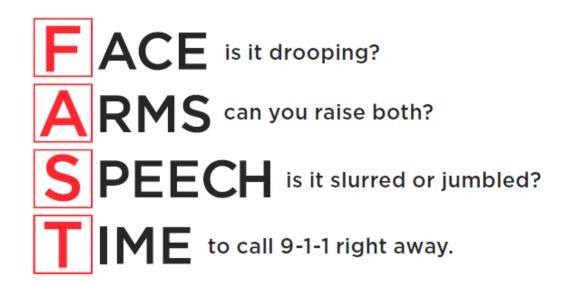


## **Stroke Care Resource**

#### LEARN THE SIGNS OF STROKE



ACT FAST BECAUSE THE QUICKER YOU ACT, THE MORE OF THE PERSON YOU SAVE.

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## **Table of Contents**

|  | Page |
|--|------|
| Section 1: How to use the resource         | . 1  |
| Section 2 Introduction                     | . 3  |
| Section 3 Welcome to the Acute Stroke Unit | . 4  |
| Section 4 My stroke                        | . 5  |
| Section 5 What is a stroke?                | . 6  |
| Section 6 Medications and tests            | . 16 |
| Section 7 Goals                            | . 20 |
| Section 8 Weekly updates                   | . 23 |
| Section 9 Leaving the hospital             | . 25 |
| Section 10 Community resources             | . 26 |

## **Section 1: How to use the Stroke Care Resource**

→ A guide for the stroke care team

The Stroke Care Binder is intended to guide you and the stroke care team member in your discussions with patients and their families.

Please treat it as a **living document**: **remove** the sections that are **not** relevant to your patient and **add individualized information** as required.

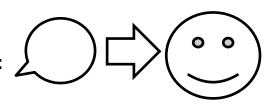
Education using the Stroke Care Binder is meant to be **supported by face-to-face communication** with members of the stroke care team. You will notice that there are spaces for family/significant others to add their own notes and questions.

An individual with aphasia may have **difficulty speaking**, **understanding**, **reading** and/or **writing**. These problems may make conversation related to health care especially challenging.

The following **strategies** are based on the techniques of Supported Conversation for Adults with Aphasia<sup>TM</sup> (SCA<sup>TM</sup>) developed by the Aphasia Institute and will **enhance communication** along with the Stroke Care Binder:

Getting your message IN

#### Techniques to support patient understanding:



- Gesture while you are talking.
- Write key words to summarize what you are saying.
- Use pictures and objects to supplement your message.
- **Draw simple pictures** to help the patient understand.

#### Getting their message **OUT**

#### Helping the patient ask/answer questions:



- Write **key words** for the **patient to point to** (give a choice of 2 or 3).
- Provide pictures for the patient to point to.
- Ask YES/NO or closed-ended questions.
- Give the patient time to respond.
- Ask the patient to give you clues or to "show me" (gestures).

#### Acknowlege competence and frustration:

→ I know that you know!"

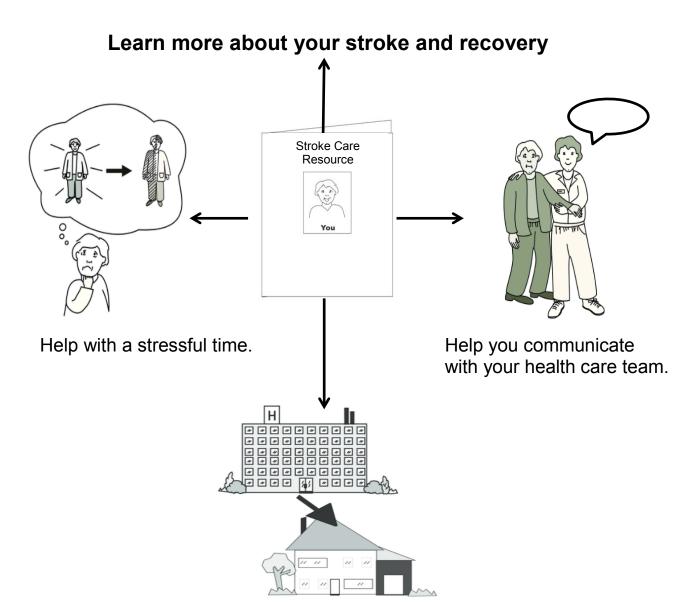
VERIFY the information exchanged in the conversation.

