

Stroke Recovery and Stroke Self-Care

Helping you and those close to you make plans for the future is one of the most important parts of your care. This includes making sure that you have information about:

- What happened to you
- How to reduce your risk for problems in the future
- How to get any help and support you need during your recovery

What happened?

Your nurse can help you fill in the information in the box. Please read through this entire packet for more detail on what happened to you, and ask your nurse or doctor any questions you may have.

Reducing your risk

If you have had a stroke or TIA, it's important to know what your risk factors are and how to reduce your risk for further problems. Please be sure to read the information on "Stroke basics" in this packet, and make sure you understand risk factors that apply to you. Remember, the more risk factors you have, the more important it is to work on your "controllable" risk factors.

I had:

- Ischemic stroke
- Hemorrhagic stroke
- TIA

My emergency treatment included:

- tPA (dissolving a clot)
- Thrombectomy (removing a clot)
- Coil (stopping bleeding)
- Other: _____

My goals to reduce my risk include:

Risk factors

Controllable
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Smoking
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Poor diet
<input type="checkbox"/> Being overweight
<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Not exercising

Not controllable
<input type="checkbox"/> Older age (over 55)
<input type="checkbox"/> Being female
<input type="checkbox"/> Family history
<input type="checkbox"/> Ethnicity

Health conditions that increase risk
<input type="checkbox"/> History of stroke or TIA
<input type="checkbox"/> Coronary artery disease/peripheral artery disease
<input type="checkbox"/> Atrial fibrillation
<input type="checkbox"/> Other heart disease
<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Sickle cell disease

Getting help and support

- While you are in the hospital, you will meet with a **case manager** – a registered nurse who specializes in helping patients make safe plans for discharge. Some patients go right home following discharge. If needed, your case manager can help arrange supports at or close to home, such as a visiting nurse or ongoing physical therapy. In other cases, it's best to go to a rehabilitation center to continue your recovery. Your case manager will discuss all options for discharge with you. Please be sure to talk about any and all concerns, questions, or fears related to your discharge plan.
- You may also see a **social worker** from our team as you and your family prepare for discharge. The social worker sometimes works with your case manager to help arrange services you'll need after discharge. He or she can also make sure that you and those close to you are getting the support you need. It's common to have fears or worries about leaving the hospital. Please share any concerns you have with the social worker and together you can talk about things you might do to feel more comfortable.

- Your nurse will go over all your discharge plans with you. We recommend that anyone who helps you with your care or daily activities be included in this discharge planning. This is the time to ask all your questions. Be sure you understand:
 - ❑ What **medications** you should take, and their side effects. You will be given a list of your medicines.
 - If something you used to take, or may take, is not on this list, **please ask about whether you should continue taking it.** This includes prescription medicines, nonprescription medicines, vitamins, herbs, and supplements.
 - ❑ Any **services** that have been set up for you at home or in your community.
 - Make sure you have the name and contact information for any visiting nurse and/or physical or occupational therapy or other services scheduled for you. Know whom to call if there are any issues with home services.
 - ❑ Your **follow-up appointments**
 - When should you see your primary care physician?
 - What specialists should you see, and when?
 - ❑ Please be sure you understand **when to call for help.** See “Stroke warning signs” in this packet as well as additional information in your discharge paperwork!

ALWAYS CALL 911 for:

- Sudden onset of **numbness** or **weakness** affecting the face, arm, or leg; may be on only one side of the body.
- **New or worsening difficulty with speech**, having trouble speaking or understanding what someone is saying to you. **Sudden confusion.**
- Sudden **difficulty with vision**, trouble seeing in both or one of your eyes.
- Sudden **difficulty walking, dizziness, loss of balance, trouble with coordination.**
- A sudden onset of a **severe headache.**

Local Resources	
Mass.gov	mass.gov/stroke-prevention-and-control
BIDMC Stroke Support Group	email: bidmcstrokesupportgroup@bidmc.harvard.edu
Spaulding Rehabilitation Network	spauldingrehab.org/patient-and-visitor-info/support-groups

National Resources	
American Stroke Association/ American Heart Association	1-888-4-STROKE strokeassociation.org/STROKEORG
National Stroke Association	stroke.org
National Institutes of Health/National Institute of Neurological Disorders and Stroke	stroke.nih.gov/resources
Centers for Disease Control and Prevention/Stroke	cdc.gov/stroke
Brain Aneurysm Foundation	Brain Aneurysm Foundation 269 Hanover Street, Hanover, MA 02339 888-272-4602 bafound.org
Brain Attack Coalition	Brain Attack Coalition, Building 31, Room 8A-07 31 Center Drive, MSC 2540, Bethesda, MD 20892 301-496-5751 brainattackcoalition.org
Family Caregiver Alliance	1-800-445-8106 caregiver.org
National Aphasia Association	aphasia.org