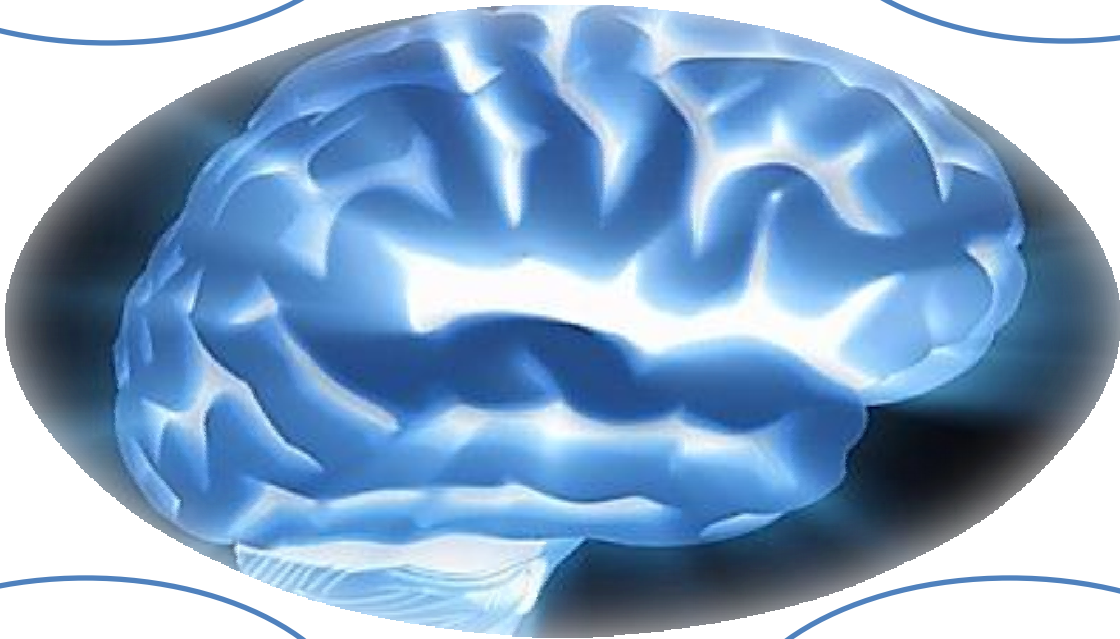


UNDERSTANDING YOUR STROKE

Hemorrhagic

MIND

BODY



SPIRIT

EMOTION



EISENHOWER MEDICAL CENTER

Health Care As It Should Be

Stroke: Mind, Body, Spirit, Emotions

What is a Stroke?

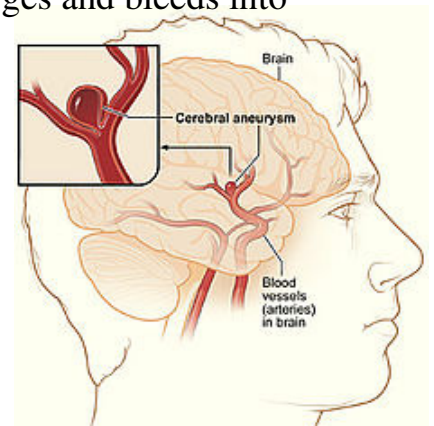
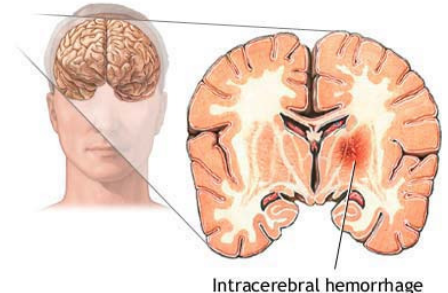
A stroke is a sudden decrease in the oxygen and blood supply to part of the brain. A stroke occurs when an artery that leads to the brain bursts (hemorrhagic) or becomes clogged by a blood clot (ischemic). When this occurs, the brain tissue does not get the oxygen it needs and the tissue can die within minutes. When the specific brain cells die, the part of the body controlled by those brain cells cannot function properly. It may affect the senses, speech, behavior, thought pattern, and memory. It may also result in paralysis, coma, and death.

Strokes Caused By Bleeding (Also Known As Hemorrhagic)

A hemorrhage results from a weakened vessel that ruptures and bleeds into the surrounding brain. The blood accumulates and compresses the surrounding brain tissue. The most common types of hemorrhagic strokes are intracerebral hemorrhages, aneurysm ruptures, AVMs, and rarely subarachnoid hemorrhages.

