To help you and your family learn about strokes and stroke care, we have carefully prepared this booklet. It gives you an overview of what strokes are and shows how you can successfully live with this condition. A stroke will greatly change your life.

This is the first step in learning about stroke and how your life will be different after stroke. The resources listed in the back will provide you with more information.

If you have questions or concerns about the information in this book or about your care, we strongly encourage you to call us at 541-222-7175. Don’t be afraid to ask. We will be happy to help you.

Your Stroke Care Team,
Sacred Heart Medical Center, Stroke Center
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### IN THE HOSPITAL

### REHABILITATION

### PHYSICAL THERAPY

### RECOVERY AT HOME
Welcome from the Medical Director

Welcome to the Sacred Heart Medical Center Stroke Center. We know you are here because of an unexpected occurrence to yourself or a loved one. We want you to feel as comfortable as possible under these circumstances and our professional staff will do their best to make your stay comfortable.

We have several additional goals while you are here:

1. To do everything medically possible to minimize the impact of your stroke through a variety of state-of-the-art medical treatments.

2. To prevent complications of your stroke.

3. To maximize your rehabilitation to return as much lost function as possible.

4. Finally, we will initiate treatments and recommend lifestyle changes to reduce your future risk of another stroke or other vascular event such as heart attack.

To achieve these goals, education is an important element. This booklet has been created for you as the first step in your education. Our staff will work with you and your family to educate you further on specific areas relevant to your specific situation. Please review the information in this booklet and work with our staff so that all of your questions are answered and your needs are met.


Sincerely,

Raymond N. Englander, MD, FAAN
Medical Director
Sacred Heart Medical Center, Stroke Center
Sacred Heart Medical Center earned the Gold Seal of Approval for stroke care from the Joint Commission. Sacred Heart earned this distinction after the Joint Commission conducted an on-site review and designated ours an Advanced Primary Stroke Center.

What does it mean when we say that we’re an Advanced Primary Stroke Center? It means we follow the guidelines set forth by the Brain Attack Coalition and the American Stroke Association’s statements/guidelines for stroke care. These guidelines are:

**ACUTE STROKE TEAMS**

The Acute Stroke Team should include a physician with experience in diagnosing and treating cerebrovascular disease, and one other healthcare provider as a minimum. Hospital-based stroke teams should be available around-the-clock, seven days a week in order to evaluate within 15 minutes any patient who may have suffered a stroke.

**WRITTEN CARE PROTOCOLS**

Hospitals should have written procedures to streamline and accelerate the diagnosis and treatment of stroke patients. The availability of such protocols is a key step in reducing time to treatment as well as complications from treatment.

**EMERGENCY MEDICAL SERVICES**

Emergency medical services (EMS) have a vital role in the rapid transportation and survival of stroke patients. Improved coordination between hospitals and EMS is a cornerstone of a Primary Stroke Center. One element of a well integrated system would be effective communications between EMS personnel and the stroke center during rapid transport of a patient experiencing a stroke.

**EMERGENCY DEPARTMENT**

The emergency department staff should have training in diagnosing and treating stroke and have good lines of communications with both EMS and the acute stroke team.

**STROKE UNIT**

An Advanced Primary Stroke Center wishing to provide care beyond the initial life-threatening period should have access to a Stroke Unit where patients can receive specialized monitoring and care.

**NEUROSURGICAL SERVICES**

Advanced Primary Stroke Centers should be able to provide neurosurgical services to stroke patients within two hours of when the services are deemed necessary.
Advanced Primary Stroke Center (Continued)

**SUPPORT OF MEDICAL ORGANIZATION**

The facility and its staff, including administration, should be committed to the Advanced Primary Stroke Center. This comprehensive commitment ensures the delivery of high quality and efficient care to acute stroke patients.

