Dear Stroke Survivor,

We have dedicated this Stroke Care Survival Guide to you as a stroke survivor. Use this book to support your journey towards stroke recovery and lower your chance of having another stroke.

Our hope is that it will assist you in maintaining an enjoyable quality of life… let’s make it a great one!

From your SCL Health Stroke Care Team

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**Stroke Facts**

- Up to 80 percent of strokes are preventable
- 800,000 strokes occur each year
- Stroke is the number one cause of long-term disability in the United States

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**SCL Health Neurological Services Mission Statement:**

*Setting the standard of excellence in stroke care through prevention, treatment and education within the communities we serve.*

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**We are committed to:**

- Providing RAPID treatment to enhance the quality of life for our patients
- Fostering healing and health
- Providing stroke survivors, their families and caregivers – resources for education and support
- Treating those we serve with respect and dignity
- Increasing public awareness of stroke
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Stroke and TIA (mini-stroke)

A stroke occurs when the brain’s blood supply is reduced or stopped. A stroke may be called a cerebral vascular accident or CVA. There are two types of strokes, ischemic and hemorrhagic.

**Ischemic Stroke**

Ischemic strokes are the most common type of stroke and occur when blood vessels to the brain become narrowed or clogged. A blood vessel in or leading to the brain may become severely narrowed due to atherosclerosis. Atherosclerosis is a condition in which fatty deposits build up in blood vessels and reduce the flow of blood.

Clots can develop at the stroke site (thrombus) or can develop in another part of the body and travel to the brain (embolic). Clots that travel through the blood stream to the brain most commonly form in the heart and large vessels of the chest and neck. Atrial fibrillation is a common cause of clot formation in the heart.

**Transient Ischemic Attack (TIA)**

TIA, also known as a “mini stroke,” is caused by a clot that blocks an artery for a short time. The difference between a stroke and TIA is that with TIA the blockage is temporary. Symptoms occur rapidly and last a short time. Unlike a stroke, when a TIA is over, there is minimal injury to the brain. About 15 percent of strokes are preceded by a TIA. TIA is a serious warning sign of a stroke and should not be ignored — call 911 immediately.
Hemorrhagic Stroke

Hemorrhagic strokes occur when a weak blood vessel ruptures and bleeds into the surrounding brain tissue. Most weakened blood vessels begin to leak due to high blood pressure. Two types of weakened blood vessels that cause hemorrhagic strokes are aneurysms and arteriovenous malformations.
Functional Anatomy Quick Look Guide

**Frontal Lobe – Key Characteristics**
- Attention
- Motivation
- Emotional, social, sexual control
- Verbal expression
- Judgment
- Spontaneity
- Problem solving
- Decision making
- Expressive language
- Motor integration
- Voluntary movement
- Sequencing

**Temporal Lobe – Key Characteristics**
- Short-term memory
- Receptive language
- Language comprehension
- Musical awareness
- Selective attention
- Object categorization
- Locating objects
- Face recognition
- Behavior (aggressive)

**Parietal Lobe – Key Characteristics**
- Tactile perception (touch)
- Spatial orientation
- Awareness of body parts
- Academic skills
- Object naming
- Right/left organization
- Visual attention
- Eye-hand coordination

**Occipital Lobe – Key Characteristics**
- Visual perception
- Visual processing
- Reading (the perception and recognition of printed words)

**Cerebellum – Key Characteristics**
- Coordination of voluntary movement
- Gross and fine motor coordination
- Postural control
- Balance and equilibrium
- Eye movement

**Brain Stem – Key Characteristics**
- Autonomic nervous system (heart rate, breathing, temperature, etc.)
- Level of alertness
- Arousal and sleep regulation
- Swallowing food and fluid
- Balance and movement
## Stroke and Cardiac Assessment Tool

<table>
<thead>
<tr>
<th>My Risk Factors</th>
<th>Current Levels</th>
<th>Actions I will take to modify my risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Blood Pressure</strong></td>
<td></td>
<td>• Take your medication as prescribed (see page 9)</td>
</tr>
<tr>
<td>Normal 120/80 or less</td>
<td></td>
<td>• Decrease your salt intake (see page 24)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow the Home Walk Program (see page 28)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Check your blood pressure daily (see page 32)</td>
</tr>
<tr>
<td><strong>High Blood Cholesterol</strong></td>
<td>Total Cholesterol</td>
<td>• Take your medication as prescribed (see page 8)</td>
</tr>
<tr>
<td>• Normal total less than 200</td>
<td>HDL</td>
<td>• Follow the enclosed diet plan (see page 20)</td>
</tr>
<tr>
<td>• HDL greater than 50</td>
<td>LDL</td>
<td>• Follow the Home Walk Program (see page 28)</td>
</tr>
<tr>
<td>• LDL (bad) less than 70</td>
<td>Triglycerides</td>
<td></td>
</tr>
<tr>
<td>• Triglycerides less than 150</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td></td>
<td>• Take your medication as prescribed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Call 1-800-784-8669 (National Smoking Cessation Hotline) or go to Tobaccofreeco.org</td>
</tr>
<tr>
<td><strong>Diabetes Mellitus</strong></td>
<td>HgA1C</td>
<td>• Take your medication as prescribed</td>
</tr>
<tr>
<td>• Normal glucose of 70-140 will increase after meals</td>
<td></td>
<td>• Take your blood sugar before meals (see page 30)</td>
</tr>
<tr>
<td>• HgA1C goal is &lt;7%</td>
<td></td>
<td>• Follow the Home Walk Program (see page 28)</td>
</tr>
<tr>
<td>• Admitting Blood Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overweight (Calculated Ideal Body Weight)</strong></td>
<td>Ideal Weight</td>
<td>• Eat on a schedule: breakfast at 9 a.m., lunch at 12:30 p.m., dinner before 7 p.m.</td>
</tr>
<tr>
<td>• Female 5ft – 110 lb +5 lbs for each additional inch</td>
<td></td>
<td>• Eat fruit snacks and cut back on sodas</td>
</tr>
<tr>
<td>• Male 5ft – 120 lb +5lbs for each additional inch</td>
<td></td>
<td>• Follow the diet plan (see page 20)</td>
</tr>
<tr>
<td>Ideal Weight</td>
<td></td>
<td>• Follow the Home Walk Program (see page 28)</td>
</tr>
<tr>
<td><strong>Sedentary Lifestyle</strong></td>
<td></td>
<td>• To get started while watching TV – stand up and walk in place during commercials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Follow the Home Walk Program (see page 28)</td>
</tr>
<tr>
<td><strong>Stress and Tension</strong></td>
<td></td>
<td>• Sit in a quiet place and close your eyes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Take a deep breath through the nose and blow it out through the mouth</td>
</tr>
<tr>
<td><strong>Heredity</strong></td>
<td></td>
<td>Make some of the above lifestyle changes and share this information with family</td>
</tr>
<tr>
<td><strong>Atrial Fibrillation</strong></td>
<td></td>
<td>Take your medication as prescribed (see page 8)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
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</tr>
</tbody>
</table>
Controllable Risk Factors

Controllable risk factors increase the likelihood of stroke but can be changed, treated or controlled.

