

NCH

Healthcare
System

Stroke Passport

A Guide for the Patient and Caregiver

This booklet contains information that is relevant
to you, your condition, and your treatment.



The Joint
Commission®



American Heart
Association®
American Stroke
Association®

CERTIFICATION

Meets standards for

Thrombectomy-Capable
Stroke Centers

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This stroke passport was developed in partnership by specialists in stroke including clinicians, stroke survivors, their caregivers and the voluntary sector.

Thank you all for your continuous encouragement and support.

The information in this document is accurate at time of publication.

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INTRODUCTION

This passport is for keeping clear and up-to-date records of treatment and support available throughout your rehabilitation. It encourages the use of monthly goal setting targets which can be referred to by those professionals helping in "getting your life back." Your self management plan is about those things you want to achieve over time that will reduce your risk factors for having another stroke and help you to continue to improve your functional abilities. This will help you to live as actively, healthily and independently as you are able in your local community.

The health professionals who have been caring for you should complete pages 6 to 8 with you before you go home. We recommend that you keep updating it as you continue to make progress in your recovery by setting yourself new goals to work towards. People can continue to improve in their abilities for a couple of years after their stroke and they achieve this through self motivation, having something to work towards, and the support they receive from their family and carers. The professionals will also support you achieving your goals with advice, information and where appropriate, further treatment.

Some sections of the passport contain information about your contacts, condition, medication etc. This makes the passport a useful document for you to take to clinic appointments with you, when new professionals come into contact with you, or if you are going away. If it is to be helpful to them, particularly in an emergency, it is important that you keep it up to date.

This passport has been designed with stroke survivors using their experience and knowledge of services available in Collier County.

Personal Details	
Name	
Address	
Zip Code	
Tel No	
Email	

Allergies

My Next of Kin	
Name	
Address	
Tel No	
Email	

Second Contact in Case of Emergency			
Name		Relationship	
Address			
Tel No			
Email			

My PCP	
Name	
Dr. Address	
Tel No	

My Stroke Consultant

Name	
Hospital	
Tel No	

My Physiotherapist

Name	
Hospital	
Tel No	

Occupational Therapist

Name	
Hospital	
Tel No	

My Speech and Language Therapist

Name	
Hospital	
Tel No	

My Dietitian

Name	
Hospital	
Tel No	

Other Specialist (example: heart, dermatologist)

Name	
Hospital	
Tel No	

Other Specialist (example: heart, dermatologist)	
Name	
Hospital	
Tel No	

My Social Care	
Name	
Address	
Tel No	

My Pharmacist	
Name	
Address	
Tel No	

Stroke Medical Information	
I was first admitted to (name hospital):	
On date:	
Under the care of:	

I have been diagnosed as having had a:	Please tick below ✓	Date
1. Transient Ischaemic Attack	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Ischaemic Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I have received thrombolysis	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Hemorrhagic Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Stroke Risk Factors — Non Modifiable

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Advanced Age |
| <input type="checkbox"/> | Male Gender |
| <input type="checkbox"/> | Race |
| <input type="checkbox"/> | Family history of heart attack or early stroke |

Stroke Risk Factors — Modifiable

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Hypertension, Systolic and Diastolic |
| <input type="checkbox"/> | Diabetes Mellitus |
| <input type="checkbox"/> | Hypercholesterolemia |
| <input type="checkbox"/> | Cigarette Smoking |
| <input type="checkbox"/> | Prior Stroke/TIA |
| <input type="checkbox"/> | Carotid Disease, heart disease, (esp. afib) |
| <input type="checkbox"/> | Hypercoagulable states |
| <input type="checkbox"/> | Cocaine, excessive alcohol |

☒ "X" in the box determines your risk factors.

STROKE REVIEWS

As part of your stroke management it is important that you have reviews at **6 weeks, 6 months, 1 year, and annually** after your discharge from hospital following your stroke. Please ensure that these dates are recorded in the space below so that you do not forget.

The above is a guideline and some review dates may be individualized according to your needs.

	6 weeks	6 months	1 year
Date review due			
Completed			

My stroke has left me with the following disabilities:

These are the exercises/tasks my therapists told me to keep practicing	
Physiotherapy	
Occupational therapy (OT)	
Speech therapy (S<)	
Dietician	

During your discussions with your PCP or the Stroke Consultant/Stroke Specialist Nurse you may have heard them use the term "target". This is the advised measurement relevant for your condition for you to reach, in order to prevent another stroke.

[illegible]

9

MY MEDICATION

It is very important that I receive my medication at the correct dose, at the correct time. These are:

1.	
Name:	What is it for:
Dosage:	Time:
2.	
Name:	What is it for:
Dosage:	Time:
3.	
Name:	What is it for:
Dosage:	Time:
4.	
Name:	What is it for:
Dosage:	Time:
5.	
Name:	What is it for:
Dosage:	Time:
6.	
Name:	What is it for:
Dosage:	Time:
7.	
Name:	What is it for:
Dosage:	Time:
8.	
Name:	What is it for:
Dosage:	Time:

9.	
Name:	What is it for:
Dosage:	Time:
10.	
Name:	What is it for:
Dosage:	Time:
11.	
Name:	What is it for:
Dosage:	Time:
12.	
Name:	What is it for:
Dosage:	Time:

My health targets are:		
	First	Second
Blood Pressure		
Cholesterol		
BMI		
Blood Glucose		
Weight		
INR		

APPOINTMENTS

Once you have returned home from hospital you may well need to attend a number of appointments. These may be with your own PCP or other hospital affiliations. It can feel as if you are on the "medical merry-go-round", but it is important that you attend these appointments, as they will help in keeping you well after a stroke and guard against you having another one in the future.

