



Stroke Passport

A Guide for the Patient and Caregiver

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

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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. This document may be reproduced free of charge for non-commercial use in any format providing that it is accurately reproduced.



Introduction

This passport is for keeping clear and up-to-date records of treatment and support available throughout your rehabilitation. It encourages monthly goal-setting, giving providers the tools to help “get your life back.” Your self-management plan includes actionable strategies for reducing stroke risks and improving functional abilities. This will help you to live an active, healthy, and independent lifestyle.

The health professionals caring for you should complete pages 2-9 with you before you go home. We recommend keeping this booklet current as you make progress toward new goals. Self-motivation and a strong support system are vital to your improvement. Your providers will also support you in reaching your goals with advice, information, and further treatment, when appropriate.

Some sections of this passport contain information about your contacts, condition, medication, etc. This makes the passport a useful document to take to your clinic appointments, 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, your passport must be 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 _____

Phone _____

Email _____

Allergies

My Next of Kin

Name _____

Address _____

Zip Code _____

Phone _____

Email _____

Emergency Contact

Name _____

Relationship _____

Address _____

Phone _____

Email _____

My PCP

Name _____

Address _____

Phone _____

My Stroke Consultant

Name _____

Hospital _____

Phone _____

My Physiotherapist

Name _____

Hospital _____

Phone _____

Occupational Therapist

Name _____

Hospital _____

Phone _____

My Speech and Language Therapist

Name _____

Hospital _____

Phone _____

My Dietitian

Name _____

Hospital _____

Phone _____

Other Specialist (Example: Cardiologist, Dermatologist)

Name _____

Hospital _____

Phone _____

Other Specialist (Example: Cardiologist, Dermatologist)

Name _____

Hospital _____

Phone _____

My Social Caregiver

Name _____

Hospital _____

Phone _____

My Pharmacist

Name _____

Hospital _____

Phone _____

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 check below	Date
Transient Ischaemic Attack	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ischemic Stroke • I have received thrombolysis.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hemorrhagic Stroke	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Stroke Risk Factors - Non Modifiable

- ☐ Advanced Age
- ☐ Male Gender
- ☐ Race
- ☐ Family History of Heart Attack or Early Stroke

Stroke Risk Factors - Modifiable

- ☐ Hypertension, Systolic, and Diastolic
- ☐ Diabetes Mellitus
- ☐ Hypercholesterolemia
- ☐ Cigarette Smoking
- ☐ Prior Stroke/TIA
- ☐ Carotid Disease, Heart Disease, (esp. afib)
- ☐ Hypercoaguable states
- ☐ 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 six weeks, six months, one year, and annually** after your discharge from the 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.

	Six Weeks	Six Months	One Year
Review Due Date			
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<) _____

Dietitian _____

During your discussions with your PCP or the stroke team, you may have heard them use the term "target."
This is the advised measurement, relevant for your condition, you should reach for further stroke prevention.

My Results

Date	Blood Pressure	Cholesterol	BMI	Blood Glucose	Weight	INR
Target						

My Medication

It is very important that I receive my medication at the correct dose and at the correct time.