**High Blood Pressure**

High blood pressure is the leading cause of stroke and the most important controllable risk factor for stroke. Know your blood pressure and have it checked at least twice a year. Normal blood pressure levels have been defined as less than 120/80. If it is consistently 140/90 or above, it’s high. If you have high blood pressure, talk to your doctor about how to control it.

**Tobacco Use**

Tobacco use refers to chewing tobacco and cigarette, cigar or pipe smoking. The nicotine and carbon monoxide in cigarette smoke damages blood vessels in many ways. People that smoke are twice as likely to develop coronary artery disease. Smoking four cigarettes a day increases the risk of heart disease by 50 percent. In addition, the use of oral contraceptives combined with cigarette smoking greatly increases stroke risk. Do not smoke cigarettes or use other forms of tobacco.

**Diabetes Mellitus**

Having diabetes increases our risk of stroke because it can cause disease of blood vessels in the brain. Many people with diabetes also have high blood pressure, high blood cholesterol and are overweight. This increases the risk of stroke even more. Work with your doctor to manage diabetes and reduce other risk factors.

**Carotid or Other Artery Disease**

The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty plaque buildups in artery walls may become blocked by a blood clot, causing a stroke. Carotid artery disease is also called carotid artery stenosis.

Peripheral artery disease is the narrowing of blood vessels carrying blood to leg and arm muscles. It’s caused by fatty buildups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke.

**Atrial Fibrillation**

In atrial fibrillation the heart’s upper chambers quiver instead of beating effectively. This causes the blood to pool and clot. If a clot breaks off, enters the bloodstream and lodges in an artery leading to the brain, a stroke may result.

**Heart Disease**

People with coronary heart disease or heart failure have a higher risk of stroke than those with hearts that work normally. An enlarged heart, heart valve disease and some types of congenital heart defects also raise the risk of stroke.

**High Blood Cholesterol**

High levels of low-density lipoprotein (LDL) or “bad” cholesterol increase the risk of developing clogged arteries. If an artery to your brain becomes blocked, a stroke can result.
Poor Diet
Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in salt contribute to increased blood pressure. Diets with excess calories contribute to obesity.

Physical Inactivity and Obesity
Being inactive and obese can increase your risk of high blood pressure, high cholesterol, diabetes, heart disease and stroke. At least 30 minutes of cardiovascular activity, such as walking, is recommended on most or all days. Check with your doctor before beginning an exercise program.

Alcohol Abuse
Alcohol abuse can lead to multiple medical complications, including stroke. Drinking an average of more than one drink per day for women or more than two drinks a day for men raises blood pressure.

Drug Use
Drug addiction is often a chronic relapsing disorder associated with a number of societal and health-related problems. Drugs that are abused, including cocaine, ecstasy, amphetamines and heroin, have been associated with an increased risk of stroke.

Sickle Cell Disease
This is a genetic disorder that mainly affects African-American and Hispanic children. “Sickled” red blood cells are less able to carry oxygen to the body’s tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.

Uncontrollable Risk Factors
Uncontrollable risk factors cannot be changed but increase the likelihood of having a stroke.

Age
Stroke affects people of all ages. But the older you are, the greater our stroke risk. The chance of having a stroke approximately doubles for each decade of life after age 55.

Family History and Race
Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. American Indian/Alaskan Native persons have the highest prevalence of stroke, followed by persons of multiple races. African-Americans have twice the prevalence of stroke when compared to Caucasians because they have high blood pressure more often.

Gender
Stroke is more common in men than in women. However, more than half of total stroke deaths occur in women. Thus, women appear to suffer from a higher number of life-threatening strokes. At all ages, more women than men die of stroke. Use of birth control pills and pregnancy are additional risk factors for women.

Prior Stroke, Transient Ischemic Attack or Heart Attack
A person who has had a stroke is at higher risk of having another one. A person who has had one or more TIs is almost 10 times more likely to have a stroke when compared to someone of the same age and sex who hasn’t. Recognizing and treating TIs can reduce your risk of a major stroke.
What to Expect in the Hospital

Medications

**Antiplatelet Agents**

*Commonly prescribed include:*

- Aspirin
- Clopidogrel (Plavix)
- Dipyridamole (Aggrenox)
- Ticlopidine (Ticlid)

Keep blood clots from forming by preventing blood platelets from sticking together. Helps prevent clotting in patients who have had a heart attack, unstable angina, ischemic strokes, TIA and other forms of cardiovascular disease. Usually prescribed preventively, when plaque buildup is evident, but there is not yet a large obstruction in the artery.

*Possible side effects of medication:* Stomach pain, heartburn, bleeding, nausea, headache, diarrhea, rash

**Statins (cholesterol-lowering drugs)**

*Common types of cholesterol lowering drugs include:*

- Statins (Lipitor, Zocor, etc.)
- Gemfibrozil (Lopid)
- Resins (Questran, WelChol)
- Ezetimibe (Zetia)
- Nicotinic acid (niacin)

Various medications can lower blood cholesterol levels. They may be prescribed individually or in combination with other drugs. They work in the body in different ways. Some affect the liver, some work in the intestines and some interrupt the formation of cholesterol from circulating in the blood. Used to lower LDL (“bad”) cholesterol and triglyceride levels and raise HDL (“good”) cholesterol levels and to prevent heart attack and stroke.

*Possible side effects of medication:* Headache, nausea, diarrhea, rash, weakness, muscle pain

**Anticoagulants**

*Commonly prescribed include:*

- Apixoban (Eliquis)
- Dabigatran (Pradexa)
- Enoxaparin (Lovenox)
- Heparin (various)
- Rivaroxaban (Xarelto)
- Warfarin (Coumadin)

Decreases the clotting ability of the blood. Sometimes called blood thinners, although they do not actually thin the blood. They do NOT dissolve existing blood clots. Used to treat certain blood vessel, heart and lung conditions. Helps prevent harmful clots from forming in the blood vessels. May prevent the clots from becoming larger and causing more serious problems. Often prescribed to prevent first or recurrent stroke.

