



Lane
Home Health

Care You Can Count On



STROKE

PATIENT EDUCATION

Lane Home Health | 225-658-4150

Table of Contents

Introduction / Goals / Myth vs. Fact.....	p. 4	Nurse_____
<input type="checkbox"/> Look at Patient Medication Bottles Every Visit		
<input type="checkbox"/> Medication #1_____		
○ Purpose		
○ When to take this medication		
○ Side Effects		
○ Fall Prevention		
What is a Stroke?.....	p. 5	Nurse_____
<input type="checkbox"/> Look at Patient Medication Bottles Every Visit		
○ Does Patient know their stroke type and understand information?		
<input type="checkbox"/> Medication #2_____		
○ Purpose		
○ When to take this medication		
○ Side Effects		
Are You at Risk for a Stroke / What are my stroke risks?.....	p. 6	Nurse_____
High BP / Patient Questions		
Look at Patient Medication Bottles Every Visit		
<input type="checkbox"/> Medication #3_____		
○ Purpose		
○ When to take this medication		
○ Side Effects		
High Blood Pressure/Cholesterol	p. 7	Nurse_____
Look at Patient Medication Bottles Every Visit		
Pill Box set up? Medication Management		
<input type="checkbox"/> Medication #4_____		
○ Purpose		
○ When to take this medication		
○ Side Effects		
PAD / CAD/A-Fib / Diabetes.....	p. 8/9	Nurse_____
Look at Patient Medication Bottles Every Visit		
<input type="checkbox"/> Medication #5_____		
○ Purpose		
○ When to take this medication		
○ Side Effects		
○ Fall Prevention & Safety		

TIAs / ABCs of Stroke.....p. 9/10 Nurse_____

- ☐ Look at Patient Medication Bottles Every Visit
- ☐ Medication #6_____
- Purpose
 - When to take this medication
 - Side Effects
 - How to Set up your Home for Safety

Behaviors that Increase Risk of Stroke.....p. 11/12 Nurse_____

Circle what applies to patient

- Look at Patient Medication Bottles Every Visit
- ☐ Medication #7_____
- Purpose
 - When to take this medication
 - Side Effects

Other Risks of Stroke / Signs & Symptoms.....p. 13 Nurse_____

- Look at Patient Medication Bottles Every Visit
- ☐ Medication #8_____
- Purpose
 - When to take this medication
 - Side Effects

F.A.S.Tp. 14/15 Nurse_____

Have Patient Recall What FAST stands for / What to do

- Look at Patient Medication Bottles Every Visit
- ☐ Medication #9_____
- Purpose
 - When to take this medication
 - Side Effects

Prevention & Prevention Checklist.....16/17 Nurse_____

Look at Patient Medication Bottles Every Visit

Is Patient independent with medications / compliant??

- ☐ Medication #10_____
- Purpose
 - When to take this medication
 - Side Effects

Treatment / Rehabilitation.....p. 18 Nurse_____

Look at Patient Medication Bottles Every Visit

- ☐ Medication #11_____
- Purpose
 - When to take this medication
 - Side Effects

Rehabilitation Continued.....p. 19 Nurse_____

Look at Patient Medication Bottles Every Visit

☐ Medication #12_____

- Purpose
- When to take this medication
- Side Effects
- How to Set up your Home for Safety / What services is patient receiving in home

Changes in the Home / Home Safety..... p. 20 Nurse_____

Look at Patient Medication Bottles Every Visit

☐ Medication #13_____

- Purpose
- When to take this medication
- Side Effects
- How to Set up your Home for Safety

Stroke Introduction

The more patients and caregivers know about their condition, the easier it can be to manage.

My Goal for Home Health Care:

I have had a stroke: Yes No

What I think a stroke is:

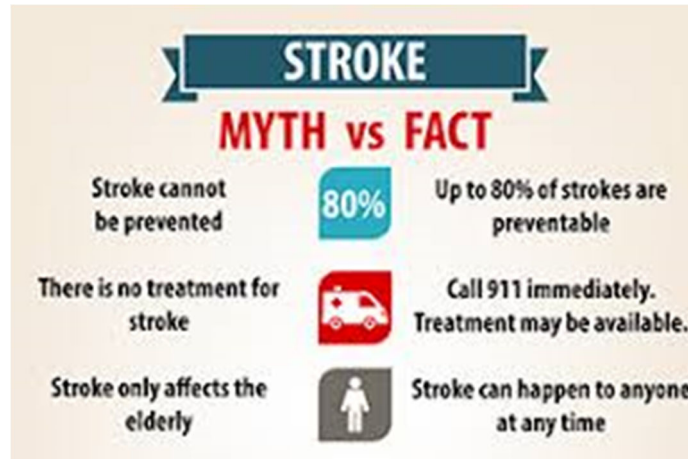
What kind of stroke I had:

