



Patient Name: _____

Your stroke care binder

Information for patients and families



Important

Keep this binder with you during your care at
Hamilton Health Sciences

Introduction

Being admitted to a hospital after having had a stroke can be a stressful time. You may have questions about your care. This binder will help to answer some of those questions. It is for you and your family to use during your recovery after a stroke.

You can use this binder to:

- learn more about your stroke
- help you understand your recovery journey
- help you set goals for recovery
- help you communicate with your health care team
- get you ready for discharge
- help you to get on with your life after stroke
- access services in your community

This binder is yours. Please keep it with you throughout your journey of recovery. Refer to the binder during your time in and out of the hospital.

We hope this binder helps you take part in your own care and well-being. Using this binder will help you gain the knowledge, skills and confidence to take charge of your health.

Any member of the health care team will be pleased to speak with you – no question is too small to ask.



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Welcome to 7 South

How do I contact 7 South?

A family member can call 7 South for information to pass on to family and friends.

The number to call is: 905-527-4322, ext. 46700.

What is a family spokesperson?

We ask that you choose one person to be the family spokesperson. The health care team will speak to this person who can pass information on to family and friends. Information over the phone will only be given to the spokesperson.

The nurse may not always be available to speak with you. Please be patient when you call.

Give the nurse all telephone numbers where the next-of-kin can be reached. It is important to leave a work and home telephone number.

The doctor will only give out information and test results to the patient, family spokesperson and the next-of-kin or substitute decision maker.

Parking

Hamilton General Hospital - 7 South

237 Barton Street East
Hamilton, Ontario, L8L 2X2
905-527-4322

- Victoria Street Parking Ramp is off Victoria Avenue on the left just past the hospital. There is a bridge-walkway to the hospital located on Level F. The parking ramp elevator is not available on Level H or J.
- A municipal parking lot is off Victoria Avenue across from the hospital.
- Meter parking on streets is close by but can be limited. You may get a parking ticket if your time runs out.
- Wheelchair accessible parking is on Level B of the Victoria Avenue Parking Ramp. There is an outdoor walkway from Level B to the hospital.

Discharge

Your health care team will begin to plan for your discharge with you and your family when you arrive. When the health care team lets you know you are ready to be discharged, please plan to leave as early as possible on your day of discharge, sometimes this can be as early as 9:00 am.

We are a teaching hospital

Students may become involved in your care. If you would prefer not to have students involved in your care, please let a staff member know.

Smoke-free hospital

Hamilton Health Sciences is smoke-free. This includes smoking tobacco, the use of electronic cigarettes to vape any substance and the smoking of cannabis (medical or recreational). This means that smoking is no longer allowed anywhere on the grounds, including parking lots, garages and vehicles.



For support or help to stay smoke-free:

- Talk to a member of your health care team at Hamilton Health Sciences.
- Contact Smokers' Helpline toll free at 1-877-513-5333 or www.smokershelpline.ca

Fragrance restricted

We are a fragrance-restricted hospital.

Please do not wear or bring perfume, cologne, aftershave, scented hair spray, scented soaps, deodorants, aerosols or other scented products.



We are latex-free

Out of consideration for the health of our patients and staff with latex allergies, please do not bring latex balloons or other unauthorized latex products into the hospital.



Television, Telephone, Wi-Fi, Radio

- Televisions, landline phones and Wi-Fi services are available to rent in most patient rooms.
- Telephones and landline phone services are available through the Hospitality Network. To order phone or television services, contact:
 - **Hamilton General Hospital**
905-521-2100 ext. 46520
- Wi-Fi internet access is available for patients to purchase by accessing the HHS i-Visitor Network through:
<https://hhs.hospitalwifi.ca/enter.php?b=1&c=336>
- You may bring in a small battery-operated radio, iPod or CD player with earphones.

Electrical appliances

All electrical appliances such as blow dryers and shavers must be checked for their safety by the Engineering/Maintenance Department. Please give any such items to your nurse or the program clerk. Curling irons are not allowed.

Heating pads

Do not use heating pads.

Valuables

It is recommended that you avoid bringing in valuables or irreplaceable items, jewelry or large amounts of cash.

The hospital is not responsible for lost articles.

Information and giving consent for your care

Helping you understand your care is important to us.

You have the right to refuse any care that makes you feel unsure or uncomfortable.

Please ask us questions whenever you are unclear about your care and why it is beneficial to your recovery.

Prevent the spread of infections

Infections can spread easily. Prevent the spread by:

- Delaying visiting if you do not feel well.
- Washing your hands before and after visiting. Hand cleanser is located outside each room and by the elevators.
- Not using the patient's washroom. Public washrooms are located on each floor.
- Following the directions about infection control if posted on the patient's room door. You may be asked to wear a gown, gloves or mask when visiting.
- Calling a nurse if you see a patient needing help rather than helping a patient yourself.

Confidentiality

Hamilton Health Sciences is committed to providing patients with a high level of privacy and confidentiality for their personal health information.

Accommodations

The extra cost of a private or semi-private room is not covered by OHIP and is your responsibility. Check your insurance plan or contact your employer to see if the cost is covered.

Taking part in research

Hamilton Health Sciences is a teaching hospital and does research to help make sure our patients get the best quality of care. You may be asked to take part in stroke research projects. You do not have to take part if you do not want to and saying no will not affect your care.

Compliments and concerns

Every staff member at Hamilton Health Sciences is part of a health care team dedicated to helping you with your care and treatment. If you wish to express your compliments or concerns, please call the Office of Patient Experience at 905-521-2100, ext. 75240.

Payment

Hamilton Health Sciences is able to provide you with products and services which you may need. You will be asked to pay for:

- All procedures, products and services not covered by OHIP or other provincial insurance.

MyChart

MyChart is a personalized, secure, online tool for your mobile phone, tablet or computer that allows you to view your hospital health information. MyChart is part of our hospital information system, called Epic. MyChart by Epic is available through a website or an app. Download the app from the Apple App Store or Google Play. With MyChart, you can:

- Attend video appointments
- See summaries from your clinic and hospital visits
- View lab and test results and more!

Signing up for MyChart is easy. You need to request an activation code through the MyChart website to sign up for MyChart.

<https://www.hamiltonhealthsciences.ca/patients-visitors/digital-health-care/mychart/>

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



Stroke care at Hamilton Health Sciences

We provide care after a stroke in many places at Hamilton Health Sciences. Your care may start on 7 South at the Hamilton General Hospital. On 7 South you will be assessed by a team of stroke care professionals. Your care will be personalized according to your needs.

You will receive the best care at the right place at Hamilton Health Sciences.

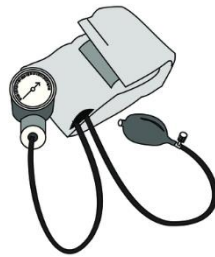
What can I expect on 7 South?

When you are admitted to 7 South, the medical team will order a number of tests to:

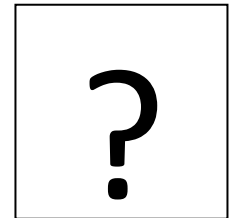
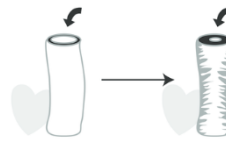
Learn about the type of stroke you had.



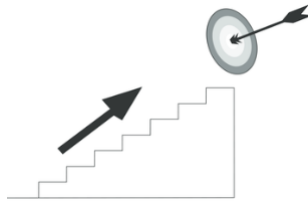
The location of the stroke in your brain.



Your risk factors for stroke.



Plan next best steps with you.



While you are on 7 South

- You will be closely watched by the health care team.
- The health care team will do physical and medical assessments.
- Tests such as a CT/MRI scan, carotid ultrasound, ECG, holter monitor, echocardiogram and blood work may be ordered by the doctor.
- All health care professionals will begin planning your next steps and discharge with you, your family and your support person.
- Do not take any medication brought from home.

What to bring to 7 South

- A list of medications you take at home.
- Personal care items such as toothpaste and a toothbrush.
- Hearing aids, glasses and dentures. Please take care where you place your hearing aids, glasses and dentures so they do not get lost.
- Pajamas, loose fitting top and track pants.
- Comfortable walking or running shoes. No sandals.

Please leave valuables at home.

As you progress on 7 South

- The health care team will work with you, your family and support persons to develop a plan.
- The health care team will discuss with you, your family and support persons the results of your assessment including the type of stroke, your deficits and the next level of care you need.

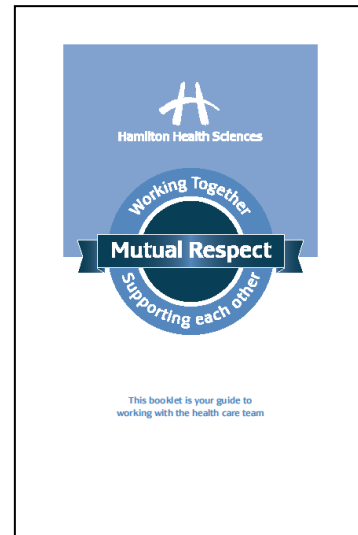
We understand...

This may be a stressful time for you. We recognize that your family or support persons are an important part of your care. The health care team follows a Code of Conduct based on values such as caring and respect as outlined in the booklet “Mutual Respect”. If you would like to obtain a copy of this booklet, please ask a staff member.

Reading the “Mutual Respect” booklet will help inform you and your family on how to help make your stay on 7 South therapeutic for yourself and others. We trust that families, visitors and staff will treat each other with respect.

As part of the team, we would like to hear and discuss any concerns you may have. Together we can find a way to resolve them.

If you have a concern please feel free to talk with a member of the health care team.



The Health Care Team

Members of the health care team will teach you, your family and support persons about:

- what has happened
- your risk factors for stroke and what you can do to manage them
- what treatment and care is needed
- what medications you are taking and how they help in your recovery
- what to expect when you leave the hospital or move to the next step in your stroke recovery

Below is a listing of health care team members you may meet and how they can help you.

Health Care Team member	How they help
Neurologist/ Internist	<ul style="list-style-type: none">• organizes your medical care
Nurse Practitioner	<ul style="list-style-type: none">• a member of the medical team who brings together medical and nursing knowledge• teaches you, your family and support persons about healthy living, preventing disease and managing after your stroke
Neuropsychologist	<ul style="list-style-type: none">• assesses and treats changes in thinking and emotions common after stroke

Health Care Team member	How they help
Physiatrist	<ul style="list-style-type: none"> • medical doctor that guides rehabilitation
Registered Nurse and Registered Practical Nurse	<ul style="list-style-type: none"> • helps you with your daily care • answers your questions and concerns
Dietitian/ Dietetic Assistant	<ul style="list-style-type: none"> • helps you meet your nutritional needs • ensures you receive the foods that are best for you
Occupational Therapist/ Occupational Therapy Assistant	<ul style="list-style-type: none"> • helps you to be more independent with your daily activities • teaches you to use special equipment which allows you to do more for yourself
Physiotherapist/ Physiotherapist Assistant	<ul style="list-style-type: none"> • helps you to gradually increase your physical activity • helps you to improve and/or maintain your strength, flexibility and balance
Pharmacist	<ul style="list-style-type: none"> • assesses your medications and dosages • answers your questions about medications
Social Worker	<ul style="list-style-type: none"> • helps you and your family learn ways of coping with the changes in your lives • helps you and your family determine the type of supports needed in the next steps after 7 South
Home and Community Care Coordinator	<ul style="list-style-type: none"> • helps to arrange services in the community after discharge from hospital

Health Care Team member	How they help
Speech-Language Pathologist/ Communications Disorder Assistant	<ul style="list-style-type: none"> • helps you with your spoken and written communication • assesses and makes recommendations for managing swallowing problems
Respiratory Therapist	<ul style="list-style-type: none"> • provides breathing assessments, oxygen therapy and treatment to help reduce respiratory infections
Chaplain	<ul style="list-style-type: none"> • provides spiritual guidance and support
Therapeutic Recreation Therapist	<ul style="list-style-type: none"> • helps you with your leisure needs and goals
Stroke Navigator	<ul style="list-style-type: none"> • works with the health care team to determine what type of recovery care is best for each patient • provides education and support when you move between the areas of stroke care at Hamilton Health Sciences
Stroke Peer Visitor	<ul style="list-style-type: none"> • provides emotional support, education and connections to the community while in hospital

You and your family are the most important members of the health care team. You and your family play an active role in managing your health. We encourage you and your family to take part in your care. You can ask questions to any member of the health care team at any time.

Tips to prevent a fall in stroke patients

Ask us...

Person

1. Ask if your loved one is at risk for having a fall and if so ask why.
2. Ask what safety measures are in place to reduce the risk of your loved one falling.
3. Ask how you can help to keep your loved one safe.

Let us know...

Be an extra pair of eyes

4. Let us know if your loved one is unsteady when walking or tries to climb out of bed.
5. If you are worried about another patient's safety, don't be afraid to let us know.
6. Let us know if the chair or bed alarm of your loved one or of another patient is sounding.

Look around...

Environment

7. Report any spills or water on the floor.
8. Keep an eye out for tripping hazards and report to staff.
9. Before you leave make sure your loved one has everything needed within reach.

Check with us...