*Possible side effects of medication:* Poor appetite, stomach cramps, rash, bleeding
## Angiotensin-Converting Enzymes/Angiotensin Receptor Blocker (ARBs)

**Commonly prescribed include:**

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benazepril (Lotensin)</td>
<td>Candesartan (Attacand)</td>
</tr>
<tr>
<td>Captopril (Capoten)</td>
<td>Losartan (Cozaar)</td>
</tr>
<tr>
<td>Enalapril (Vasotec)</td>
<td>Irbesartan (Avapro)</td>
</tr>
<tr>
<td>Fosinopril (Monopril)</td>
<td>Olmesartan (Benicar)</td>
</tr>
<tr>
<td>Lisinopril (Prinivil, Zestril)</td>
<td>Valsartan (Diovan)</td>
</tr>
<tr>
<td>Ramipril (Altace)</td>
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</tbody>
</table>

Expands blood vessels and decreases resistance by lowering levels of angiotensin II. Allows blood to flow more easily and makes the heart’s work easier or more efficient. Used to treat or improve symptoms of cardiovascular conditions, including high blood pressure and heart failure.

**Possible side effects of medication:** Cough, lightheadedness, salty or metallic taste, rash, vomiting, diarrhea

## Beta Blockers

(Also known as Beta-Adrenergic Blocking Agents)

**Commonly prescribed include:**

<table>
<thead>
<tr>
<th>Common Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atenolol (Tenormin)</td>
<td>Metoprolol (Lopressor, Toprol XL)</td>
</tr>
<tr>
<td>Nadolol (Corgard)</td>
<td>Nebivolol (Bystolic)</td>
</tr>
<tr>
<td>Propranolol (Inderal)</td>
<td>Sotalol (Betapace)</td>
</tr>
<tr>
<td>Timolol (Blocadren)</td>
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</tbody>
</table>

Decreases the heart rate and cardiac output, which lowers blood pressure and makes the heart beat more slowly and with less force. Used with therapy for abnormal heart rhythms and in treating chest pain. Help prevent future heart attacks in patients who have had a heart attack.

**Possible side effects of medication:** Light-headedness, blurred vision, unusual weakness, drowsiness
Calcium Channel Blockers
(Also known as Calcium Antagonists or Calcium Blockers)

**Commonly prescribed include:**
- Amlodipine (Norvasc, Lotrel)
- Diltiazem (Cardizem, Tiazac)
- Felodipine (Plendil)
- Nifedipine (Adalat, Procardia)
- Nimodipine (Nimotop)
- Verapamil (Calan, Isoptin, Verelan)

Interrupts the movement of calcium into the cells of the heart and blood vessels. May decrease the heart’s pumping strength and relax blood vessels. Used to treat high blood pressure in addition to chest pain caused by reduced blood supply to the heart muscle and some abnormal heart rhythms.

**Possible side effects of medication:** Light-headedness, constipation, nausea, fatigue, muscle cramps, ankle swelling, flushing, headache

Diuretics

**Commonly prescribed include:**
- Amiloride (Midamor)
- Bumetanide (Bumex)
- Chlorothiazide (Diuril)
- Chlorthalidone (Hygroton)
- Furosemide (Lasix)
- Hydrochlorothiazide (Esidrix, Hydrodiuril)
- Spironolactone (Aldactone)
- Torsemide (Demedex)

Causes the body to rid itself of excess fluids and sodium through urination. Helps to relieve the heart’s workload. Also decreases the buildup of fluid in the lungs and other parts of the body, such as the ankles and legs. Different diuretics remove fluid at varied rates and through different methods. Used to help lower blood pressure and reduce swelling from excess buildup of fluid in the body.

**Possible side effects of medication:** Frequent urination, light-headedness, constipation, nausea

Digitalis Preparations
(Also known as Digoxin and Digitoxin)

**Commonly prescribed include:**
- Lanoxin

Increases the force of the heart’s contractions, which can be beneficial in heart failure and for irregular heart beats. Used to relieve heart failure symptoms, especially when the patient isn’t responding to ACE inhibitors and diuretics. Also slows certain types of irregular heartbeats, particularly atrial fibrillation.

**Possible side effects of medication:** Nausea, headache, blurred vision, skin rash, loss of appetite, diarrhea
Common Imaging Tests

CT scan (computed tomography) or CAT (computerized axial tomography)

A computer uses X-rays taken from a series of different angles to show cross-sectional views of the brain. It’s usually the first test given to a patient with stroke symptoms. CT results provide information about the cause of a stroke and the location and extent of brain injury.

What happens during the procedure?

You will lie down on a moving table, which will slide you into the tunnel-like scanning machine. Inside the scanner, multiple X-ray beams are passed very quickly through your body at different angles.

CT scans of the brain typically last 10 minutes. The length depends on how much area must be scanned and how much detail is needed. The procedure is painless. You can talk to the technologist at any time during the procedure.

CT Angiography is a type of medical exam that combines a CT scan with an injection of a contrast media to produce pictures of blood vessels and tissues of your neck and brain. Contrast is injected through an intravenous (IV) line.

MRI (magnetic resonance imaging)

Magnetic resonance imaging (MRI) is a test that produces very clear, detailed pictures of the organs and structures in your body. The test uses a powerful magnetic field, radio waves and a computer to create images in cross-section. The images produced by MRI are sharper and more detailed than a CT scan so it’s often used to diagnose small, deep injuries.

What happens during the procedure?

You lie down on a cushioned bed that moves into a tunnel-shaped magnet that is open on both ends. You will have to be very still during the procedure so the pictures will not be blurry. Most MRIs take between 25 and 40 minutes. You will hear loud knocking and a whirring sound while the pictures are being taken. You may wear earplugs so the noise doesn’t sound so loud. You can talk to the technologist at any time during the procedure. If you have a fear of closed spaces or anxiety, a sedative may be given prior to the procedure.
Carotid Ultrasound Imaging
Ultrasound imaging is a noninvasive medical test that uses high-frequency sound waves to produce pictures of the inside of the body. The carotid arteries are located on each side of the neck and carry blood from the heart to the brain. An ultrasound of the body’s two carotid arteries provides detailed pictures of these blood vessels and information about the blood flowing through them.

What happens during the procedure?
Most ultrasound examinations are painless, fast and easy. A clear water-based gel is applied to the neck. The ultrasound technologist then presses a transducer firmly against the skin and sweeps over the area of interest until the desired images are captured. If a Doppler ultrasound study is performed, you may actually hear pulse-like sounds that change in pitch as the blood flow is monitored and measured.

