cannot tell whether you are having a stroke or a TIA. Only a doctor can tell the difference. It is important to find out the cause of a TIA so that you and your doctor can develop a stroke prevention plan. The goal of TIA management is to prevent future strokes. The medicine and therapy used depends on the cause of the TIA.

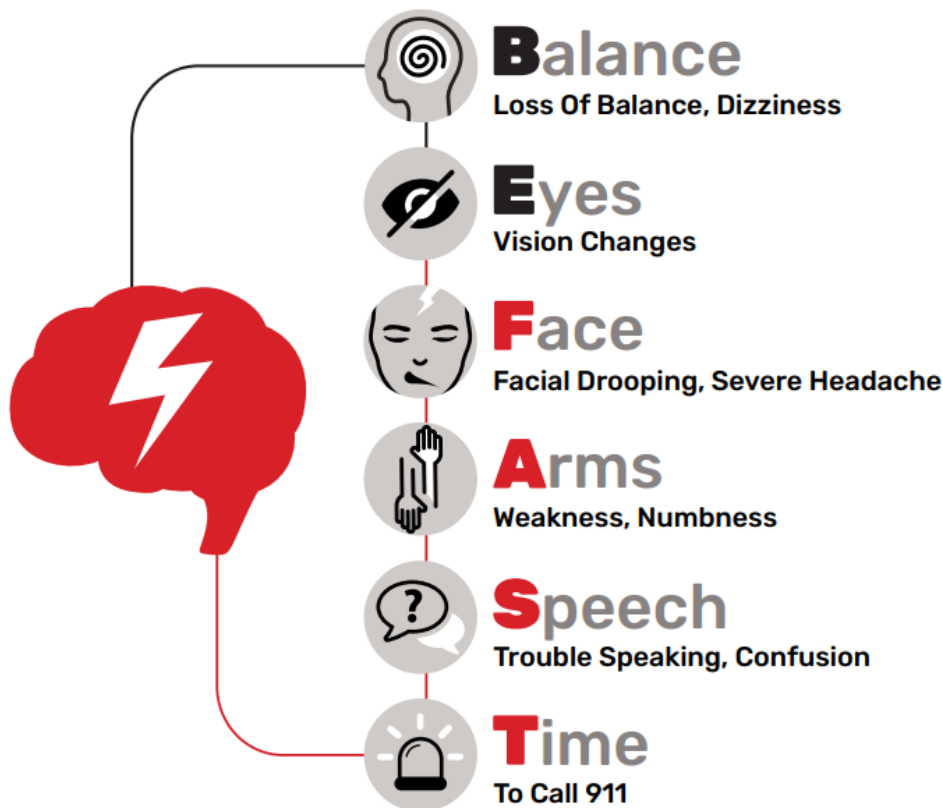
Warning Signs

OF A STROKE

WHEN IT COMES TO **STROKE**,

BE FAST CALL 911

Any one of these sudden **SIGNS** could mean a **STROKE**

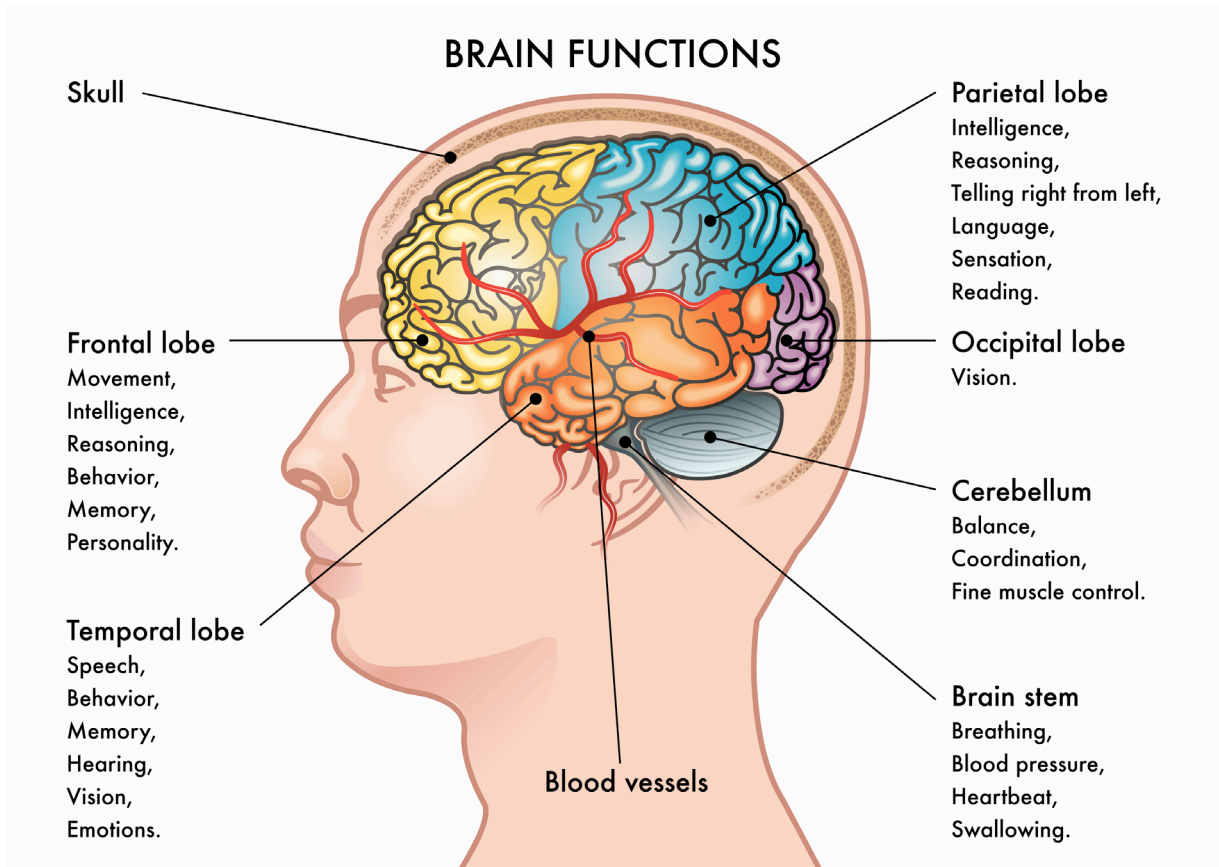


B.E.F.A.S.T. is an easy way to remember the sudden signs and symptoms of stroke.

If someone shows any of these symptoms, **immediately call 9-1-1** or emergency medical services.

- 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 loss of coordination.
- Sudden severe headache with no known cause.

How My Brain Works



LEFT BRAIN

Feels and moves
right side of the body

RIGHT BRAIN

Feels and moves
left side of the body

The brain is the central control center for the entire body and directs all of our body's functions such as circulation, breathing, digestion, elimination, and motion. Signals from the five senses (sight, smell, taste, touch, and hearing) are all processed through the brain. In addition, the brain is responsible for other higher human functions including thought, understanding, memory, speech, emotion, and personality.

Where a stroke happens in the brain will affect the symptoms or deficits you may have. It will help you to know what functions different parts of the brain controls so you will have a better understanding of what is happening to you or your loved one.

Tests You May Receive



As soon as you arrived at the hospital you may have had a CT scan to help determine the type of stroke you had.

During your stay you may receive various tests to help the doctors develop your treatment plan.

CT Scan (Computerized Tomography) called a CAT Scan

This is a painless test that makes pictures of the inside of your body. You may be told this test is negative but you still have had a stroke. Sometimes it can take longer for an ischemic stroke to show up on a CT Scan of the brain but a **CT scan is done when you first arrive at the hospital to determine if you have had a Hemorrhagic Stroke (which will show up immediately).**

MRI (Magnetic Resonance Imaging)

The MRI machine uses a large magnet and a computer to make pictures of your body. You will be given a screening sheet to fill out before the MRI. This test usually takes about 45 minutes to complete. You will hear loud banging noises during the scan, and this is normal.

Carotid Ultrasound

An ultrasound is a painless test that uses sound waves to look at the blood flow in the carotid arteries of your neck. These are the main arteries that take blood to your brain.