**NEUROIMAGING**

The ability to perform brain imaging studies on acute stroke patients is vital for physicians to make a fast, accurate diagnosis of stroke patients. Brain imaging studies include CT scans. An Advanced Primary Stroke Center must be capable of performing an imaging study within 25 minutes of the physician's order. The image should be evaluated by a physician within 20 minutes of completion.

**LABORATORY SERVICES**

Standard laboratory services should be available around-the-clock, seven days per week at an Advanced Primary Stroke Center. Standard laboratory services include rapidly performing and reporting blood counts, blood chemistries and coagulation studies. An Advanced Primary Stroke Center also should be able to rapidly obtain ECG and chest x-rays.

**OUTCOMES/QUALITY IMPROVEMENT**

Advanced Primary Stroke Centers should have a database or registry for tracking the number and type of stroke patients seen, their treatments, timeline for treatments and some measurement of patient outcome.

**EDUCATION PROGRAMS**

The professional staff of an Advanced Primary Stroke Center should receive at least eight hours per year of continuing medical education credit. In addition to professional education, the Advanced Primary Stroke Center should plan and implement at least two annual programs to educate the public about stroke prevention, diagnosis and availability for emergency treatment.
To The Family

You are very important to the successful recovery of your family member. Your family member will be looking to you for support, encouragement, and acceptance. We understand how overwhelming this situation can be, and we are here to help you. We strongly encourage you to ask us your questions about stroke and stroke care. The better informed you are, the better you are able to help your family member and yourself. It is important that you care for yourself so you can maintain your strength.

Here are some things you can do to help your family member recover successfully from a stroke.

- Visit your family member. Just being there is supportive.
- Talk with the therapists and nurses about your questions and concerns.
- Write down questions that you have for the doctor. Don’t be afraid to ask the doctor and the other members of the Stroke Care Team any questions you have.
- Get involved with your family member’s care. We will help you.
- Encourage your family member to practice what has been learned.
- Let us know what your family member’s special needs and interests are.
- Find out what your family member can do alone or with a little help. Avoid doing things that he or she can do, even if it is difficult. Having your family member do as much as possible will help make him or her more independent.
- Ask for meetings with the family and the Stroke Care Team so everyone can ask questions about how your family member is doing.
- Take care of yourself. Eat well, get rest, and take some time for you.
Stroke: What is it?

Stroke is a brain injury that causes various problems, depending on the area of the brain that is affected. The brain injury may cause weakness on one side of the body or trouble with emotions, coordination, talking, and thinking.

A stroke is sometimes called a cerebral vascular accident (CVA) or a transient ischemic attack (TIA). A TIA causes the same symptoms as a stroke, but lasts only a few hours or days and does not cause permanent damage. This is a grave warning sign, however, that a true stroke may occur.

There are different types of strokes. An ischemic (Is-KEE-mic) stroke is caused by reduced blood flow to the brain when vessels are blocked by a clot making them too narrow for blood to get through. Brain cells in that area die from lack of oxygen. Another type of stroke is hemorrhagic (hem-or-AJ-ic). The blood vessel bursts and blood leaks into the brain causing damage because the blood does not reach the brain tissue through the vessels.

Strokes are more common in people over 65 years of age, but they can occur at any age. Treatment for stroke focuses on helping you overcome some of stroke’s most serious effects and to help make you as independent as possible.

Do You Know the Signs of Stroke?

The signs of stroke are distinct because they happen quickly:

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

HERE ARE SOME OF THE COMMON EFFECTS OF A STROKE.

- Weakness, known as hemiparesis (hem-ee-pa-RE-sis) or paralysis, known as hemiplegia (hem-ee-PLA-ja) may affect one whole side of the body or just an arm or leg. If the stroke was on the right side of the brain, the weakness will be on the left. If the stroke was on the left side of the brain, the weakness will be on the right.

- Balance may be affected. It may be hard to sit, stand, or walk, even though your muscles are strong.

- Language skills may be affected. You may have trouble understanding speech or writing, or you may have trouble speaking or reading. This condition is known as aphasia (a-FAY-zha). Or you may have trouble finding the correct words and saying them clearly, even though you know the right words.