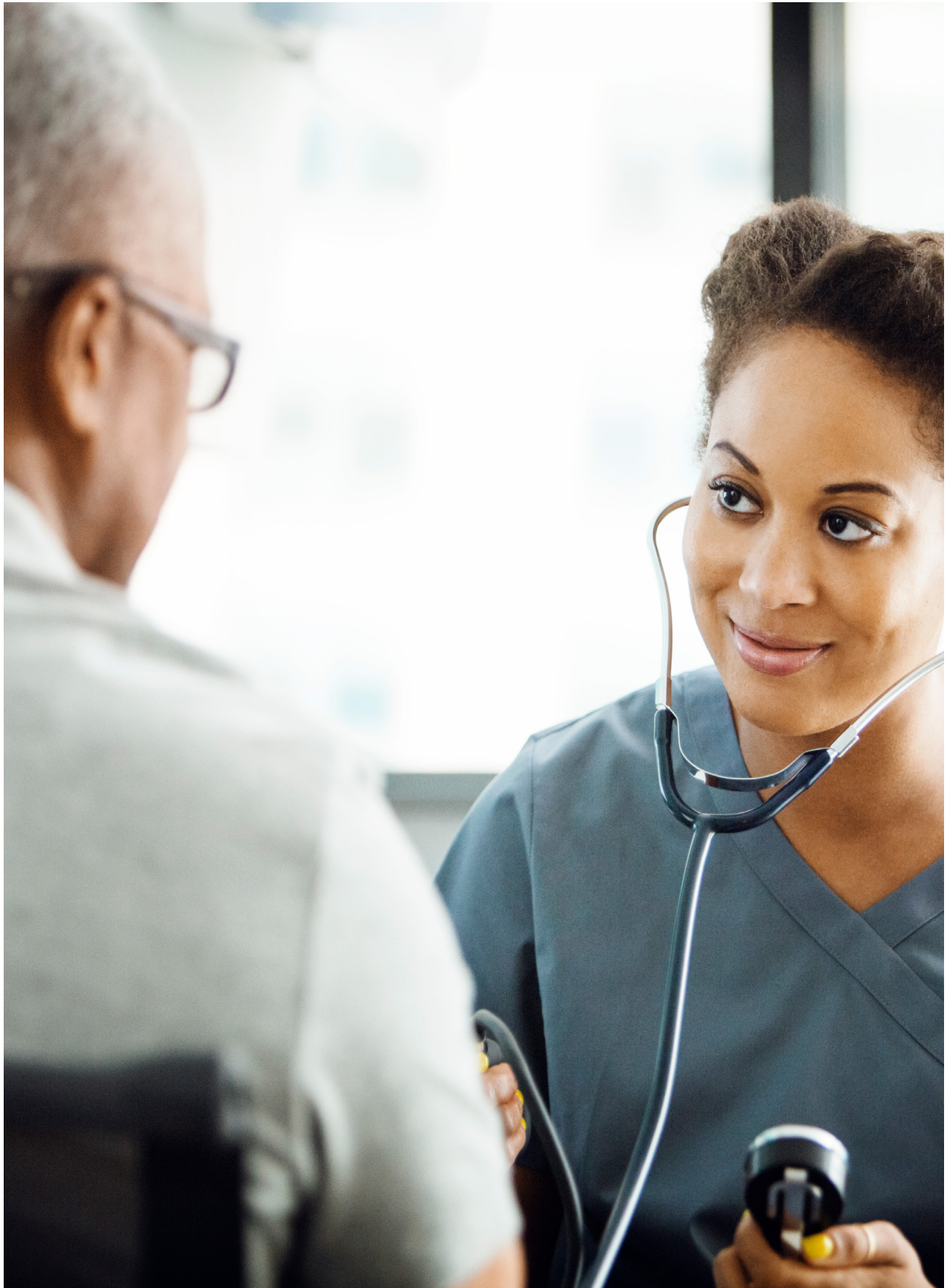
These medications are:

1	Name _____ Dosage _____	What it's for _____ Time Taken _____
2	Name _____ Dosage _____	What it's for _____ Time Taken _____
3	Name _____ Dosage _____	What it's for _____ Time Taken _____
4	Name _____ Dosage _____	What it's for _____ Time Taken _____
5	Name _____ Dosage _____	What it's for _____ Time Taken _____
6	Name _____ Dosage _____	What it's for _____ Time Taken _____
7	Name _____ Dosage _____	What it's for _____ Time Taken _____
8	Name _____ Dosage _____	What it's for _____ Time Taken _____

9	Name _____ Dosage _____	What it's for _____ Time Taken _____
10	Name _____ Dosage _____	What it's for _____ Time Taken _____
11	Name _____ Dosage _____	What it's for _____ Time Taken _____
12	Name _____ Dosage _____	What it's for _____ Time Taken _____

My health targets are:

	First	Second
Blood Pressure		
Cholesterol		
BMI		
Blood Glucose		
Weight		
INR		



Appointments

Once you return from the hospital, you may need to attend several appointments. Some may be with your PCP and others with specialty providers. While it can feel like you’re on the “medical merry-go-round,” it’s important you attend these appointments as they will help keep you well after your stroke and defend against further strokes.