Equipment

10. Special safety plans for seatbelts, alarms, bedrails and bed height are made for each patient. If you change any of these safety measures during your visit, please let staff know.
11. Please do not let your loved one use bedside tables to support them when walking. They are not built for this use and using the bedside table to walk could result in an injury. Please speak to the health care team if your loved one needs additional support when walking.

The Integrated Stroke Program wants to work with you!

The Integrated Stroke Program is committed to providing the best care possible. We are required to collect many indicators to evaluate the care we provide and we share this information with patients and families, and our team. You can help by letting us know when you spot a gap in your care or identify an issue on the unit that could be improved.

We take pride in our metrics and performance. This is a place where the team will post our scorecards and reports that showcase how we are doing.

How do I share this information with the health care team?

1. Tell any staff member.
2. Write it down and post it on the **Continuous Quality Improvement Board** near the Staff Station.

Our staff is also encouraged to share gaps as they spot them and post them on the Continuous Quality Improvement Board.

The posts on the board are reviewed and discussed at the daily Huddle that you will hear called overhead each morning. Please allow your team members 15 minutes to gather and collaborate before returning to help you with your day.

Patients and families are welcome to join the Huddle.

How else can I be involved?

We may also ask you for your input on an idea or project for improvement that we are working on.

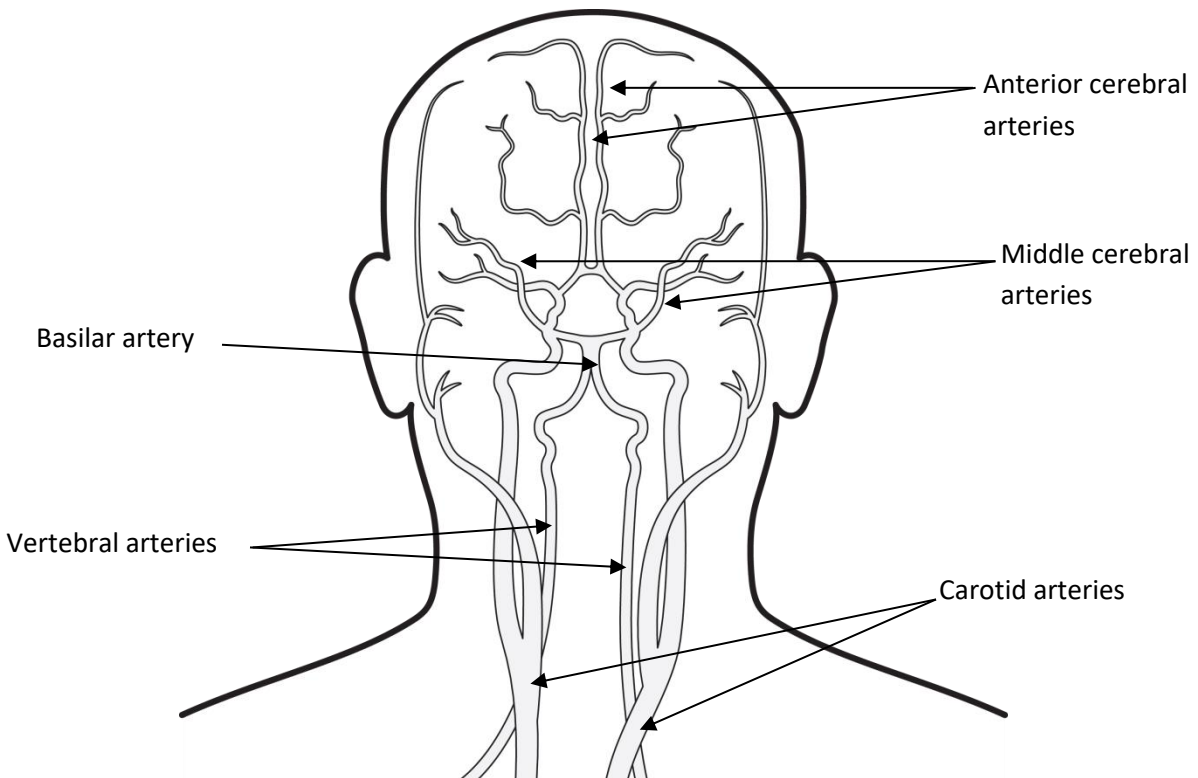
Continuous Quality Improvement Board

New Improvement Opportunities Icons: Brain, Heart, Wheelchair, Stethoscope	Work In Progress "Just Do It!" Work Paused PDSA/A3 Work by Others	Improvement Ideas Implemented Process Observation	Area Improvement Centre Icons: Patient, Person, Sustainability, Research, Learning	Celebrations
PICK Chart Y-axis: IMPACT X-axis: DIFFICULTY Quadrants: Inspire, Challenge, Possible, Feasible				

Thanks for working with us to improve your care!

What is a stroke?

A stroke is a sudden loss of brain function. It is caused by the blockage of blood flow to the brain or the rupture of blood vessels in the brain.

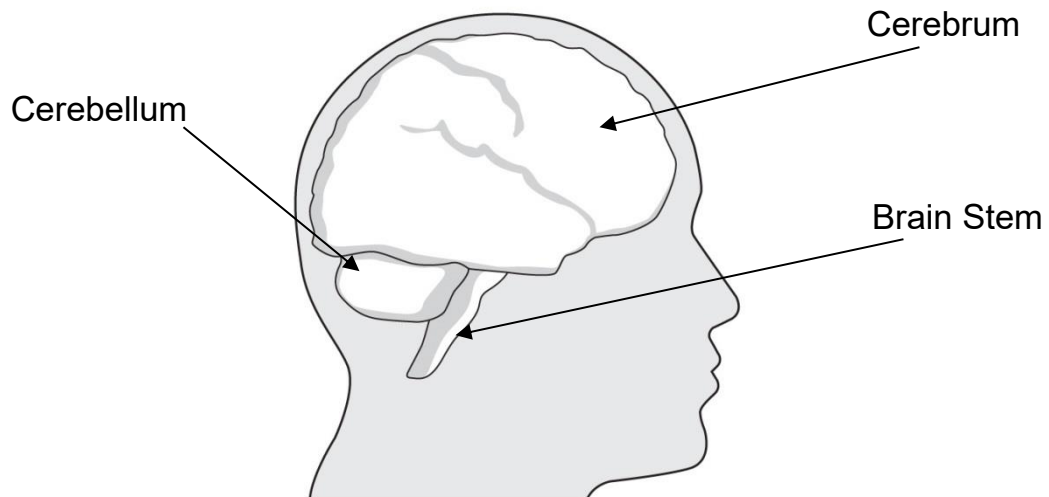


Each stroke is different. The effects of the stroke depend on where the brain was injured and how much of the brain is damaged.

Locations of stroke

A stroke can happen in different areas of the brain:

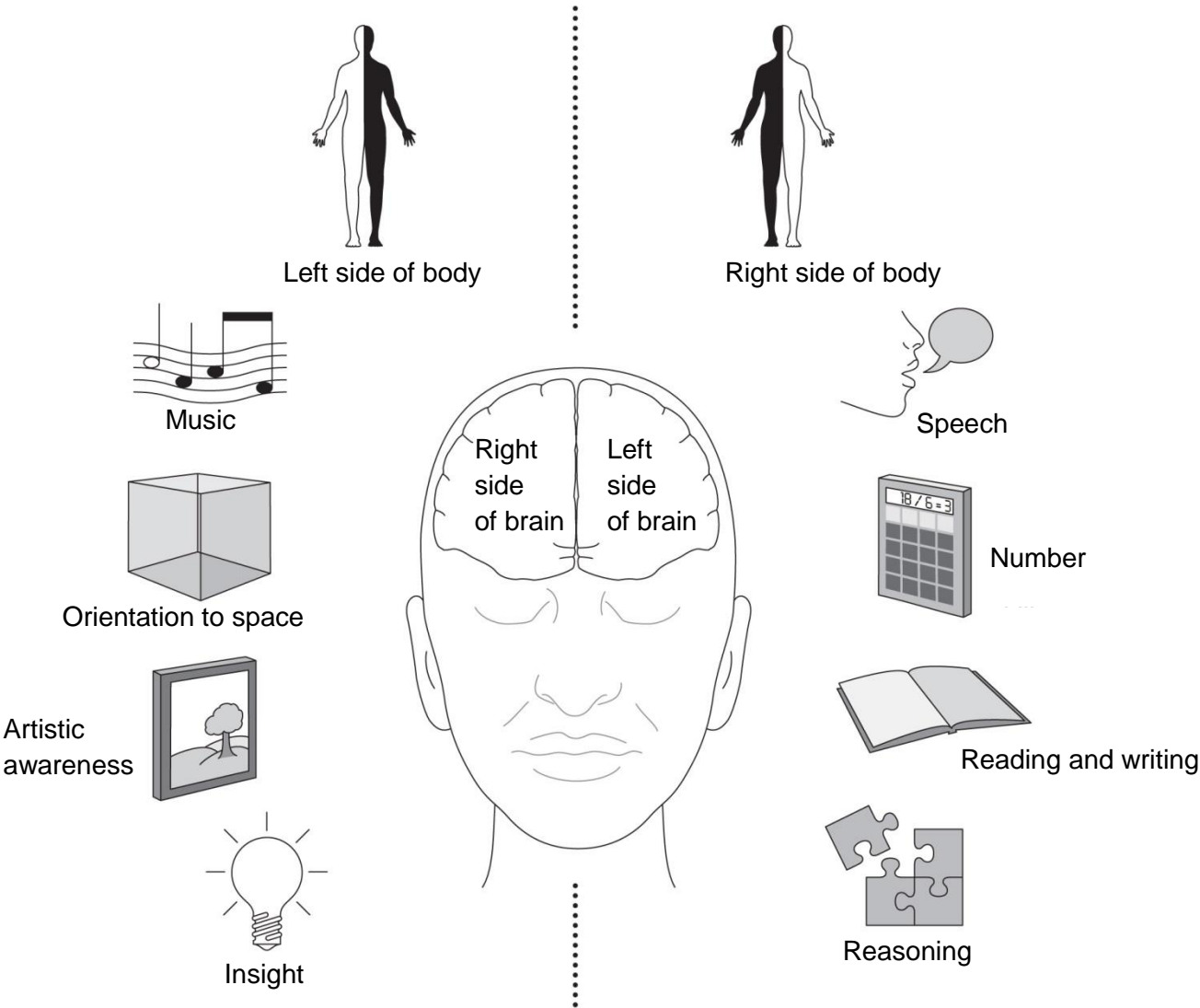
- cerebrum
- brain stem
- cerebellum



Stroke in the cerebrum

The cerebrum is the largest part of the brain. It controls your speech, thinking, reasoning, memory, sexual function and your emotions. It also controls the movements in other parts of the body.






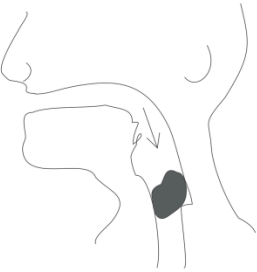
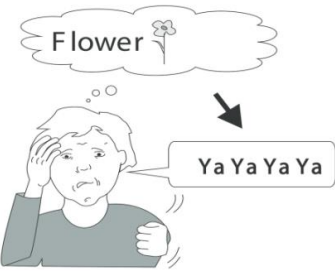
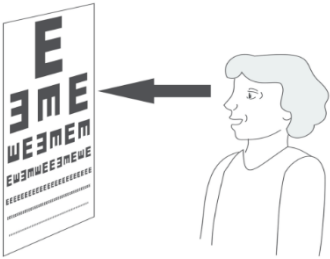
The cerebrum is divided into two parts: the right and left side. The effects from your stroke depend on which side of the brain was affected.



Stroke in the brain stem

The brain stem is the area at the very base of the brain, right above the spinal cord.






A stroke in the brain stem can cause:

		
Weakness or paralysis in both arms and legs	Problems breathing	Heart problems
		
Difficulty in controlling your body temperature	Problems with balance and coordination	Problems chewing and swallowing
		
Problems speaking	Problems seeing	

Stroke in the cerebellum

Although strokes in the cerebellum are less common, they can be severe.

A stroke in the cerebellum can cause:

 <p>Problems with walking, co-ordination and balance</p>	 <p>Dizziness</p>	 <p>Headache</p>
 <p>Nausea</p>	 <p>Vomiting</p>	

How well you recover from a stroke depends upon many factors including how much and what parts of your brain were damaged and your health before the stroke.