The most common types of bleeding:

- Intracerebral Hemorrhages
 - These are usually due to high blood pressure or drug use, which weakens the vessel walls
 - The most common form of treatment is non-surgical
- Aneurysm Ruptures or Arterial Venous Malformations (AVMs)
 - This is a weak area in a blood vessel that usually enlarges and bleeds into the brain
 - The most common form of treatment is non-surgical



TIAs and Strokes

Transient Ischemic Attack (TIA): Can appear days, months, or years before a stroke and may only last a few minutes

Stroke: A stroke is a sudden decrease in the oxygen and blood supply to part of the brain.

Prevention: Healthy lifestyle choices can prevent future strokes.

Transient Ischemic Attacks (TIA)

Often labeled “mini-stroke,” is more accurately described as a “warning stroke,” a warning you should take very seriously

- TIA is when blood flow to a part of the brain stops for a brief period of time
- A person can have stroke-like symptoms for up to 24 hours, but in most cases for one to two hours
- A TIA is felt to be a warning sign that a true stroke may happen in the future if something is not done to prevent it
- **Do not ignore** these symptoms: **call 911**



Signs and Symptoms of a Stroke (Act FAST)*



Face: Ask the person to smile.

- Does one side of the face droop?
- Is there drooling?

Arms: Ask the person to raise both arms.

- Does one arm drift downward?
- Is there leg weakness?
- Is there a problem with walking?
- Is there dizziness?



Speech: Ask the person to repeat a simple sentence.

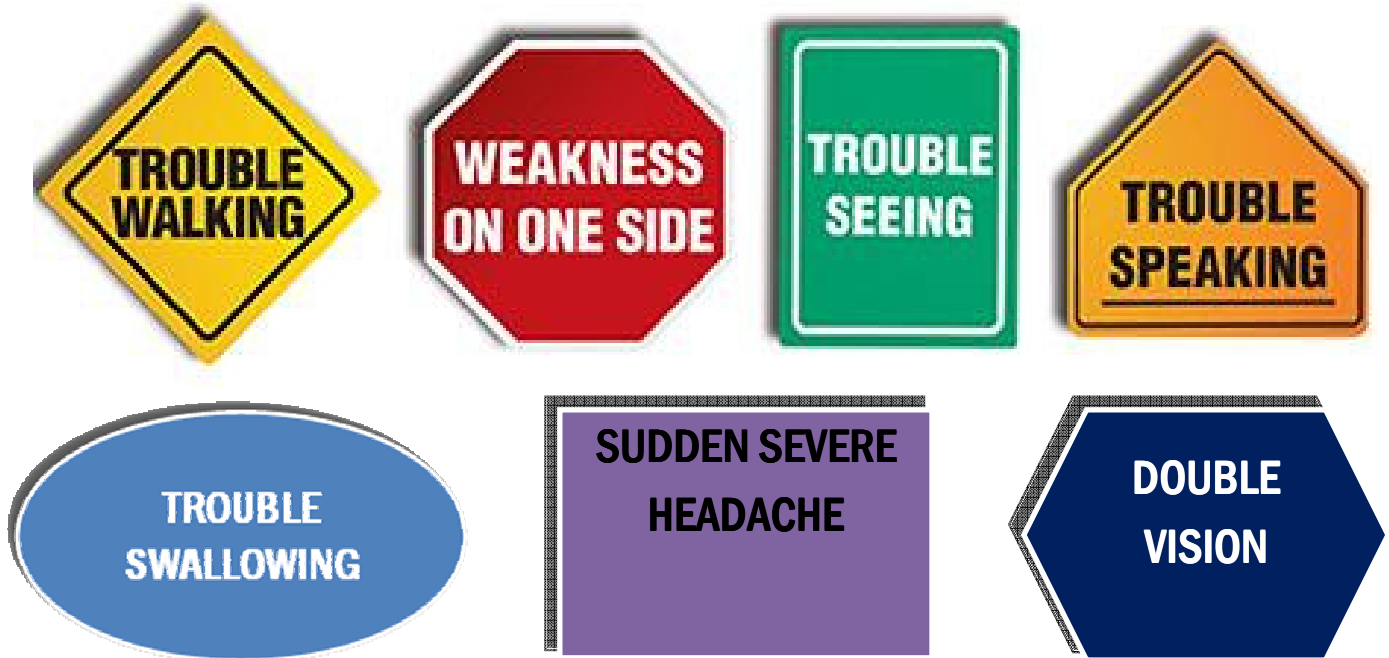
- Are the words slurred?
- Is the person confused?
- Can he/she repeat the sentence correctly?
- Are there new problems with swallowing?