→ Check to make sure that YOU have understood.

# **Section 2:** Introduction

Please keep this resource with you to:





Get you ready for discharge and access services in your community.

## **Section 3: Welcome to the Acute Stroke Unit**

#### Where

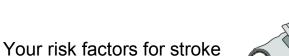
Acute Stroke Unit – 7 South Hamilton General Hospital 237 Barton Street East Hamilton, Ontario L8L 2X2 905-527-4322, ext. 46700

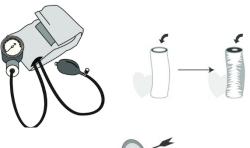


#### What will we do here?

Learn about the type of stroke you had.

The location of the stroke in your brain.







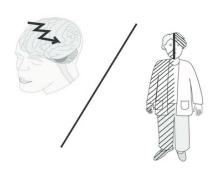
Plan next best steps with you.



# Section 4: My stroke



## Date of my stroke:



#### What I remember:

□ Problems with **balance**, **coordination**, and **strength** of **arm** or **leg**.



□ Problems **chewing** and **swallowing**.



□ Problems **speaking**.



□ Problems **seeing**.



□ Something **else**.



## **Section 5:** What is a stroke?

A stroke is a **loss of brain** function.



It is **caused** by a **blockage of blood flow through an artery**.

**OR** 



A rupture of blood vessels in the brain.

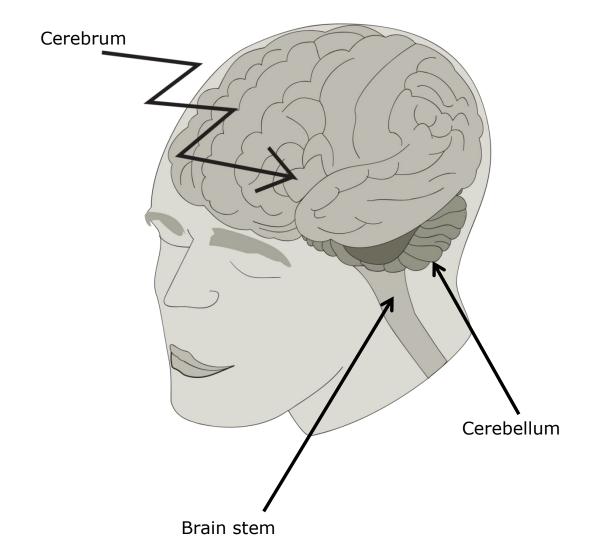


Effects also depend on how much of the brain is affected.

## **Location of stroke**

A stroke can happen in **different areas** of the brain:

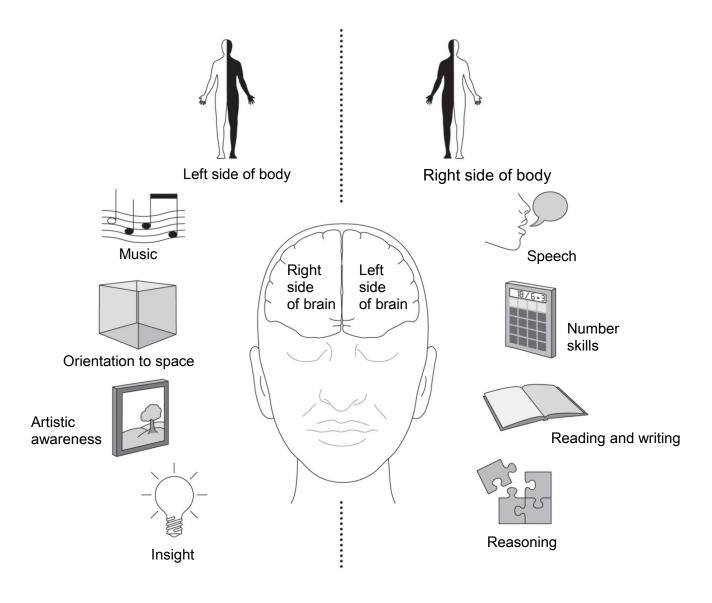
#### Where?