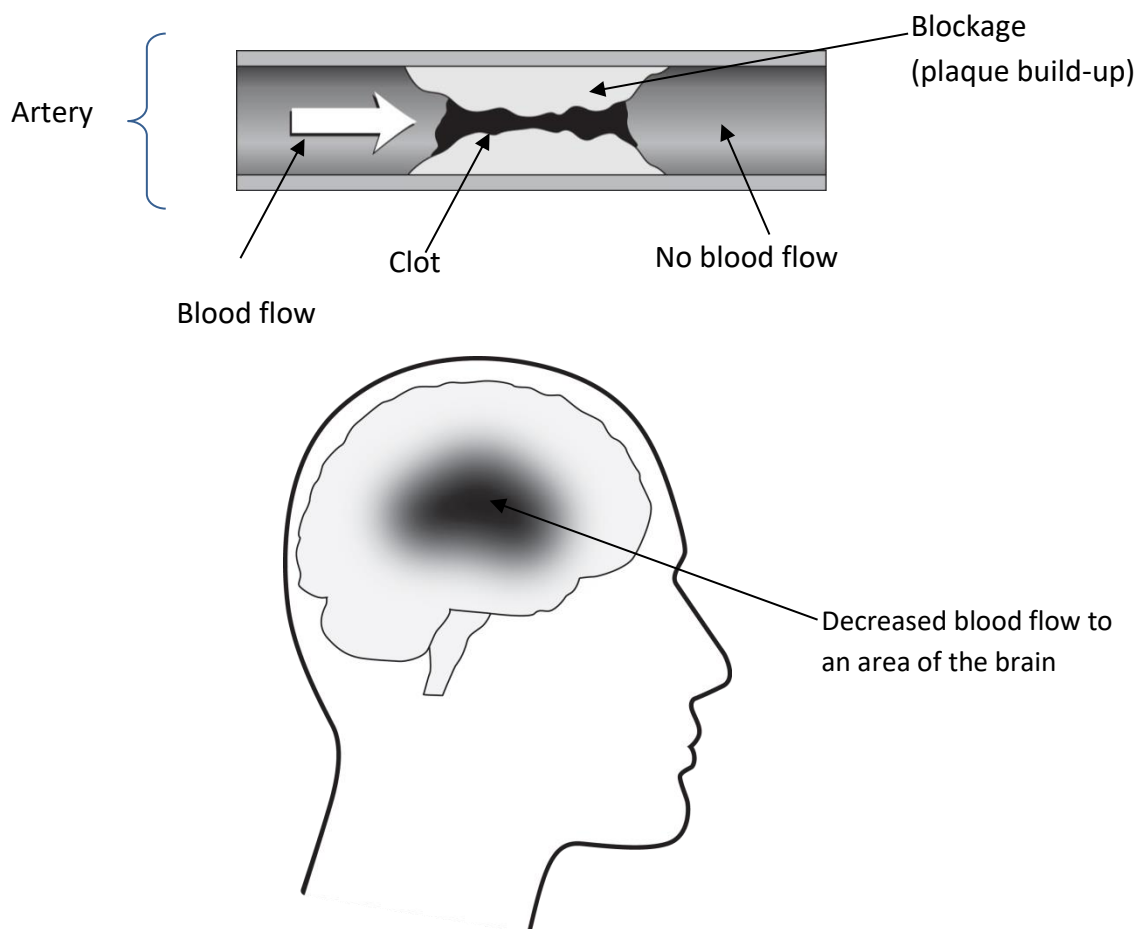
Types of stroke

Type of stroke that I had:

- Ischemic
- Hemorrhagic
- Transient Ischemic Attack

Ischemic stroke

This type of stroke is caused by a blood clot or a blockage within an artery leading to the brain. This affects the blood flow to the brain.

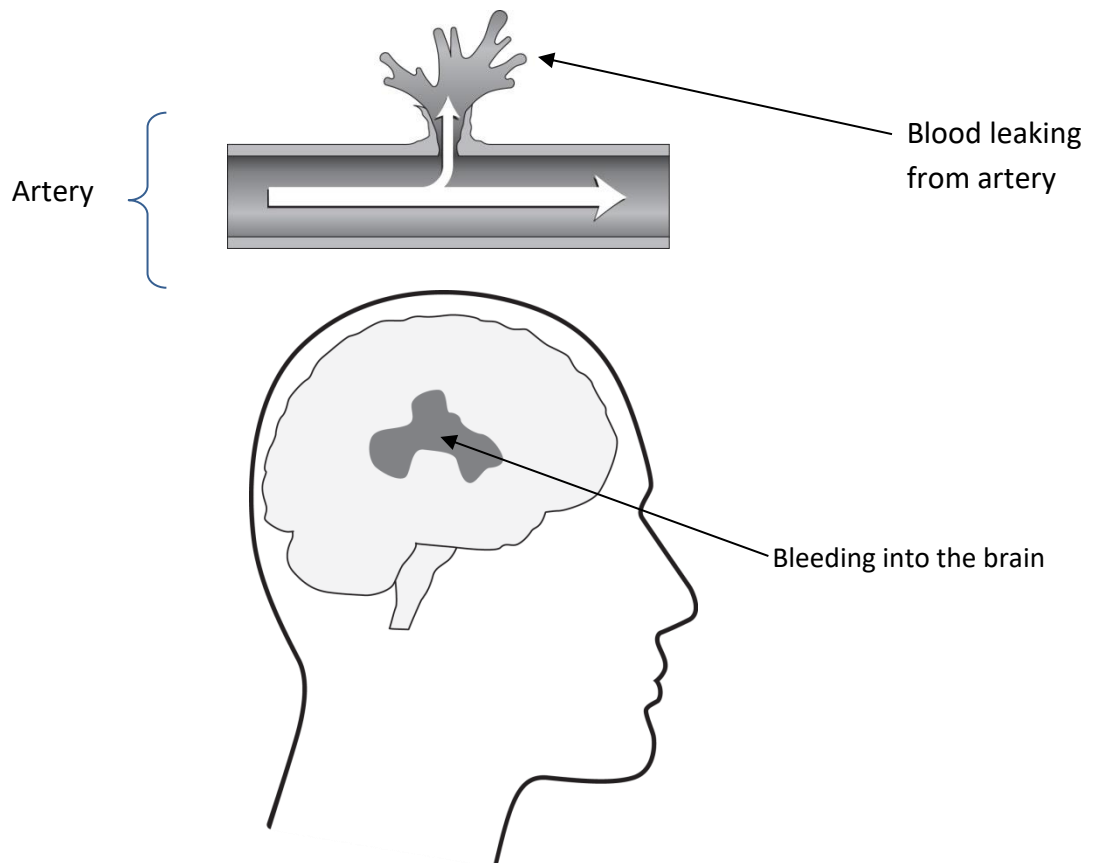


There are two causes of ischemic stroke:

1. **Embolic stroke:** It is a result of a blood clot that was formed somewhere other than the brain. The blood clot travels in the bloodstream until it becomes lodged in the smaller arteries leading to the brain.
2. **Thrombotic stroke:** This is a result of diseased or damaged arteries in the brain. The artery becomes blocked by the formation of a blood clot within the brain.

Hemorrhagic stroke

This stroke is caused when an artery bursts in the brain allowing blood to leak inside the brain causing damage.



Types of hemorrhagic stroke

- **Intracerebral hemorrhage** – When an artery in the brain breaks and the blood enters the brain.
- **Subarachnoid hemorrhage** – When a brain aneurysm ruptures, it causes bleeding into the compartment surrounding the brain, the subarachnoid space, and is therefore also known as a subarachnoid hemorrhage.

Transient Ischemic Attack (TIA)

TIA is short for transient ischemic attack. It means a short term, lack of blood supply to the brain. TIAs usually last from 30 seconds up to 24 hours.

TIAs are often referred to as ‘mini-strokes’ and are considered to be a serious sign of an increased risk of stroke. The signs of a TIA are the same as a stroke but are temporary.

Signs of a TIA:


 <p>Weakness</p>	 <p>Vision problems</p>	 <p>Trouble speaking</p>
 <p>Dizziness</p>	 <p>Headache</p>	



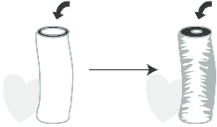
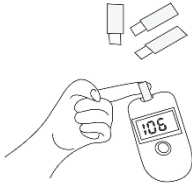
Risk Factors for Stroke




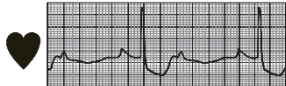
Some risk factors are not under your control. Check the ones that apply to you.

- Age (risk increases with age)
- Gender (men have a greater risk than women)
- Family history (stroke or heart disease)
- Ethnicity (such as Aboriginal, African, South Asian)
- History of stroke or TIA

Some risk factors are under your control. Check the ones that you can change.

Risk factor	What you can do...
<input type="checkbox"/> Tobacco use 	<ul style="list-style-type: none"> ✓ Quit tobacco products. This will help to reduce further plaque build-up in your arteries and will also help to prevent blood from clotting or sticking to the plaque. You are more likely to be successful in quitting smoking if you plan ahead and have support: <ul style="list-style-type: none"> • Get help and counselling from your stroke team or family doctor. • Make your home and car smoke-free. • Use quit-smoking medications like the nicotine patches to manage your cravings and withdrawal symptoms. • Nicotine replacement products may be available for free after discharge from hospital. Talk to your stroke team or family doctor. ✓ Contact Smokers' Helpline for support and information on medications to help you quit: <ul style="list-style-type: none"> • Smokers' Helpline toll-free at 1-877-513-5333 or www.smokershelpline.ca

Risk factor	What you can do...
<input type="checkbox"/> High blood pressure 	<ul style="list-style-type: none"> ✓ Keep your blood pressure in check. High blood pressure is the leading cause of stroke. ✓ Check your blood pressure regularly. Your blood pressure should be less than 140/90, or less than 130/80 if you have diabetes. If your blood pressure is consistently above these numbers, follow up with your family doctor.
<input type="checkbox"/> Excessive alcohol 	<ul style="list-style-type: none"> ✓ Reduce alcohol intake. If you do not drink, do not start. ✓ Do not exceed two standard drinks per week. ✓ A standard drink means: <ul style="list-style-type: none"> • Beer: 341 ml (12 oz) of beer, 5% alcohol • Cooler, cider, ready-to-drink: 341 ml (12 oz) of drinks, 5% alcohol • Wine: 142 ml (5 oz) of wine, 12% alcohol • Spirits (whisky, vodka, gin, etc.): 43 ml (1.5 oz) of spirits, 40% alcohol
<input type="checkbox"/> High cholesterol 	<ul style="list-style-type: none"> ✓ Aim for an LDL cholesterol level less than 1.8.
<input type="checkbox"/> Diabetes 	<ul style="list-style-type: none"> ✓ Keep your blood sugars within the normal range. ✓ If you have diabetes, see your family doctor every 3 months to have your bloodwork checked. ✓ Aim for a 3-month average blood sugar, also called Hemoglobin A1C, of less than 7%.

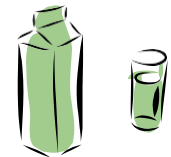
Risk factor	What you can do...
<input type="checkbox"/> Food Choices 	<ul style="list-style-type: none"> ✓ Healthy food choices can improve your blood pressure, cholesterol and weight, decreasing your risk for stroke. See pages 30 to 32 for more information.
<input type="checkbox"/> Exercise 	<ul style="list-style-type: none"> ✓ Slowly re-introduce exercise as you recover, ask your nurse or medical team for guidance. ✓ Gradually work up to include at least 30 minutes of exercise most days of the week. ✓ Regular exercise can lower blood pressure, cholesterol and improve your blood sugars.
<input type="checkbox"/> Stress 	<ul style="list-style-type: none"> ✓ Identify your stressors, be active, make time for yourself, and laugh often. ✓ Try to find a balance in your work, personal time and activities. ✓ Find someone you can talk to. This is an important way to reduce stress.
<input type="checkbox"/> Atrial Fibrillation 	<ul style="list-style-type: none"> ✓ Atrial fibrillation is a type of irregular heart beat that can cause blood clots to form in the heart. These clots can travel to the brain and cause a stroke. ✓ If you have atrial fibrillation, you may be started on a medication to prevent blood clots from forming in the heart. This medication is called an anticoagulant. ✓ It is important that you take this medication as directed by your health care provider.

Make healthy food choices

- Eat mostly plant-based foods **daily** such as:
 - vegetables and fruit
 - legumes (such as kidney beans, black beans, chick peas and lentils)
 - nuts, nut butters and seeds (unsalted)
 - whole grains such as whole grain bread, brown rice or pasta, couscous, quinoa, barley, bulgur and wheat berries



- Eat fish a few times a week.
- Choose white meat such as chicken or turkey. Limit red meat. Avoid processed or cured meats.
- Include low-fat dairy products such as milk, milk alternatives (fortified soy beverage) or yogurt daily.
- Limit cheese to portions the size of your thumb.
- Include healthy oils such as olive oil or canola oil.
- Limit sweets to once a week or less.
- Avoid soft drinks and juice. Drink water when thirsty and eat fruit instead.