To help in the management of this the next section of this page is for you/your carer to fill in the appointments, all in one place. This can be useful because if you have a lot of different people to see you may get "double booked". It is also useful for your PCP to know who you are seeing and when, especially if you are having further investigations.

Date	Time	Appointment with	Venue

LOOKING FORWARD

My rehabilitation targets are:	
Physiotherapy e.g. to walk...	
Occupational Therapy (OT) e.g. to cook...	
Speech Therapy (S&LT) e.g. to write...	
Dietician e.g. salt intake, 5 a day	

LIFE AFTER STROKE

During your stay in hospital the Stroke Navigator or Stroke Coordinator Nurse, would have talked to you/your carer/family, explaining the factors in your lifestyle that may have contributed to your stroke, and how you can help to reduce these risk factors to prevent another event.

This section of the "Stroke Passport" gives you general advice to serve as a reminder. There is a brief description of the following subjects:

- POSSIBLE PERSONALITY AND PSYCHOLOGICAL CHANGES
 - MEDICATION
 - DRIVING
 - EXERCISE
 - SMOKING
 - ALCOHOL
 - DIET
 - WORK
 - COMMUNICATION
- OTHER ISSUES:**
- Change to income
 - Employment
 - Personal/intimate relationships
 - Role change
 - Household chores
 - Gardening

are far ranging and individualized, and best dealt with on a "one to one" with your PCP/Stroke Navigator/ Coordinator/ Stroke Association Information.



POSSIBLE PERSONALITY AND PSYCHOLOGICAL CHANGES

Tiredness after stroke

Immediately after stroke it is quite common for people to be very sleepy and, depending on the nature of the stroke, this usually passes in the first few months. After this many people experience a different kind of tiredness or fatigue that can go on for weeks, months and in some cases as much as one to two years.

Often symptoms from the stroke are made worse temporarily by being tired or fatigued or if you have an infection. Especially affected are speech, memory and concentration, and this can be particularly frustrating when you are having therapies from the Physiotherapist, Occupational Therapist, Speech and Language therapist.

In most cases you can manage your tiredness by doing the following:

- Record the times when you have the least energy or what makes you tired. By doing this you can plan your day to day activities without overdoing things.
- Give yourself time to do things; a slow, steady pace consumes less energy.
- Do things in small stages and alternate between work and rest.
- Build periods of rest into your day.
- Don't be tempted to overdo it on a good day as you will be overtired the next day. If you do find yourself very tired one day, think about what you did the day before.
- Continue an exercise regime when you are home from hospital. Exercise is known to help in fighting tiredness/fatigue and helps to lift your mood. It is also an important element in secondary stroke prevention.
- Ensure that you are eating and drinking and having a "well-balanced" diet. If you don't fuel the engine it will not go.
- Don't be afraid to ask for help, especially with domestic tasks. Can your shopping and housework be done by family or friends? Social services may be able to help. Internet shopping is a great way of having your shopping delivered to you, without you having to use up a lot of energy.
- Should you feel that your tiredness/fatigue is not improving, talk to your PCP, Stroke Navigator/Coordinator who will be able to assist you with support and advice.

Psychological effects

Each stroke is different and the psychological problems that someone experiences will vary enormously depending on which part of the brain has been affected and the extent of that damage. Sometimes these changes are not always obvious and it may be when you return home from hospital and begin to adjust to "Life after Stroke", that changes become more apparent.

The information that follows gives a brief description of how people post stroke can be affected. If you or your family/carers have noticed that there are changes as described below, please talk to your PCP or the healthcare professional that is working with you. There is support and help out there, but you must let us know how you are feeling, no matter how trivial it may seem to you, family, friends or carers.

Memory and thinking

A stroke does not affect all aspects of the brain equally and therefore does not affect all aspects of memory and thinking. Many people after stroke find their ability to remember day-to-day events, people's names, places, objects, or even faces is not as good before they had their stroke. You may find it difficult to follow instructions, find your way around your home, let alone new places. This can be a bewildering and confusing time. It is important to allow time to re-learn these things. Notes, prompts, devices and coping strategies can assist.

Emotions

Physical changes within the brain can temporarily interfere with or destroy the normal controls over emotions. This loss of control over emotional expressions such as crying or laughing, for no apparent reason and be unable to stop, is called "emotional lability". Family and friends may misinterpret and attempt to console or scold accordingly. The key is for them to understand what is happening to you and support you in these situations.

Decreased motivation is a direct result of changes within the brain. This is where there is an inability to initiate an activity. With lesser motivation problems, you may appear apathetic (lack of interest) but be able to carry out activities that are familiar. In severe cases you may not want to do the most simple of tasks and this will come over as being disinterested. Gentle guidance, encouragement and support from family, friends and carers can help.