#### Stroke in the cerebrum

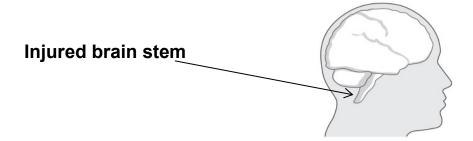
The **cerebrum** is located in the **front half** of the brain and is divided into 2 parts: **left and right** side

The effects of your stroke depend on what side of your brain is affected.



## Stroke in the brain stem

The **brain stem** is at the **base of the brain** sits above the spinal cord.



#### **Problems with:**

**Weakness** or **paralysis** in both arms and legs.



#### **Breathing**



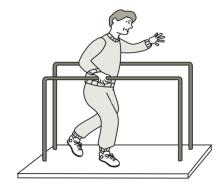


#### **Problems with:**

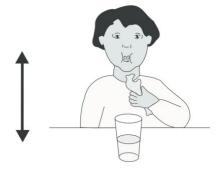
## **Control** of **body temperature**



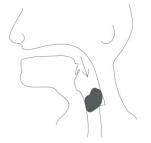
#### Balance and coordination



## Chewing



#### **Swallowing**

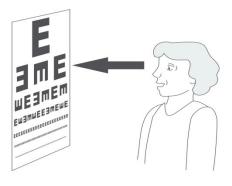


#### **Problems with:**

## **Speaking**



## Seeing



## Stroke in the cerebellum

Strokes in this area can cause problems with

Walking, co-ordination and balance

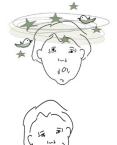


**Dizziness** 













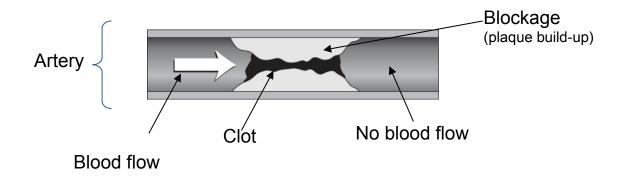
## **Types of stroke**

Type of stroke that I had:

- Ischemic
- Hemorrhagic
- Transient Ischemic Attack

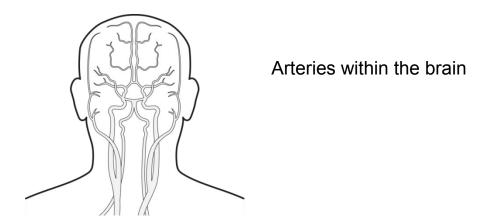
#### Ischemic stroke

- 1. **Embolic**: Blood clot or blockage of artery in body leading to decreased blood flow to the brain.
- 2. **Thrombotic**: Disease or damaged arteries in the brain blocked by blood clot.



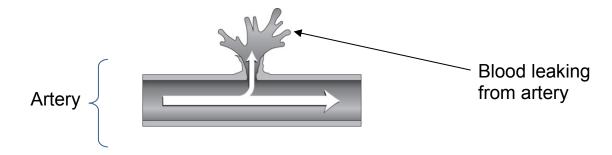
#### Hemorrhagic stroke

Hemorrhage: Burst artery in the brain causing damage from blood.



#### 1. Intracerebral

Artery in the brain breaks and **blood enters** brain.



#### 2. Subarachnoid

A weak artery wall (aneurysm) in the brain ruptures causing **bleeding** of compartment **around** the brain.



Blood surrounds the brain

## **Transient Ischemic Attack (TIA)**

**Short-term** lack of blood flow to the brain that lasts between **30 seconds** to **24 hours**.



TIAs are often called 'mini-strokes' and are a medical emergency.