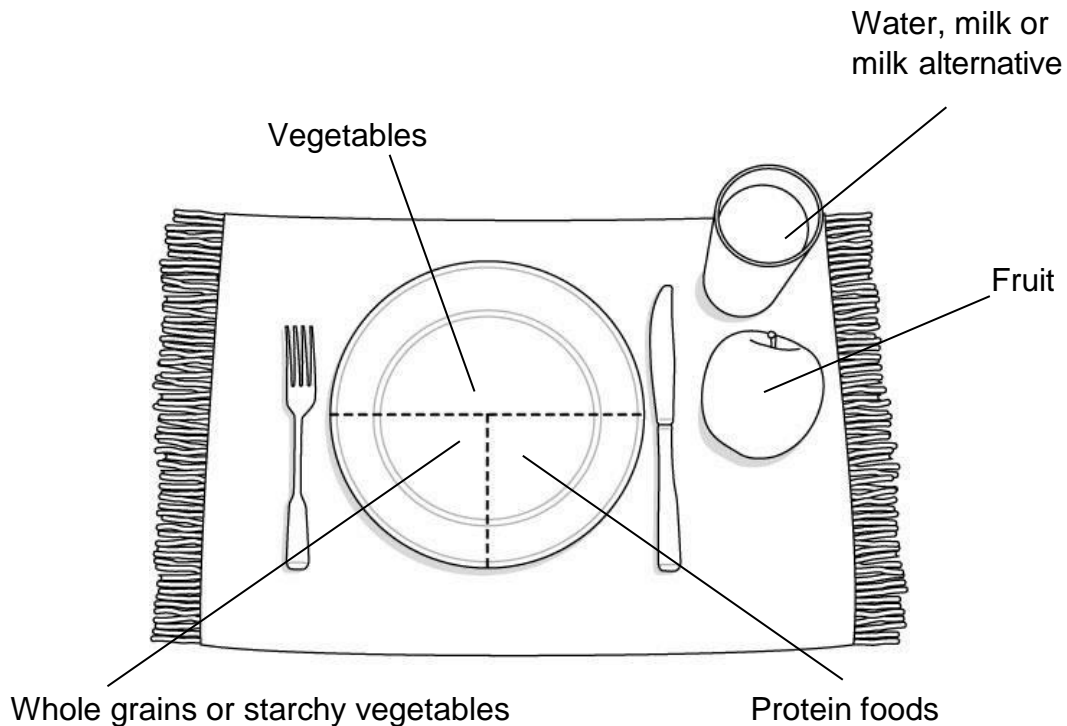
What do healthy servings look like?

Before you put food on your plate, in your mind divide your plate into 4 equal parts:

- Fill $\frac{1}{2}$ of your plate with vegetables (such as broccoli, asparagus, green beans, carrots, lettuce or other green leafy vegetables). Vegetables contain fibre, plenty of vitamins and minerals, and are low in calories.
- Fill $\frac{1}{4}$ of your plate with whole grains or starchy vegetables such as potatoes (white or sweet) or corn.
- Fill the other $\frac{1}{4}$ of your plate with protein foods such as fish, lean meats, eggs, and meatless protein choices like legumes (such as kidney beans, black beans, chick peas or lentils) or tofu.
- Have a glass of water, milk or milk alternative (fortified soy beverage) and a piece of fruit to complete your meals.



Use this picture as a guideline to help you keep healthy servings on your plate.



Fibre

Did you know most Canadians get $\frac{1}{2}$ of the fibre they need every day? In general, adults should get 25 to 38 grams each day.

To increase your fibre include whole grains, fruits and vegetables, oats, oat bran, ground flax seed, psyllium, and dried or canned legumes such as kidney beans, black beans, chick peas or lentils.



Salt

Limit your intake of salt (sodium).

Most of the sodium in your diet comes from processed foods and restaurant or take-out meals. Adults should have less than 2000 milligrams (mg) of sodium each day.



Nutrition Facts Table

It is important to read the Nutrition Facts Table labels to find out the sodium content of foods.

1. Look at the serving size at the top. Compare this amount to the amount that you eat.
2. Look at the milligrams of sodium. Choose foods with less sodium.

Vegetable Soup #1

Nutrition Facts	
Per 250 mL (1 cup)	
Amount	% Daily Value
Calories 110	
Fat 1 g	2%
Saturated 0.5 g	
+ Trans 0 g	3%
Cholesterol 10 mg	
Sodium 770 mg	29%
Carbohydrate 22 g	7%
Fibre 4 g	16%
Sugars 6 g	
Protein 3 g	

Vegetable Soup #2

Nutrition Facts	
Per 250 mL (1 cup)	
Amount	% Daily Value
Calories 120	
Fat 1.0 g	1%
Saturated 0.5 g	
+ Trans 0 g	3%
Cholesterol 0 mg	
Sodium 410 mg	17%
Carbohydrate 24 g	8%
Fibre 4 g	16%
Sugars 8 g	
Protein 3 g	

Vegetable Soup #3

Nutrition Facts	
Per 250 mL (1 cup)	
Amount	% Daily Value
Calories 110	
Fat 2.5 g	4%
Saturated 0 g	
+ Trans 0 g	0%
Cholesterol 0 mg	
Sodium 75 mg	3%
Carbohydrate 17 g	5%
Fibre 3 g	12%
Sugars 4 g	
Protein 3 g	

Soup #3 has the least amount of sodium (milligram or mg) for each 1 cup (250 ml) serving.

The best thing you can do is to eat unprocessed and homemade foods more often. That way you control the sodium!

Use herbs, spices and lemon juice instead of salt containing seasonings to flavour food.



Changes in thinking, behaviour and mood after stroke

A stroke can change the way a person thinks, behaves and feels. You may not notice these changes as much as physical changes, but they can affect how well your loved one is able to manage.

Changes in thinking, feeling and behaviour depend on:

- Type and severity of stroke
- Which area of the brain has been injured
- How recently the stroke happened

Thinking and Behaviour

Below are common changes to thinking and behaviour you may see and how to help:

What You May See	How You Can Help
Changes in paying attention and concentrating	<ul style="list-style-type: none">• Reduce distractions• Talk slowly
Confusion or difficulty remembering information	<ul style="list-style-type: none">• Write information down• Keep a routine
Poor judgement or impulsivity	<ul style="list-style-type: none">• Supervise tasks• Encourage slowing down
Mismatch of feelings and outward show of emotions	<ul style="list-style-type: none">• Check if they are feeling the emotion being expressed

Mood and Behaviour

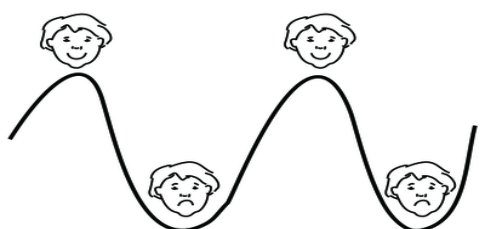
Mood changes are a normal reaction to a major life change. Up to half of all people who have had a stroke will have some degree of depression.

Common Changes	What You May See
Lack of motivation or interest	<ul style="list-style-type: none">• Appetite and weight changes• Headaches, chronic pain, digestive problems• Feeling worthless• Constant and overwhelming worry or fear• Withdrawing from people/events• Trouble sleeping
Anger, frustration or irritability	
Anxiety	
Depression	

If you are concerned you or your loved one may be experiencing changes in mood, tell a health care professional right away. Treatment includes medication and counselling:

- Ask your doctor what medication is right for you.
- Continue to talk to your care providers, friends and family about how you're feeling.
- Try to get proper rest and meals.
- Trial deep breathing exercises and relaxation techniques.
- Explore local support groups and services. For more information on services in your area visit www.ontario.cmha.ca or www.marchofdimes.ca.

Some stroke survivors have no change in the way they think, behave or feel, while others have significant change in one or more areas. Each survivor is unique.



It is important to remember you are not alone in how you feel. Our stroke team is here to support you through these changes.

As you begin your stroke recovery journey, you will have good days and bad days.

However, with the proper support and treatment, together we can improve your recovery and life after a stroke.

Sex and intimacy

After a stroke, you may experience changes that can affect your sexual relationships and intimacy. Some of these changes include:

- fatigue, depression, fear
- lost feeling on one side of your body
- difficulty communicating with your partner
- changes related to obtaining an erection, vaginal dryness

It is up to each person to decide when to return to having sex based on their own readiness.

If you have questions about intimacy or need to talk about it, please speak with your health care provider.

Medications and tests

Medications

When you have had a stroke, medications will help you lower your risk of having another stroke. You may need medications to:



- Help prevent blood clots
- Help prevent another stroke
- Lower your blood pressure
- Lower your cholesterol
- Manage your diabetes
- Help your heart beat more slowly and strongly

You may not have taken medications before your stroke, so the need for medications may be new and stressful. It is important you understand why you are taking your medications, how to take your medications and potential side effects. It is important to take your medications as ordered by the doctor.

Medications have good effects and possible side effects. If side effects occur, they usually happen when you begin treatment or when a dose is increased. Most side effects will go away once your body gets used to the medication. Talk to your doctor or pharmacist about how to manage side effects before you decrease or stop taking prescribed medications.

Tips



- Keep an updated list of your medications in your wallet. Know the names of your medications, the dosage and when you take them.
- Take your pills at the same times each day as ordered.
- Do not stop taking medication without checking with your doctor.
- If you take medication to lower your blood pressure, to avoid dizziness, sit at the side of the bed and dangle your legs before getting up.
- Taking “over-the-counter” medications can interact with your prescribed medication. Check with your doctor before taking herbal medicine, cough and cold supplements and certain pain relievers.


- Check your medication labels.
- Pill organizers can be very helpful.
- Do not share your medications with anyone else.
- Do not mix your medications together in the same container.
- Try to use the same pharmacy.



This section will help you learn about common stroke medications and how to safely take them.

Common medications

Medication	What it does...
<p><input type="checkbox"/> Angiotensin-Converting Enzyme (ACE) Inhibitors</p> <ul style="list-style-type: none"> • Benazepril (Lotensin) • Captopril (Capoten) • Cilazapril (Inhibace) • Enalapril (Vasotec) • Fosinopril (Monopril) • Lisinopril (Prinivil, Zestril) • Quinipril (Accupril) • Ramapril (Altace) • Trandolapril (Mavik) 	<ul style="list-style-type: none"> • Lowers blood pressure • Used to treat heart failure • Reduces risk of heart attack and stroke <p> Do not take both an ACE inhibitor and an ARB medication together</p>
<p><input type="checkbox"/> Angiotensin Receptor Blockers (ARBs)</p> <ul style="list-style-type: none"> • Azilsartan (Edarbi) • Candesartan (Atacand) • Eprosartan (Treveten) • Irbesartan (Avapro) • Losartan (Cozaar) • Olmesartan (Olmotec) • Telmisartan (Micardis) • Valsartan (Diovan) 	<ul style="list-style-type: none"> • Lowers blood pressure • May be used instead of an ACE inhibitor if that medication causes you to cough <p> Do not take both an ACE inhibitor and an ARB medication together</p>

Medication	What it does...
<p><input type="checkbox"/> Beta Blockers</p> <ul style="list-style-type: none"> • Acebutolol (Sectral, Monitan) • Atenolol (Tenormin) • Bisoprolol (Monacor) • Carvedilol (Coreg) • Metoprolol (Lopressor, Betaloc) • Nadolol (Corgard) • Propranolol (Inderal) • Sotolol (Sotacor) 	<ul style="list-style-type: none"> • Lowers heart rate and blood pressure • Helps to treat and prevent angina • Helps to prevent a heart attack in patients who have had one <div style="display: flex; align-items: center; margin-top: 10px;">  <p>Do not take these medications if you have asthma</p> </div>
<p><input type="checkbox"/> Calcium Channel Blockers</p> <ul style="list-style-type: none"> • Amlodipine (Norvasc) • Diltiazem (Cardizem) • Felodipine (Plendil, Renedil) • Nifedipine (Adalat) • Verapamil (Isoptin) 	<ul style="list-style-type: none"> • Helps prevent and treat angina (chest pain) • Used to lower heart rate and/or blood pressure
<p><input type="checkbox"/> Thiazide Diuretics (water pills)</p> <ul style="list-style-type: none"> • Chlorthalidone • Hydrochlorothiazide • Indapamide 	<ul style="list-style-type: none"> • Lowers high blood pressure • Removes excess fluids from the body to reduce swelling
<p><input type="checkbox"/> Platelet Inhibitors</p> <ul style="list-style-type: none"> • Aspirin (Novasen, ASA, Acetylsalicylic Acid, Enteric Coated Aspirin, Entrophen) • Clopidogrel (Plavix) • Ticagelor (Brelinta) • Ticlopidine (Ticlid) 	<ul style="list-style-type: none"> • Prevents platelets in the blood from sticking together • Helps prevent strokes

Medication	What it does...
<input type="checkbox"/> Anticoagulants (blood thinners) <ul style="list-style-type: none"> • Warfarin (Coumadin) 	<ul style="list-style-type: none"> • Prevents blood clots from forming
<input type="checkbox"/> Newer oral anticoagulants <ul style="list-style-type: none"> • Apixaban (Eliquis) • Dabigatran (Pradax) • Edoxaban (Lixiana) • Rivaroxaban (Xarelto) 	<ul style="list-style-type: none"> • Prevents stroke in patients with atrial fibrillation (irregular heart beat)
<input type="checkbox"/> Statins <ul style="list-style-type: none"> • Atorvastatin (Lipitor) • Fluvastatin (Lescol) • Lovastatin (Mevacor) • Pravastatin (Pravochol) • Simvastatin (Zocor) • Rosuvostatin (Crestor) 	<ul style="list-style-type: none"> • Lowers your total cholesterol, bad (LDL) cholesterol, and triglycerides • May increase your good (HDL) cholesterol • Prevents plaque build-up in your arteries • Helps prevent another stroke, even when your blood cholesterol is normal
<input type="checkbox"/> Fibrates <ul style="list-style-type: none"> • Fenofibrate (Lipidil Micro) • Gemfibrozol (Lopid) 	<ul style="list-style-type: none"> • Lowers your total cholesterol, bad (LDL) cholesterol, and triglycerides • May increase your good (HDL) cholesterol • Prevents plaque build-up in your arteries • Helps prevent another stroke, even when your blood cholesterol is normal



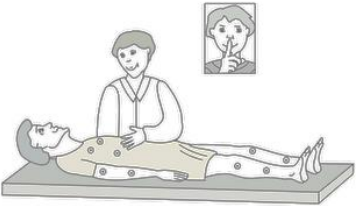


What are the side effects of my medications?