POSSIBLE PERSONALITY AND PSYCHOLOGICAL CHANGES

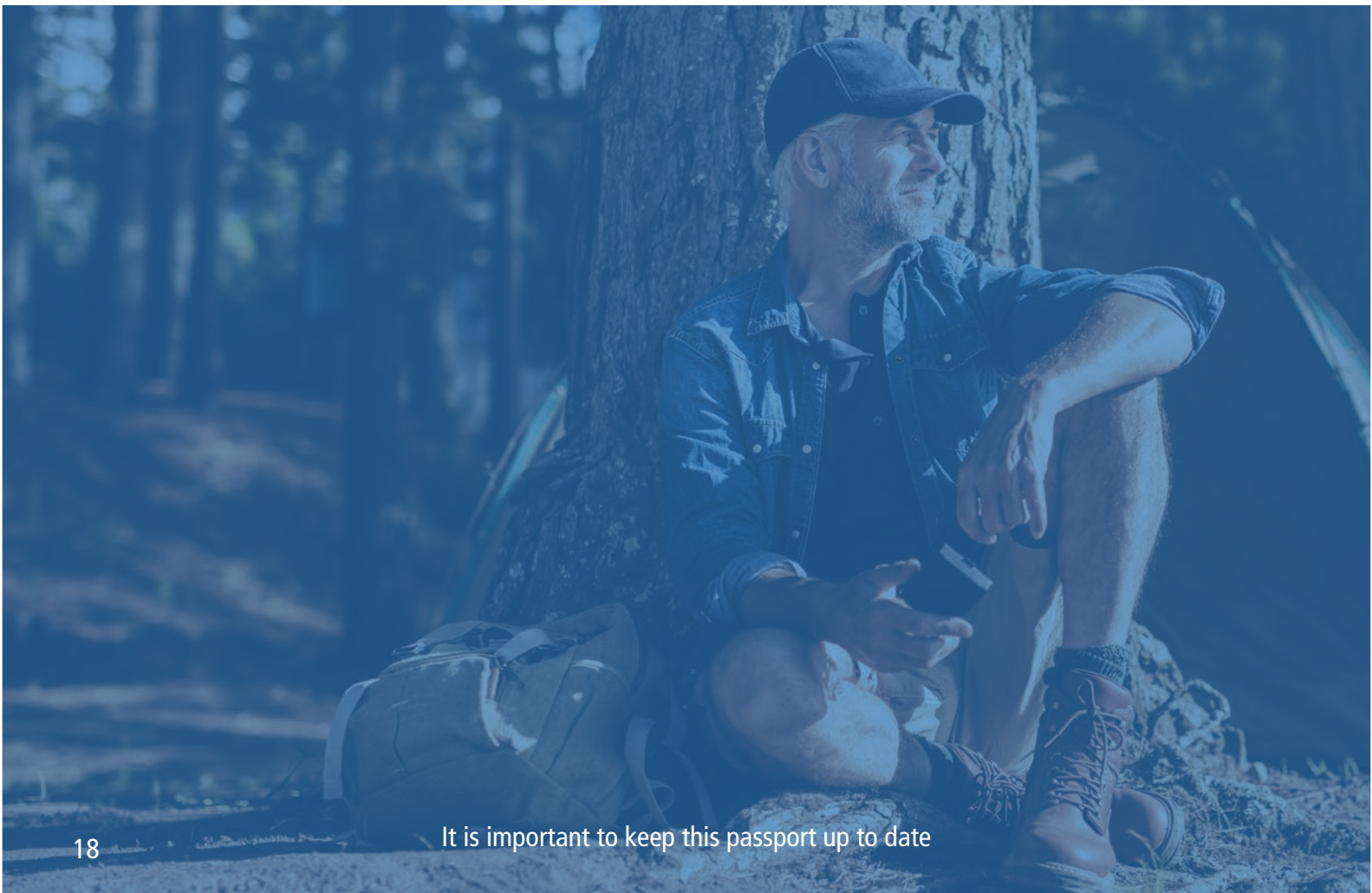
Personality

Our personality is the unique combination of our thoughts feelings and reactions towards ourselves, others and surroundings. After a stroke, some people may not seem to be the same person due to the change in the way that they think, feel and react to situations. Problems and activities once undertaken easily may be difficult or impossible to do.

There may be confusion, lack of co-operation, irritability, anger, anxiety in new situations, tearfulness over small matters and rapid mood changes. Family, friends and carers may find this distressing and will need to understand these new and puzzling changes. Once again information and advice given to you, family, friends and carers can help everyone cope in these situations.

Depression

Depression can be quite common in people who have had a stroke. This may come from the loss of the previous self, work, and social standing and from the changing role within the family. It may also be due to uncertainty of what the future will hold in terms of care, financial security, social activities, future prospects, or returning to work. Sometimes people may become so depressed that they see little purpose in living and express thoughts of death. This may be a signal for help and, for someone to listen and share their problem. There are varying degrees of depression and recognition that depression has developed is an important step, as untreated depression may become an obstacle to successful rehabilitation. Depending on the level of depression it can be treated with medication, psychological counselling or a combination of both. But this takes time.