- Neglect can occur. This means that you will be unaware or ignore things on the affected side of the body. You may not look to the weaker side, or you may bump into things on that side.

- Odd sensations such as pain or numbness can occur, which can make it hard to relax and be comfortable.

- Your memory and ability to think, pay attention, and learn new things may be affected. You may get confused easily or not be able to keep track of the date and time. Judgment can also be affected. You may be more impulsive and not be able to reason as well as you did before.

- Sometimes swallowing can be weakened, making it difficult for a person to eat food. Sometimes choking and breathing in food (known as aspiration) occurs while trying to swallow. Trouble swallowing is called dysphagia (dis-FAY-ja).

- You may lose some bowel or bladder control.

- Your vision may get blurry. You may even lose your sight.

- Your personality, emotions, and response to events may change. For instance, you may find yourself feeling sad more often and crying easily.

Stroke affects your body, mind, and feelings. The effects may produce limitations that range from mild to severe. Care is aimed to limit the effects as much as possible and help you learn to adapt to them.
IN THE HOSPITAL

Our first priority is to determine the type, location, and seriousness of your stroke. In the hospital, we provide emergency department diagnosis and treatment to lessen the size and impact of the stroke. Our next priorities are to prevent another stroke, minimize the effects of the stroke, and reduce the risk of any complications.

If your condition is serious, you go to the Intensive Care Unit after you are admitted. You are later transferred to the Stroke Center.

You stay in the hospital for just a few days. And while you are in the hospital, your health care providers, along with you and your family, develop a plan for your recovery. You may be transferred to the rehabilitation unit.
Your Stroke Care Team

PT: Physical therapist teaches you how to regain mobility and use devices such as a walker and crutches to put you on the path to recovery.

OT: Occupational therapist teaches you how to perform activities and use equipment so you can perform more daily tasks on your own.

RN: Registered nurses provide your direct care (such as medication administration and wound management), teach you and your family about your care, help plan your care, set goals, and supervise the CNAs.

CNA: Certified nursing assistant helps you with activities such as bathing and getting in and out of bed.

SLP: Speech language pathologist helps you recover language skills, learn other ways to communicate, and work with swallowing problems.

RRT: Registered respiratory therapist assesses and treats any specialized lung care you may need.

MD: Doctors who direct your care in the hospital and in the rehabilitation unit.

CM: Case manager, a nurse or a medical social worker who assists in the coordination of your care in the hospital and helps you prepare for discharge.

CN: Charge nurse in the hospital coordinates and supervises the nursing care delivered to you. The charge nurse can address any specialized problems or concerns you may have.

Lab Tech: Draws blood needed for lab tests.

SC: Stroke Coordinator, an RN who coordinates programs for the Stroke Program and provides education to you and your family as well as the Stroke Care Team.

Nurse Manager: Manages the Stroke Center and ensures the unit runs smoothly.

Environmental Services: People who maintain the cleanliness of the unit and your room.

Many staff members are involved with your care. Staff members are here to help.

We strongly encourage you to ask questions and talk about your concerns with all members of your stroke care team.
Tests You May Have

You may have a number of tests to help the Stroke Care Team understand the type and seriousness of your stroke and to see whether complications are developing. Here are the tests doctors use most often in stroke diagnosis.

**COMPUTED AXIAL TOMOGRAPHY (CT SCAN)**

CT scan uses X-rays to produce a 3-dimensional image of your head. The scanner is a large machine shaped like a donut. You lie on a stretcher that moves through the hole of the donut to give a picture. A CT scan is used to diagnose ischemic stroke, hemorrhagic stroke, and other problems of the brain and brain stem. Sometimes a dye is injected into your arm to help the CT scanner see the blood vessels in your brain and to help locate the area of the stroke.