To help manage this, the next section of this page is for you/your caregiver to keep track of appointments in one place. This can be useful as you are seeing many different people to avoid double-booking. It is also useful for your PCP to know who you are seeing and when, especially if you are having further check-ups.

Date	Time	Appointment With	Venue

Appointments Cont.

[illegible]

Looking Forward

My rehabilitation targets are:

Physiotherapy ex. to walk...		
Occupational Therapy (OT) ex. to cook...		
Speech Therapy (S&LT) ex. to write...		
Dietitian ex. salt intake,		

Life After Stroke

During your stay in the hospital, a member of the stroke team would have talked to you, your caregiver, or your family, explaining the factors in your lifestyle that may have contributed to your stroke and how you can help 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
- Change to income
- Employment
- Personal/intimate relationships
- Role change
- Household chores
- Gardening

As post-stroke symptoms vary from person to person, it's best to address them one-on-one with your PCP and/or stroke team.



Possible Personality and Psychological Changes

Immediately after a stroke, it is common to be very sleepy. Depending on the nature of your stroke, this usually passes in the first few months. Many people experience a different kind of tiredness or fatigue that can go on for weeks, months, or, in severe cases, one or two years.

Stroke symptoms may temporarily worsen as a result of tiredness, fatigue, or infection. Especially affected are speech, memory, and concentration. This can be particularly frustrating when you are receiving therapies from a physiotherapist, occupational therapist, or speech and language therapist.

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

- Record times when you have the least energy or what makes you tired. 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.
- Incorporate periods of rest into your day.
- Don't be tempted to overdo it on a good day as you will be extremely tired 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 the hospital. Exercise is known to help in fight fatigue and helps lift your mood. It is also an important element in secondary stroke prevention.
- Ensure that you are eating, drinking, and have 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 to get the essentials without spending unnecessary energy.
- Should you feel that your tiredness/fatigue is not improving, talk to your PCP or stroke team. They will assist you with who will assist you with support and advice.

Possible Personality and Psychological Changes Cont.

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 the hospital and begin to adjust to “life after stroke”, in which changes become more apparent.

The information that follows gives a brief description of how stroke survivors can be affected. If you, your family, or caregivers have noticed that there are changes as described below, please talk to your PCP or the healthcare professional who 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 caregivers.

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. After a stroke, many people find their ability to remember day-to-day events, people’s names, places, objects, or even faces is not as sharp as before they had their stroke. You may find it difficult to follow instructions and find your way around your home and 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 your control over emotions. This loss of control over emotional expressions, such as crying or laughing for no reason and being unable to stop, is called emotional lability. Family and friends may misinterpret and attempt to console or scold you accordingly. The key is for them to understand what is happening 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 familiar activities. In severe cases, you may not want to do the most simple of tasks and this will come across as being disinterested. Gentle guidance, encouragement, and support from family, friends, and caregivers can help.

Personality

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

There may be confusion, lack of cooperation, irritability, anger, anxiety in new situations, tearfulness over small matters, and rapid mood changes. Family, friends, and caregivers 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 caregivers 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, social standing, and 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 counseling, or a combination of both, but this takes time.



Possible Personality and Psychological Changes Cont.

Communication

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

Communication support is available for stroke survivors and their caregivers. The goal 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 that meet regularly 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 socialize, gain confidence, and reach their communication potential.



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. If you are having problems swallowing or experiencing 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 Ischemic stroke, they 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-blocker drug types. The aim is for blood pressure levels in the range of 130/80 - 150/80 (this is only a guide). 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, thus increasing the risk of heart disease, high blood pressure, and stroke. When paired with a healthy, low-fat diet and exercise, a statin can help reduce “bad” cholesterol and increase “good” cholesterol.

