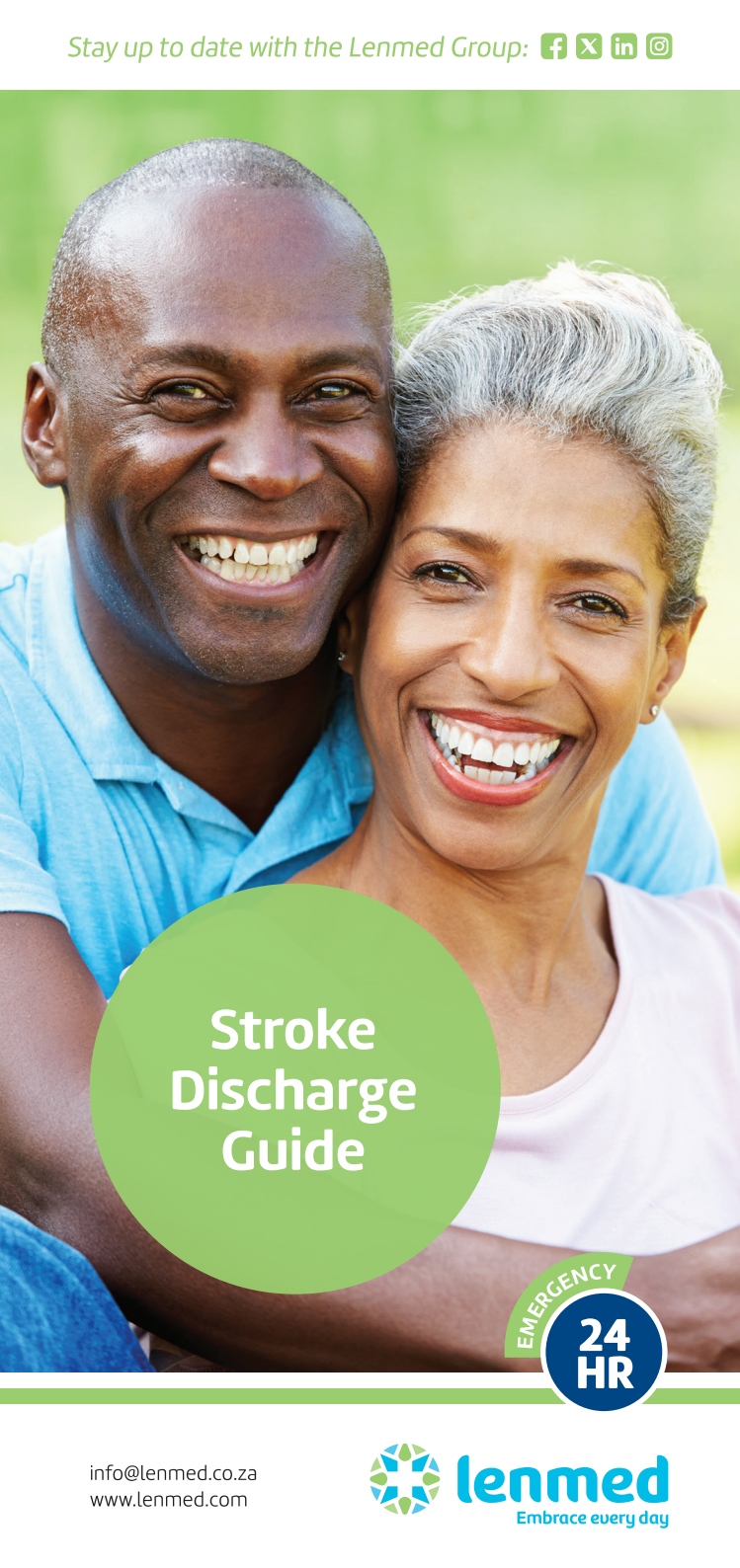




Stroke Discharge Guide

EMERGENCY

24
HR



How is a stroke diagnosed?