Ischemic Hemorrhagic or I don't know (circle one)

The signs or symptoms I had with my stroke:

Can a stroke be prevented? Yes No

The risk factors that may have caused my stroke:



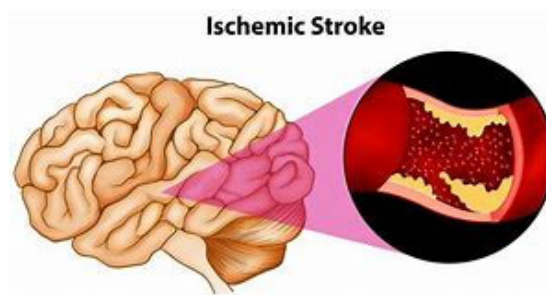
What is a Stroke?

Strokes kill nearly 150,000 of the 860,000 Americans who die of cardiovascular disease each year—that's 1 in every 19 deaths from all causes.

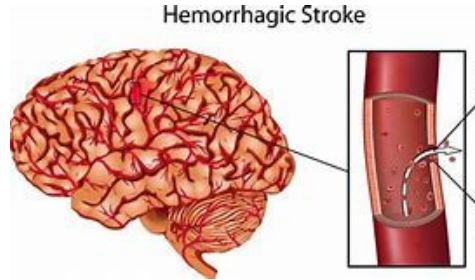
A stroke causes brain tissue to die, which can lead to brain damage, disability, and death. Stroke is the fifth leading cause of death in the United States and the leading cause of serious long-term disability. This is disturbing because about 80% of strokes are preventable.

A stroke, sometimes called a brain attack, happens in one of two ways:

Ischemic Stroke—when the blood supply to the brain is blocked



Hemorrhagic stroke—when a blood vessel in the brain bursts



Are You at Risk for a Stroke?

Anyone, including children, can have a stroke at any time. Every year, about 800,000 people in the United States have a stroke—and about 1 out of 4 of those strokes are recurrent strokes. Having one stroke means you have a greater risk of having another (or recurrent) stroke.

Several factors that are beyond your control can increase your risk for stroke. These include your age, sex, and ethnicity. But there are many unhealthy habits, such as smoking, drinking too much alcohol, and not getting enough exercise, that you can change to lower your stroke risk.

Using tobacco products and having high blood pressure, high cholesterol, diabetes, or obesity can also increase your risk for stroke. However, treating these conditions can reduce your risk.

Conditions That Increase Risk for Stroke

High Blood Pressure - is a leading cause of stroke. It occurs when the pressure of the blood in your arteries and other blood vessels is too high.

I have High Blood Pressure: Yes No

My Blood Pressure Medications:

I check my Blood Pressure routinely: Yes No

My current Blood Pressure: _____

BLOOD PRESSURE CHART			
Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm HG (lower number)
Low Blood Pressure (Hypotension)	less than 90	and	less than 60
Normal	90 to 120	and	60 to 80
Prehypertension	120 to 139	and	80 to 89
High Blood Pressure (Hypertension Stage 1)	140 to 159	and	90 to 99
High Blood Pressure (Hypertension Stage 2)	160 or higher	and	100 or higher
High Blood Pressure Crisis (Seek Emergency Care)	180 or higher	and	110 or higher

UniversityHealthNews.com

High Cholesterol

Cholesterol is a waxy, fat-like substance made by the liver or found in certain foods. Your liver makes enough for your body's needs, but we often get more cholesterol from the foods we eat. If we take in more cholesterol than the body can use, the extra cholesterol can build up in the arteries, including those of the brain. This can lead to narrowing of the arteries, stroke, and other problems.

A blood test can tell your doctor if you have high levels of cholesterol and triglycerides (a related kind of fat) in your blood.