***Sudden Severe Headache:** Do not ignore this symptom.

Time: Time to call for help. Dial 911 or get to the nearest hospital fast. Note time last seen normal (without symptoms).

Know Your Stroke

Sudden onset of:



What should I do if I suspect a stroke or TIA?

- Act FAST* and call 911 **immediately**
- If you do have any of these symptoms and do not feel good, do NOT go back to bed to “feel” better
- If you get emergency help quickly, the powerful clot-dissolving medications can reduce the disabilities caused by stroke, if you qualify

Notes:

Common Tests for Strokes

Physical exams and brain scans with other tests:
(You may have some or all of these tests)

CT (computerized tomography)



Scan of the brain

MRI (magnetic resonance imaging)



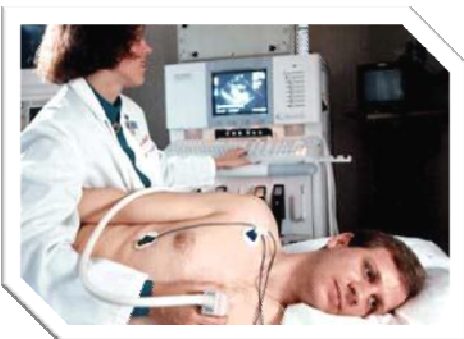
Scan of the brain

Lab Tests



Checks blood values

Echocardiogram



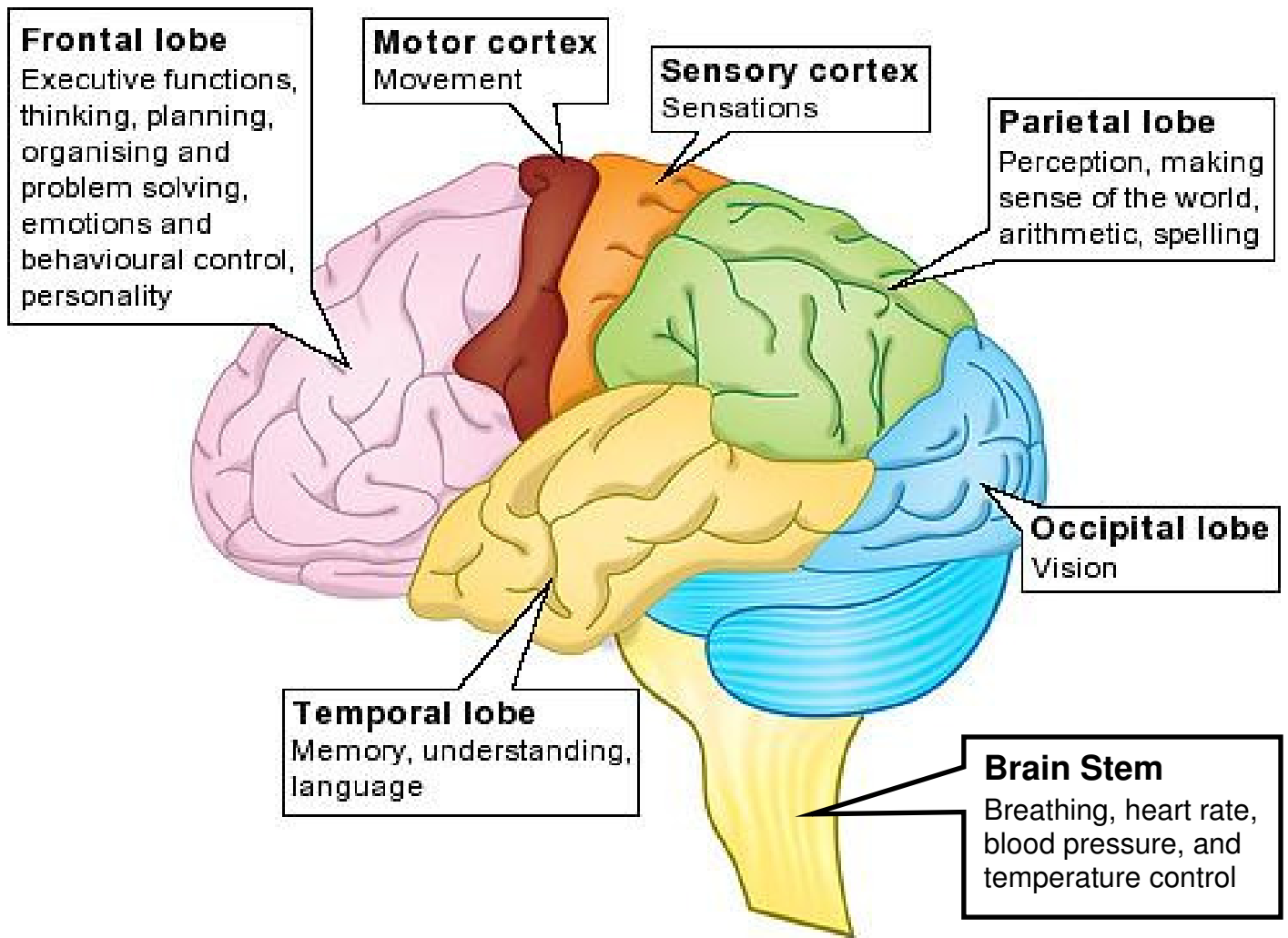
Checks the heart

Carotid Ultrasound



Checks blood flow in the neck

The Brain is a Complex Structure with Many Different Functions



- Ask your doctor or nurse where your stroke is
- The area of the stroke will determine how your body functions
- Stroke can cause damage in one or more of these areas
- Lacunar infarct is a small stroke which can be in any place of your brain

Notes:

Common Stroke Medications

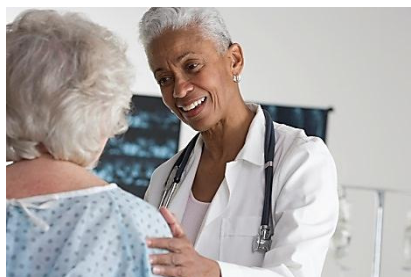


- **Antithrombotic/Anticoagulants:** Prevents your blood from clotting and/or blocks the formation of blood clots (commonly referred to as blood thinners)
- **Statins:** Lowers fat (cholesterol) levels
- **Blood pressure medications:** Lowers blood pressure to normal range



- ***Know your doctor-recommended blood pressure range***
 - ***Check with your pharmacy/grocery store to see if they have free blood pressure checks***
 - ***Never stop blood pressure medications without your doctor's approval***
- Medications can be tricky because many have two names