**MAGNETIC RESONANCE IMAGING (MRI SCAN)**

MRI uses magnetic fields to produce a 3-dimensional image of your head. The scanner is similar to the CT scanner. The MRI scan shows the brain and spinal cord in more detail than the CT scan does. MRI is used when the CT scan is difficult to interpret because of the size or location of the stroke.

**CAROTID DOPPLER**

In this test, ultrasound waves are used to take a picture of the carotid (ka-ROT-id) arteries in your neck, which carry blood to your brain. The test is noninvasive. A plastic probe shaped like your thumb is rubbed over your neck after a cool, clear gel is applied. This test can show if your carotid arteries are narrowed by fatty deposits, a condition known as arteriosclerosis (ar-tir-e-o-skla-RO-sis).

**TRANSCRANIAL DOPPLER**

This test uses ultrasound waves to measure blood flow in some of the arteries in your brain.

**CEREBRAL ARTERIOGRAM**

In this test, a thin, flexible tube called a catheter is inserted in an artery in your arm or leg, and a special dye is injected into the blood vessels leading to your brain. X-ray images show any problems in the blood vessels.
Tests You May Have (Continued)

**ELECTROCARDIOGRAM (EKG, ECG)**

This is a standard test to show the pattern of electrical activity in your heart or heart rhythm. Metal leads that have a nonoily cream on them are attached to your chest, arms, and legs with soft rubber straps. It is common for strokes to occur because of an arrhythmia (a-RITH-mi-a), which is an abnormal rhythm of your heartbeat.

**HOLTER MONITOR**

This is a continuous EKG monitor where you wear a small, light recording device (like a tape recorder) attached to your chest. This device records your heart rhythm continuously for hours or days if arrhythmia is suspected.

**TELEMETRY HEART MONITORING**

This is continuous EKG monitoring while you are in the hospital. Sticky patches are placed on your chest and attach to a box the size of a small radio. Your heart rhythm is sent by radio waves from the small box to a central monitoring station.

**ECHOCARDIOGRAM (ECHO)**

In this noninvasive test, ultrasound waves are captured by a small probe with cool gel on it to take a picture of your heart and the circulating blood. An ultrasound probe may be placed on your chest or on your throat.

**VITAL SIGNS**

Nurses check your pulse, blood pressure, temperature, and breathing rate to help assess your overall condition.

**NIH STROKE SCALE**

This test is done to assess the extent of injury and to make sure that the stroke has stabilized.

**NEUROLOGICAL CHECKS**

Sometimes called neuro checks, these tests assess your nervous system. Nurses ask you questions such as what is the date, time, place, and situation. They also test the strength of your arms and legs. This is another way of monitoring damage caused by stroke and see if it is changing.
Medications

Common types of medications that may be prescribed by your doctor include:

**ANTITHROMBOTIC MEDICINES**

Antithrombotic medicines is a general term for drugs that help prevent blood clots from forming or to help existing clots from growing.

**ASPIRIN**

Aspirin is the most common medication given to people who are having a stroke. Aspirin belongs to a class of drugs known as antiplatelet agents. These drugs keep harmful blood clots from forming. It is usually given within 48 hours of the start of the stroke. It is also good for preventing stroke. If you cannot take aspirin or you are having a transient ischemic attack (TIA) or a stroke while taking aspirin, you will be given other antiplatelet medications.

**ANTICOAGULATIONS**

Anticoagulants are given to prevent harmful blood clots from forming or to prevent existing clots from growing. They are not given as emergency treatment for stroke but usually started the second day after your stroke. Common names for anticoagulants are warfarin (Coumadin) and heparin.

**STATINS**

Statins are a group of drugs that help lower cholesterol, which may reduce a person’s chance of having a stroke or TIA by slowing the development of atherosclerosis. Statins are also known as lipid-lowering medications.
Preventing Complications

BLOOD CLOTS

To help prevent blood clots, you wear TED hose or a sequential compression device. TED hose are a type of stocking used to keep the blood from pooling and clotting in the lower parts of your legs. Sequential compression devices are inflatable leg sleeves that are often used with TED hose to help blood move back toward the heart.

