

Hospital Care Following Stroke

Here is some information about your hospital stay following a stroke. Your care will be focused on:

- **Medical tests** to find out more about your stroke and what may have led to it
- **Treatments** to address the underlying condition that caused your stroke and/or to lower your risk of another stroke
- **Helping you function** and **addressing any physical** or **emotional needs**
- **Making plans** for the future

You and those close to you are important members of the treatment team. Please speak to your doctor or nurse about any questions, concerns, goals, and ideas you have related to your care.

Medical tests

Most patients who have had a stroke will have the following tests. Some will be done more than once to see how things are progressing.

- **CT (“CAT”) scan** and/or **MRI** give your doctor detailed pictures of your brain.
- **A swallowing evaluation** helps us see whether the muscles you use to swallow are working normally. Sometimes these muscles are affected by stroke. If they aren't working right, food or fluid can go into the lungs, causing an infection. For this reason, we do not allow you to eat or drink anything until you have passed this evaluation. It is performed at your bedside by a nurse or speech-language pathologist.
- **Blood tests** provide important information about how your body is functioning. They are usually done at least once a day.
- Finger stick **tests for blood sugar** give your care team information on your blood sugar levels throughout the day. The test is done by sticking your fingertip with a very small needle and taking a small drop of blood. High blood sugar increases the risk of problems related to stroke.
- **Electrocardiogram (EKG)** provides basic information about how your heart is working.
- **Echocardiogram/heart ultrasound** gives detailed information about the structure of the heart and large blood vessels. Some strokes are caused by problems with the heart that the patient was not aware of.

GOOD TO KNOW ✓

How long will I be in the hospital?

This is different for everyone but can be as short as one-two days. Please ask your care team how long you can expect to be at BIDMC.

GOOD TO KNOW ✓

The care team

Your care will be coordinated by a team of doctors and nurses specially trained in stroke care.

Depending on your needs, you may meet other providers, including:

- **Physical or occupational therapists:** to help you move and function
- **Speech-language pathologist:** to check your swallowing and to help with speech
- **Social worker:** to help you and your family cope and plan for the future
- **Case manager:** a nurse who helps with your discharge plan

Treatments

Here are treatments that **may** be started in the hospital. In some cases, other treatments are needed that will be planned for later (such as fixing a heart problem). Treatments are not the same for everyone.

Emergency treatments *(best if done very soon after stroke symptoms first appeared)*

- **tPA** (for ischemic stroke) This is a medicine (tissue plasminogen activator) that can dissolve a blood clot. In certain types of ischemic stroke, this medicine can help prevent damage to the brain.
- **Thrombectomy** (for ischemic stroke) Removing a blood clot with suction.
- **Coiling or surgery to stop bleeding** (for hemorrhagic stroke) In some cases of hemorrhagic stroke, a device called a coil can be threaded into the brain to help stop bleeding. Other surgical procedures are sometimes done to help seal the area that is bleeding.

Medications

Here are some of the common types of medicine used to treat or prevent stroke. Your nurse and doctor can tell you which type of medicine you are on, the name of the medicine, and how to take it.

- **Blood thinners** Blood thinners may be needed to prevent blood clots from forming. *Examples: warfarin/ Coumadin, Xarelto, Pradaxa*
- **Anti-platelet medication** Similar to blood thinners, these medicines prevent blood cells from sticking together, which helps prevent blood clots. *Examples: aspirin, Plavix*
- **Blood pressure medicine** Some hemorrhagic strokes are caused by complications of high blood pressure. Your doctor will determine if blood pressure medicine is needed. *There are many different types.*
- **Cholesterol-lowering medicine** High cholesterol levels in the blood increase the chance for blockages and blood clots in the blood vessels. Your doctor will determine if cholesterol-lowering medicine is needed. *Examples: lovastatin, pravastatin, simvastatin*
- **Medicine to lower blood sugar** If your blood sugar is high, it will be treated with medicine to prevent complications. High blood sugar following stroke can happen in anyone – patients who have had diabetes in the past and those who have not. *Examples: insulin, metformin*

Preventing complications

We will be working with you to prevent complications and to treat any needs that may arise. This includes complications related to swallowing problems or immobility; possible loss of bladder or bowel control; emotional complications; and complications related to how your brain is reacting to the stroke. Please see the separate sheet on Complications in this packet for more.

Making plans for the future

Helping you and those close to you make plans for the future is one of the most important parts of your care. Please see the sheet on Stroke Recovery and Self-care for more.