## Signs of TIA



Weakness

Vision problems

Trouble speaking

Dizziness

Headache

## **Section 6:** Medications and tests



## Tests you may have

| What:<br>Type of test       | Why:<br>Purpose  | Picture: |
|-----------------------------|--|----------|
| Blood tests                 | Check blood for any problems such as cholesterol or blood sugar levels.                        | ALCOHOL  |
| Carotid Doppler             | Look for narrowing of<br>the arteries in your neck.<br>This checks blood flow to<br>the brain. |          |
| Electrocardiogram (ECG/EKG) | Record the electrical activity in your heart.  |          |
| Holter Monitor              | Record heart rhythms over a 24 to 48 hour period.  |          |
| Echocardiogram              | Look at the structure and function of your heart.  |          |

| What:<br>Type of test                              | Why:<br>Purpose   | Picture: |
|--|---|----------|
| TEE<br>(Trans-esophageal<br>Echocardiogram)        | Takes a picture of your heart and detects if your heart is producing blood clots by inserting a tube into the esophagus.  |          |
| CT scan<br>(Computerized<br>Tomography)            | Look at the kind of stroke you have had. It may show the affected area of the brain.                                      | CT Scan  |
| MRI (Magnetic<br>Resonance<br>Imaging)             | Look at areas in the brain affected by your stroke.   |          |
| CTA<br>(Computerized<br>Tomography<br>Angiography) | Look at blood flow in the arteries of the brain to detect any blockage or narrowing in the arteries.                      | CT Scan  |
| MRA (Magnetic<br>Resonance<br>Angiography)         | Look at the blood flow in<br>the arteries of the brain.<br>It can detect any<br>blocking or narrowing<br>of the arteries. |          |

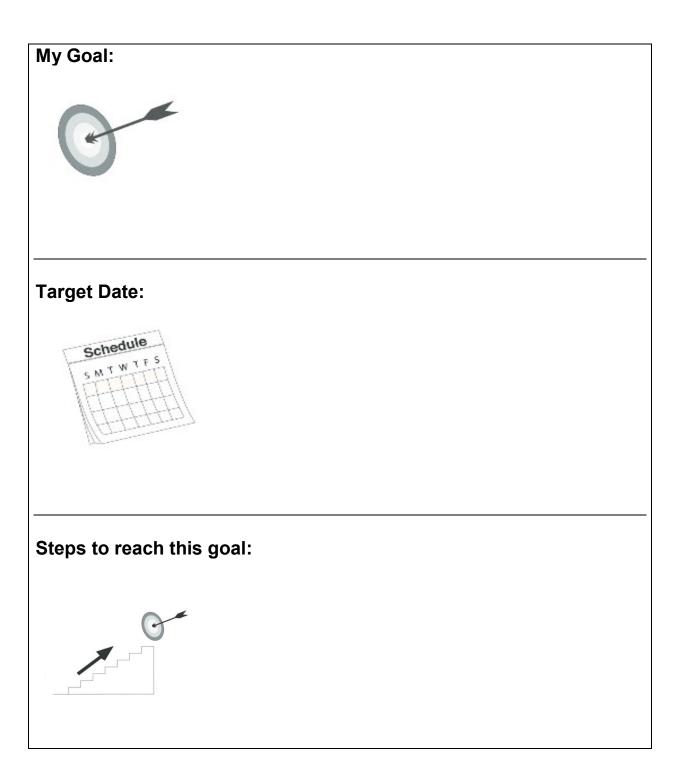
| What:<br>Type of test                              | Why:<br>Purpose   | Picture: |
|--|---|----------|
| Videofluoroscopic<br>study of<br>swallowing (VFFS) | Look at how you swallow food and drink. The test shows if any food or drink enters the airways into the lungs (aspiration). |          |
| Modified barium study (MBS)                        |   |          |
| OR   |   |          |
| Flexible endoscopic evaluation of swallow (FEES)   |   |          |