The type of stroke must be determined. In the emergency room, your doctor or stroke emergency team may:

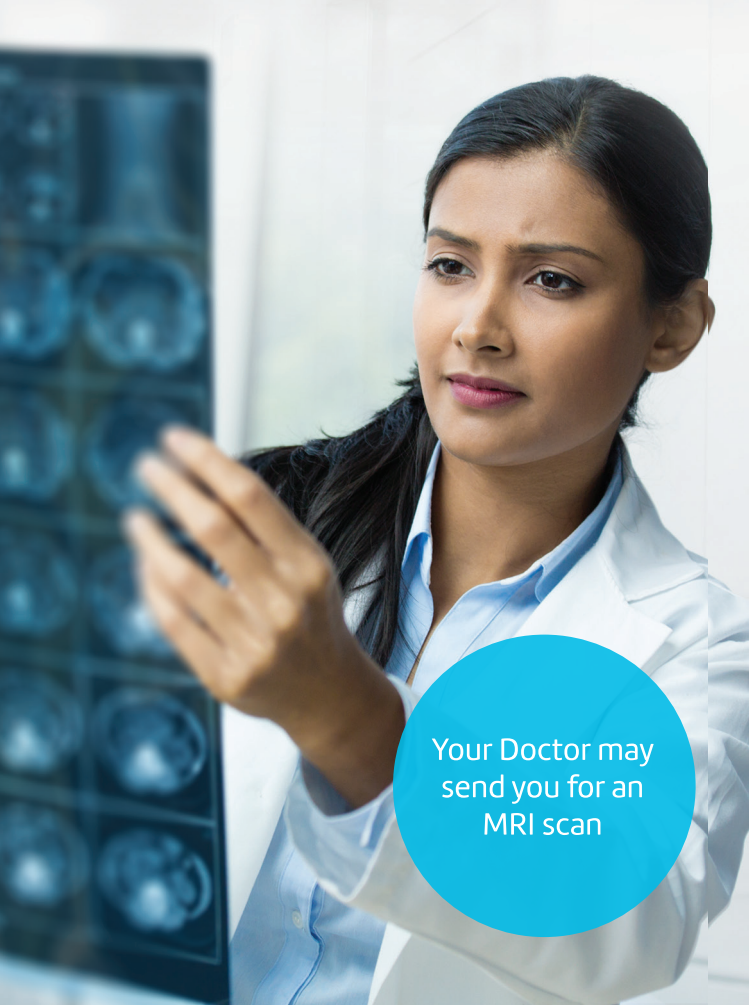
Ask you when the symptoms of the stroke started.

Ask you about your medical history.

Do a physical and neurological examination.

Have certain lab (blood) tests done.

Do a CT (Computed Tomography) or MRI (Magnetic Resonance Imaging) brain scan.

A female doctor with dark hair, wearing a white lab coat over a light blue shirt, is looking intently at a large MRI scan display. She is pointing her right hand towards the screen, which shows multiple cross-sectional images of a brain. The background is a bright, clinical setting.

Your Doctor may
send you for an
MRI scan

13 things you should know after a loved one has had a stroke

It's better to find out than miss out

01

Be aware of the medications that have been prescribed to your loved one and their side effects. Ask if your home should be modified to meet the specific needs of the stroke survivor. Ask a doctor, nurse or therapist to clarify any unanswered questions or to provide written information that explains what occurs after the stroke and during recovery or rehabilitation.

Reduce risks, or a stroke may strike again

02

Survivors who have had one stroke are at high risk of having another one if the treatment recommendations are not followed.

Many factors influence recovery

03

Recovery depends on many different factors: where in the brain the stroke occurred, how much of the brain was affected, the patient's motivation, caregiver support, the quantity and quality of rehabilitation, and how healthy the survivor was before the stroke.

Gains can happen quickly or over time

04

The most rapid recovery usually occurs during the first three to four months after a stroke, but some stroke survivors continue to recover well into the first and second year post-stroke.