Echocardiogram (ECHO)

An echocardiogram is a test that takes pictures of the heart using sound waves. This test shows if there are problems with the heart that could cause a stroke. You will lie on a stretcher on your back and the technologist will put gel on a wand and move it over your chest.

Arteriogram or Angiogram

This test uses dye to look at blood flow in your brain or other parts of your body. Make sure to tell your caregiver if you are allergic to iodine or x-ray dye and if you have any kidney problems.

Bedside Dysphagia (dys·pha·gia) Screen

This test may be done by the nurse before you can have anything to eat or drink. This is a simple test done at the bedside with a cup of water.

Modified Barium Swallow

This is an x-ray that may be done to identify swallowing problems. This test will help the therapists determine what is safe for you to eat and drink.

Therapies You May Need



Occupational Therapy (OT)

Occupational Therapists are skilled in assessing problems in performing routine daily activities such as bathing, dressing, and eating. Your OT will focus on fine motor skills (like buttoning a shirt), cognition (the way you think about things), and visual deficits (the way you see things).

If you need any assistive devices to keep you safe at home your OT will train you on how to use the equipment before you are discharged.

Physical Therapy (PT)

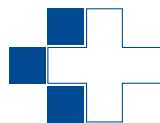
Physical Therapists are skilled in problems related to balance, walking and moving. Your PT will conduct a complete assessment of your strength, ability to walk, and ability to perform transfers from one object to another, such as from the bed to the chair.

Physical Therapists educate you on problems you may have with movement and make recommendations on how to function in your everyday life. They also make recommendations to your physician and nurse on the type of rehabilitation you may need after discharge. If a device such as a cane or walker is needed for safety, they will teach you how to use it correctly.

Speech Therapy

Some patients may have problems with their speech or swallowing if the stroke affects the areas of the brain responsible for these functions.

Speech Language Pathology (SLP) is the profession that specializes in problems with speaking or swallowing.



HOUSTON HEALTHCARE

Pavilion Rehab | 233 North Houston Road, Warner Robins

Schedule an appointment by calling (478) 329-3200 or (866) 605-7565.

Risk Factors



A risk factor is something that increases your chance of getting a disease or developing a health problem.

Some risk factors for stroke you cannot change. Some you can.