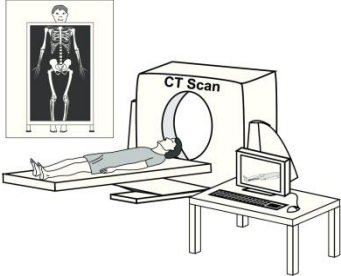
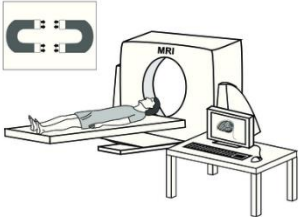
Each medication has its own side effects. You can learn more about the side effects of any medication you take by reading the medication information handouts provided by your hospital or pharmacist. These handouts tell you about the side effects you may notice and when to contact your doctor. In general, contact your doctor or go to the nearest hospital if you have:

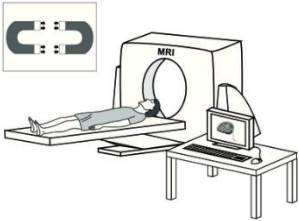
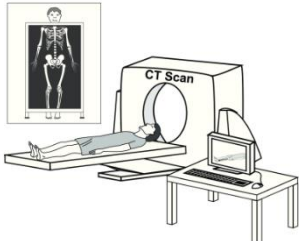
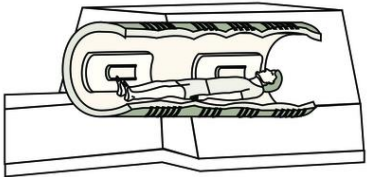
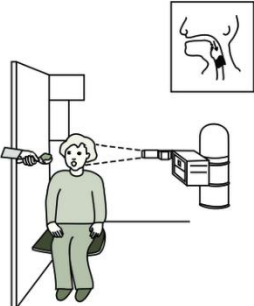
- trouble breathing
- fast or irregular heart beats
- fainting
- dizziness
- bleeding – nosebleeds, black or bloody stools, red urine
- severe stomach pain
- severe skin rash
- increased swelling in both ankles, legs, feet or hands
- severe tiredness or weakness

**Please feel free to ask questions
about your medications.**

Tests you may have following your stroke





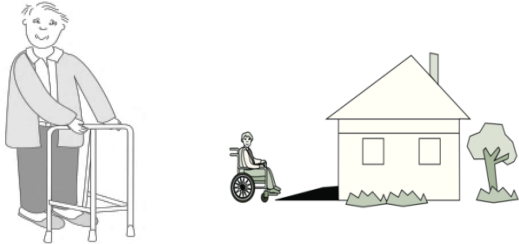

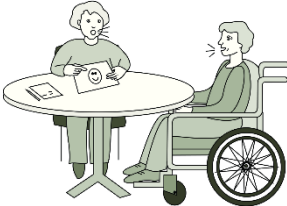
Type of test	Purpose of test
<p>Blood tests</p> 	<p>Checks blood for any problems such as cholesterol or blood sugar levels.</p>
<p>Carotid Doppler</p> 	<p>Looks for plaque build up narrowing the arteries in your neck.</p> <p>This checks blood flow to the brain.</p>
<p>Electrocardiogram (ECG/EKG)</p> 	<p>Records the electrical activity in your heart.</p>
<p>Holter Monitor</p> 	<p>Records heart rhythms over a 24 to 48 hour period.</p> <p>Looks for abnormal heart rhythms.</p>
<p>Echocardiogram</p> 	<p>Looks at the structure and function of your heart.</p> <p>Determines if there is a heart condition and if blood clots are forming in your heart.</p>

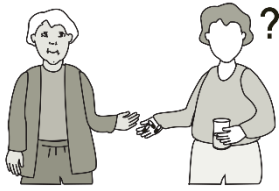






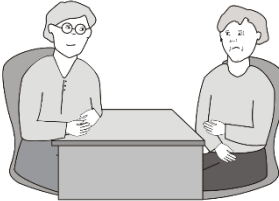
Type of test	Purpose of test
<p>ECHO Bubble Study</p> 	<p>Looks at the structure and function of your heart.</p> <p>Detects if there is a hole in a wall of the heart.</p>
<p>TEE (Trans- esophageal Echocardiogram)</p> 	<p>Takes a picture of your heart.</p> <p>Detects if your heart is producing blood clots by inserting a tube into the esophagus.</p>
<p>CT scan (Computerized Tomography)</p> 	<p>Takes a picture of your brain using x-rays.</p> <p>Looks at the kind of stroke you have had. It may show the affected area of the brain.</p>
<p>MRI (Magnetic Resonance Imaging)</p> 	<p>Looks at areas in the brain affected by your stroke.</p>

Type of test	Purpose of test
<p>MRI (Magnetic Resonance Imaging)</p> 	<p>Looks at areas in the brain affected by your stroke.</p>
<p>CTA (Computerized Tomography Angiography)</p> 	<p>Looks at blood flow in the arteries of the brain to detect any blockage or narrowing in the arteries.</p>
<p>MRA (Magnetic Resonance Angiography)</p> 	<p>Looks at the blood flow in the arteries of the brain. It can detect any blocking or narrowing of the arteries.</p>
<p>Videofluoroscopic study of swallowing (VFFS) or Modified barium study (MBS) or Flexible endoscopic evaluation of swallow (FEES)</p> 	<p>Looks at how you swallow food and drink.</p> <p>Shows if any food or drink enters the airways into the lungs (aspiration).</p>

Discharge Questions

Things to think about when leaving the hospital

Questions	Who to ask	
<p>1. Follow up appointment?</p> 	<p>Nurse</p> 	<p>Doctor</p> 
<p>2. Equipment or assistive aids required?</p>	<p>Physiotherapist (PT)</p> 	
<p>3. Goals and exercises at home?</p> 	<p>Occupational Therapist (OT)</p> 	
		<p>Speech Language Pathologist (SLP)</p> 

Questions	Who to ask	
<p>4. What should I know about my medications?</p> 	<p>Nurse</p> 	<p>Pharmacist</p> 
<p>5. When to visit the family doctor?</p> 	<p>Nurse</p> 	<p>Doctor</p> 
<p>6. Do I need to arrange help at home?</p> 	<p>Social Worker</p> 	

Driving after a stroke

Driving is a skill that is both physically and mentally demanding. A stroke can affect concentration, attention, quick judgment, vision and endurance and can affect your ability to be safe while driving. In Ontario, your doctor may report to the Ministry of Transportation (MTO) that you have had a stroke. This is because it might be dangerous for you to drive a car.

The rules in Ontario are:

- You cannot drive for at least one month after your stroke.
- Your doctor **must** assess your readiness to drive after 30 days.
- After 30 days, your family doctor, nurse practitioner, or stroke doctor may allow you to return to driving if you have no major changes in:
 - your vision
 - your physical skills
 - your thinking such as problem solving or judgment

These areas must be assessed by your health care team.

- When your doctor is not sure if you are ready to drive, he or she may refer you for more tests.

It is illegal to drive with a suspended license.

For more information see “Driving After Stroke: Information for patients and their family members”.

March of Dimes After Stroke Program

March of Dimes Canada After Stroke Program connects people with stroke and their families with personalized stroke recovery and support services after the transition home from the hospital. Services include in-hospital support where volunteers offer emotional support and education during hospital stays, and coordination and navigation services where personalized advice from coordinators aids transition from hospital to home. Goal setting is facilitated by coordinators who help identify needs and set recovery goals. Education and training sessions are provided about stroke and services available in the community. Communication support is provided for those with aphasia, and peer support programs connect individuals with similar experiences. Caregiver-focused programs address their unique needs, while specialized programs offer social, recreational, and physical activities for community participation.

If you have questions or would like more information about the After Stroke Program:

Phone: 1-888-540-6666

Email: afterstroke@marchofdimes.ca

Website: www.afterstroke.ca

Stroke Community Resources

Hospital-Based Community Rehabilitation Services:

Outpatient Rehabilitation at the Regional Rehabilitation Centre:

Outpatient therapy after your inpatient stay

Intake Office: 905-521-2100, ext. 40834

<https://www.hamiltonhealthsciences.ca/areas-of-care/rehabilitation/outpatient/services-and-community-programs/>

Home-Based Community Rehabilitation Services:

Home and Community Care Support Services:

Care coordinators help patients and family members that need health care supports at home and in the community.

Phone: 1-800-810-0000

<http://www.healthcareathome.ca/region/hamilton-niagara-haldimand-brant/>

Community Care:

Home and Community Care Support Services:

Care coordinators help patients and family members that need health care supports at home and in the community.

Phone: 1-800-810-0000

<http://www.healthcareathome.ca/region/hamilton-niagara-haldimand-brant/>

VON Hamilton Community Support Services:

Meals on Wheels, volunteer visiting, Tele-Touch, transportation, Adult Day Programs, Caregiver Support, Education and Counseling, Falls Prevention Programs, In-Home and Overnight Respite Services/Programs.

Phone: 905-529-0700

<http://www.von.ca/en/site/hamilton>

Aboriginal Health Services:

Advocacy and Outreach Services, Health Promotion Programs, Homelessness, Mental Health and Addictions Services, Primary Health Care (doctors, nurse practitioners, and other allied health care professionals), Traditional Healing.

Phone: 905-544-4320

<https://aboriginalhealthcentre.com/>

Healthline for Hamilton Niagara Haldimand Brant:

Provides information about health care services and resources.

<http://www.hnhbhealthline.ca/>

Head Injury Rehabilitation Ontario (HIRO)

Services include in-home support and community integration, skill-building, peer support, and supports clients in developing daily routines.

<https://hiro.ca/>

My Health GPS:

Home and Community Care Support Services Hamilton Niagara Haldimand Brant offers information and referral services through My Health GPS. The public can access My Health GPS 365 days a year from 8:30am-8:30pm, system navigation, access to community resources, assistance with referrals.

<https://www.hnhbhealthline.ca/displayservice.aspx?id=177877>

Transportation:

DARTS:

Accessible transportation

Phone: 905-529-1212

<https://www.dartstransit.com/>

Healthline for Hamilton Niagara Haldimand Brant:

Provides information about health care services and resources.

<http://www.hnhbhealthline.ca/>

Equipment Rental:

Home and Community Care Support Services:

Care coordinators help patients and family members that need health care supports at home and in the community.

Phone: 1-800-810-0000

<https://www.healthcareathome.ca/region/hamilton-niagara-haldimand-brant/>

Assistive Devices Program:

Helps those with long-term physical disabilities pay for equipment and supplies.

<https://www.ontario.ca/page/assistive-devices-program>

Motion (Specialties):

Phone: 905-529-4838

<https://motioncares.ca/>

Shoppers Home Health (Wellwise):

Phone: 905-560-5661

<https://shop.wellwise.ca/>

For the Needy, Not the Greedy:

Phone: 289-296-8079

<http://app.justap.io/card/fortheneedynotthegreedy/home>

Support Groups:

March of Dimes Canada After Stroke Program:

Provides support, education, and participation opportunities from hospital to home to community.

Stroke Support Line: 1-888-540-6666

<https://www.afterstroke.ca/contact-us/>

Hamilton Wentworth Stroke Recovery Association:

Stroke Peer Support Group. Last Wednesday of every month from 1:00 pm to 3:00 pm.

Phone: 905-662-7819

<http://www.hamiltonstrokerecovery.ca>

Mental Health Services:

COAST (Crisis Outreach and Support Team):

Information for seniors, adults and youth in crisis, their family members and caregivers

Hamilton Crisis Line 24 hours: 905-972-8338

<http://coasthamilton.ca>

CONNECT:

A centralized intake service for St. Joseph's Healthcare Mental Health and Addictions outpatient programs. Referrals are screened and triaged to determine the most appropriate outpatient service for youth, adults and seniors, and to schedule a first appointment.

Phone: 905-522-1155, ext. 36499

<https://www.stjoes.ca/hospital-services/mental-health-addiction-services/connect-mental-health-and-addiction-outpatient-programs>

CMHA (Canadian Mental Health Association):

The Hamilton Branch is a non-profit community mental health agency that provides services to adults with serious mental illness.

Phone: 905-521-0090

<https://cmhahamilton.ca/about-cmha/>

ADGS (Alcohol, Drug & Gambling Services):

Provides information, counseling and programs on alcohol, drugs and gambling.