Some signs point to physical therapy

05

Seek assistance from a physiotherapist or occupational therapist if any dizziness, imbalance that results in falls, difficulty walking or moving around in daily life; inability to partake in recreational activities or outings with family or an increased need for help to engage in daily activities.

Don't ignore falls

06

Falls after a stroke are common. If a fall is serious and results in severe pain, bruising or bleeding, go to the nearest Emergency Department for treatment.

Measuring progress

07

Stroke survivors on an acute rehabilitation unit are expected to make measurable functional gains every week as measured by the Functional Independence Measures. Functional improvements include activities of daily living skills, mobility skills and communication skills.

Stop depression before it hinders recovery

08

Post-stroke depression can significantly affect your loved one's recovery and rehabilitation. Consult a physician to develop a plan of action.

Seek out support

09

Community resources, such as stroke survivor and caregiver support groups, are available for you and your loved one. A social worker can help you find resources in your community.

Learn the ins and outs of your medical cover

10

Be sure to consult with your doctor, case manager or social worker to find how much and how long medical aid will pay for rehabilitation services.

Know when to enlist help

11

If rehabilitation services are denied due to lack of medical cover, ask your physician to intervene where possible.

Know your rights

12

You have rights to know your loved one's medical and rehabilitation status.

Take care of yourself

13

Take a break by asking another family member, friend or neighbour to help while you take time for yourself. Keep balance in your life by eating right, exercising or walking daily, and getting adequate rest.

Stroke risk factors



ATRIAL FIBRILLATION



DIABETES



HIGH CHOLESTEROL



HIGH BLOOD PRESSURE



LIFESTYLE FACTORS (*Smoking, Nutrition, Alcohol*)

What can I do to prevent stroke?

- ☒ Limit alcohol consumption
- ☒ Control chronic diseases
- ☒ Include exercise in your daily routine
- ☒ Maintain a healthy body weight
- ☒ Manage heart or vascular disease



Complications after a stroke

The most common complications of stroke are:

- ☒ Pneumonia
- ☒ Clinical depression and/or emotional changes
- ☒ Urinary tract infection and/or bladder control
- ☒ Bedsores
- ☒ Seizures
- ☒ Swallowing problems / Dysphasia
- ☒ Asphasia / Speech problems
- ☒ Joint and muscle problems
- ☒ Deep venous thrombosis
- ☒ Shoulder pain

What can be done?

If you need medical treatment, your doctor will prescribe it. Medical treatment often involves medical supervision, monitoring and drug therapies. Physical treatment usually involves some type of activity that may be done by you, a healthcare practitioner or by both of you working together.

Living at home after a stroke

For those whose strokes were more severe, going home depends on these four factors:

Ability to care for yourself.

Ability to follow medical advice.

A caregiver.

Ability to move around and communicate.

Changes to make at home

Living at home successfully also depends on how well your home can be adapted to meet your needs.

Safety

Take a look around your home and remove anything that might be dangerous. This might be as simple as taking out throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.

Accessibility

You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.

Independence

Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

What if I can't go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs permanently or for a short time. It's important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about alternatives that might work for you.

Call your doctor or present at any of our 24 Hour Emergency Units if you experience:

- ✓ Difficulty breathing, unusual shortness of breath, chest pain, choking or swallowing problems
- ✓ Persistent nausea, vomiting or diarrhoea
- ✓ Fever or chills
- ✓ Pain that is not relieved by pain medications
- ✓ Other concerns that require immediate attention

F

Face

Smile or show your teeth.
Does one side of your face droop?

A

Arm

Close your eyes and hold your arms out for 10 seconds. Does one arm drift down?

S

Speech

Repeat any sentence. Is speech slurred, wrong words used or unable to speak?

T

Time

Note the time and get to the nearest stroke unit as soon as possible. Every minute counts.

SCAN FOR HOSPITAL
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