I have High Cholesterol: Yes No

My Cholesterol Medications:

Heart Disease

I have Heart Disease: Yes No

My Heart Disease Medications:

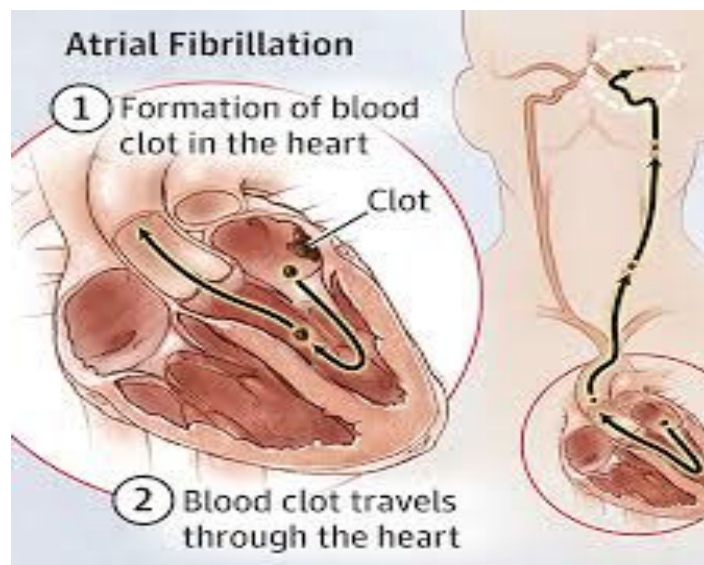
Peripheral Artery Disease --is the narrowing of blood vessels carrying blood to leg and arm muscles. It's caused by fatty buildups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke.

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 may become blocked by a blood clot. Carotid artery disease is also called carotid artery stenosis.

Atrial Fibrillation- The heart's upper chambers quiver instead of beating effectively, which can let the blood pool and clot. If a clot breaks off, and enters the blood stream leading to the brain, a stroke results. This is because blood and oxygen can't get passed the clot

I have Atrial Fibrillation (AFib): Yes No

I am prescribed _____ to help decrease risk of blood clotting.



Diabetes

Diabetes increases your risk for stroke. Your body needs glucose (sugar) for energy. Insulin is a hormone made in the pancreas that helps move glucose from the food you eat to your body's cells. If you have diabetes, your body doesn't make enough insulin, can't use its own insulin as well as it should, or both.

Diabetes causes sugars to build up in the blood and prevent oxygen and nutrients from getting to the various parts of your body, including your brain. High blood pressure is also common in people with diabetes. High blood pressure is the leading cause of stroke and is the main cause for increased risk of stroke among people with diabetes. Talk to your doctor about ways to keep diabetes under control.

I have Diabetes: **Yes** **No**

My diabetic medications:

My Current Blood Sugar _____

Previous Stroke or TIA

If you have already had a stroke or a transient ischemic attack (TIA), also known as a “mini-stroke,” your chances of having another stroke are higher.

TIAs happen when the blood supply to the brain is blocked for a short time. The damage to the brain cells isn't permanent, but if you have had a TIA, you are at a much higher risk of having a stroke.

Lower Your Risk for Stroke

Learn the ABCs of stroke prevention:

Aspirin: Aspirin may help lower your risk for stroke.

Blood Pressure: Control your blood pressure.

Cholesterol: Control your cholesterol.

Smoking: Quit smoking or don't start.



Behaviors That Increase Risk for Stroke

Unhealthy Diet

Diets high in saturated fats, trans fat, and cholesterol have been linked to stroke and related conditions, such as heart disease, getting too much salt (sodium) in the diet can raise blood pressure levels. It's not just limiting the amount of salt you ADD to food.....it takes effort to look at the amount of sodium PACKAGED in foods as well.

Nutrition Facts	
6 servings per container	
Serving size	1 serving (230g)
Amount per serving	
Calories	330
% Daily Value*	
Total Fat 10g	13%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 20mg	7%
Sodium 700mg	30%
Total Carbohydrate 44g	16%
Dietary Fiber 2g	7%
Total Sugars 5g	
Includes 0g Added Sugars	0%
Protein 15g	
Vitamin D 1mcg	6%
Calcium 267mg	20%
Iron 2mg	10%
Potassium 169mg	4%
*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

According to the [American Heart Association \(AHA\)](#), the average American takes in more than 3,400 milligrams (mg) of sodium each day. The organization recommends consuming no more than 2,300 mg of sodium per day, while working towards an ideal limit of 1,500 mg per day for most adults.

Physical Inactivity

Not getting enough physical activity can lead to other health conditions that can raise the risk for stroke. These health conditions include obesity, high blood pressure, high cholesterol, and diabetes. Regular physical activity can lower your chances for stroke.