PNEUMONIA

You may be turned every 2 hours if you are unable to do so yourself and asked to deep breathe and cough. This helps prevent fluids from pooling in the lungs and causing pneumonia. Moving also helps the tiny air sacs in your lungs operate better.

SKIN PROBLEMS

You may hear your nurses speak of skin integrity, which means healthy skin, or of skin breakdown, which means sores or tears in the skin. We monitor your skin for bedsores and tears every day. Frequent turning and changing position while in bed help keep your skin healthy.

While you are in the hospital, we watch for and work to prevent any complications. Most of these are a result of the effects of the stroke. Being less able to move, having difficulty swallowing, and having difficulty communicating are frequent effects of a stroke. These can cause additional complications such as blood clots in your legs, pneumonia, and skin problems.
Clinical Care Pathway

**DAY ONE**

1. You are admitted to the hospital.
2. If necessary, you receive emergency treatment.
3. You receive medications to prevent blood clots from forming.
4. To diagnose a stroke, the Stroke Care Team gives you tests such as an MRI scan, CT scan. You may also have a Carotid Doppler.
5. You also have tests to measure your blood sugar, risk of heart attack, and the level of oxygen in your blood.
6. You are tested to see how well you swallow. You will not be able to eat or drink anything until you pass this test.
7. Every 4 hours nurses check your vital signs and perform the NIH Stroke Scale and neurological checks.
8. Telemetry heart monitoring begins.
9. If you are unable to urinate, a Foley catheter (a thin sterile tube) is inserted into your bladder to drain urine.
10. Intravenous therapy, or IV therapy, begins. IV therapy uses a needle (IV) to place medications, fluids, or other liquids directly into a vein.
11. You receive oxygen if the level in your blood is too low.
12. The Stroke Care Team assesses the possibility of your bleeding, the risk of your falling, and the condition of your skin.
13. If you use tobacco, quit NOW.
14. Speech therapist, physical therapist, and occupational therapist visit you and start their plan of care with you.
15. The stroke coordinator meets with you to begin your plan of care and checks with your family to be sure they are comfortable.
16. You, your family, and the Stroke Care Team plan your discharge.

**Here is the usual course of events that happens while you spend a few days in the hospital. You will be discharged from the hospital when:**

- The doctors know the severity of your stroke
- The brain injury is not changing in size
- Your response to the stroke has stabilized
- There is a prevention plan for complications
- You have adequate resources or an appropriate place to help you after the hospital.
Clinical Care Pathway (Continued)

**DAY TWO**

1. Constant monitoring of your condition continues to be sure your stroke has stabilized and to prevent complications.

2. You begin treatment to prevent a second stroke.

3. If you are unable to swallow, the speech language pathologist and a dietician work with you.

4. If you are eating enough, your IV is discontinued.

5. We test to see if the Foley catheter can be removed.

6. If you are constipated, you receive special bowel care.

7. You get out of bed to sit up in a chair or to walk, with your physical therapist’s approval and help from the nurses.

8. You continue to work on your discharge plan as you and your family learn more about your ongoing recovery and care.

9. You continue to work with your therapists to set and reach daily goals for your recovery.

**DAY THREE**

1. Constant monitoring of your condition continues to be sure your stroke has stabilized and to prevent complications.

2. If you are still unable to swallow, you will be fed through a feeding tube.

3. You continue with most of the activities of Day 2.

4. If your condition is stable, you begin to put your discharge plan into action.

**DAY THREE**

1. Constant monitoring of your condition continues to be sure your stroke has stabilized and to prevent complications.

2. You receive information about preventing a second stroke, which may include diet advice.

3. You continue to carry out your discharge plan.
Discharge Plan

It’s never too early to start thinking about discharge and recovery. The options and decisions can be overwhelming. You, your family, and your Stroke Care Team work together on the discharge plan.