Communication

It is very common for stroke to affect a person's communication skills. Aphasia is the name given to this problem, which affects speaking, understanding speech, reading and writing.

Support is available on aspects of communication for people who have had a stroke and their carers. The aim is to build up confidence and achieve the best possible level of recovery and independence in language skills. The local team from the Stroke Association will visit the person and their family to assess their needs and discuss what is appropriate.

In Collier County there are two groups which meet on a regular basis for two hours of supported conversation – one at Brookdale Center for Healthy Aging & Rehabilitation/Stroke Club and the other at the North Naples Fire Department/ Miracles Among Us (Brain Injury Support Group).

These meetings help stroke survivors to socialise and gain confidence as well as helping them to achieve their potential in communicating.

MEDICATION – Further information

It is important that the medication you have been prescribed is taken as directed and that you renew your prescription in good time so that you do not run out of your medicines. If you are having problems swallowing or having side effects from your medication you must consult your PCP. Do not stop taking your medications without discussing it with your PCP first. These medicines are aimed at reducing your risk factors and chances of having a second stroke. When someone has had a TIA or Ischaemic Stroke you may be prescribed the following medicines.

Antihypertensive:

This is to help lower high blood pressure, which is a major factor in the cause of stroke and cardiovascular disease. You may be prescribed just one or a combination of different drugs from the diuretic, ACE inhibitor or Beta blockers drug types. The aim is for blood pressure in the range 130/80 – 150/80, this is a guide only. Your PCP should inform you of your target blood pressure.

Statin:

You may have heard of “bad” and “good” cholesterol, normally referred to as “LDL” and “HDL” respectively by healthcare professionals. The body requires some cholesterol to maintain normal body functions and prevent heart disease (“good”/HDL). However, high levels of “bad”/LDL cholesterol can cause narrowing of the arteries and so increase the risk of heart disease, high blood pressure and stroke. A statin, with the help of eating a healthy/low fat diet and exercise can help reduce “bad” cholesterol and increase “good” cholesterol.

Anti-platelet/Anticoagulant:

These drugs are to prevent clot formation or to “thin the blood” and therefore require careful monitoring by your doctor, who should advise you what to do if you are experiencing side-effects. Depending on your medical condition you may be prescribed Aspirin, Dipyridamole or Clopidogrel - these are antiplatelets and reduce the risk of platelets in the blood from “sticking” together to form a clot. You may be prescribed an anticoagulant. This slows down the clotting time of your blood. Warfarin is the most common drug used. A regular blood test called an INR is required to ensure the correct dosage of warfarin is being taken. Dabigatran and Rivaroxaban are new anticoagulants that may only be prescribed when a specific medical condition is also present.

This is a general guide on medication and does not take into account other medical conditions that you may have, other medicines or those that you have reacted too. Always consult your PCP if you have any doubts about your medication.

Blood Pressure

The pumping action of the heart enables blood to be circulated around the body and this needs to be done at pressure. Blood pressure is the recording of the pressure within blood vessels during the heart cycle. When you have your blood pressure taken there are two readings:

1. The **systolic** is the first reading: this records the maximum pressure when the heart contracts.
2. The **diastolic** is the second recording and this is when the heart is at rest and filling up again.

These readings are recorded as two numbers, for example 140/70mmHg.

There is a general consensus among doctors that a blood pressure up to 140/90 can be described as "normal." It is also known that as we get older it is more common to have a higher blood pressure. Because high blood pressure rarely has any symptoms, there is nothing to tell that there is anything wrong. The only way of knowing is to have your blood pressure measured.

High blood pressure is a significant risk factor for stroke and once it is confirmed, it is very important that you take any drugs that have been prescribed for you. Also, you should have your blood pressure checked regularly. Your PCP will be the best person to advise you how often to check and what your target blood pressure should be.

You can also help in reducing your blood pressure by doing the following:

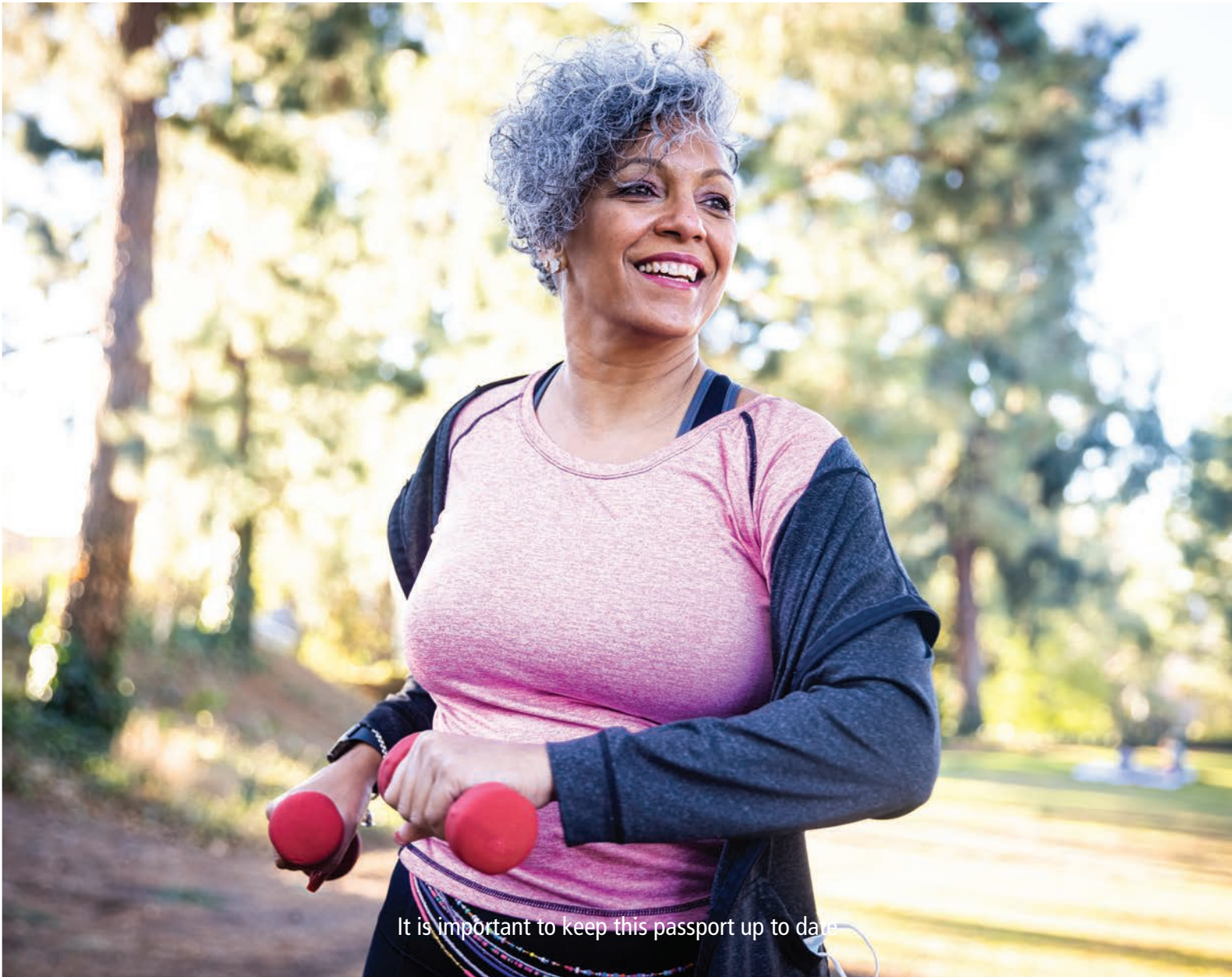
- Stop smoking, the nicotine in tobacco causes a rise in blood pressure. Other chemicals in the tobacco encourage the fatty deposit called **cholesterol** to build up in the lining of the blood vessels, and this contributes to the risk of stroke and heart disease.
- Control your weight, being overweight can be one of the causes of high blood pressure.
- Keep active, research has shown that moderate physical activity can help to lower your blood pressure. It is important that you check with your GP/Physiotherapist/Stroke Care Coordinator, the amount of activity that you should do. Activities such as weight training tend to increase blood pressure so are often not suitable for people who have high blood pressure.
- Cutting down on alcohol can bring down blood pressure, see alcohol recommendations. Binge drinking will cause a temporary, but significant rise in blood pressure.
- Reduce/omitting the amount of **salt** in your diet, whether this is during "cooking or adding at the table. Because salt is used as a preservative remember it is in all processed foods such as tinned vegetables, soups, sauces, meat products such as bacon, meat pies, sausages and cooked meats.
- If you have "white coat syndrome," where your blood pressure rises when you visit the doctor, discuss your options with your PCP, Stroke Navigator/ Coordinator. Either record your own blood pressure at home with a self purchased monitor brought from the local pharmacy, recording the results into the "Stroke Passport" or "Your self management plan for hypertension."

If you are self recording, take your blood pressure at the times your healthcare professional has advised you, and after you have been at rest for at least 10 to 15 minutes. Blood pressure does go up and down through the day and is also dependent on the activity that you have been doing prior to checking it.

EXERCISE

Before starting any form of exercise, consult your doctor.

Before leaving hospital you would have been seen by the physiotherapist to assess your mobility. They may have given you some indication of the type of exercise that is best for you to do on a daily basis. Ideally you should take 20—30 minutes of moderate physical activity — just enough to become slightly out of breath. This may involve going to the gym, swimming, moderate dancing, walking, and going to a dedicated exercise programme or tai chi. Even if you have difficulties with mobility there are chair based exercise groups that you can go to or exercises that you can do at home. Exercise helps to raise the levels of “good” cholesterol, aid in better diabetes control, helps in weight control, gives you a feeling of “well-being” and can be a way of meeting and having fun with friends. If you need further information then contact your physiotherapist who will guide you to the most appropriate exercise for you.



It is important to keep this passport up to date

SMOKING

Smoking damages the cells that line the walls of the heart arteries and other blood vessels, speeds up the process of "hardening" of the arteries, increases blood pressure and blood clotting. It is advisable to stop smoking or at the very least to cut down the amount that you smoke. Your PCP will be able to help you with "Stop Smoking" advice and aids. Think of the money that you will save!!!