Anti-Platelet/Anticoagulant

These drugs are used to prevent clot formation or to “thin the blood”, therefore requiring 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 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, medicines you currently take, or those that you have reacted to. Always consult your PCP if you have any questions about your medication.

Blood Pressure

The pumping action of the heart enables blood to be circulated through the body and this needs to be done with 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 no way to see or feel that anything is wrong. The only way of knowing is having 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. You should also have your blood pressure checked regularly. Your PCP will be the best person to advise you on 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 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.
- **Stay 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 team about 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/omit the amount of salt in your diet**, whether this is during cooking or adding it to your food at the table. Because salt is used as a preservative, remember it is in all processed foods such as tinned vegetables, soups, sauces, and meat products such as bacon, 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 or stroke team. Record your blood pressure at home with a self-purchased monitor from your local pharmacy. From here, record your results in 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 throughout the day and is also dependent on the activity dependent on the activity completed before checking it.

Exercise

Before starting any form of exercise, consult your doctor.

Before leaving the hospital you should have been seen by a physiotherapist to assess your mobility. They may have given you some indication of the type of exercise that is best for you to do daily. Ideally, you should perform 20 to 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, or going to a dedicated exercise program 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, aids in better diabetes control, helps with 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, contact your physiotherapist. They will provide the most appropriate exercise options for you.



Smoking and Alcohol

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

There may be some medications you are taking where it is advisable not to drink. 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 three units per day for men and two units per day for women be observed. It is advisable that you have three 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)

Spirits 80%

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

Beer 5%

- 12 oz



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, or garlic. Avoid adding salt in cooking and at the table - our bodies don't need extra salt because 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 primarily found in meat and dairy products. Try to cut the fat off meat and use lower-fat dairy products. This will help reduce cholesterol levels and 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 two to three 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 five servings of fruit and vegetables each day in your diet. One serving is a portion of fruit (ex. an apple or banana) or a serving spoon of vegetables. Beans and lentils are also good to include in your diet to help lower cholesterol levels.



Driving

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 you have experienced post-stroke symptoms for less than a month, you do not need to inform the DMV. However, **medical inquiries will be undertaken by the DMV if any of the following circumstances apply:**

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

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

The law requires adaptations to or restrictions for operating certain types of vehicles to be noted on the license. Therefore, you will need to inform the DMV of those adaptations or restrictions. 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 the DMV.

Work

Returning to work can seem like a daunting task after a TIA or stroke. This will depend on the type of work that you do, how you have been affected by the event, and how you feel.

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 workplace as a physical disability. Many people find it an opportunity to try something else, re-train, work from home, or take up new challenges and opportunities.

Volunteering can be fulfilling and important. It can also be a great way of building up confidence, helping you to get back into a work mode, being with other people, and keeping you occupied until you can see where your future lies.

If you do return to your previous employment, it's important that you have a frank discussion with your employer and close colleagues so that you do not put pressure on yourself to perform at the same level as you did 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 workload 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 that 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 your 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 may need to be considered.

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

When Can I Fly?

It is advisable not to fly for two to three 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 permission from your PCP/airline you are traveling 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, and hilly terrain could present problems.
- Take a doctor's 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 ample medication for the whole duration of your vacation, plus extra in case of delays. Keep your medication in your carry-on luggage as 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 traveling by coach, see if you have a seat with enough leg room and, if traveling by car, take stops to stretch your legs. If flying, arrive early to the airport to allow plenty of time for checking in and to obtain seats with plenty of leg room, unless previously arranged with the airline. This will give you room to move/exercise your legs to improve your circulation while traveling.
- Transport within the airport and to the airplane can be arranged if booked in advance.
- Avoid handling heavy luggage.
- Most of all, enjoy your holiday and relax.