Before discharge, you and your family need to know your medications, diet, exercise program, transfer skills, endurance issues, and other health needs important to a successful discharge plan.

Some questions you need to answer before you leave the hospital are:

- Where will you live?
- Will it be safe for you to be there?
- Do you need care, assistance, or special equipment?
- Do you need rehabilitation or home health services?
REHABILITATION

REHABILITATION PROGRAMS

Hospital Rehabilitation Programs
Oregon Rehabilitation Center provides intense therapy that includes occupational, physical, speech, recreational, and neuropsychology (brain behavior) therapies. You must be able to tolerate a vigorous therapy program. A physiatrist (fiz-EYE-uh-trist), a doctor who specializes in physical medicine and rehabilitation, oversees your program.

Nursing Facility Programs
If you need less intense therapy, you may qualify for rehabilitation at a skilled nursing facility. Each facility provides different services, so it is important to ask what therapies are provided and if a physiatrist or “rehab” physician visits to check on your progress.

Outpatient Programs
An outpatient program—in a clinic or a hospital—provides occupational, speech, or physical therapy if you are able to leave your home.

Home-health or Home-based Programs
Sometimes getting in and out of your house is difficult, so you may qualify for a home-based rehabilitation program. A nurse or therapist will oversee your care and will come to your home to provide treatment. You have a unique opportunity to practice skills in the same place you actually use them.
Paying for Rehabilitation

Most health insurance policies and Medicare will pay for some or most of your rehab program. You can ask your social worker to check or call your insurance carrier directly. If you are being referred to an inpatient rehab program or nursing home facility, the Admission Department helps you determine your coverage benefits. It is important to know your coverage for outpatient and home-health programs. Be sure to check on your insurance coverage before you begin your rehabilitation so that you will be aware of what will be an “out-of-pocket” expense.

Different levels of care are available to you following a stroke. Rehabilitation after a stroke starts immediately following the event or as soon as your doctor feels you are medically stable or ready for occupational therapy, speech therapy, or physical therapy.

After a few days or perhaps a week or two you may be recovered enough to go home safely. Or you may be ready for an inpatient rehabilitation program. Or you may be ready to go home and receive home-health therapies or go to an outpatient program for ongoing therapy.
PHYSICAL THERAPY

At the Oregon Rehabilitation Center (ORC), our patients are the measure of our success. More than half of our patients come to recover from stroke. Therapy programs are individualized to meet each person’s unique needs and goals. Patients spend an average of three hours in therapy each day.

The primary goal of many of our patients is to return to a home in the community—their own home, a foster home or an assisted living setting. A vast majority of our patients achieve this goal.

The ORC emphasizes a team approach, including the patients and family members in every step of the rehabilitation process. Patients and their families have responded positively to this approach. When asked about their care in a survey, 95 percent said the care they received was excellent and 93 percent said they would not hesitate to recommend the program to family and friends. While we are proud of these ratings, we continue to invite feedback on how we can improve our services to meet your needs.
Physical Therapy Procedure

**DAY ONE**
1. Evaluation within 24 hours of receiving order and begin plan of care

**DAY TWO**
1. Progress functional status/mobility as appropriate
2. Plan of care coordinated with Stroke Care Team
3. Physical activity counseling provided for the prevention of a secondary stroke, which includes the following:
   - For patients with ischemic stroke or TIA who are capable of engaging in physical activity, at least 30 minutes of moderate-intensity physical exercise most days may be considered to reduce the risk factors and co-morbid conditions that increase the likelihood of recurrence of stroke
   - For patients with disability after ischemic stroke, a supervised therapeutic exercise regimen is recommended

- Benefits of physical activity that would help prevent a secondary stroke include:
  a. Decreased blood pressure
  b. Decreased weight
  c. Enhanced vasodilation (vay-zo-die-LAY-shun) (widening of blood vessels)
  d. Improved glucose tolerance
  e. Improved cardiovascular health

4. Family/caregiver training as appropriate
5. Determine home equipment needs
RECOVERY AT HOME

It is difficult to predict exactly what needs you will have when you go home. Your needs depend on the physical effects of your stroke, how you and your family respond to these effects, whether you go through a rehabilitation program, and what support is available to you and your family when you get home. We will train your home caregivers before you are discharged. Taking notes and asking questions about issues not clear to you is important.