Changing the risk factors that you have control over will help you live a longer, healthier life. The most important first step to controlling your risk for another stroke is to follow your doctor's advice. It is important for you to know "Your Risk Factors" and what you need to do to control them.

The two types of risk factors:

Risk Factors You Can Control



- High Blood Pressure
- Diabetes
- Hyperlipidemia (High Cholesterol)
- Atrial Fibrillation (Afib)
- Cigarette Smoking
- Poor Diet
- Obesity
- Physical Inactivity (Lack of Exercise)
- Other Risk Factors

Risk Factors You Cannot Control

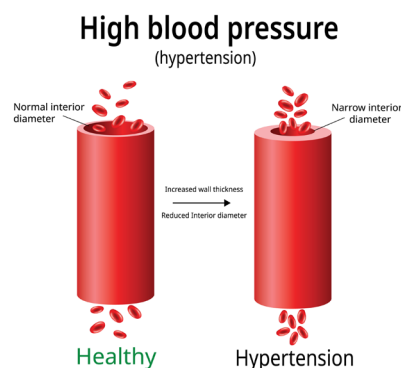
- Age
- Sex/Gender
- Race/Ethnicity
- Heredity (Family History)
- Previous Stroke, TIA, or Heart Attack

Risk Factors You **Can** Control

Hypertension (High Blood Pressure)

High blood pressure is a major risk factor for stroke and is the most common cause for stroke. The higher the blood pressure, the greater the risk of stroke.

Having high blood pressure does not mean that you're tense or nervous. You can be calm and relaxed and still have high blood pressure. You usually can't tell if you have it. The only way to know if your blood pressure is high is to have it checked regularly.



A blood pressure reading of less than 120/80 is considered normal for adults. A blood pressure reading equal to or higher than 140/90 is considered high. Blood pressure between 120–139/80–89 is considered “pre-hypertension” and requires lifestyle changes to reduce the risk of cardiovascular disease.

Who is at higher risk?

- People with a family history of high blood pressure
- African Americans
- People 35 years or older
- People who are overweight or obese
- People who eat too much salt
- People who drink too much alcohol
- Women who use birth control pills or pregnant women
- People who aren't physically active

How can I control high blood pressure?

Even if you have had a stroke before this hospitalization, controlling high blood pressure can help prevent another one. Take these steps:

- Lose weight if you're overweight.
- Eat a healthy diet that's low in salt, saturated fat, trans fat and cholesterol.
- Eat fruits and vegetables, and fat-free or low-fat dairy products.
- Enjoy regular physical activity.
- Limit alcohol to no more than two drinks a day if you're a man, and one drink a day if you're a woman. Check with your doctor about drinking alcohol as it can raise blood pressure.
- Take medicine as prescribed, even if you feel well.
- Know what your blood pressure should be and try to keep it at that level.

Risk Factors You **Can** Control

Diabetes

Know your blood sugar and your Hgb A1C (Hemoglobin A1C). This is the test that tells you how your blood sugar has been over the past two (2) to three (3) months. Watch your diet and take your medicines as ordered by your doctor, even if you feel well. Ask your doctor about your blood sugar.

Some symptoms of undiagnosed or uncontrolled diabetes:

- Urinating often
- Feeling very thirsty
- Feeling very hungry (even though you're eating)
- Extreme fatigue
- Blurry vision

If you or your doctor want more information about how **Diabetes Management at Houston Healthcare** can help you improve the management of your diabetes, contact our

Community Education (Educare) Department

(478) 923-9771

*Monday - Friday
During normal business hours*

| A1C | Result | Fasting Plasma Glucose | Result |
|----------------|-------------|------------------------|-------------|
| less than 5.7% | Normal | less than 100 mg/dl | Normal |
| 5.7% to 6.4% | Prediabetes | 100 mg/dl to 125 mg/dl | Prediabetes |
| 6.5% or higher | Diabetes | 126 mg/dl or higher | Diabetes |



Healthy eating is the first step in controlling your diabetes.

Your food choices do make a difference in your diabetes control. A healthy meal plan

Continued next column

includes appropriate portions of food from all food groups.

- Timing and spacing of meals is important, especially if you are on diabetes medications.
- Do not skip meals.
- Special or diet foods are not necessary and are usually expensive.
- Eat a variety of foods.
- Eat about the same amount of food each day, and evenly space the food throughout the day.
- Avoid eating large portions.
- Use less fat, sugar and salt.
- Avoid drinking alcohol unless your doctor says it is okay.

Risk Factors You **Can** Control

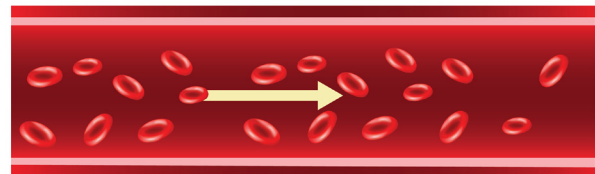
Hyperlipidemia (High Cholesterol)

High blood cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, you can have a stroke. Cholesterol found in your body causes fatty deposits on the walls of your arteries (blood vessels). You may know it as “hardening of the arteries”.