Advice and Support For Caregivers

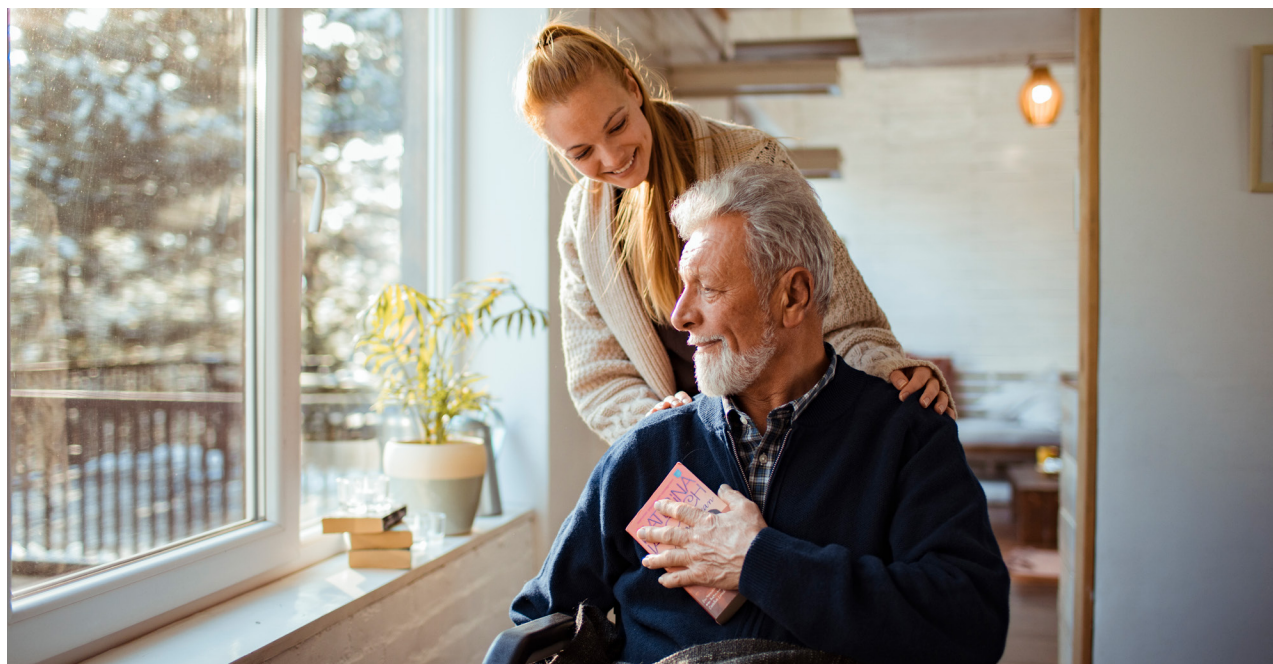
Caring for someone after a stroke or TIA can be incredibly stressful and isolating. From the initial onset, hospitalization, discharge, and through rehabilitation, caregivers often feel bewildered and unsupported.

Your encouragement, support, and involvement in the rehabilitation of the person you care for can make a difference in their 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 as 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 the 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 they are discharged. The care team can also direct you to other support agencies in your area that can help.

American Heart and Stroke Association's Information and stroke team can provide several services for you as a caregiver 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 of drug 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 bursts, 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 future targets are:

Physiotherapy ex. to walk...		
Occupational Therapy (OT) ex. to cook...		
Speech Therapy (S&LT) ex. to write...		
Dietitian ex. salt intake		
GP ex. blood pressure, cholesterol, weight...		

More Goals for the Future

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Goal Tracking

Month 1
1.
2.
3.
4.
5.

Month 2
1.
2.
3.
4.
5.

Goal Tracking

Month 3
1.
2.
3.
4.
5.

Month 4
1.
2.
3.
4.
5.

Goal Tracking

Month 5
1.
2.
3.
4.
5.

Month 6
1.
2.
3.
4.
5.

Goal Tracking

Month 7
1.
2.
3.
4.
5.

Month 8
1.
2.
3.
4.
5.

Goal Tracking

Month 9
1.
2.
3.
4.
5.