Echocardiogram
An echocardiogram is a painless procedure that uses sound waves and a computer to look at your beating heart. This test is used to look at how blood flows through the heart chambers, heart valves, and blood vessels. A device called a transducer sends high-frequency sound waves through your chest. The sound waves bounce, or echo, off your heart. A computer uses the echoes to create a moving picture of the heart.

What happens during the procedure?
This simple and painless test takes about 30 minutes. A technologist will place a water based gel and a transducer on your chest. The transducer beams high-frequency sound waves at your heart. The technologist moves the transducer to several places on your chest until the picture is complete.

Electroencephalogram (EEG)
The nerve cells in your brain work by carrying tiny electrical charges. An EEG is a test that records the electrical activity of your brain. An EEG can help your healthcare provider diagnose medical problems such as epilepsy, encephalitis and dementia.

What happens during the procedure?
An EEG is painless and normally takes 45 minutes. Small metal plates, called electrodes, are pasted or taped to your head. The electrodes send information to a machine that records brain waves on paper.
Laboratory Tests

Lipid Panel

LDL stands for low-density lipoprotein. This is the main carrier of harmful cholesterol in your blood. LDL cholesterol is often called “bad” cholesterol. When you have too much LDL cholesterol in your blood, it can join with fats and other substances to build up in the inner walls of your arteries. The arteries can become clogged and narrow, and blood flow is reduced. If this buildup of plaque ruptures, a blood clot may form at this location or a piece may break off and travel in the bloodstream. If a blood clot blocks the blood flow to your heart, it causes a heart attack. If a blood clot blocks an artery leading to or in the brain, a stroke results. A high level of LDL cholesterol means there’s a higher risk of heart disease and stroke.

HDL stands for high-density lipoprotein. It carries harmful cholesterol away from the arteries and helps protect you from heart attack and stroke. HDL cholesterol is often called “good” cholesterol. It’s better to have a lot of HDL cholesterol in your blood because it seems to lower your risk of heart attack and stroke. You can raise your HDL cholesterol by quitting smoking, losing excess weight and being more active.

Troponin

Increased troponin levels may be seen in people with certain chronic health conditions such as heart failure, long-term kidney disease, and stable heart disease. The troponin test is used to help diagnose a heart attack, to detect and evaluate mild to severe heart injury, and to distinguish chest pain that may be due to other causes. Normally, cardiac troponin levels are so low that they cannot be measured. Even slight elevations may indicate some degree of damage to the heart. When a patient has significantly elevated troponin concentrations, the patient has likely had a heart attack or some other form of damage to the heart.

HgA1c

HgA1c levels depend on the blood glucose concentration. The higher the glucose concentration in blood, the higher the level of HgA1c. Levels of HgA1c are not influenced by daily fluctuations in the blood glucose concentration but reflect the average glucose levels over the prior six to eight weeks. Therefore, HgA1c is a useful indicator of how well the blood glucose level has been controlled in the recent past and may be used to monitor the effects of diet, exercise and drug therapy on blood glucose in diabetic patients.

PT/INR

The PT/INR is a test to determine the clotting tendency (coagulation) of blood and is most commonly used in monitoring the accuracy of blood thinning products such as warfarin. A person taking the anticoagulant warfarin must be tested regularly to ensure their INR stays within a specific range. A person is considered out of range when their INR result is higher or lower than what their physician establishes as their target range.
**Functional Evaluation & Treatment**

- The **physical therapist** (PT) will test your coordination, strength and endurance and develop a plan to help you with your mobility.

- The **occupational therapist** (OT) will test you ability to perform activities of daily living, such as eating, dressing, bathing, and grooming. The OT will then help you develop a plan to assist with any deficits in these areas.

- The **speech therapist** (ST) will test your speech, language, and thinking skills and develop a plan to assist with any deficits in these areas. Additionally, the ST will also assist you in learning techniques should you have swallowing problems.

**Swallowing Problems**

Your stroke may cause a swallowing disorder called dysphagia. If not identified and managed, it can lead to poor nutrition, pneumonia and disability.

Aspiration is a common problem for people with dysphagia. It occurs when something you’ve swallowed enters the airway and lungs. Normally, aspiration causes a violent cough, but a stroke can reduce sensation. In this case, you may not know you’re aspirating (silent aspiration). While in the hospital after a stroke, you are screened to determine your ability to swallow safely. If you have a problem with swallowing safely, you may not be allowed to eat until a speech therapist evaluates how well:

- Muscles in your mouth move.
- You can swallow.
- Your voice box works.

The speech therapist may recommend you change what you eat and drink. That’s because some foods are hard to chew and thin liquids are often hard to swallow. The speech-language pathologist will determine when it’s safe to eat more normal foods. Adequate nutrition is essential. So if it’s not safe for you to swallow, a feeding tube may be suggested to help meet your nutritional needs.
What to Expect After Discharge

Care After Discharge
You need to continue the medications prescribed after you leave the hospital in order to reduce your risk of another stroke or other cardiovascular event. Medications must be taken as prescribed by your doctor in order for them to be effective in reducing your risk of another stroke.

• The medicines are most effective when they help you reach the goal of lowering each of your risk factors. Therefore, the doses of these medications will likely need to be adjusted in order for them to be effective, based on blood tests and other measurements made by your doctor after you leave the hospital. **Don’t stop your medications without speaking to your physician first.**

• Even if you are feeling well, regularly scheduled doctor visits after you leave the hospital are critical to your recovery! Doctors will review your progress and medications to make sure your care is optimized.

• Make sure you have a plan for which doctor(s) you will see and when to see them after you leave the hospital, and be sure to have your list of medications with you for all doctor visits.

Recovery

Emotional Changes after Stroke
Immediately after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; and others may be amazingly cheerful. These emotional reactions occur because of biological or psychological causes due to stroke. These changes may vary from time to time and can interfere with rehabilitation.

Emotions may be difficult to control, especially soon after a stroke. Some emotions are normal responses to the changes in your life after stroke. Others are common but should not be considered a normal part of stroke recovery. If you suffer from depression, anxiety or emotions that are not in line with the occasion, seek help.