For example:
 - Tylenol ® = brand name
 - Acetaminophen = generic name
 - Medications from other countries (such as Mexico) may have unfamiliar names and dosages that might be different from the United States

You and your doctor will decide what types of medications you will need to help prevent future strokes.



Medication Alerts

It is YOUR responsibility to make sure you understand:

- **What** medications you're taking
- **Why** you are taking those medications
- **How** will you take those medications
- **When** to refill your medications
- **Know** the side effects of your medications

Your diet and medications are important:

- Take your medications exactly as prescribed
- Never stop your stroke medications
- Carry a list of all your medications
- Tell your doctor if you take any herbs or vitamins
- Your diet can affect how your medications work
- Discuss any dietary changes with your doctor

Notes:

Your Rehabilitation Team

Parts of your recovery will happen naturally over time, but rehabilitation therapies may help you regain function quicker. Your doctor may recommend rehabilitation therapies in a variety of settings. Rehabilitation aims to improve physical ability and independence. Success depends on the extent of brain damage, the patient's attitude and the cooperation of family and friends.

The doctor may order these based on your special needs:

Physiatrist (PM&R)

- A physician who specializes in stroke rehabilitation and directs your rehabilitation therapies

Physical Therapists (PT)

- Helps you to improve your walking, balancing, and other physical abilities



Occupational Therapists (OT)

- Help you to learn how to do activities of daily living such as feeding, showering, dressing, and hygiene

Speech Therapists (SLP)

- Helps you to regain language skills and also helps with other problems such as swallowing safely, speaking and understanding written and spoken words