ALCOHOL

There may be some medications that you are taking where it is advisable not to drink and this should be discussed with your Stroke Consultant/GP. Excessive or binge drinking can raise "bad" cholesterol levels and blood pressure thus leading to a stroke. Some research has shown that a small amount of alcohol can have "health" benefits. Currently it is recommended that the safe drinking limits of no more than 3 units per day for men and 2 units per day for women be observed. It is advisable that you have 3 alcohol free days every week.

A unit can depend on the strength or volume of the alcohol, but for general guidance:

Wine 12%

- 4 oz (small glass)
- 6 oz (standard glass)

Beer 5%

- 12 oz

Spirits 80%

- 1.5 oz. of 80-proof spirits
- 1 oz. of 100-proof spirits



DIET

The Balanced Diet

It is important to eat foods from different groups to ensure a healthy balanced diet. After a stroke:

Instead of salt, try flavoring foods with lemon juice, pepper, herbs and garlic - Avoid adding salt in cooking and at the table - our bodies don't need extra salt as we get enough from other foods in our diet. Reducing salt in your diet can help to reduce blood pressure.

Eat less saturated fat - This is found particularly in meat and dairy products-try to cut the fat off meat and use lower fat dairy products. This will help to reduce cholesterol levels and reduce plaque formation in blood vessels.

Include oily fish in your diet - Oily fish has been found to reduce your risk of further stroke. Aim to include 2-3 servings per week such as mackerel, salmon, sardines, and herring. Limit your intake of smoked fish to once a week as this is high in salt.

Fill up on fruit and vegetables - Aim to include 5 servings of fruit and vegetables each day in your diet. One serving is a portion of fruit (eg an apple or banana) or a serving spoon of vegetables. Beans and lentils are also good to include in your diet- they can help to lower cholesterol levels.



It is important to keep this passport up to date

DRIVING

If you are the holder of a car, moped or motorcycle driving license, you should refrain from driving until cleared by your PCP. You should discuss with your PCP when it is safe for you to drive again. If your symptoms from the effect of stroke have not lasted longer than 1 month you do not need to inform DMV. However, medical inquiries will be undertaken by DMV if any of the following circumstances apply:

1. One month after the stroke there are residual symptoms causing limb weakness, or visual disturbance, or problems with coordination, memory or understanding.
2. Epileptic attacks of any kind have occurred, other than those within 24 hours following the stroke event.
3. Brain surgery was required as part of the treatment for the stroke event.
4. There has been more than one stroke event within the past three months.
5. Your doctors have expressed concern about your fitness to drive.
6. You hold either a current CDL or Class E licenses.

Persistent limb disability following a stroke event may not prevent you holding a driving license. Adaptations to a vehicle and or restriction to automatic types of vehicle may enable you to overcome driving difficulties.

The law requires adaptations or restriction to certain types of vehicles to be noted on the licence. Therefore you will need to inform DMV of those adaptations. In the interest of road safety you must be sure at all times that you can safely control a motor vehicle. If you have any doubts, or if any of the above six points applies to you, you should discuss the matter with your doctors. If any of the six points are relevant to you, you must contact DMV.

WORK

Returning to work can seem to be quite a daunting task to undertake after a TIA/ stroke, and this will depend on the type of work that you do, how you have been affected by the event, and how you feel in yourself.

Try not to compare what you can do now to what you used to do.

Tiredness and cognitive problems like memory loss and poor concentration can cause as many hurdles in the work place as physical disability. Many people find it an opportunity to try something else, re-train, work from home, work flexibly or take up new challenges and opportunities.

Doing voluntary work within the voluntary sector can be fulfilling and important, and can be a great way of building up confidence, helping you to get back into a work mode, being with other people and keep you occupied until you can see where your future lies.

If you do return to your previous employment. It is very important that you have a frank discussion with your employer and close colleagues, so that you do not put pressure on yourself to work to the same level as you were before your stroke. Some people can be unrealistic about returning to work and take on too much too soon. Give yourself a chance and don't be too hard on yourself if things don't work out the way you want them to.

Remember to take travel arrangements and travel times into consideration when thinking about going back to work; sometimes this in itself can be a strain for you. Reducing your working hours and work load or being able to have flexible working patterns, especially if you have good and bad days, will all help ease you back into work.

Some employers have access to an Occupational Health Service, who will be able to assess your work capability. In all events you should discuss returning to work with your physician.

Remember that many people do successfully return to work, and those who have a less severe stroke return within three months of having their stroke. Obviously if you are not earning, the bills still have to be paid and this can be of great stress on you and family.



VACATIONS AND TRAVEL

We all need a vacation for rest, relaxation, to see new places or to visit family. Because of your long term health condition/s, additional travel arrangements and considerations may need to be thought about.

This is generalized information and as an individual you will need to consult with your GP before travelling, flying and especially going on a long haul flight. If you have special needs/requirements it is best to check with the airline/tour operator before booking.

When can I fly?