Adjusting to a stroke is not only difficult for you; it is also a big change for your family. When you return home or go to a new home, the skills learned at the hospital may be difficult to apply. You may attempt to do old activities that may not be safe or appropriate to do immediately. Equipment you use may change over time. There may be equipment or changes needed immediately such as a ramp or widening doorways to make rooms accessible. Modifying your home for adaptive equipment, learning the use of new equipment, hiring health care professionals, and using new skills are all new responsibilities. All of this may be stressful for you and your family. Remember that we are here to assist you through this.

We encourage you to ask questions of any member of your stroke care team.
Taking Care of Yourself After a Stroke

Here are some things you can do be active in your care:

- Let others know that you want to be involved in decisions about your care.
- Ask questions, state your opinions with your health care providers.
- If you have speech difficulties, have someone assist you with making your issues known.
- Don’t let others talk down or speak about you as if you weren’t there. Express yourself.
- Know your recovery plan, be it at home or in a facility. Recovery is hard work and a slow process. Many things may seem more difficult for you than they were before your stroke.
- Be aware that feeling tired and discouraged is normal.
- Notice your progress, and take pride in your accomplishments.

When you are at home, you may experience problems that can be serious and require medical attention.

Be aware of these potential problems:

- Falls from problems with balance, vision, speech, and harmful behaviors
- Bladder infections or problems with urination
- High blood pressure
- Irregular pulse
- Major infections
- Seizures
- Sores or tears in the skin (skin breakdown)
- Blood clots in the legs that may travel to the lung causing shortness of breath
- Pulmonary embolism (a clot that travels to the lungs)
- Pneumonia from not breathing deeply or other causes
- Muscles wasting away from not being used

As a stroke survivor, you are the most important player on the Stroke Care Team. The effort you make will help you in the long run. You need to take an active role in your care. This may be overwhelming to you at times, and you may feel like letting others make important decisions for you. It is important to always communicate your feelings regarding those decisions.
Preventing a Second Stroke

Unfortunately, the likelihood of having a second stroke increases after having a stroke or TIA.

You can help prevent a second stroke by:

■ Controlling high blood pressure with diet and medications
■ Stopping smoking
■ Lowering cholesterol, which may include changing your diet and taking medications
■ Taking anticoagulants if you have irregular heartbeat
■ Maintaining a healthy weight
■ Controlling diabetes

You start therapies while you are in the hospital to begin your program of preventing stroke. Maintaining them after you are discharged is an important decision for you.

DIET TIPS FOR PREVENTING A SECOND STROKE

Reducing sodium in your diet will help control high blood pressure. Sodium makes the body retain extra fluid. This extra fluid is then in your blood vessels. With additional fluid in your blood vessels, the pressure within the vessels increases and can contribute to high blood pressure. Reducing the amount of sodium (not just salt) in your diet will help you minimize this effect.

A Special Note to Family Members

When considering being a caregiver, think carefully about this before your loved one leaves the hospital. Answer carefully the following questions:

■ Are you trained in the care needs?
■ Do you work outside the home? Will you be able to cover that time that you are gone with other care providers consistently so your job is not at risk and you will not worry while at work?
■ Can you hire someone to be at home with your loved one if there are no other family or friends available to relieve you?

Discuss these issues with the social worker, nurses, or your doctor to help you make the best decision for yourself as well as for the person affected by the stroke.
Your Emotional Health

Your image of yourself as a whole person may be affected by the stroke. You may see yourself differently now.