Phone: 905-546-3606

<https://www.hamilton.ca/people-programs/public-health/alcohol-drugs-gambling/alcohol-drug-gambling-services>

Financial and Legal:

Service Canada:

Access to Government of Canada services and benefits

Phone: 1-800-622-6232

<https://www.canada.ca/en/employment-social-development/corporate/portfolio/service-canada.html>

Ontario Works (OW):

Financial Subsidy for those who cannot find work

Phone: 905-546-4800

<https://www.hamilton.ca/people-programs/financial-employment-support/ontario-works>

Ontario Disability Support Program (ODSP):

Financial subsidy for those with a disability who cannot work

Phone: 905-521-7280

<https://www.mcass.gov.on.ca/en/mcass/programs/social/odsp/>

Hamilton Legal Aid Clinic:

Provides support with ODSP denial letters, housing complaints and financial subsidy denials.

Phone: 905-527-4572

<https://hamiltonjustice.ca/en/>

Canada Pension Plan Disability (CPP-D):

Financial subsidy for those who are unable to work due to a disability and have contributed to the Canadian Pension Plan.

Phone: 1-800-959-8281

<https://www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-disability-benefit.html>

Trillium Drug Program:

Drug benefits

Phone: 1-800-575-5386

<https://www.ontario.ca/page/get-help-high-prescription-drug-costs>

Ontario Drug Benefit Program:

Phone: 1-866-811-9893

<https://www.ontario.ca/page/get-coverage-prescription-drugs#section-0>

Meal and Grocery Service:

Heart to Home:

Phone: 1-855-740-8080

<https://www.hearttohomemeals.ca/>

Meals on Wheels:

Phone: 905-522-1022

<http://www.mealsonwheels.ca/>

Grocery Gateway:

Phone: 1-800-956-6467

www.grocerygateway.com

Home and Emergency Monitoring:

Lifeline:

Phone: 1-866-331-5988

<https://www.lifeline.ca/en/>

Life Assure:

Phone: 1-800-354-5706

<https://www.lifeassure.com/>

Housing Services:

Long term care application and list of retirement homes. See Home and Community Care Support resources.

Hamilton Housing/Access to Housing:

Subsidized housing application

Phone: 905-523-8496

<https://www.hamilton.ca/people-programs/cityhousing-hamilton>

Caregiver Services:

VON Hamilton Community Support Services:

Meals on Wheels, volunteer visiting, Tele-Touch, transportation, Adult Day Programs, Caregiver Support, Education and Counseling, In-Home and Overnight Respite Services/Programs.

Phone: 905-529-0700

<http://www.von.ca/en/site/hamilton>

March of Dimes Canada After Stroke Program:

Provides support, education, and participation opportunities from hospital to home to community.

Stroke Support Line: 1-888-540-6666

<https://www.afterstroke.ca/contact-us/>

Ontario Caregiver Organization

Provides physical and emotional support to family members, partners. 24/7 Caregiver Helpline to provide information and referrals to connect caregivers to the support they need. Caregiver education and support programs, caregiver support groups

Phone: 1-833-416-2273

<https://ontariocaregiver.ca/>

Recreation Groups:

YMCA Fit for Function:

12-week exercise and stroke education program aimed to improve mobility, strength, balance, gait and coordination, education/wellness; "Living with Stroke Education Program".

Phone: 905-667-1515, ext. 8033

<https://www.ymcahbb.ca/health-fitness/livewell-health-management>

Other Livewell programs through the YMCA:

A series of supervised exercise and education programs to help individuals enhance their health while managing specific chronic health conditions and illness.

<https://www.ymcahbb.ca/health-fitness/livewell-health-management>

Adult Day Service Programs:

Adult Day Service Programs:

Provide clients with the opportunity to participate in social, therapeutic recreation, cognitive and physical programs in a supportive environment. Home and Community Care Support Services coordinates referrals to Adult Day Service Programs.

Phone: 1-800-810-0000

<https://www.healthcareathome.ca/supportive-living/adult-day-programs/>

Aphasia Program:

SAM Aphasia Program:

Supported Conversation Group for Aphasia run by speech language pathologists, communication disorders assistants and trained volunteers to develop and improve communication skills. Training for partners/caregivers and family on Supported Conversation for Aphasia (SCA™). Access to social work for support.

Phone: 905-525-5632

<https://goodshepherdcentres.ca/services/sam-aphasia-program/>

Stroke Prevention and Education:

HHS Stroke Prevention Clinic:

Education for stroke/TIA patients to learn how to reduce risk. Doctor referral required for in-clinic services.

Phone: 905-521-2100, ext. 44713

<https://www.hamiltonhealthsciences.ca/areas-of-care/integrated-stroke-program/stroke-prevention-clinic/>

Diabetes Canada:

Free education for individuals living with diabetes

Phone: 905-528-3111

<https://www.diabetes.ca/>

Smoker's Helpline:

Help with quitting and reducing smoking

Phone: 1-877-513-5333

www.smokershelpline.ca

Hamilton Public Health Quit Smoking:

Free clinics, programs, and services to help you quit smoking

Phone: 905-540-5566

<https://www.hamilton.ca/people-programs/public-health/smoking-vaping/quit-smoking>

Heart and Stroke Foundation of Canada

Education resources for stroke/TIA

<http://www.heartandstroke.ca>

Additional Patient Education

Websites:

Central South Regional Stroke Network
<http://www.csnstroke.ca/>



Health Services for Hamilton Niagara
Haldimand Brant
<http://www.hnhbhealthline.ca/>



Heart and Stroke Foundation of Canada
<http://www.heartandstroke.ca>



March of Dimes Canada
<http://www.afterstroke.ca>



Acknowledgements

The Central South Regional Stroke Binder Team would like to acknowledge the work of Hamilton Health Sciences Integrated Stroke Program, the Brant Haldimand Norfolk Integrated Stroke Program, the Toronto Stroke Networks, the Calgary Stroke Program, the Hamilton Health Sciences Cardiovascular Patient Education Team and the Hamilton Health Sciences Spine Program.

The development and content of this binder was greatly added by the efforts of these programs that previously developed patient and family education binders.

Feedback



We welcome your feedback. If you wish to provide feedback about this binder, please email:

ptedlibrary@hhsc.ca

Aphasia-Friendly Binder Insert

Name: _____

Know the signs of STROKE

- F** **Face**
is it drooping?
- A** **Arms**
can you raise both?
- S** **Speech**
is it slurred or jumbled?
- T** **Time**
to call 9-1-1

Beat stroke, call 9-1-1 FAST

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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.

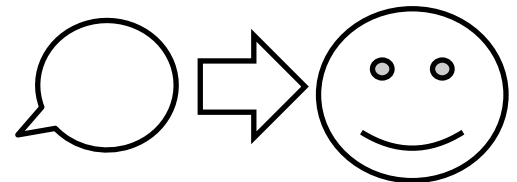
Education using the Stroke Care Binder is meant to be **supported by face-to-face communication** with members of the stroke care team. You will notice that there are spaces for family/significant others to add their own notes and questions.

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™ (SCA™) developed by the Aphasia Institute and will **enhance communication** along with the Stroke Care Binder:

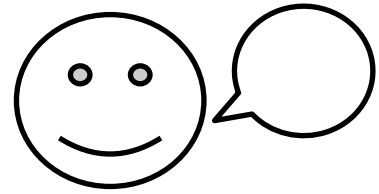
Getting your message **IN**

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).
-

Acknowledge competence and frustration:

→ I know that you know!”

VERIFY the information exchanged in the conversation.

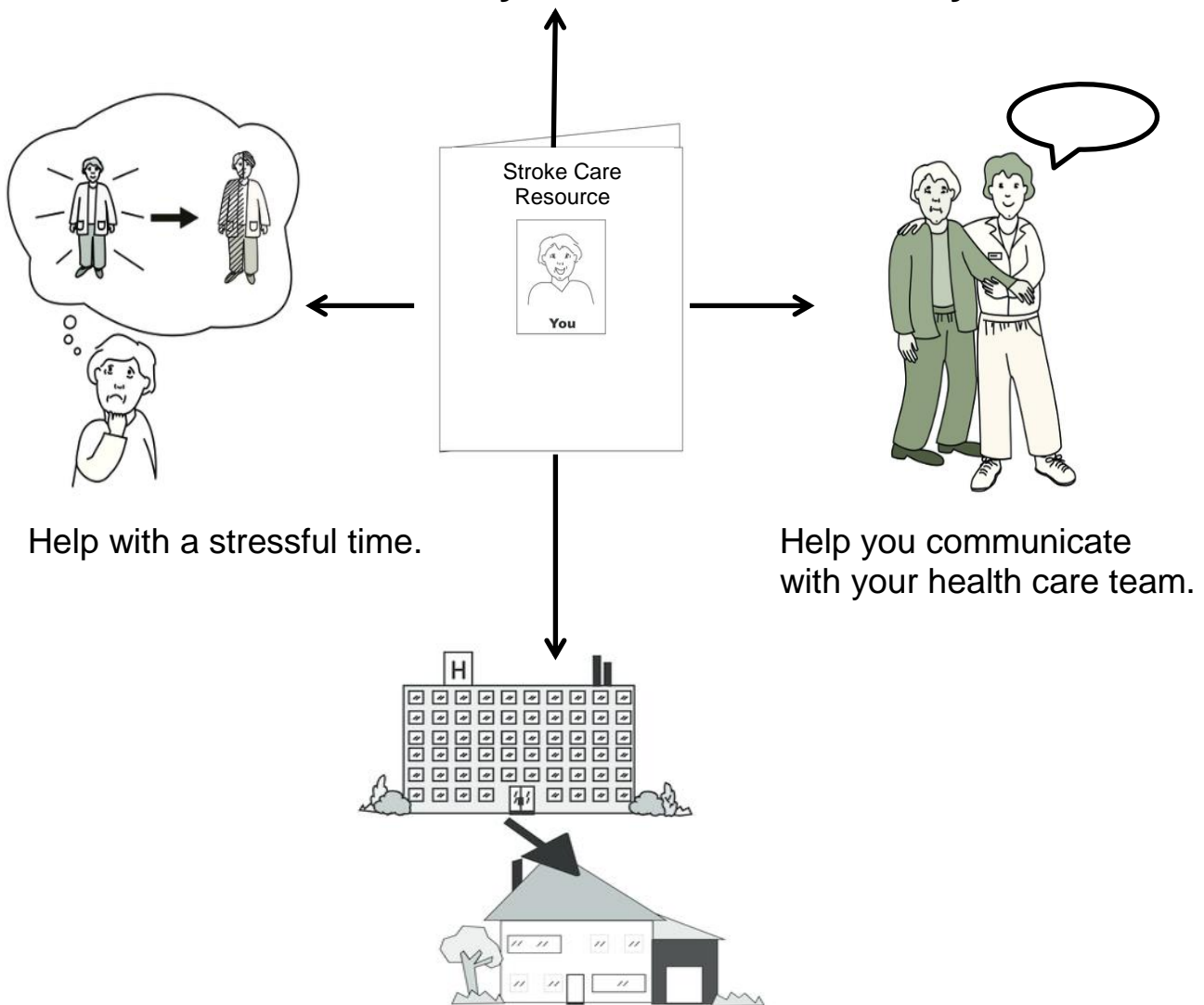
→ Check to make sure that YOU have understood.

Section 2: Introduction

Please keep this resource with you to:



Learn more about your stroke and recovery



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



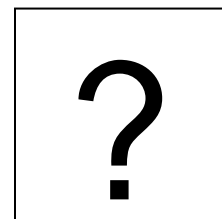
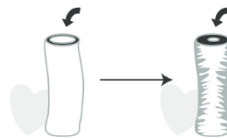
What will we do here?

Learn about the type of stroke you had.

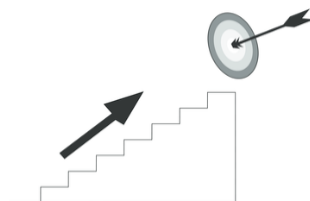


The location of the stroke in your brain.

Your risk factors for stroke



Plan next best steps with you.



Section 4: My stroke



Date of my stroke:

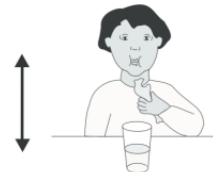


What I remember:

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



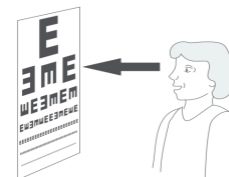
- Problems **chewing** and **swallowing**.



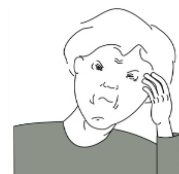
- Problems **speaking**.



- Problems **seeing**.



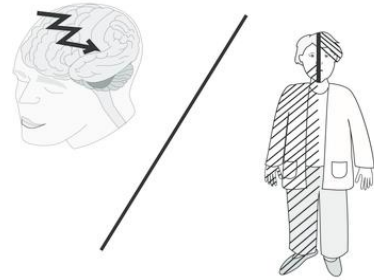
- Something **else**.



Section 5:

What is a stroke?

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

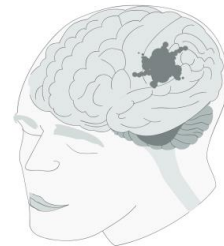


It is **caused** by a **blockage of blood flow** through an artery.

OR



A **rupture of blood vessels** in the brain.