Dealing with Depression
Grieving is an essential process. But when sadness turns to depression, it’s time to act. Depression can take hold right after a stroke, during rehabilitation or after you go home. It can be — but not always — caused by brain damage from the stroke. Mild or major, it is the most common emotional problem faced by survivors.
Depression symptoms include:

- Feeling sad or “empty” most of the time
- Loss of interest or pleasure in ordinary activities
- Fatigue or feeling “slowed down”
- Sudden trouble sleeping or oversleeping
- Sudden loss of appetite or weight gain
- Inability to concentrate, remember or make decisions like you used to
- Feeling worthless or helpless
- Feelings of guilt
- Ongoing thoughts of death or suicide, suicide planning or attempts
- A sudden change in how easily you are annoyed
- Crying all the time

Some useful tips:

- Make the most of rehab; the more you recover, the better you will feel.
- Spend time with family and friends.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to help you manage your emotions.
- Maintain your quality of life by staying active and doing things you enjoy.
- Seek help soon after you note symptoms.

Your treatment may include counseling, medicine or both.

**Anxiety**

Anxiety is an overwhelming sense of worry or fear. It can include increased sweating or heart rate. Among stroke survivors, feelings of anxiety are common. Often, stroke survivors suffer from both depression and anxiety at the same time.

Anxiety can affect rehabilitation progress, daily living, relationships and quality of life. So, be sure to seek help right away.

Anxiety symptoms include:

- Ongoing worrying, fear, restlessness and irritability that don’t seem to let up
- Low energy
- Poor concentration
- Muscle tension
- Feeling panicky and out of breath
- Scary rapid heart beat
- Shaking
- Headache
- Feeling sick to your stomach
What to Expect After Discharge

Again, treatment may include counseling, medicine or both.

What can help:

- Ask your doctor about emotional changes and symptoms early on.
- Ask your family to stimulate your interest in people and social activities.
- Stay as active as possible and stay involved in your hobbies.
- Set goals and measure accomplishments.
- Plan daily activities to provide structure and sense of purpose.
- Stay involved with people, thoughts and activities that you enjoy.
- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to help you manage your emotions.
- Speak openly and honestly to your caregivers about your emotional changes. They’ll be glad you did, and together you can work out a solution.

Professionals who can help include psychologists, psychiatrists and other mental health professionals experienced with stroke-related emotional disorders.

**Fatigue**

Feeling tired is a common complaint after a stroke. About 30-70 percent of survivors suffer from fatigue. It can be frustrating and can slow down recovery. It can even affect those who are doing well after stroke.

**Fatigue and Health Issues**

Stroke-related health issues can decrease strength or energy. Examples include:

- Heart disease
- Infection
- Problems with your bladder or bowel movements
- Weight loss caused by changes in eating habits, poor appetite, or swallowing trouble
- Depression or extreme sadness
- Chronic pain
- Muscle weakness or paralysis

Medicines and other treatments may help. They can improve problems with depression or pain, which may increase your energy level. In addition, some drugs that treat stroke-related issues can have side effects that leave you feeling tired and worn out. Ask your doctor to explain the side effects of any drugs.
**Aphasia**

Aphasia may make it hard to:

- Talk
- Understand what other people say
- Read
- Write
- Use numbers and do calculations

No two people experience aphasia the same way. Stroke-related aphasia typically improves within the first weeks, and continued improvements occur for months and even years. The goal for people with aphasia is to improve their ability to communicate with other people. This is done by getting back some language skills and learning new ways of getting a message across when needed.

What can help:

- Join an aphasia support group to meet and learn from other stroke survivors with aphasia and their families.
- Keep in mind that some days will be better than others. Remember to rest, pace yourself and stay relaxed.
- Most people with aphasia benefit from therapy by a speech and language pathologist. Your doctor can refer you to the appropriate person for your needs.
- Be patient; most survivors need time to adjust to the major life changes brought about by the stroke before they can maximize their therapy.
- Remember that while aphasia can make communication difficult, it should not affect the ability to think clearly.
- Emotional responses such as anger, distress, depression, anxiety, low self-esteem and dependency are common; that’s why counseling is sometimes recommended.

Research has shown that socializing is one of the best ways to maximize stroke recovery. Many experts contend that socializing should begin right away in the recovery process.
What to Expect After Discharge

Tips you can use when communicating with a person who has aphasia:

• Treat the person with aphasia as an intelligent adult; aphasia does not typically affect thinking skills.
• Speak simply, clearly and slowly.
• Be sure the person with aphasia understood you.
• Use props to make conversation easier (photos, maps).
• Draw or write things down on paper.
• Be patient. Take one idea at a time.
• Try different ways to get your message across.
• Ask yes/no questions.

If you have aphasia, here are some communication tips:

• Use props to make conversation easier (photos, maps).
• Draw or write things down on paper.
• Take your time. Make phone calls or try talking only when you have plenty of time.
• Show people what works best for you.
• Stay calm. Take one idea at a time.
• Create a communication book that includes words, pictures and symbols that are helpful to you.
• The Internet can be used to connect to people via email or to create a personal Web page.
• Carry and show others a card or paper explaining what aphasia is and that you have it. Keep it in your purse or wallet.

Your environment also can help support successful socialization. Survivors have told us that it is easiest to begin practicing conversation in a one-on-one situation with someone they are comfortable with and who understands communication disorders.

In addition:

• Practice conversation in a quiet, distraction-free environment.
• As you become more confident, slowly add more conversational partners, but continue to limit distractions such as background noise (music, other talking, TV).
• As you become more comfortable in one-to-one or small group interactions, explore less-controlled social situations with your speech-language pathologist, close friends and family, or other stroke survivors.
• Before you attend these gatherings, practice common things discussed in a variety of situations. For example, “How are you?” “It’s been a long time since I’ve seen you.”
• Practice a few statements about current events: “Did you see the basketball game?” or “Boy, we are having beautiful weather!” The more you practice this script, the greater your chances for success.
• Family members can prepare written cues, or organize pictures to promote interactions.
Remember that the speech and language changes stroke survivors experience can last a lifetime in some form or another. As life circumstances change, and your speech and language needs evolve, reevaluate what works and what has not worked in social situations. And continue to expand your horizons.

**Caregiver Tips**

Family members can help their loved one by providing encouragement, celebrating improvements and letting the survivor do as much as possible independently. Caregivers and other family and friends can reassure stroke survivors that they are wanted, needed and important to them.

Providing care for a loved one after stroke can be an extremely rewarding experience. At the same time, it can be stressful and frustrating when you are suddenly thrust into the position of caregiver without warning. The information here will help you take care of not only the stroke survivor in your life, but yourself.

As a caregiver, you can take steps to make the transition from hospital to home easier on everyone:

- Try to encourage as much independence as possible.
- Allow your loved one to make decisions.
- Support participation in leisure activities.
- Try to take an occasional break from care giving.
- Ask for help from family, friends or community organizations.