Here are a few tips to help with this:

- Be sure to bathe or shower to maintain a positive, respectful self-image.
- Wear regular clothes, not pajamas. Pajamas are for sick people!
- If you wore jewelry or makeup before your stroke, learn ways to do this again. It will help you feel more like yourself.
- If you had a beard before the stroke, keep it trimmed. If you were clean-shaven, shave. If you are limited to the use of one hand, use an electric razor.

Feeling sad or depressed after you’ve had a stroke is normal. Coping with a stroke and its effects can be wearing and may lead to you or your care provider feeling depressed. It may be hard for you to recognize that you are depressed. Your family may be a good barometer for you to keep tabs on how you are doing. If you think that you are depressed, talk with your health professional. If depression is not treated, it causes needless suffering and may slow your recovery.

A condition known as clinical depression is different and more serious than just feeling “down in the dumps.” Clinical depression interferes with your ability to face the day and is continuous over several weeks.

Watch for these signs of clinical depression in yourself or in your caregiver:

- Loss or gain of weight
- Decreased or increased appetite
- Difficulty falling asleep or sleeping too much; feeling tired all the time
- Feeling worthless or very guilty
- Becoming more irritable or angry
- Unable to concentrate, remember, or make decisions as well as before the stroke
- Thoughts of death or suicide

If you have thoughts of death or suicide, seek medical help right away.
Stroke and Your Sex Life

While recovering from a stroke, you may be tired and depressed a lot of the time. You may have pain, stiffness, or trouble sleeping. As a result, you may feel less interested in sex, or you may not enjoy sex as you used to.

Here are some suggestions for keeping your sex life healthy after a stroke:

- Read about your illness. There are self-help books that discuss sex and stroke.
- Plan sexual activity for the time of day when you have the most energy and your health problems bother you the least.
- Be sure that you are rested and relaxed.
- Wait at least 2 hours after you eat to have sex.
- If you need pain medicine to feel better, take the medicine 30 minutes before sexual activity.
- Limit the amount of alcohol you drink, and avoid using tobacco in any form. Alcohol and tobacco can affect sexual function.
- Hold hands, hug, and touch your partner, even when you do not plan to have sex.
- Use your senses to make sexual activity more enjoyable. For example, have satin sheets on the bed, light scented candles, or play soft romantic music.
- Tell your partner what you like and do not like. Listen to your partner’s likes and dislikes.

- Try different sexual positions to find ones that are comfortable for you and your partner, or use pillows for comfort.
- Try personal lubricants to help reduce discomfort with sexual intercourse.
- Talk with your partner about how you feel and why you feel that way. Ask questions.
- Talk to your doctor about any concerns you have about your sex life. Ask questions. Your doctor may have some suggestions that can help. Be sure to let your doctor know if you are feeling depressed or if you think that side effects from a medicine are affecting your sex life.
Personal Medication List

YOUR NAME

- If you miss a dose of medication, take it as soon as possible. Then take any remaining doses for that day at regularly spaced intervals. Do not take double doses. Resume your regular schedule the next day. Do not stop taking any medication without your health care provider’s instructions.

- Carry a card that lists the names of your medications. Learn why you are taking them and the side effects of your medications.

- Call your health care provider if you think you are having a reaction to a medication.

PRESCRIBED MEDICATIONS

These are medications you are currently taking that a health care professional has advised you take:

<table>
<thead>
<tr>
<th>Brand/Generic Name</th>
<th>Purpose</th>
<th>Strength</th>
<th>How many? When?</th>
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Sacred Heart Medical Center
Personal Notes
Questions to Ask
DESIGNATED ADVANCED PRIMARY STROKE CENTER

The Joint Commission

Advanced Primary Stroke Center
Sacred Heart Medical Center
RiverBend
6th Floor South
3333 RiverBend Drive
Springfield, Oregon 97477
541-222-7175
www.peacehealth.org/shmc/strokecenter

Oregon Rehabilitation Center
University District
4th and 5th Floor Northwest;
5th Floor Northeast
1255 Hilyard Street
Eugene, Oregon 97401
541-686-7363
800-284-2345