It is advisable not to fly for 2-3 months after your stroke. If you have had a TIA and you have made a complete recovery, you may fly after 10 days. This is the minimal time limit. In each case you must seek the permission from your PCP/ airline you are travelling with.

Planning ahead

Before booking your trip have a medical check up with your physician, especially if flying.

- Ensure that the accommodation is suitable for your needs. Steps into the shower, stairs/steps and hilly terrain could present problems.
- Take a doctors letter with you outlining your existing medical condition/s and medication or take your stroke passport.
- Ensure that you have adequate holiday/medical insurance in place before you travel; including the cost of flying you home in an emergency.
- Make sure that you have enough supplies of your medication for the whole of your vacation, plus extra in case of delays. Keep your medication in your carry on luggage, your main luggage may get misplaced. If you are taking opiate type drugs for pain, make sure this is explained in your doctor's letter, and notify the airline. This may prevent delays going through Customs.
- If travelling coach see if you have a seat with good leg room and if by car take stops to "stretch" your legs. If flying arrive early at the airport to allow plenty of time for booking in and to obtain seats with plenty of leg room, unless previously arranged with the airline. This is to give you room to move/exercise your legs to improve your circulation while travelling.
- Transport within the airport and to the airplane can be arranged, if booked in advanced.
- Avoid handling heavy luggage.
- Most of all enjoy your holiday and relax.

ADVICE AND SUPPORT FOR CARERS

Caring for someone who has had a stroke/TIA can be a very stressful and worrying time. From coping with the onset of the stroke/TIA and immediate visit to hospital, during hospital stay, discharge from hospital, the end of rehabilitation support, as well as adjusting to life at home. It can leave people feeling bewildered, unsupported and isolated.

Your encouragement, support and involvement in the rehabilitation of the person you care for, can make a difference in the level of recovery. But to do this you also need advice, information, practical help and support, whatever your age and circumstances.

Please voice any concerns or worries that you might have, your role is very important. If you are unable to look after the person you are caring for, for whatever reason, who else will be able to?

While your loved one is in hospital voice any fears and worries that you have to the staff. They will be able to give you some indication as to the level of care that may be needed after hospital discharge. They can also assist you to other support agencies in your area that can help.

American Heart and Stroke Association's Information, Stroke Coordinator/Navigator can provide a number of services for you as a carer and for the person you are caring for, as well as making referrals to other relevant services with your consent. Their contact details can be found in the back of the Stroke Passport. Remember you are not alone, help is there for you.



GLOSSARY OF TERMS

ANTICOAGULANT: a type of drug that reduces blood clotting

ANTIPLATELET DRUG: a type that helps prevent the formation of blood clots by affecting the function of blood cells called platelets

ATRIAL FIBRILLATION: a condition that affects the heart, causing irregular and often fast heartbeat

BMI (BODY MASS INDEX): the relationship between a person's height and weight

BP (BLOOD PRESSURE): the pressure against the walls of the blood vessels

CAROTID ARTERY: the main blood vessel in the neck that carries blood to the brain

CAROTID ENDARTERECTOMY: an operation to remove a blockage in the carotid artery

CT (COMPUTED TOMOGRAPHY) SCAN: a type of three-dimensional scan that uses X-rays to give images of body tissues

DEEP VEIN THROMBOSIS (DVT): a blood clot that forms in a vein (usually in the leg)

HEMORRHAGIC STROKE: a type of stroke caused when a blood vessel burst, causing bleeding into the brain

INR (INTERNATIONAL NORMALISED RATIO): the time it takes blood to coagulate/clot

ISCHEMIC STROKE: a type of stroke that happens when a clot blocks an artery that carries blood to the brain

MALNOURISHED: a person can become malnourished if their diet doesn't provide enough nutrients, such as calories, protein and vitamins, to keep them healthy

MRI (MAGNETIC RESONANCE IMAGING) SCAN: a type of scan that uses a strong magnetic field and radio waves to produce detailed pictures of the inside of the body

STATIN: a type of drug used to lower cholesterol levels

THROMBOLYSIS: treatment with a drug that breaks down the blood clot blocking the artery in your brain

TRANSIENT ISCHEMIC ATTACK (TIA): Sometimes called a "mini-stroke", a TIA happens when the brain's blood supply is interrupted for a short time. Symptoms disappear within 24 hours

My Further Targets Are:	
Physiotherapy e.g. to walk...	
Occupational Therapy (OT) e.g. to cook...	
Speech Therapy (S&LT) e.g. to write...	
Dietician e.g. salt intake, 5 a day	
GP e.g. blood pressure, cholesterol weight, ...	

More Goals for the Future	
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Month 1
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Month 2
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Month 3
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Month 4
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Month 5
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Month 6
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Month 7
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Month 8
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Month 9
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Month 10
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Month 11
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Month 12
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USEFUL NUMBERS

Stroke Club

Brookdale Center for Health Aging & Rehabilitation

Day Room
11190 Health Park Blvd.
Naples, FL 34110

Meetings: Every 2nd Tuesday @ 2:00 PM – 3:30 PM
lois.mcsweeney@nchmd.org

Academy of Nutrition and Dietetics

120 South Riverside Plaza
Suite 2000
Chicago, IL 60606-6995
Ph# 800-877-1600
www.eatright.org

Aphasia Support Group

Brookdale Center for Healthy Aging and Rehabilitation

Conference Room A
11190 Health Park Blvd.
Naples, Florida 34110

Meetings: 2nd Tuesday @ 2:00 PM – 3:30 PM.
(Meetings on hold due to Covid)
Please call (239) 624-5752 for information.