**Caregiver: Dealing with Stress and Depression**

Physical and psychological stress is an inevitable part of care giving. One way for caregivers to relieve stress and stay healthy is to share their feelings with others. Verbalizing the need for help is not a sign of weakness but an indication of how serious the role changes are. Maintaining a support system of family and friends is crucial.

Tips for maintaining physical and psychological health:

- Learn as much as possible about the survivor’s condition; knowledge is empowering.
- Set good boundaries; learn to say no.
- Don’t dwell on what you can’t change.
- Get adequate rest.
- Maintain a healthy diet.
- Find a support system and nurture it.
- Share your feelings with someone who wants to listen.
- Focus on things you are grateful for each day.
- Care for yourself spiritually.

Ultimately, caregivers who do not provide for their own well-being can’t provide care for their loved one. This is a difficult tightrope to walk because by its nature care giving is putting someone else first.
Tools

Diet Plan

What’s Healthy for Your Heart is Healthy for Your Brain

The foods you eat can make a big difference to your heart. Salt is linked to high blood pressure, which is a risk factor for heart disease. It’s going to take some time to learn how to change your habits so that you start following a heart-healthy diet. We’re going to give you some guidelines on the following pages, and you might choose to ask a dietitian for help.

One of the most important things to remember is to keep your meals interesting with a variety of foods. And be sure to include some of your favorites! If you get bored or start craving certain foods, you won’t stick to your eating plan.

General Tips

Some of these tips will require you to start reading food labels. The Size Up Your Servings chart in this section also will help you understand the tips below. Be sure to ask a dietitian if you have any questions.

• Eat at least three meals a day. Do not skip meals, especially breakfast.
• Cut down on the amount of saturated fats in your diet by:
  – Limiting all full-fat dairy products, such as cheese, butter and whole milk.
  – Avoiding marbled beef, such as ribs, regular hamburger or choice cuts.
  – Trimming all meat prior to cooking.
  – Removing chicken or turkey skin before or after the meal is cooked.
  – Limiting foods that include palm, palm kernel and coconut oils, such as some commercially prepared products like cookies, crackers and chips.
• Limit your intake of meat to five to seven ounces each day.
• Eat seafood two to five times each week. Fattier or darker colored fish, such as salmon, tuna, pollock or catfish, often are better sources of heart-healthy omega-3 fats than other fish.
• If you cook with oil, use canola or olive oil sparingly when preparing food at home.
• Limit whole eggs or egg yolks to two each week.
• Avoid trans fats, which are mainly found in partially hydrogenated vegetable oils.
• Use liquid vegetable oils in place of solid fats. Use liquid or tub margarine instead of stick margarine.
• Limit your intake of processed sugars, white bread, regular soft drinks and fruit beverages. Instead, switch to 100 percent fruit juice, fresh fruits and whole-grain breads.
• Unrefined whole-grain foods contain fiber that can help lower your blood cholesterol and make you feel full, which may help you manage your weight.
• Eat at least five servings of fruits and vegetables each day.

Remember to follow your heart-healthy diet even when eating out. Make healthy choices and watch out for portions that are too large. You can always take the leftovers home!
This eating plan is part of your overall weight-management strategy. Remember to exercise and find opportunities throughout the day to be more active.

For recipes and menu ideas, go to the American Heart Association website at www.deliciousdecisions.org.

### The Heart-Healthy Eating Plan

<table>
<thead>
<tr>
<th>Dairy Group</th>
<th>Healthy: Choose Often</th>
<th>Go Easy On</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two to three servings per day</td>
<td>All fat-free dairy products</td>
<td>Milk that’s low-fat or two percent</td>
<td>Dairy products with five grams of fat or more per serving</td>
</tr>
<tr>
<td>No more than four grams of fat per serving</td>
<td>Milk that’s skim, non-fat, one percent, evaporated skim, calcium-enriched soy milk or calcium-enriched rice milk</td>
<td>Low-fat or non-fat half and half</td>
<td>Whole milk and whole milk cheese</td>
</tr>
<tr>
<td>One serving = one cup of milk; one and one-half ounce of cheese; one-half cup of cottage cheese; or one cup of yogurt</td>
<td>Low-fat buttermilk</td>
<td>Cheese with four or five grams of fat per serving</td>
<td>Half and half and regular, non-dairy creamers</td>
</tr>
<tr>
<td></td>
<td>Fat-free half and half</td>
<td>Part-skim ricotta cheese or low-fat cream cheese</td>
<td>Custard-style or full-fat yogurt</td>
</tr>
<tr>
<td></td>
<td>Low-fat cottage cheese</td>
<td>Low-fat ice cream</td>
<td>Whipped cream and regular ice cream</td>
</tr>
<tr>
<td></td>
<td>“Lite” yogurt, low-fat yogurt, or non-fat yogurt</td>
<td></td>
<td>Imitation milk products</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein Group</td>
<td>Small portions of lean cuts of beef, pork and lamb with fat trimmed</td>
<td>Lean lunch meat (high sodium)</td>
<td>Prime-grade, fatty cuts of meat, goose and duck with skin</td>
</tr>
<tr>
<td>No more than five to seven ounces per day</td>
<td>Chicken and turkey without skin</td>
<td>Poultry with skin</td>
<td>All fried meat, poultry and fish</td>
</tr>
<tr>
<td>Select cuts with minimum visible fat</td>
<td>Fish and shellfish</td>
<td>Canned meats and fish (high sodium)</td>
<td>All organ meat</td>
</tr>
<tr>
<td>Trim all outer-edge fat before cooking</td>
<td>Wild game</td>
<td></td>
<td>Smoked, cured or canned meat, such as bacon, lunch meat, sausage, hotdogs and bratwurst</td>
</tr>
<tr>
<td>One serving = one-half chicken breast; or one-half cup of beans</td>
<td>Dried peas and beans, such as split peas, black-eyed peas, kidney beans, lentils, garbanzo beans, soybeans</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tofu</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Egg whites or cholesterol-free egg substitute</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Tools

#### Fruit and Vegetable Group

<table>
<thead>
<tr>
<th>Healthy: Choose Often</th>
<th>Go Easy On</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two to four fruit servings per day</td>
<td>All fresh, low-sugar canned, or dried fruits</td>
<td>Full-salt canned vegetables</td>
</tr>
<tr>
<td>Three to five vegetable servings per day</td>
<td>All fresh or frozen vegetables</td>
<td>Low-sodium tomato or V-8 juice</td>
</tr>
<tr>
<td>One serving = one medium fruit; or one-half cup of vegetables</td>
<td>No-salt-added canned vegetables</td>
<td>Fruit juices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avocado</td>
</tr>
</tbody>
</table>