Obesity

Obesity is excess body fat. Obesity is linked to higher “bad” cholesterol and triglyceride levels and to lower “good” cholesterol levels. Obesity can also lead to high blood pressure and diabetes.

Too Much Alcohol

Drinking too much alcohol can raise blood pressure levels and the risk for stroke. It also increases levels of triglycerides, a form of fat in your blood that can harden your arteries.

- Women should have no more than one drink a day.
- Men should have no more than two drinks a day.

Tobacco Use

Tobacco use increases the risk for stroke. Cigarette smoking can damage the heart and blood vessels, increasing your risk for stroke. The nicotine in cigarettes raises blood pressure, and the carbon monoxide from cigarette smoke reduces the amount of oxygen that your blood can carry. Even if you don't smoke, breathing in other people's secondhand smoke can make you more likely to have a stroke.

Resources for Smoking Cessation:

Commit to Quit: The FREE smoking and tobacco cessation program provided by Cardiovascular Institute of the South. If you or someone you love smokes or uses tobacco and wants to quit, Commit to Quit can help kick the habit. Call (877) 288-0011 or visit cardio.com/quitsmoking.

Smokefree.gov

Phone: 1-800-784-8669

Web Address: www.smokefree.gov

Quit.com

Helpguide.org - <https://www.helpguide.org/articles/addictions/how-to-quit-smoking.htm>.

Other Characteristics that Increase Risk for Stroke

Age

The older you are, the more likely you are to have a stroke. The chance of having a stroke about doubles every 10 years after age 55. Although stroke is common among older adults, many people younger than 65 years also have strokes.

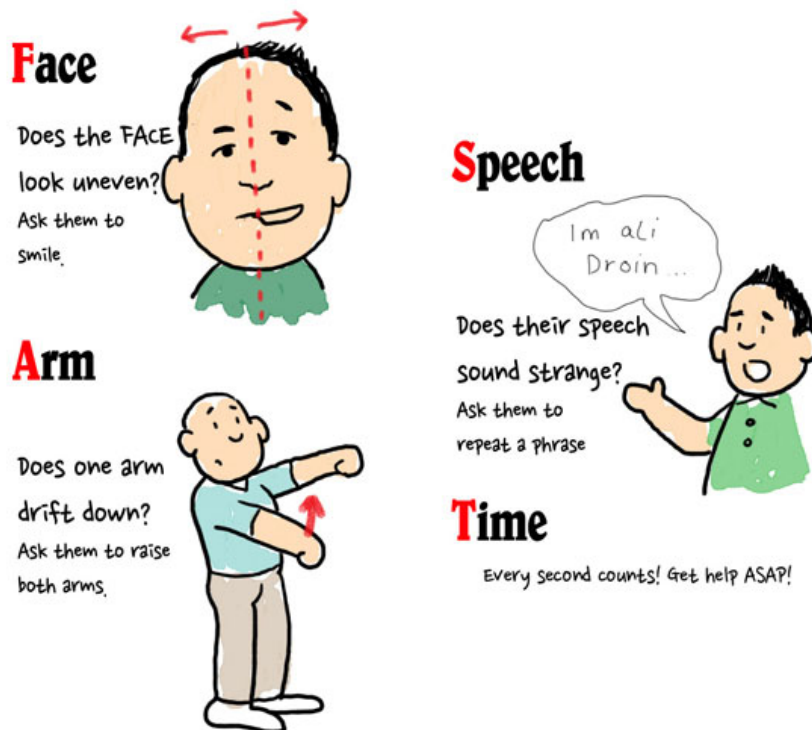
Gender

Stroke is more common in women than men, and women of all ages are more likely than men to die from stroke. Pregnancy and use of birth control pills pose special stroke risks for women.