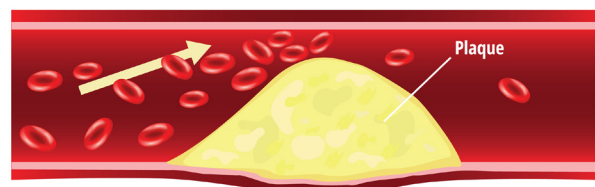
You have two (2) types of cholesterol:

- **LDL (Low-density lipoprotein)**
Often called the “bad cholesterol” because it causes fatty deposits in your arteries. Remember “L” is for “lousy” and “L” is for “low”. Your LDL should be low.

- **HDL (High-density lipoprotein)**
Often called the “good cholesterol” because it helps carry cholesterol back to the liver so that it can leave the body as a waste product. Remember “H” is for “healthy” and “H” is for “high”. Your HDL should be high. A diet low in saturated fat may help reduce LDL “bad” cholesterol. Regular exercise may be helpful in boosting HDL, the “good” cholesterol.



Healthy artery



Blocked artery

LIPID PROFILE

When testing cholesterol levels, a blood sample is taken from you to compile a **LIPID PROFILE** to provide your physician with a clearer picture of your vasculatory risk.

Green = Normal/Desirable
Red = High/Not Desirable

Cholesterol

- ✓ **Less than 200 mg/dl = Desirable (lower risk)**
- ✓ 200-239 mg/dl = Borderline High (higher risk)
- ✓ **240 mg/dl = High (more than twice the risk of the desirable level)**

Triglycerides

- ✓ **Less than 150 mg/dl = Normal**
- ✓ 150-199 mg/dl = Borderline High
- ✓ **200-499 mg/dl = High**
- ✓ **500 mg/dl and above = Very High**

HDL

- ✓ **Less than 40 mg/dl = Low HDL (higher risk)**
- ✓ 40-59 mg/dl = the higher the better
- ✓ **60 mg/dl and above: High HDL (lower risk)**

LDL

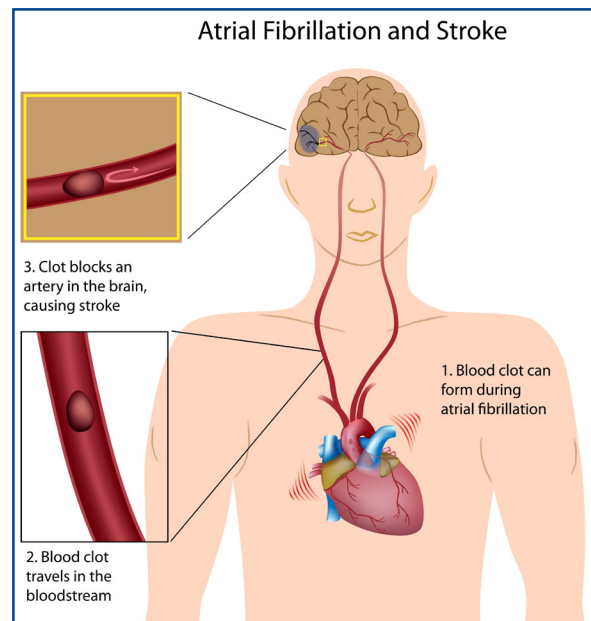
- ✓ **Less than 70 mg/dl = Optimal for people with stroke**
- ✓ 70-100 mg/dl = Near or above optimal
- ✓ 100-129 = Borderline high
- ✓ **> 130 mg/dl = High**

Risk Factors You **Can** Control

Atrial Fibrillation (AFib)

In atrial fibrillation, the heart's upper chambers quiver rather than beating effectively. This causes the blood to pool and clot, increasing the risk of stroke. This chance for stroke is why your doctor may place you on an anticoagulant medication (blood thinner) such as Coumadin or one of the new types of medications that do not require frequent blood tests.

AFib is diagnosed by an electrocardiogram (ECG or EKG) which is a recording of the electrical activity of the heart. You may also be placed on telemetry (a heart monitor) so the doctors can monitor your heart beat during your hospital stay.



Having AFib puts you at a 5 times greater risk of suffering a stroke.

If you have AFib and your doctor has prescribed medication, it is important for you to take the medicine as ordered and have your lab work completed as needed.

Poor Diet and Obesity

Healthy food habits can help you reduce your risk of future strokes.

By having healthy eating habits and making wise food choices, you can work to lower your cholesterol, blood pressure, and overall weight.

Healthy Tips

- **Eat all kinds of fruits and vegetables.** Choose five or more servings each day.
- **Eat whole grain products.** These foods have fiber that can help clean LDL cholesterol out of the arteries.
- **Choose fat-free, or skim, milk.** If you drink whole milk, try changing to 2% milk and work your way towards skim. Choose low-fat buttermilk, low-fat yogurt, low-fat cottage cheese, low-fat sour cream, and low-fat ice cream, ice milk, or sherbet.
- **Choose low-fat cheeses.**
- **Limit your alcohol intake.**
- **Choose healthy cuts of meat,** such as skinless chicken, turkey, fish, and pork tenderloin. Avoid “prime” meat, as it contains more fat.
- **Limit red meat to three servings each week.** Choose cuts such as round, rump, sirloin, and flank. Trim fat

