

Nebraska Stroke Patient Discharge Packet

___ What is a Stroke?

A stroke occurs when the blood supply to a blood vessel in the brain is blocked or a blood vessel breaks causing brain cells in the blood vessel territory to die. Brain cells do not regenerate. The problems experienced after a stroke like the inability to move one side of the body like before, numbness on one side of the body, speech or visual problems are usually a result of brain cells that have died due to stroke. Persons who have had one stroke are at risk of having another stroke. It is important that you practice secondary prevention of stroke now, and this stroke education sheet will help you and your family do just that. Please be sure to ask us any questions about this information or any other questions about your health.

___ What to look for: Warning signs and symptoms of stroke

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

___ What to do if you're having symptoms: Activation of the Emergency Medical System (EMS)

- Not all the warning signs occur in every stroke. Don't ignore signs of stroke, even if they go away!
- Check the time. When did the first warning sign or symptom start? You or the person who is with you will be asked this important question later. This is very important, because if given within three hours of the start of symptoms, a clot-busting drug can reduce long-term disability for the most common type of stroke.
- If you have one or more stroke symptoms that last more than a few minutes, don't delay! Immediately **call 9-1-1** or the emergency medical service (EMS) number so an ambulance (ideally with advanced life support) can quickly be sent for you. **Do not drive yourself.**
- If you're with someone who may be having stroke symptoms, immediately **call 9-1-1** or the EMS. Expect the person to resist going to the hospital. Don't take "no" for an answer because Time Lost is Brain Lost.
- When communicating with EMS or the hospital make sure and use the word "STROKE".

What you should know: Personal risk factors for stroke

What risk factors for stroke can't be changed?

- **Age** — The chance of having a stroke more than doubles for each decade of life after age 55. While stroke is common among the elderly, a lot of people under 65 also have strokes.
- **Heredity (family history)** — Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke.
- **Race** — African Americans have a much higher risk of death from a stroke than Caucasians. This is partly due to higher rates of high blood pressure and diabetes in this group.
- **Sex (gender)** — Stroke is more common in men than in women. In most age groups, more men than women will have a stroke in a given year. However, more than half of total stroke deaths occur in women. At all ages, more women than men die of stroke. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Prior stroke, TIA or heart attack** — The risk of stroke for someone who has already had one is many times that of a person who has not. Transient ischemic attacks (TIAs) are "warning strokes" that produce stroke-like symptoms but no lasting damage. TIAs are strong predictors of stroke. A person who's had one or more TIAs is almost 10 times more likely to have a stroke than someone of the same age and sex who hasn't. Recognizing and treating TIAs can reduce your risk of a major stroke. If you've had a heart attack, you're at higher risk of having a stroke, too.

What stroke risk factors can be changed, treated or controlled?

- **High blood pressure** — High blood pressure or hypertension is the number one cause of stroke. High blood pressure can damage the small blood vessels of the brain. High blood pressure is the most important controllable risk factor for stroke. Many people believe the effective treatment of high blood pressure is a key reason for the accelerated decline in the death rates for stroke. If you keep your blood pressure below 130/80, you will lower your risk for another stroke. As always check with your physician as to when it will be safe to reach this goal.
- **Cigarette smoking** — Tobacco use in any form, especially cigarette smoking, is very bad for your health. In recent years, studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in cigarette smoke damage the cardiovascular system in many ways. The use of oral contraceptives combined with cigarette smoking greatly increases stroke risk in women.
- **Diabetes mellitus** — Diabetes is a risk factor for stroke. Many people with diabetes also have high blood pressure, high blood cholesterol and are overweight. This increases their risk even more. While diabetes is treatable, the presence of the disease still increases your risk of stroke. Diabetes causes disease of small blood vessels in the brain and can lead to a stroke. Keeping your blood sugar within normal range (70-105 fasting) will lower your risk for another stroke.
- **Carotid or other artery disease** — The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque build-ups in artery walls) may become blocked by a blood clot. Carotid artery disease is also called carotid artery stenosis. **Peripheral artery disease** is the narrowing of blood vessels carrying blood to leg and arm muscles. It's caused by fatty build-ups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke. Causes of carotid artery disease are high blood pressure, diabetes, a diet high in fat, high cholesterol and smoking.

What to do after you leave the hospital: Need for follow-up medical care after discharge

- You need to continue the medications prescribed after you leave the hospital in order to reduce your risk of another stroke or other cardiovascular event. Medications must be taken as prescribed by your doctor in order for them to be effective in reducing your risk of another stroke.
- The medicines are most effective when they help you reach the goal of lowering each of your risk factors. Therefore, the doses of these medicines will likely need to be adjusted in order for them to be effective, based on blood tests and other measurements made by your doctor after you leave the hospital. Don't stop your medications without speaking to your physician first.
- It is important that you receive regular medical care after you leave the hospital, since this is how the doctors can measure the effectiveness of the treatments and make sure your medicines are adjusted properly.
- Make sure you have a plan for which doctor(s) you will see and when to see them after you leave the hospital and be sure to have your list of medications with you for all doctor visits.

What to do after you leave the hospital: Stroke Recovery Resources

- Physical/Occupational/Speech Therapies – therapy can assist in regaining independence and improve quality of life
- Psychiatrist/psychologist/counseling – depression commonly occurs after a stroke – medication is frequently needed to enhance recovery. Signs of depression can be withdrawn, lack of interest, irritability/anger, tearfulness. For more information or additional signs of depression and a free screening, you can go to the National Mental Health Association www.depression-screening.org
- Stroke Support Groups are available in person or online – for more information go to www.strokeassociation.org or check with your local hospital or rehabilitation facility.
- Ask your healthcare team if additional stroke survivor and/or caregiver resources are available in your community.

You have an appointment with:

Dr. _____ on _____ phone # _____

Dr. _____ on _____ phone # _____

Dr. _____ on _____ phone # _____

Call Dr. _____ phone # _____ & schedule an appointment within _____

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- ✓ Doses of medicines may need to be adjusted in order for them to be effective
- ✓ Blood tests and other measurements may be needed
- ✓ Regular medical care after this hospitalization is important to help prevent another stroke in the future