Race or Ethnicity

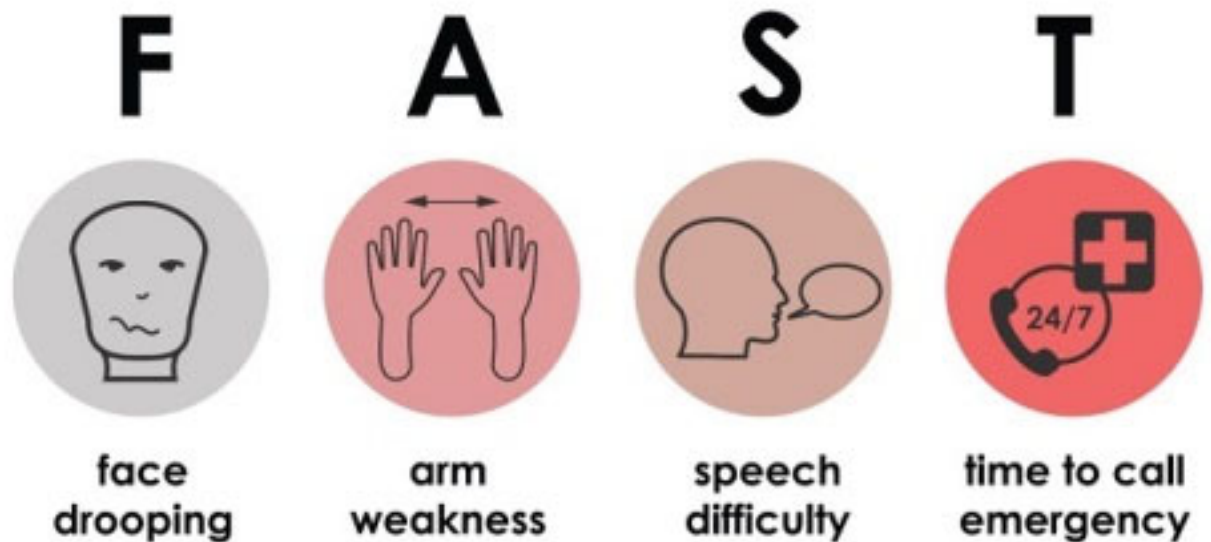
Blacks, Hispanics, American Indians, and Alaska Natives may be more likely to have a stroke than non-Hispanic whites or Asians. The risk of having a first stroke is nearly twice as high for blacks as for whites. Blacks are also more likely to die from stroke than whites are.

Signs & Symptoms of a Stroke



The symptoms of stroke often happen quickly. They include:

- 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 difficulty walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause



If you think that you or someone else is having a stroke, call 911 right away!!!

- Do NOT ignore symptoms - even if they go away
- Call 9-1-1. Care can begin as soon as the ambulance arrives
- Do NOT drive yourself unless it is the only option
- Check the time so you'll know when the stroke started
- At the hospital, say "I think I'm having a stroke," this will help in getting fast treatment



Prevention

Preventing Stroke



The following heart-healthy lifestyle changes can help prevent your first stroke or help prevent you from having another one:

- **Be physically active.** Physical activity can improve your fitness level and health. Talk with your doctor about what types and amounts of activity are safe for you.
- **Don't smoke,** or if you smoke or use tobacco, quit. Smoking can damage and tighten blood vessels and raise your risk of stroke. Talk with your doctor about programs and products that can help you quit. Also, secondhand smoke can damage the blood vessels.
- **Aim for a healthy weight.** If you're overweight or obese, work with your doctor to create a reasonable weight loss plan. Controlling your weight helps you control risk factors for stroke.
- **Make heart-healthy eating choices.** Heart-healthy eating can help lower your risk or prevent a stroke.
- **Manage stress.** Use techniques to lower your stress levels.

If you or someone in your family has had a stroke, be sure to tell your doctor. By knowing your family history of stroke, you may be able to lower your risk factors and prevent or delay a stroke.

If you've had a transient ischemic attack (TIA), don't ignore it. TIAs are warnings, and it's important for your doctor to find the cause of the TIA so you can take steps to prevent a stroke.

PREVENTION CHECKLIST

I plan to take these steps instead of having another stroke.

- ☐ Manage high blood pressure
- ☐ Control cholesterol
- ☐ Reduce blood sugar
- ☐ Be active
- ☐ Eat better
- ☐ Lose weight
- ☐ Stop smoking
- ☐ Discuss an aspirin regimen with my doctor

Treatment

Quick medical attention is important. The team may include other doctors who specialize in care of the brain such as a neurologist and a neurosurgeon.

If a stroke happened less than three hours before, the doctor may be able to use medication (called “TPA”) that restores blood flow to lower the damage and lead to a better recovery. This medication is not safe for everyone and cannot be used with a hemorrhagic stroke or with other bleeding problems

- If you cannot get that medicine, you may get medicine that helps stop platelets from clumping together to form blood clots. Or you may get a blood thinner to keep existing clots from getting bigger.
- If you have carotid artery disease, you may also need a procedure to open your blocked carotid artery.