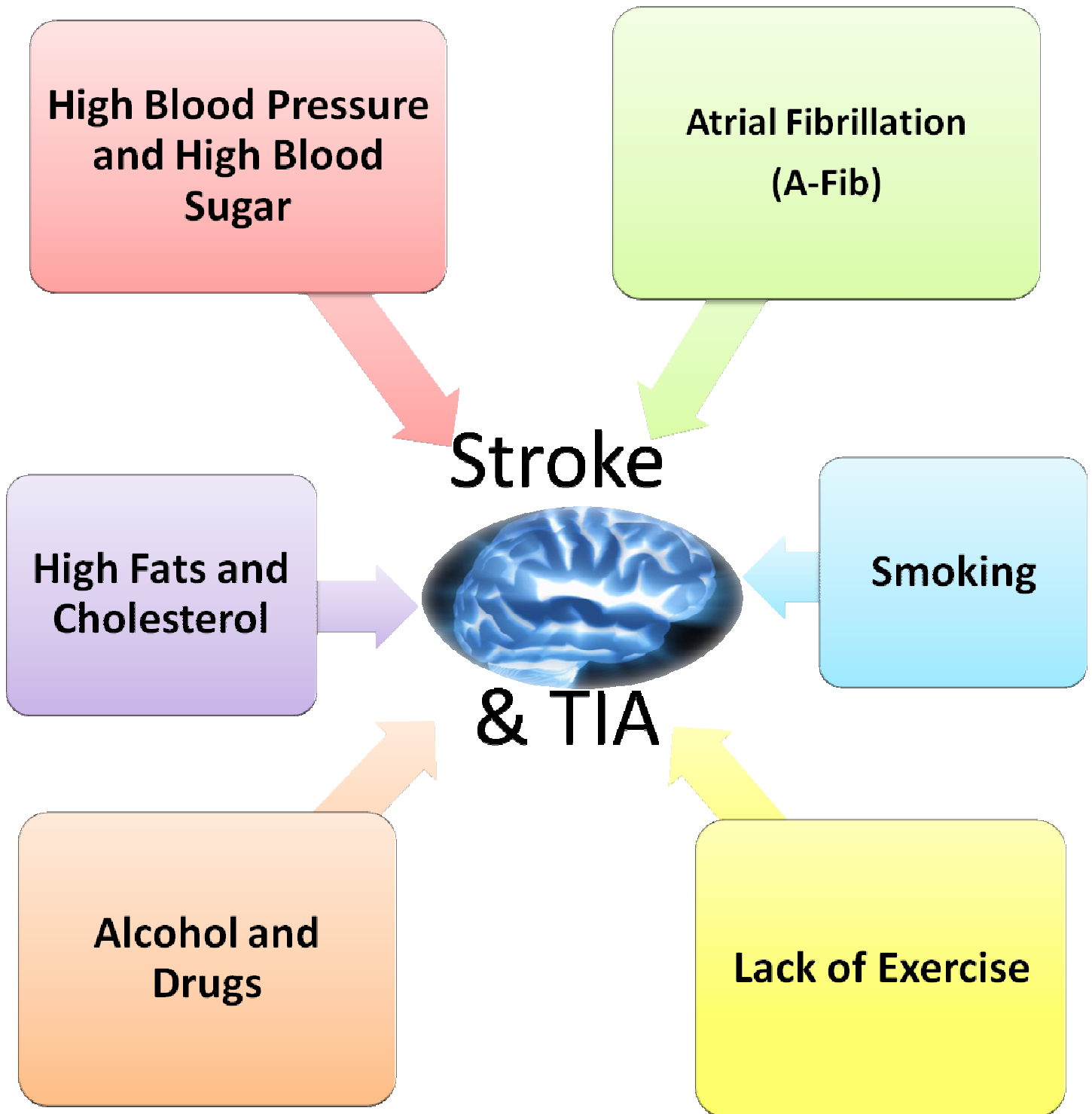


Recreational Therapists (REC)

- Helps you to resume activities of leisure and recreation

Services will depend upon your needs, ability to participate in therapies, your home support, and your insurance coverage.

Factors That YOU Can Control



Remember that YOU can educate yourself about stroke.

What Can YOU Do To Prevent Stroke?

Control Your Blood Pressure and Blood Sugar

- Stay within your blood pressure range
- Keep blood sugar under control

Understand and Manage Atrial Fibrillation (A-Fib)

- Understand the role of antithrombotic/anticoagulants (blood thinners)

Control Your Diet

- Limit fats and cholesterol
- Limit salt intake

Stop Smoking

- Not just for your brain
- If you need help quitting, talk to your nurse or doctor. Eisenhower Medical Center has a program to help you stop smoking that is available to you by calling (760) 773-2080



Alcohol and Drugs

- Alcohol increases your chances of getting a brain problem, including stroke and dementia
- The use of drugs, especially meth, can cause death from stroke
- If you or a loved one has experienced negative consequences from alcohol or drug use, there is support available in your community:
 - Alcoholics Anonymous: (760) 324-4880
 - Narcotics Anonymous: (760) 346-5800
 - Alcohol and Drug Helpline: 1-800-821-4357

Unfortunately, you cannot change all risk factors such as your age, gender, race, history of previous stroke, and prior heart attacks or TIAs.