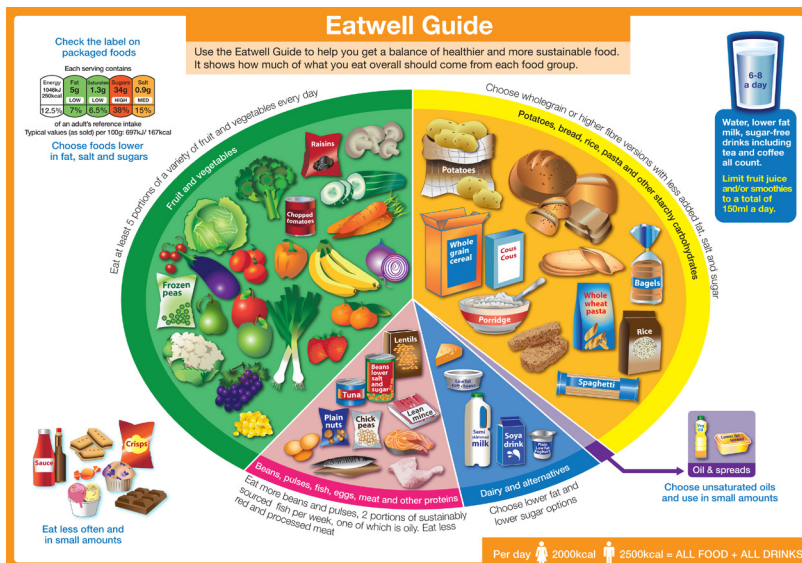
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Risk Factors You Can Control

Healthy Tips (continued)

from meat before and after cooking.

- Limit egg yolks to three each week.
- Chill meat or poultry broth until fat becomes solid. Spoon off the fat before using the broth.
- Use herbs and spices, like onion or garlic powder, lemon juice, broth, or fruit juice to flavor food instead of ham hocks, bacon, fat back, grease, or other fatty meats.
- Use lower fat or soft tub margarine made with unsaturated fat instead of lard, bacon fat, ham hocks, butter, or shortening.
- Avoid foods with palm, palm kernel, coconut, hydrogenated, or partially hydrogenated oils. These are the oils that are solid at room temperature.



- When cooking with vegetable oils, use polyunsaturated or monounsaturated oils.
- Polyunsaturated oils:** safflower, sunflower, corn, soy bean
- Monounsaturated oils:** canola, olive, peanut
- Use a nonstick pan or vegetable spray instead of oils to keep foods from

sticking while cooking.

- Try to limit fried foods to one time each month.
- Avoid fried snacks like potato chips. Look for baked potato chips, pretzels, or crackers.
- Use healthy cooking methods, instead of high-fat methods like frying and basting with fat, such as:
 - ❖ Microwaving
 - ❖ Steaming
 - ❖ Broiling/Baking/roasting
 - ❖ Grilling
 - ❖ Stir-frying in non-stick pan or with cooking spray.

Using healthy eating tips can help you achieve and keep a healthy weight.



Risk Factors You **Can** Control

Other Risk Factors

Cigarette Smoking

Smoking increases blood pressure, causes the blood to clot, and lowers your ability to exercise. Smoking also decreases HDL (“good”) cholesterol. Smoking not only harms your health, but also affects the health of those around you. Second-hand smoke causes thousands of deaths each year in healthy nonsmokers.

If you smoke - STOP.
Tobacco use damages blood vessels.
Don't smoke and avoid second-hand smoke.

Talk to your doctor or nurse about what you can do to stop smoking. You can also call the **Georgia Tobacco Quit Line** to enroll in the free smoking cessation program.

*1-877-270-STOP (English) or
1-855-2NO-FUME (Spanish)*

*For Hearing Impaired: TTY services:
1-877-777-6534*



Physical Inactivity (Lack of Exercise)

Regular exercise can help control your blood pressure, strengthen your heart and bones, boost energy, and even help reduce depression. You are never too old to exercise. If you have a medical condition, check with your doctor before you start. If you received a Physical Therapy evaluation during your hospital stay, the therapists can help develop an appropriate exercise plan for you.



- The American Heart Association recommends muscle strengthening exercises at least two (2) days a week to improve your physical strength.
- Regular stretching sessions can decrease your likelihood of falling and help you remain flexibility.
- Start slowly and build up to a moderate physical activity that you can tolerate.
- Look for small chances to be more active like walking around your yard or to the mailbox.

Risk Factors You **Can't** Control

■ Age

Stroke affects people of all ages. But **the older you are, the greater your stroke risk.**