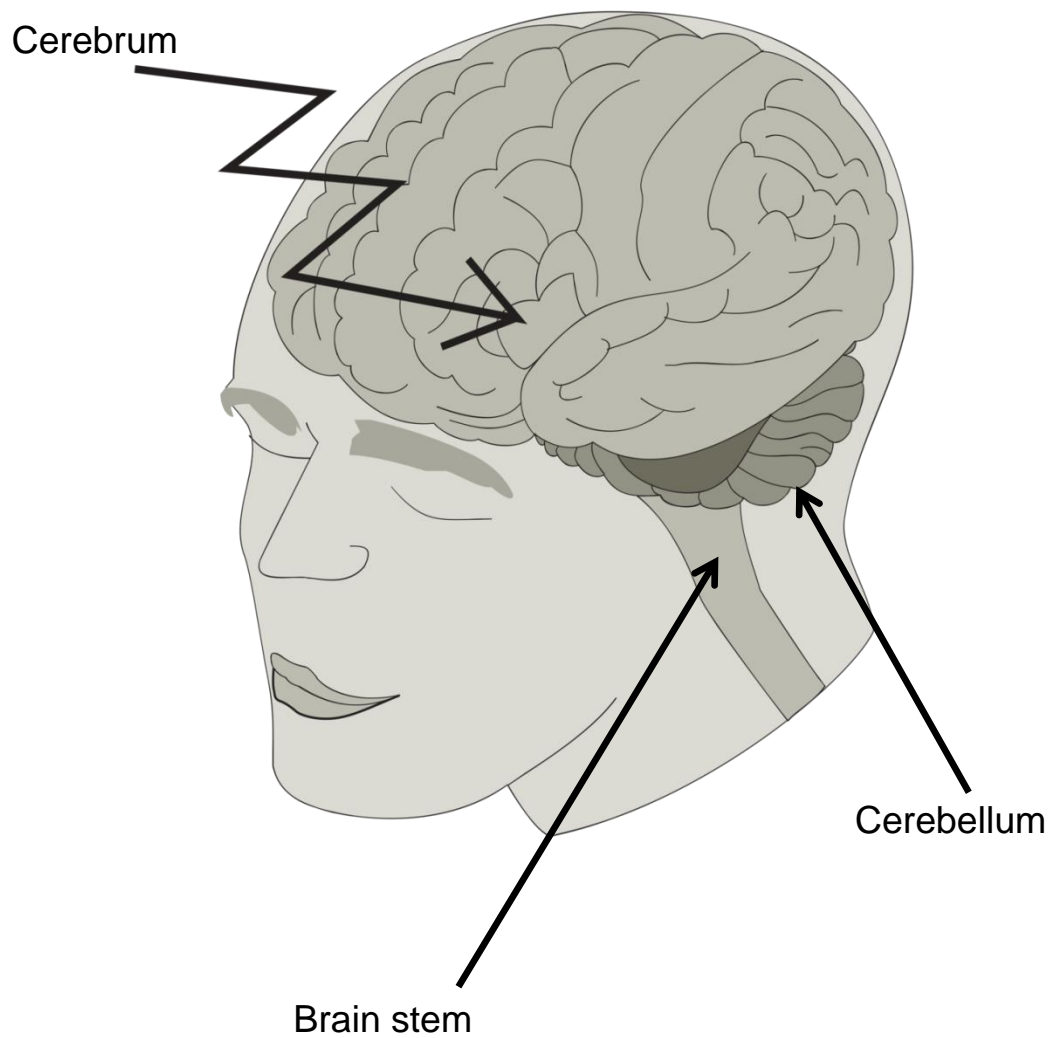


Effects also depend on **how much** of the brain is **affected**.

Location of stroke

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

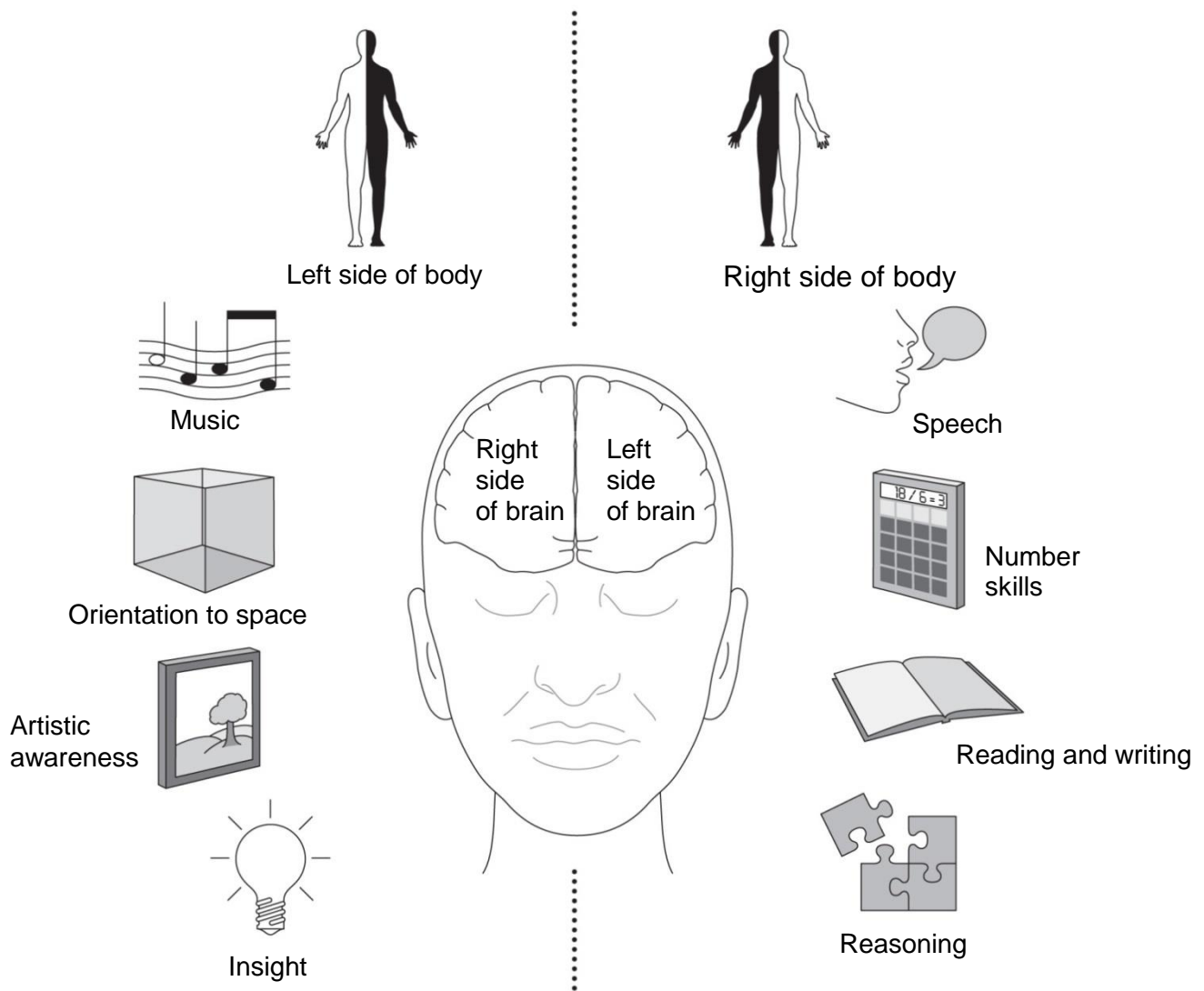
Where?



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

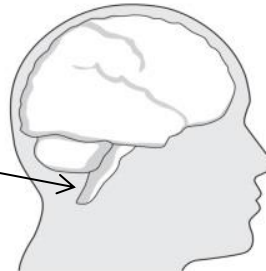
The effects of your stroke depend on what side of your brain is affected.



Stroke in the brain stem

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

Injured brain stem



Problems with:

Weakness or paralysis in both arms and legs.



Breathing



Heart

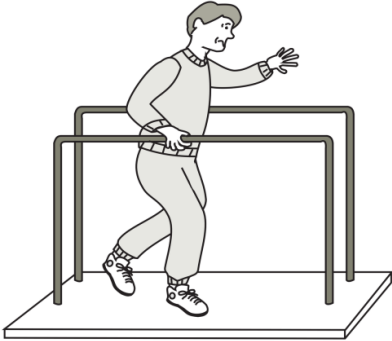


Problems with:

Control of body temperature



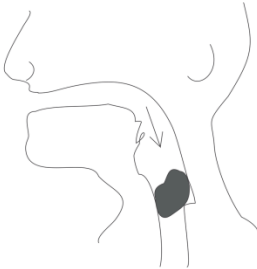
Balance and coordination



Chewing

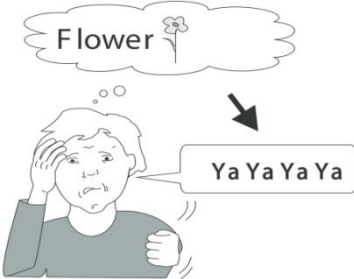


Swallowing

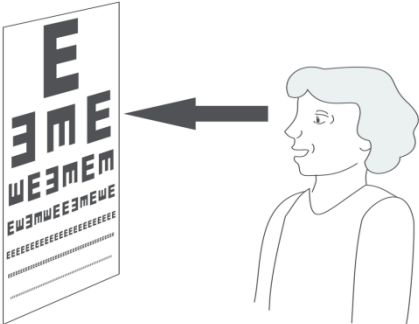


Problems with:

Speaking



Seeing



Stroke in the cerebellum

Strokes in this area can cause problems with

**Walking, co-ordination
and balance**



Dizziness



Nausea



Vomiting



Headache



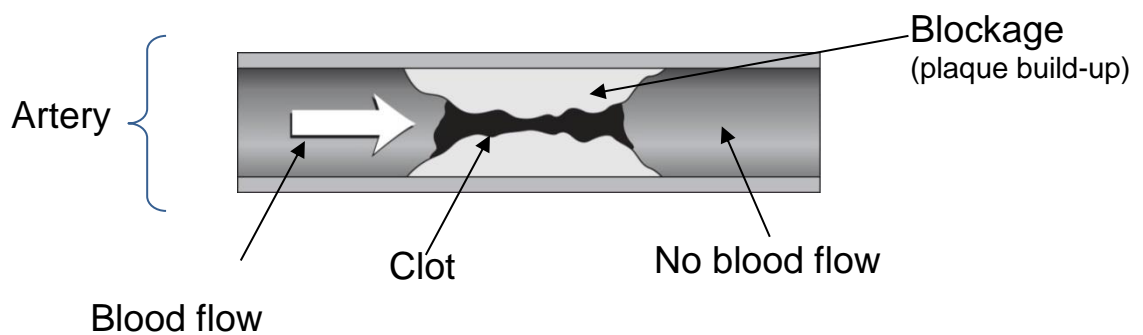
Types of stroke

Type of stroke that I had:

- Ischemic
- Hemorrhagic
- Transient Ischemic Attack

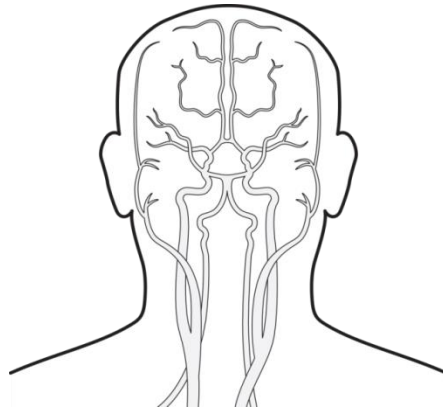
Ischemic stroke

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

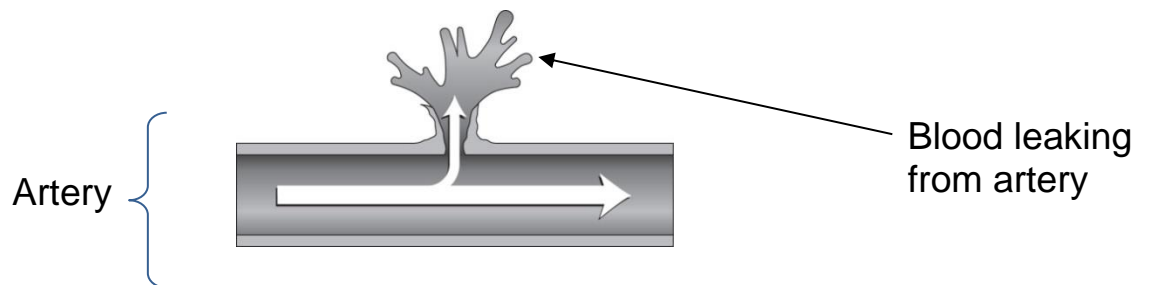
Hemorrhage: Burst artery in the brain causing damage from blood.



Arteries within the brain

1. Intracerebral

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



2. Subarachnoid

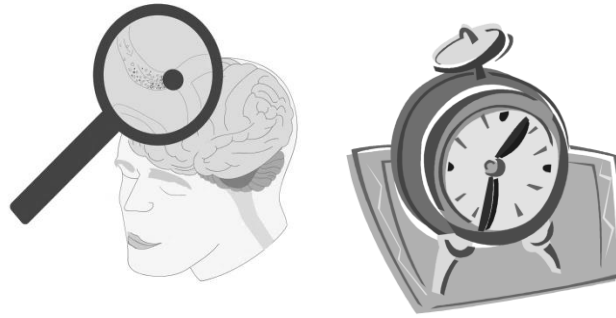
A weak artery wall (aneurysm) in the brain ruptures causing **bleeding** of compartment **around** the brain.