Month 10
1.
2.
3.
4.
5.

Goal Tracking

Month 11
1.
2.
3.
4.
5.

Month 12
1.
2.
3.
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Useful Contact Information

Wingard Stroke Institute Outpatient Clinic | 239-624-4286

311 9th St. North, Suite 110, Naples, FL 34102

Monday - Friday: 8:00 AM - 5:00 PM

Stroke Warriors Stroke Survivors Group

NCH Baker Hospital

Telford Building Main Auditorium

350 7th St. North, Naples, FL 34102

NCH North Naples Hospital

Brookdale Building Boardroom

11190 Health Park Blvd., Naples, FL 34110

Meetings: quarterly

diana.wonglam@nchmd.org

Academy of Nutrition and Dietetics | 800-877-1600

120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995

www.eatright.org

American Stroke Association Stroke Family "Warmline" | 1-888-4 STROKE (1-888-478-7653)

For one-on-one attention from someone who has been in your shoes.

Joe Niekro Foundation

joeniekrofoundation.com

Caregiver Eldercare Locator | 800-677-1116

927 15th St. NW, 6th Floor, Washington, DC 20005

eldercare.acl.gov

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

Useful Contact Information Cont.

National Association of Social Workers | 800-638-8255 or 301-498-2071

750 1st St. NE, Suite 700 Washington, DC 20002

socialworkers.org

U.S. Department of Health and Human Services | 800-358-9295

Public Health Service Agency for Health Care Policy and Research

P.O. Box 8547 Silver Spring, MD 20907-8547

ahrq.gov

American Stroke Association, (a division of the American Heart Association) Stroke Family “Warmline” | 1-888-4-STROKE (1-888-478-7653)

7272 Greenville Avenue, Dallas, TX 75231

strokeassociation.org

National Council on Aging | 571-527-3900

251 18th St. Suite, Ste 500, Arlington, VA 22202

ncoa.org

National Easter Seal Society | 800-221-6827

230 West Monroe St., Suite, 1800 Chicago, IL 60606

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 | 800-346-2742

4200 Forbes Blvd., Suite, 202 Lanham, MD 20706

naric.com

American Speech-Language-Hearing Association | 800-638-8255 or 301-498-2071

10801 Rockville Pike, Rockville, MD 20852

asha.org

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

American Association of Retired Persons (AARP) | 800-424-2277

601 E Street, NW, Washington, DC 20049

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 | 800-352-9424

P.O. Box 5801, Bethesda, MD 20824

ninds.nih.gov

American Occupational Therapy Association | 301-652-2682

4720 Montgomery Lane, Bethesda, MD 20814

aota.org

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

National Aphasia Association | 800-922-4622

29 John St., Suite 1103, New York, NY 10038

aphasia.org

e-mail: naa@aphasia.org

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

American Physical Therapy Association | 800-999-2782 or 703-684-2782

1111 North Fairfax St., Alexandria, VA 22314

apta.org

This national organization provides referrals to state chapters.

800-638-8799 or 202-408-8600

Vocational Services for the Disabled

Lifeworks is a non-profit organization that partners with people with disabilities to drive change by increasing opportunity and access in the community.

lifeworks.org

Discharge Stroke Education

☐ Patient provided with written instructions

☐ Contact 911 for signs and symptoms of stroke:

B. Balance

E. Eyes

F. Face drooping

A. Arm weakness

S. Speech difficulty

T. Time to call 911

☐ important to follow up with physician

☐ discharge medication education

☐ warning signs and symptoms of stroke

☐ risk factors for stroke



STROKE WARRIORS

stroke survivor group

Hosted by the rehabilitation neurology team

**First Thursday in February, May, August,
and November 12:00-1:00 p.m.**

**NCH North Hospital
Brookdale building, boardroom**

**11190 Health Park Blvd, Naples FL 34110
(Enter through Brookdale entrance)**

RSVP to diana.wonglam@nchmd.org.

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NCH

WINGARD
STROKE INSTITUTE

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