What disabilities can result from a stroke?

Although stroke is a disease of the brain, it can affect the entire body. The effects of a stroke range from mild to severe and can include paralysis, problems with thinking, problems with speaking, and emotional problems. Patients may also experience pain or numbness after a stroke.

If you have a stroke, you may lose the ability to do something that is controlled by the injured part of your brain. For example, you could lose the use of an arm or leg. You could lose the ability to speak. The damage can be temporary or permanent. However, the sooner you get treatment after stroke symptoms start, the better the chance of getting blood flow to your brain. This prevents more damage.

Rehabilitation

Stroke Rehabilitation can help you relearn skills you lost because of the damage. The goal is to help you become as independent as possible and to have the best possible quality of life. Rehab can include working with speech, physical, and occupational therapists.

- **Speech Therapy** - helps people who have problems producing or understanding speech.
- **Physical Therapy** - uses exercises to help you relearn movement and coordination skills you may have lost because of the stroke.
- **Occupational Therapy** - focuses on improving daily activities, such as eating, drinking, dressing, bathing, reading, and writing.

Language, Speech, and Memory

You may have trouble communicating after a stroke. You may not be able to find the right words, put complete sentences together, or put words together in a way that makes sense. You also may have problems with your memory and thinking clearly. These problems can be very frustrating.

Speech and language therapists can help you learn ways to communicate again and improve your memory.

Muscle and Nerve Problems

A stroke may affect only one side of the body or part of one side. It can cause paralysis (an inability to move) or muscle weakness, which can put you at risk for falling. Physical and occupational therapists can help you strengthen and stretch your muscles. They also can help you relearn how to do daily activities, such as dressing, eating, and bathing.

Bladder and Bowel Problems

A stroke can affect the muscles and nerves that control the bladder and bowels. You may feel like you have to urinate often, even if your bladder isn't full. You may not be able to get to the bathroom in time. Medicines and a bladder or bowel specialist can help with these problems.

Swallowing and Eating Problems

You may have trouble swallowing after a stroke. Signs of this problem are coughing or choking during eating or coughing up food after eating. A speech therapist can help you with these issues. He or she may suggest changes to your diet, such as eating puréed (finely chopped) foods or drinking thick liquids.

Mental Health Care and Support

Therapy and medicine may help with depression or other mental health conditions following a stroke. Joining a patient support group may help you adjust to life after a stroke.

Changes in Your Home

6 Tips for Making Your Home Safer

You will need to think about making changes in your home to meet your needs after a stroke. These simple changes to your home will help safeguard against falls and make it easier and safer to move around:

1. **Clear walkways.** Clear paths to the kitchen, bedroom, bathroom and other rooms you frequent.
2. **Remove or secure carpets.** Remove loose throw rugs and runners from hallways, stairwells, and entryways, and remove clutter from the floor.
3. **Install handrails and ramps.** Install handrails for support to make it easier to move up and down stairs.
4. **Add assistive devices in the bathroom.** Install grab bars and make your bathroom safer with a raised toilet seat, tub bench, handheld showerhead, and electric toothbrushes and razors. Long-handled brushes and washing mitts with pockets for soap are handy for the shower or bath. Add plastic non-slip strips that adhere to the bottom of a shower or bathtub for additional safety.
5. **Utilize a portable alarm.** A portable alarm system allows you to easily call for assistance whenever needed.
6. **Purchase a walking aid.** Purchase the brace, cane, walker or wheelchair as recommended by your therapists. Adhere to therapist instructions about your limitations and walking needs. For example, use your walking aid for movement and do not rely on furniture around the home for support.

If you are receiving occupational therapy, the therapist can teach you how to move safely from sitting to standing, getting in and out of bed, and taking a bath or shower. The occupational therapist can also provide an in-home evaluation to determine any additional safety issues and recommend home modifications more specific to your needs.

References

Centers for Disease Control and Prevention, CDC 24/7: Saving Lives, Protecting People Article on Stroke. https://www.cdc.gov/stroke/facts_stroke.htm Accessed October 10, 2019.
<https://www.cdc.gov/stroke/recovery.htm>
NIH: National Institute of Neurological Disorders and Stroke <https://www.stroke.nih.gov/materials/actintime.htm>
<https://www.nhlbi.nih.gov/health-topics/stroke>
<https://medlineplus.gov/stroke.html>
<https://familydoctor.org/condition/stroke/?adfree=true>
<https://www.strokesmart.org>



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