American Stroke Association Stroke Family "Warmline"

For one-on-one attention from someone
who has been in your shoes:
1-888-4 STROKE (1-888-478-7653)

Joe Niekro Foundation

[https://www.joeniekrofoundation.com/
patient-caregiversupport/support-groups/locations/](https://www.joeniekrofoundation.com/patient-caregiversupport/support-groups/locations/)

Miracles Among Us (Brain Injury Support Group)

The North Naples Fire Department

1885 Veterans Park Drive
Naples, FL 34109

Meetings: Every 3rd Monday @ 1:00 PM – 3:00 PM
Contact: Susan. . . (239) 529-5284

National Association of Social Workers

750 1st Street NE, Suite 700
Washington, DC 20002
800-638-8255 or 301-498-2071
www.asha.org

This organization can provide a list of speech
therapists in your state.

U.S. Department of Health and Human Services Public Health Service Agency for Health Care Policy and Research

P.O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
www.ahrg.gov

American Stroke Association, (a division of the American Heart Association) Stroke Family "Warmline"

7272 Greenville Avenue
Dallas, Texas 75231
1-888-4-STROKE (1-888-478-7653)
www.STrokeAssociation.org

American Occupational Therapy Association

4720 Montgomery Lane
Bethesda, MD 20814

American Physical Therapy Association

1111 North Fairfax Street
Alexandria, VA 22314
800-999-2782 or 703-684-2782 or
www.apta.org

This national organization provides referrals to
state chapters.
800-638-8799 or 202-408-8600

American Speech-Language-Hearing Association

10801 Rockville Pike
Rockville, MD 20852

National Council on Aging

251 18th St S Ste 500
Arlington, VA 22202
(571) 527-3900
www.ncog.org

National Easter Seal Society

230 West Monroe Street, Suite 1800
Chicago, IL 60606
800-221-6827
www.easterseals.org

This organization helps people with disabilities achieve independence by locating funding sources to assist with medical and assistive equipment and medical bills (on occasion).

National Rehabilitation Information Center

4200 Forbes Blvd., Suite 202
Lanham, MD 20706
800-346-2742
www.naric.com

This toll-free number provides information on types of rehabilitation, adaptive devices and other aids for recovery.

American Speech-Language-Hearing Association

10801 Rockville Pike
Rockville, MD 20852
800-638-8255 or 301-498-2071
www.asha.org

This organization can provide a list of speech therapists in your state.

Vocational Services for the Disabled

800-222-JOBS

A New York-based service that refers consumers to local state offices providing vocational and educational services for people with disabilities.

American Association of Retired Persons (AARP)

601 E Street, NW
Washington, DC 20049
800-424-2277
www.aarp.com

AARP provides information relating to aging and senior citizens. It also has literature for a variety of health and benefit questions important to seniors.

National Institute of Neurological Disorders and Stroke

P.O. Box 5801
Bethesda, MD 20824
800-352-9424
www.ninds.nih.gov

American Occupational Therapy Association

4720 Montgomery Lane
Bethesda, MD 20814
301-652-2682
www.aota.org

This association helps people locate occupational therapists in their local areas.

National Aphasia Association

29 John Street, Suite 1103
New York, NY 10038
800-922-4622
www.aphasia.org
e-mail: naa@aphasia.org

This organization provides information and support services for people living with aphasia.

American Physical Therapy Association

1111 North Fairfax Street
Alexandria, VA 22314
800-999-2782 or 703-684-2782 or
www.apta.org

This national organization provides referrals to state chapters.
800-638-8799 or 202-408-8600

Caregiver Eldercare Locator

927 15th Street, NW, 6th Floor
Washington, DC 20005
800-677-1116
www.eldercare.gov

A nationwide database that gives caregivers access to local area resources that provide care to the elderly

Acute Stroke Coordinators

NCH Healthcare System

Diana Trupiano, MSN, RN, SCRNP
NCH System Stroke Coordinator
Baker, NNH, Bonita Freestanding ER, NE ED
Baker: 239-624-4172
NNH: 239-624-2143
email: diana.trupiano@nchmd.org

NCH Healthcare System

Laura Cowperthwait, BSN, RN, SCRNP, GRN, CDP
Stroke Coordinator, Baker Hospital
Office: 239-624-2116
Pager: 239-279-1168
email: laura.cowperthwait@nchmd.org

Discharge Stroke Education

☐

Patient provided with written instructions

☐

Contact 911 for signs and symptoms of stroke:

F. Facial Droop

A. Arm Drift

S. Slurred Speech

T. Time – Get to an emergency room as soon as symptoms occur.

☐

Important to follow up with Physician

☐

Discharge Medication Education

☐

Warning Signs and Symptoms of Stroke

☐

Risk Factors for Stroke



SCRIBBLE PAD