# Section 7: Goals

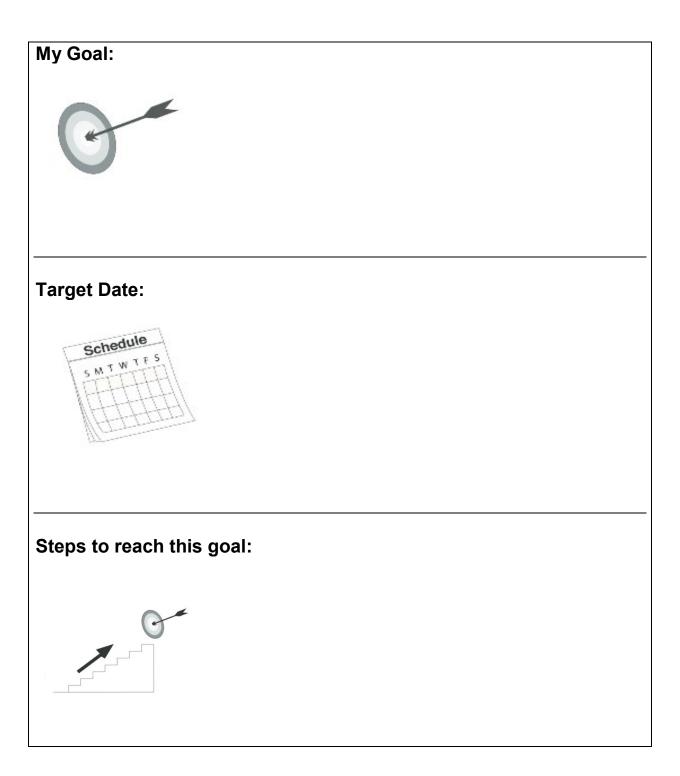
## Goal #1

| My Goal:                       |
|--------------------------------|
| Target Date:                   |
| Schedule<br>SMTWTFS<br>SMTWTFS |
| Steps to reach this goal:      |
|                                |

## Goal #2



## Goal #3



# Section 8: Weekly update

| Name: |          |
|-------|----------|
|       | Schedule |
| Date: |          |



| 2.       3.                    |
|--------------------------------|
|                                |
| <u> </u>                       |
| 4                              |
| <ul><li>4</li><li>5.</li></ul> |

| Family Meeting:              | Schedule<br>SMTWTFS |
|------------------------------|---------------------|
|                              |                     |
| Estimated Date of Discharge: | Schedule<br>SMTWTFS |
|                              |                     |
| Notes/Other:                 |                     |
|                              |                     |

# Section 9: Leaving the hospital



# Things to think about when leaving the hospital **Questions** Who to ask 1. Follow up appointment? **Nurse Doctor** Physiotherapist (PT) 2. Equipment or assistive aids required? Occupational Therapist (OT) 3. When to visit the family doctor? **Doctor** Nurse

## **Section 10: Community resources**

#### Hamilton/Burlington/Brant Haldimand Norfolk

Senior Activation Maintenance Program – <a href="www.samprogram.ca">www.samprogram.ca</a>

Hamilton, King Street East, Location: 905-544-4550 Hamilton, Good Shepherd, Location: 905-525-1181

Flamborough Location: 905-689-5244

Halton Aphasia Centre - www.haltonaphasiacentre.com

Call: 1-905-877-8805

Joseph Brant Wellness Centre – <a href="www.jbmh.com">www.jbmh.com</a>

Call: 905-632-5358

Seniors Support Services Building - Caledonia - www.artc.ca and

www.seniorssupport.ca

Call: 519-758-4630

Adult Recreation Therapy Centre - Brantford - www.artc.ca

Call: 519-753-1882

The Willet Hospital – Paris – <u>www.artc.ca</u>

Call: 519-753-1882

**Private Speech Language Pathology Services:** 

<a href="https://www.osla.com">www.osla.com</a> (Find a speech language pathologist)
<a href="https://www.caslpo.com">www.caslpo.com</a> (Find a speech language pathologist)





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