■ Sex/Gender

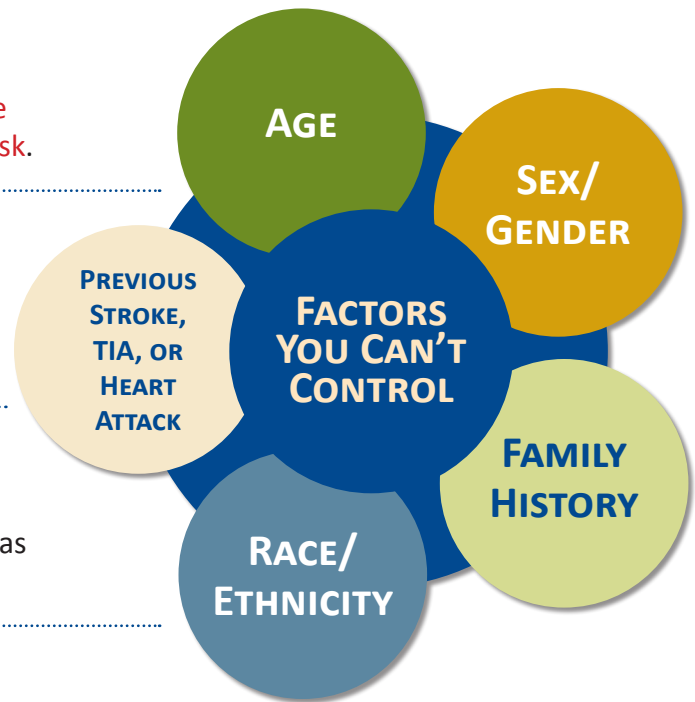
In most age groups, **more men than women have stroke, but more women die from stroke.**

■ Heredity (Family History)

Your stroke risk may be greater if a parent, grandparent, sister or brother has had a stroke.

■ Previous Stroke, TIA, or Heart Attack

A person who has had a stroke is at higher risk of having another one. A person who has had one or more TIAs is almost ten (10) times more likely to have a stroke than someone of the same age and sex who has not. **If you have had a heart attack, you are at a higher risk of having a stroke.**



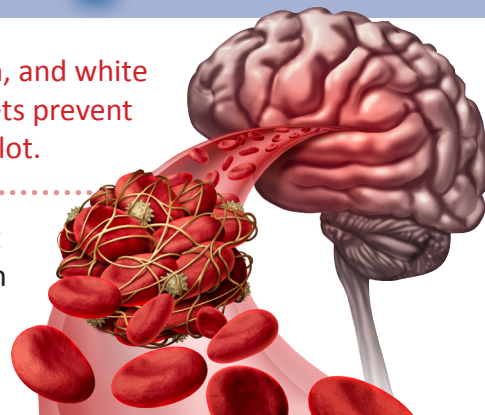
■ Race/Ethnicity

African Americans have a higher risk of death and disability from stroke than any other ethnic group, because they have higher risks for high blood pressure, diabetes, and obesity. Hispanic Americans are also at higher risk of stroke than other ethnic groups.

Anticoagulants/Antiplatelets

Blood clots are made up of red blood cells, platelets, fibrin, and white blood cells (shown below). Anticoagulants and antiplatelets prevent these components from sticking together and forming a clot.

Anticoagulants and antiplatelet agents are medicines that reduce blood clotting in an artery, vein, or heart. Clots can block the blood flow to your brain, causing a stroke.



What Should I Know About Anticoagulants?

Anticoagulants (or “blood thinners”) are medicines that delay the clotting of blood. Examples are Heparin, Warfarin, and Dabigatran. Anticoagulants make it harder for clots to form or keep existing clots from growing in your veins and arteries. Treatment should be managed by your healthcare provider.

- Follow your doctor’s instructions.
- If you take Warfarin or Heparin, have regular blood tests so your doctor can tell how the medicine is working.
- The test for people on Warfarin is called a prothrombin time (PT) or International Normalized Ratio (INR) test.
- Never take aspirin with anticoagulants unless your doctor tells you to.
- Always check with your doctor before taking other medicines or supplements, such as aspirin, vitamins, cold medicines, pain medicines, sleeping pills, or antibiotics. These can affect the way anticoagulants work by strengthening or weakening them.
- Discuss your diet with your healthcare providers. Foods rich in Vitamin K can reduce the effectiveness of anticoagulants. Vitamin K is found in leafy green vegetables, fish, liver, lentils, soybeans, and some vegetable oils.
- Tell your family that you take anticoagulant medicine and carry your emergency medical ID card with you.
- You must tell other healthcare providers that you are taking anticoagulants.

Could Anticoagulants Cause Problems?

Yes. Tell your doctor if:

- Your urine turns pink or red.
- Your stools turn red, dark brown or black.
- Your gums bleed. You have a very bad headache or stomach pain that doesn’t go away.
- You get sick or feel weak, faint, or dizzy.
- You bleed more than normal when you have your period.
- You think you are pregnant.
- You often find bruises or blood blisters.
- You have an accident of any kind.

Anticoagulants/Antiplatelets

What Should I Know About Antiplatelet Agents?

Antiplatelet medicines keep blood clots from forming by preventing blood platelets from sticking together. They are used to treat patients with atherosclerosis or with increased clotting tendencies. In atherosclerosis, deposits of cholesterol form along the inner walls of blood vessels, creating the conditions for blood clots to form.

- Antiplatelets are generally prescribed preventively, when atherosclerosis is evident but there is not yet a large blockage in the artery.
- Antiplatelet drugs include Aspirin, Ticlopidine, Clopidogrel and the combinations of Aspirin and Dipyridamole.



- Aspirin can help prevent an ischemic stroke. It can also help you if you had a TIA or if you have heart problems. You must use aspirin just as your doctor tells you.

How Can I Learn More?