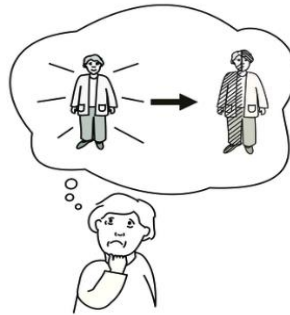
Blood surrounds the brain

Transient Ischemic Attack (TIA)

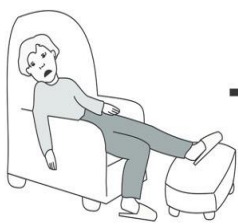
Short-term lack of blood flow to the brain that lasts between **30 seconds** and **24 hours**.



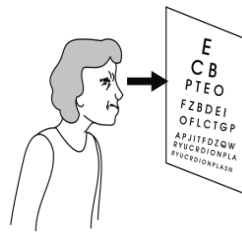
TIA's are often called '**mini-strokes**' and are a **medical emergency**.



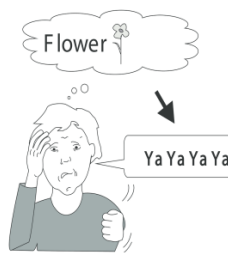
Signs of TIA



Weakness



Vision problems



Trouble speaking



Dizziness



Headache

Section 6: Medications and tests



Medication _____

Can tape
sample
picture here

What for?



Blood Pressure



Blood Clot



Atrial Fibrillation



Plaque in Arteries



Other

When do I
take it?



Breakfast



Lunch



Dinner



Bed Time

How many?



Side effects
(What could happen?)



Vomiting/nausea



Dizziness



Upset stomach



Sleepy



Diarrhea



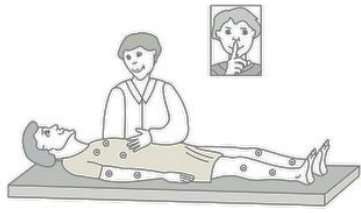





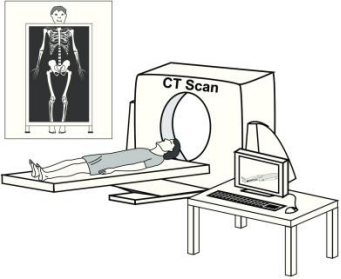
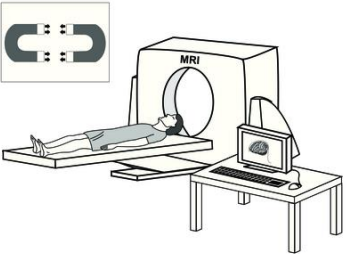
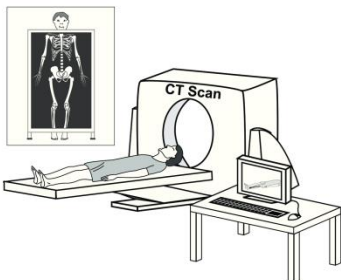
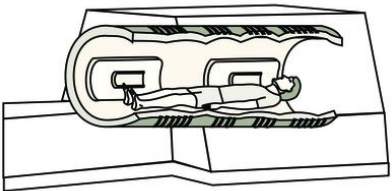
Constipation

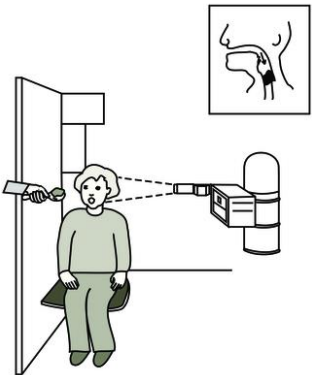


Something else

Tests you may have






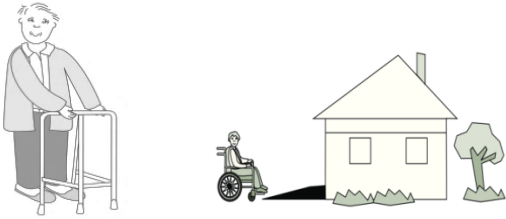


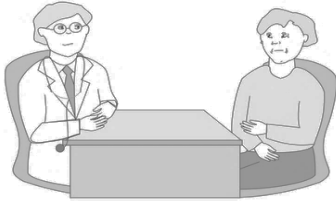


What: Type of test	Why: Purpose	Picture:
Blood tests	Check blood for any problems such as cholesterol or blood sugar levels.	
Carotid Doppler	Looks for narrowing of the arteries in your neck. This checks blood flow to the brain.	
Electrocardiogram (ECG/EKG)	Records the electrical activity in your heart.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

What: Type of test	Why: Purpose	Picture:
TEE (Trans-esophageal 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 (Computerized Tomography)	Looks at the kind of stroke you have had. It may show the affected area of the brain.	
MRI (Magnetic Resonance Imaging)	Looks at areas in the brain affected by your stroke.	
CTA (Computerized Tomography Angiography)	Looks at blood flow in the arteries of the brain to detect any blockage or narrowing in the arteries.	
MRA (Magnetic Resonance Angiography)	Looks at the blood flow in the arteries of the brain. It can detect any blocking or narrowing of the arteries.	

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

Section 7: Leaving the hospital



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

Section 8: Community resources

Hamilton/Burlington/Brant Haldimand Norfolk

Senior Activation Maintenance Program –

www.goodshepherdcentres.ca/services/sam-aphasia-program

Hamilton, King Street East, Location: 905-544-4550

Hamilton, Good Shepherd, Location: 905-525-1181

Flamborough Location: 905-689-5244

Halton Aphasia Centre – www.h-pcap.com

Call: 905-875-8474

Joseph Brant Wellness Centre – www.josephbranthospital.ca/areas-of-care/rehabilitation/wellness-house

Call: 905-632-5358

Seniors Support Services Building – Caledonia – www.artc.ca and www.seniorsupport.ca/caledonia

Call: 519-758-4630

Adult Recreation Therapy Centre – Brantford and Paris– www.artc.ca

Call: 519-753-1882

Private Speech Language Pathology Services:

www.sac-oac.ca/provincial-branches/sac-ontario-osl/ (Find a speech language pathologist)

www.caslpo.com (Find a speech language pathologist)

hnhbhealthline.ca

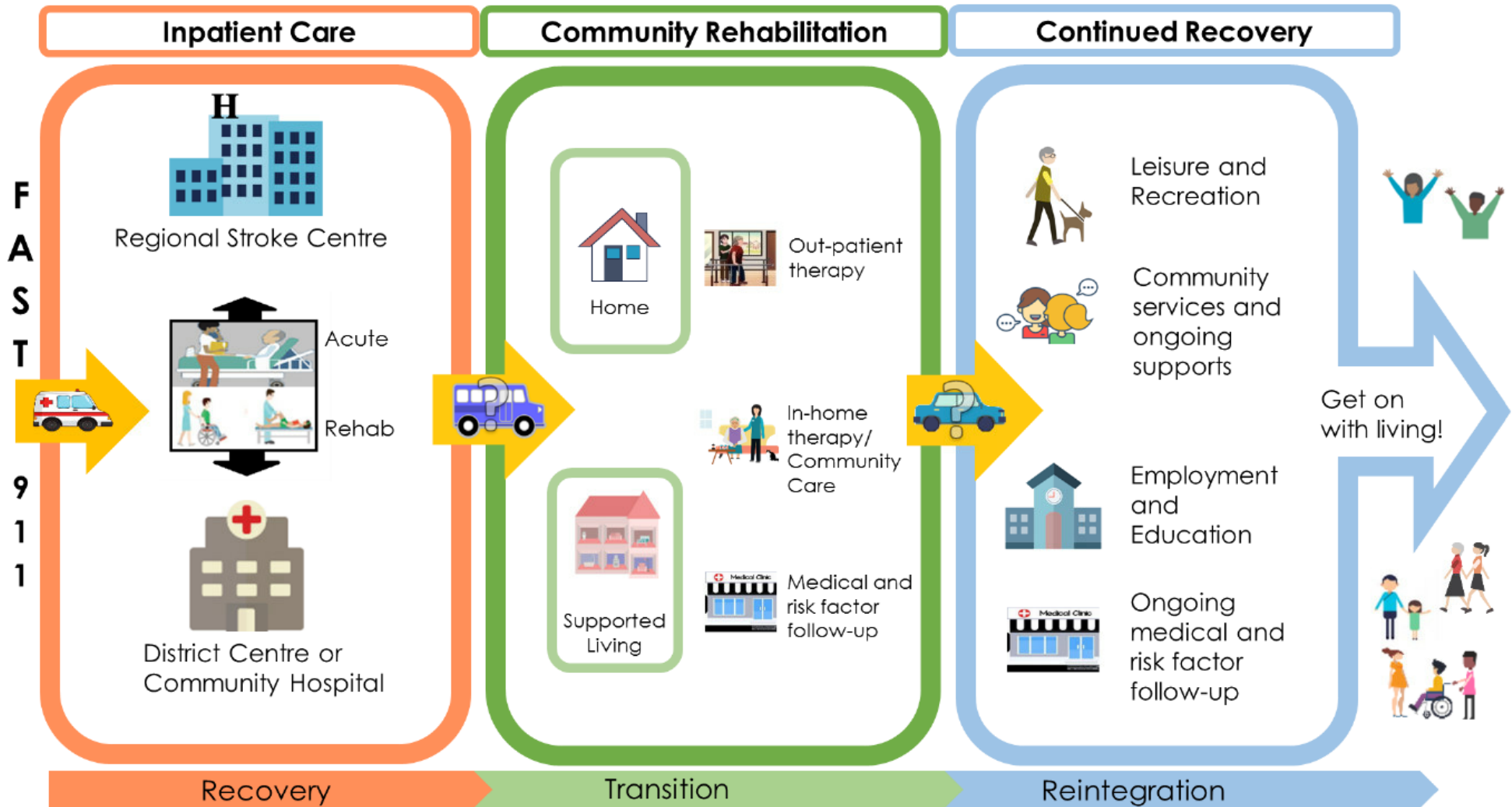


My Stroke Recovery Journey

It is important to remember everyone's stroke recovery is different!

Name: _____

Date: _____





My Stroke Recovery Journey

Name: _____

Date: _____

As you recover, you may need support from some of the services below. Your needs may change over time.

There may be costs or co-payments for some services.

If you have questions, please speak to your healthcare team or call Ontario Health atHome (OHaH) at 310-2222.

Recovery

Inpatient Care



- Emergency care
 - Clot-Busting Drug
 - Transfer to Regional Centre
 - Clot Removal procedure
- Acute Stroke Unit care
- Inpatient Rehabilitation
- Integrated Stroke Unit
- Other: _____
- Discharge Conversation

Your healthcare team may include:



- Assistant(s) _____
- Case Manager _____
- Care Coordinator/ Discharge Planner
- Dietitian
- Doctor
- Navigator
- Nurse
- Nurse Practitioner
- Occupational Therapist
- Peer Visitor / Volunteer
- Pharmacist
- Physiotherapist
- Psychologist
- Recreation Therapist
- Social Worker
- Speech-Language Pathologist
- Spiritual Care Worker
- Care Partner Wellness check

Transition

Home: _____



Supported Living

Name of Facility: _____



Out-patient therapy

- Hospital based
- Clinic based
- Care Coordinator/Case Manager: _____
- Care partner support provider
- Dietitian
- Equipment Lender
- Homemaker
- Meal Delivery Provider
- Navigator
- Nurse
- Occupational Therapist
- Personal Care Worker
- Physiotherapist
- Respite Care provider
- Social Worker
- Speech-Language Pathologist
- Spiritual Care Worker



In home therapy or Community Care



Medical and risk factor follow-up

- Stroke Prevention Clinic
- Family Doctor
- Nurse Practitioner
- Specialist Doctor: _____
- Other Referrals: _____

Care Partner Wellness check

Reintegration



Leisure and Recreation

- Community Exercise Programs
- Community Recreation Programs

Hobbies: _____ Volunteering: _____



Stroke Support Groups

- Stroke specific exercise programs
- Aphasia /Communication Programs
- Living with Stroke Programs
- Stroke Survivor /Care Partner Support Groups

Community Services

- Supportive Counselling
- Social Supports
- Spiritual Supports
- Brain Injury Services
- Adult Day Programs
- Aphasia/ Communication Programs
- Behavior Management Supports
- Financial Supports
- Group Dining Programs
- Cultural Centres and Supports
- Self management program
- Return to Driving training



Employment and Education

- Return to work or school: _____
- Employment services: _____
- Ongoing education support: _____



Ongoing Medical follow-up

- Stroke Prevention Clinic
- Family Doctor
- Specialist Doctor: _____
- Other Referrals: _____

Care Partner Wellness check



Transportation

- Self
- Family/ Friends support
- Accessible transport services
- Return to driving training
- Public Transportation (Bus/Taxi)
- Other