#### Bread, Cereal, Rice and Pasta Group

<table>
<thead>
<tr>
<th>Healthy: Choose Often</th>
<th>Go Easy On</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six to eight servings per day</td>
<td>Most breads, bagels, pitas, English muffins, corn tortillas and rice cakes</td>
<td>Store-bought pancakes and waffles</td>
</tr>
<tr>
<td>At least half of items selected should be 100 percent whole-grain</td>
<td>Low-fat crackers</td>
<td>Biscuits, muffins and cornbread made with unsaturated oils</td>
</tr>
<tr>
<td>One serving = one ounce of bread or bagel; one small muffin; one-half cup pasta or rice; one-half cup hot cereal; three-fourths cup dry cereal; one four-inch pancake</td>
<td>All hot and most cold cereals and oatmeal</td>
<td>Rice, quinoa, barley and couscous</td>
</tr>
<tr>
<td></td>
<td>Corn tortillas</td>
<td>Plain noodles and macaroni</td>
</tr>
<tr>
<td></td>
<td>Pancakes or waffles homemade with unsaturated oils</td>
<td>Egg noodles</td>
</tr>
</tbody>
</table>

#### Eggs

<table>
<thead>
<tr>
<th>Healthy: Choose Often</th>
<th>Go Easy On</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any amount of egg whites</td>
<td>Whole eggs and egg yolks (no more than two yolks per week)</td>
<td>Caviar and roe</td>
</tr>
<tr>
<td>Cholesterol-free egg substitutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fats and Oils</strong></td>
<td><strong>Healthy: Choose Often</strong></td>
<td><strong>Go Easy On</strong></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------</td>
<td>----------------</td>
</tr>
</tbody>
</table>
| Three to six teaspoons per day | Unsaturated oils and fats, such as:  
  - Olive, canola, peanut, sesame, safflower, soybean and corn oils  
  - Soft tub, liquid and squeeze margarine  
  - Non-fat mayonnaise, sour cream and cream cheese  
  - Fat-free salad dressings and gravy  
  - “Natural” peanut butter and unsalted nuts and seeds |  
  - Light sour cream  
  - Light mayonnaise  
  - Light cream cheese  
  - Regular peanut butter |  
  - Saturated oils and fats, such as:  
  - Butter, dairy fat, lard, solid vegetable shortening and stick margarine  
  - Margarine with “hydrogenated vegetable oil” as the first ingredient  
  - Regular mayonnaise, sour cream and gravy  
  - Regular cream cheese  
  - Creamy salad dressings  
  - Bacon fat  
  - Palm, palm kernel and coconut oils  
  - Salted nuts and seeds |

<table>
<thead>
<tr>
<th><strong>Sweets and Snacks</strong></th>
<th><strong>Healthy: Choose Often</strong></th>
<th><strong>Go Easy On</strong></th>
<th><strong>Avoid</strong></th>
</tr>
</thead>
</table>
| No more than two servings per day  
  If trying to lose weight, no more than one serving per day | Low-fat frozen desserts, such as sherbet, sorbet, Italian ice and popsicles  
  Non-fat frozen yogurt  
  Angel food cake  
  Low-fat cookies  
  Fat-free or baked potato and corn chips  
  Unsalted popcorn and pretzels  
  Flavored rice or popcorn cakes | Ice milk and regular frozen yogurt  
  Potato and corn chips made with “good” fats  
  Jellybeans and hard candies | High-fat frozen desserts, such as ice cream  
  Cakes, cookies and pies homemade with unsaturated oils  
  Fruit crisps and cobblers  
  Most store-bought cookies  
  Regular potato and corn chips  
  Chocolate bars, and chocolate and caramel candies  
  Buttered “movie” popcorn |
## Tools

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>Healthy: Choose Often</th>
<th>Go Easy On</th>
<th>Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salt substitute, with doctor approval</td>
<td>Light soy sauce and Worcestershire sauce</td>
<td>All seasoned and regular salts, such as garlic, celery and onion, sea, rock, kosher, MSG</td>
</tr>
<tr>
<td></td>
<td>Herbs and spices</td>
<td>Reduced-sodium soups</td>
<td>Gravy and sauce mixes, soy sauce, teriyaki sauce and barbecue sauce</td>
</tr>
<tr>
<td></td>
<td>Vinegar, lemon and lime juice</td>
<td>Frozen dinner entrées that contain up to 800mg of sodium per serving</td>
<td>High-fat beverages, such as frappes, milkshakes, floats and eggnog</td>
</tr>
<tr>
<td></td>
<td>Salt-free seasoning mixes</td>
<td>Caffeinated tea and coffee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low-sodium ketchup, chili sauce, mustard, fresh horseradish, Tabasco sauce</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ground flax seeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decaffeinated tea and coffee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Spice It Up and Use Less Salt/Sodium

#### Use more spices and less salt

An important part of healthy eating is choosing foods that are low in salt (sodium chloride) and other forms of sodium. Using less salt is key to keeping blood pressure at a healthy level. Most Americans use more salt than they need.

Some people are especially sensitive to salt and should be particularly careful about how much they consume. The American Heart Association recommends consuming no more than 1,500mg of sodium per day. For someone with high blood pressure, your doctor may advise less.

Before trying salt substitutes, you should check with your doctor, especially if you have high blood pressure. These contain potassium chloride and may be harmful for those with certain medical conditions.

The following offers some tips on how to choose and prepare foods that are low in salt.
**Tips to reduce salt/sodium**

- Buy fresh, plain frozen or canned “with no salt added” vegetables.
- Use fresh poultry, fish and lean meat rather than canned or processed types.
- Use herbs, spices and salt-free seasoning blends in cooking and at the table.
- Cook rice, pasta and hot cereal without salt. Cut back on instant or flavored rice, pasta and cereal mixes, which usually have added salt.
- Choose “convenience” foods that are low in sodium. Cut back on frozen dinners, pizza, packaged mixes, canned soups or broths, and salad dressings — these often have a lot of sodium.
- Rinse canned foods, such as vegetables, to remove some sodium.
- When available, buy low- or reduced-sodium or no-salt-added versions of foods.
- Choose ready-to-eat breakfast cereals that are low in sodium.

**Shopping for Foods that Will Help You Lower Your Blood Pressure**

By paying close attention to food labels when you shop, you can consume less sodium. Sodium is found naturally in many foods. But processed foods account for most of the salt that Americans consume. Processed foods that are high in salt include regular canned vegetables and soups, frozen dinners, lunch meats, instant and ready-to-eat cereals, and salty chips and other snacks.