- Talk to your doctor, nurse, or other healthcare professional.
- Call 1-888-4-STROKE (1-888-478-7653) or visit StrokeAssociation.org to learn more about stroke.
- Call the **American Stroke Association's** "Warm line" at 1-888-4-STROKE (1-888-478-7653), and:
 - ❖ Sign-up for **Stroke Connections**, a free magazine for stroke survivors and caregivers.
 - ❖ Talk to other stroke survivors and caregivers and find local support groups.

Changes Caused By Stroke

Your brain controls how you move, feel, communicate, think and act. Brain injury from a stroke may affect any of these abilities. Some changes are common no matter which side of the brain the injury is on. Others are based on which side of the brain the stroke occurs.

What Are The Most Common General Effects Of Stroke?

- Hemiparesis (weakness on one side of the body) or hemiplegia (paralysis on one side of the body).
- Dysarthria (difficulty speaking or slurred speech), or dysphagia (trouble swallowing).
- Fatigue.
- Loss of emotional control and changes in mood.
- Cognitive changes (problems with memory, judgment, problem-solving or a combination of these).
- Behavior changes (personality changes, improper language or actions).



- Decreased field of vision (inability to see peripheral vision) and trouble with visual perception.

What Are Common Changes With A Left-Brain Injury?

- Paralysis or weakness on the right side of the body.
- Aphasia (difficulty getting your words out or understanding what is being said).
- Behavior that may be more reserved and cautious than before.

What Are Common Changes With A Right-Brain Injury?

- Paralysis or weakness on the left side of the body.
- One-sided neglect which is a lack of awareness of the left side of the body.
- This can include a lack of awareness of what is happening on left side of your body. For example, you may only eat from the right side of your plate, ignoring the left side.
- Behavior may be more impulsive and less cautious than before.
- It may be harder for you to understand facial expressions and tone of voice. You also may have less expression in your face and in your tone of voice when speaking.

Changes Caused By Stroke

What Are Common Emotional Effects Of Stroke

- Depression.
- Apathy or lack of motivation.
- Frustration, anger or sadness.
- Denial of the changes caused by the brain injury.
- Pseudo bulbar affect, also called reflex crying or emotional lability (emotions may change rapidly and sometimes not match mood).



Will I Get Better?



In most cases people do get better over time. The effects of a stroke are greatest right after a stroke. From then on you may start to get better.

How fast and how much you improve after your stroke depends on the extent of the brain injury and your rehabilitation.

- Some improvement occurs spontaneously and relates to how the brain works again after it's been injured.
- Stroke rehabilitation (rehab) programs help you improve your abilities and learn new skills and coping techniques.
- Rehab begins on admission or when you are medically stable.
- Depression after stroke can interfere with rehab. It's important to treat depression.
- Improvement often occurs most quickly in the first months after a stroke. Then it continues over years, perhaps at a slower pace with your continued efforts.

Living At Home After Stroke

Most stroke survivors are able to return home and continue many of the activities they were involved in before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. Our hospital staff is dedicated to preparing you and your caregivers for the move home.



Going Home?

Your team of therapists, doctors, nurses, and care transition coordinators will help you decide what you need to do to plan for going home safely. Being safe at home depends on several factors, including do you need help with medications, your independence levels, and do you have a caregiver to help with your needs?

Wheelchair-bound patients should look into permanent modifications that allow moveability and provide as much independence as possible. Roll-in shower stalls, grab bars, and access ramps are just a few examples.



Safety

Take a good look around and get rid of anything that might be unsafe. This might be as simple as taking up loose rugs, checking the temperature of bath water, and wearing rubber-soled shoes. Or it could be a bit more involved, such as putting up handrails.

Accessibility

You will need to be able to move freely within the house. This can be as simple as moving the furniture, or be more involved such as building a ramp.

Independence

Your home should be changed so that you

Continued next column

can be as independent as possible. Often this means adding equipment like grab bars or transfer benches.

Home with Home Health

You may be well enough to go home but still need nursing care or therapy. This allows you to go home while being followed up on scheduled days by a nurse or therapist, depending on your healthcare needs.

Outpatient Therapy

These arrangements are often best for people who need treatment by only one type of therapist. The major disadvantage of home-based rehabilitation programs is the lack of specialized equipment. However,

Continued on next page

Living At Home After Stroke

Outpatient Therapy *(continued from previous page)*

undergoing treatment at home gives people the advantage of practicing skills and developing ways to cope with their deficits in their own home. Patients dependent on Medicare coverage for their rehabilitation must meet

Medicare's "homebound" requirements to qualify for such services. At this time lack of transportation is not a valid reason for home therapy.

What If I Can't Go Home?

It's important that if returning home isn't right for you at this time we help you find a place that is safe and supports your continued recovery. Your Care Transition Coordinator will give you information about options that might work for you. Options include:



In-Patient Rehab

These facilities offer a high level of therapy which helps speed recovery. Patients need a minimum of two (2) different types of therapies to be eligible for inpatient rehab. The average therapy includes three (3) to five (5) hours per day, six (6) to seven (7) days per week. Additionally, patients are seen daily by the physician assigned to them during their rehab stay.

Skilled Nursing Facility

This is for people who need medical attention, continued therapy, and more care than a caregiver can provide at home.

Assisted Living

This is for people who can live without skilled help, but need some help with things like meals or bathing.

Your Care Transition Coordinator can tell you about services that you may be eligible for, and if they will be paid for by private insurance, Medicare or Medicaid.