Life After Stroke – Your Recovery Depends on YOU

Follow-up

- Keep in touch with doctors
 - Your brain doctor (neurologist)
 - Your primary care doctor
 - Your rehab team
- Stroke support groups
- The Stroke Clinic at Eisenhower Medical Center
- Other clinics as directed by your medical insurance



Life at Home

- If you have concerns about sexual activity contact your doctor
- Discuss with your doctor when or if it is safe to start driving
- Depression can be common after a stroke. If you or your loved one shows these signs (difficulty concentrating, remembering details, and making decisions, fatigue, decreased energy, feeling sad, or empty) contact your doctor

Caregiver Support

- Being a stroke caregiver can be hard work
- Stroke caregiver support groups are available
- Take time out to care for yourself



Spiritual

- Tapping into your spiritual or religious support may be helpful in your stroke recovery

Change is in your hands. You are not alone. Let us help you.

Stroke Resources

Community Resources

- Center for Healthy Living at EMC
 - (760) 568-1234
 - www.emc.org/body.cfm?id=306
- Eisenhower's Healthy Living Resource Center
- Jewish Family Services
 - (760) 325-4088
 - www.jfsdesert.org/
- Stroke Recovery Center in Palm Springs
 - (760) 323-7676
 - www.strokerecoverycenter.org/



Online Resources

- American Stroke Association: <http://www.strokeassociation.org>
- Brain Attack Coalition: <http://www.stroke-site.org/>
- Drug and Alcohol Abuse Treatment Center at the Betty Ford Center: <http://www.bettyfordcenter.org>
- National Stroke Association: <http://www.stroke.org>
- National Institute of Neurological Disorders and Stroke (NINDS): <http://www.ninds.nih.gov/>
- Caregiver Support Tips: http://www.helpguide.org/elder/caring_for_caregivers.htm
- Family Caregiver Support Network: <http://www.caregiversupportnetwork.org/default.asp?id=1>
- Caringbridge: Bringing family, friends and loved ones together when it matters: www.caringbridge.org

Credits To:

Eisenhower Medical Center (EMC)
Stroke Process Improvement Force (SPIF)

Created by EMC's SPIF ad hoc committee; patient education for stroke and transient ischemic attack (TIA).

Chair: Joshue Leyva, Health Career Connection Intern, UCLA

Co-Chair: Deborah Bayer, RN, BSN, CCRN

Members: Kathleen Stange, PT, Physical Therapy Manager Inpatient
Kierstyn Wondoloski, Volunteer Stroke Program
Kimberly Hancock, RN, BSN, CEN, CFRN
Lowell Nece, MA, CCC-SLP
Michael Weinstein, MD, Program Director Acute Inpatient
Norma Zapata, LCSW, Social Worker/Discharge Planner
Sara Reylek, MS, CCC-SLP
Sue Effinger, RN, MSN / MHA
Therese Montemayor, RN, Patient Care Coordinator

Stakeholders: Hamid Salari-Namin, MD, Medical Director Stroke Neurologist
Patient Education Committee

Stroke survivors and their families

Stroke Work Group

Nursing Leadership

Goals:

- *Standardize discharge education across a continuum of care*
- *Improve content and retention of stroke and TIA related education*
- *Prevent readmissions*
- *Improve quality of life*
- *Provide physician and clinics ready access to stroke related education*

Link to Stroke Education Material: IkeNet → Quick Links → Education → Center for Professional Development → Department Specific Reference Material → Stroke Reference → Stroke Discharge Materials

We Need Your Commitment

Studies show that patients who have strong, supportive networks in their community generally have better stroke recovery.

This is why we need your commitment.

We are asking you to give us three names of family, friends, or caregivers to share some follow-up education of stroke. *This will NOT include any of your health related history.*

Patient Name (Print) _____ Date _____

(Signature) _____ Date _____

- ☐ I **choose** to participate*
- ☐ I **decline** to participate*

NAME	TELEPHONE	ADDRESS	EMAIL

- Scan a copy of this form to Deborah Bayer, RN, BSN, CCRN, Stroke Coordinator at dbayer@emc.org