Driving After Stroke

Driving is often a major concern after a stroke. It's not unusual for stroke survivors to want to drive. Mobility after a stroke is important - but safety is even more important.

Can I Drive After A Stroke?

Injury to the brain may change how you do things. So before you drive again, think carefully about how these changes may affect you, your family, and others.

What Are Some Warning Signs of Unsafe Driving?

Often survivors are unaware of the difficulties in driving they may have. Some may not realize all of the effects of their stroke. They may feel they're able to drive even when they're not. Driving against your doctor's advice can be dangerous and illegal.

If you or someone you know has experienced some of these warning signs of unsafe driving, please consider taking a driving test.

- Drives too fast or too slow for road conditions or posted speeds.
- Needs help or instructions from passengers.
- Doesn't observe signs and signals.
- Makes slow or poor distance decisions.



- Gets easily frustrated or confused.
- Often gets lost, even in familiar areas.
- Has accidents or close calls.
- Drifts across lane markings into other lanes.

How Can I Tell If I Can Drive?

Talk to your doctor or occupational therapist. They will offer a professional opinion about how your stroke might change your ability to drive. Take a few minutes to write your questions for the next time you see your healthcare provider. (Ex. "When should I test my driving ability?"... "Is my driving restriction permanent?"... "If not, when will I be able to drive again?"

Contact your State Department of Motor Vehicles. Ask for the Office of Driver Safety. Ask what applies to people who have had a stroke. Have your driving tested. Professionals such as driver rehabilitation specialists can evaluate your driving ability. You'll get a behind-the-wheel evaluation and be tested for vision perception, functional ability, reaction time, judgment, and cognitive abilities (thinking and problem solving).

Fun Facts About The Brain



- There are about 100 billion neurons in the human brain, the same number of stars in our galaxy.
- Your brain is about 2% of your total body weight, but uses 20% of your body's energy.
- The energy used by the brain is enough to light a 25 watt bulb.
- More electrical impulses are generated in one day by a single human brain than by all of the telephones in the world.
- The average number of thoughts that humans are believed to experience each day is 70,000.
- There are 100,000 miles of blood vessels in the brain.
- The human brain is the fattest organ in the

body and may consist of at least 60% fat.

- You can't tickle yourself because your brain cannot distinguish between unexpected external touch and your own touch.
- The brain does not have any pain receptors and, consequently, cannot feel pain.
- In humans, the left side of the brain controls speech (generally). In birds, the left side of the brain controls song. At least in this way, humans are "bird-brained".



- 50-1000 ml of blood flow through the brain every minute or about three (3) full soda cans.

What To Ask After A Stroke

Being in the hospital can be overwhelming at times and can make you nervous. You may forget what you want to ask and/or forget what the doctor tells you. Use this sheet to help with your questions.

What caused the stroke? _____

What type of stroke occurred this time? _____

Where in the brain did the stroke occur? _____

How soon will recovery take after this stroke? _____

Will treatment be needed and how will we know if it's working? _____

What are treatment options? _____

How effective is the treatment? _____

What types of challenges are typical after this type of stroke? _____

Will there be limitations because of the stroke? _____

What level of exercise is safe in order to prevent another stroke? _____

Will I be able to enjoy the same quality of life I had before the stroke? _____

Will lifestyle changes, like eating or exercise habits, be needed? _____

Are there foods that need to be avoided? _____

How can we lower the risk of having another stroke? _____

What are the odds of having another stroke after this one? _____

What are some additional tests that may be needed? _____

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What To Ask After A Stroke

Continued from previous page

Who can I turn to for support? _____

What follow-up is necessary? _____

Additional questions you may have:

Question: _____

The Answer: _____

Question: _____

The Answer: _____

Question: _____

The Answer: _____

Question: _____

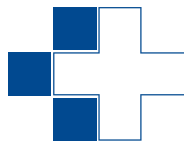
The Answer: _____

Question: _____

The Answer: _____

Notes: _____

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Are You Right-Brained or Left-Brained?

RIGHT-EARED →

RIGHT-EYED

RIGHT-HANDED

RIGHT-FOOTED

LEFT-EYED

LEFT-EARED

LEFT-HANDED

LEFT-FOOTED

CONTROLLED BY THE LEFT BRAIN

CONTROLLED BY THE RIGHT BRAIN

How to find your dominant brain

1. Circle the **EAR** that you would use to listen through a door.
2. Circle which **EYE** is stronger (see guide).
3. Circle the **HAND** that you would use to write or eat.
4. Circle the **FOOT** that you would use to kick a ball.
5. Count all circled L's and R's.

How to find your stronger eye

1. Extend your arms and make a triangle with your thumbs and forefingers.
2. Center a light switch in the triangle.
3. Close each eye.
4. Which one keeps the switch centred? That's your stronger eye!

Mostly L's = Right brained. Mostly R's = Left brained. Equal L's and R's = Balanced brain!

WWW.THEPREMIERTUTORS.ORG

Image Source: <http://discoveringdowsing.com/wp-content/uploads/2013/05/tpt-right-or-left-brain.jpg>

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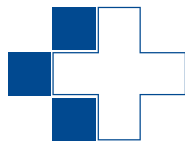
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Notes



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