Use food labels to help you choose products that are low in sodium. As you read food labels, you may be surprised that many foods contain sodium, including baking soda, soy sauce, monosodium glutamate (MSG), seasoned salts and some antacids.

Look for these phrases on food labels:

- **Sodium free** — Contains less than 5mg per serving and does not contain any sodium chloride
- **Very low sodium** — Contains 35mg or less per serving
- **Low sodium** — Contains 140mg or less per serving
- **Reduced sodium** — Contains at least 25 percent less sodium per serving than regular food
- **Unsalted, without added salt** or **no salt added** — No sodium added during processing
Tools

Size Up Your Servings

What does an ounce of food look like?

How big is a medium-sized piece of fruit?

Now that you’re eating a heart-healthy diet, it’s important to measure your food so you know exactly how much you’re eating. But what about when food scales and measuring cups aren’t handy? You can make pretty good guesses by using this guide.

• Three ounces of meat is about the size and thickness of a deck of playing cards. (Choose five to seven ounces of lean meat or fish each day.)
• A medium piece of fruit — one serving — is about the size of a tennis ball. (You should eat two to four servings of fruits each day.)
• One serving of vegetables is one cup raw or one half cup cooked. Lettuce or leafy vegetables is one cup. (You should eat three to five servings each day.)
• One ounce of cheese is about the size of four stacked dice.
• One-half cup of ice cream is about the size of a tennis ball.
• One teaspoon of butter or peanut butter is about the size of the tip of your thumb.
• One ounce of nuts or small candies equals one small handful.

Use this guide, measuring cups and food scales to help you follow the Heart-Healthy Eating Plan.
**The Food Label**

Food labels show us the nutritional content of the product and help us become more aware of the calories, fat and sodium, as well as other nutrients we eat. Contents are measured in grams (g).

### Nutrition Facts

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>Serving Size 1 cup (228g)</th>
<th>Servings Per Container 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calories</td>
<td>90</td>
<td>Calories from Fat 10</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fat</td>
<td>1g</td>
<td>2%</td>
</tr>
<tr>
<td>Saturated Fat</td>
<td>0g</td>
<td>0%</td>
</tr>
<tr>
<td>Trans Fat</td>
<td>0g</td>
<td>0%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0mg</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium</td>
<td>240mg</td>
<td>10%</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>18g</td>
<td>6%</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>2g</td>
<td>7%</td>
</tr>
<tr>
<td>Sugars</td>
<td>2g</td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td>3g</td>
<td></td>
</tr>
<tr>
<td>Vitamin A</td>
<td>0%</td>
<td>Vitamin C</td>
</tr>
<tr>
<td>Calcium</td>
<td>0%</td>
<td>Iron</td>
</tr>
</tbody>
</table>

*Percent Daily Values are based on a 2,000-calorie diet. Your daily values may be higher or lower depending on your calorie needs:

<table>
<thead>
<tr>
<th>Calories</th>
<th>2,000</th>
<th>2,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fat</td>
<td>Less than 65g</td>
<td>80g</td>
</tr>
<tr>
<td>Sat Fat</td>
<td>Less than 20g</td>
<td>25g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 300mg</td>
<td>300mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>Less than 1,500mg</td>
<td>2,400mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>300g</td>
<td>375g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>25g</td>
<td>30g</td>
</tr>
</tbody>
</table>

**Serving Size:** The amount of food for one serving. Fat, cholesterol, sodium and calories increase if you consume more.

**Total Fat:** The amount of fat in one serving. Look for foods low in total fat.

**Saturated Fat:** The amount of saturated fat in one serving. Saturated fats raise cholesterol. Look for foods with little to no saturated fat.

**Trans Fat:** 1. Food claiming 0 trans fat may contain up to 0.49 grams fat per serving. Check for "partially hydrogenated" or "hydrogenated" to see if there are trans-fat. If so, limit serving to one or less.

**Total Carbohydrates:** The amount of carbohydrates in one serving.

**Servings Per Container:** Amount or number of servings.

**Calories from Fat:** The amount of calories that come from fat in one serving. Look for foods with less than 30 percent of calories from fat.

**Cholesterol:** The amount of cholesterol in one serving. Limit cholesterol intake to less than 300mg/day — less than 200mg/day with existing heart disease.

**Sodium:** The amount of sodium in one serving. Look for foods with less than 300mg sodium. Look for low-sodium or sodium-free items.

**Fiber:** The amount of fiber in one serving. Look for foods with a high number. Your goal is 25-30g/day.
Home Walk Program

<table>
<thead>
<tr>
<th>Week After Discharge</th>
<th>Times Per day</th>
<th>Allotted Time</th>
<th>Distance</th>
<th>Pace</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>3</td>
<td>4-5 minutes</td>
<td>400 ft to 1/8 mile</td>
<td>Leisurely*</td>
</tr>
<tr>
<td>Week 2</td>
<td>2</td>
<td>7 minutes</td>
<td>1/4 mile</td>
<td>Leisurely</td>
</tr>
<tr>
<td>Week 3</td>
<td>2</td>
<td>15 minutes</td>
<td>1/2 mile</td>
<td>Leisurely</td>
</tr>
<tr>
<td>Week 4</td>
<td>2</td>
<td>22 minutes</td>
<td>3/4 mile</td>
<td>Leisurely</td>
</tr>
<tr>
<td>Week 5</td>
<td>2</td>
<td>30 minutes</td>
<td>1 mile</td>
<td>Leisurely</td>
</tr>
<tr>
<td>Week 6</td>
<td>1</td>
<td>20 minutes</td>
<td>1 mile</td>
<td>Moderate**</td>
</tr>
<tr>
<td>Week 7</td>
<td>1</td>
<td>25 minutes</td>
<td>1 1/4 mile</td>
<td>Moderate</td>
</tr>
<tr>
<td>Week 8</td>
<td>1</td>
<td>30 minutes</td>
<td>1 1/2 mile</td>
<td>Moderate</td>
</tr>
<tr>
<td>Week 9</td>
<td>1</td>
<td>35 minutes</td>
<td>1 3/4 mile</td>
<td>Moderate</td>
</tr>
<tr>
<td>Week 10</td>
<td>1</td>
<td>40 minutes</td>
<td>2 miles</td>
<td>Moderate</td>
</tr>
<tr>
<td>Week 11</td>
<td>1</td>
<td>35 minutes</td>
<td>2 1/4 miles</td>
<td>Moderate to fast</td>
</tr>
<tr>
<td>Week 12</td>
<td>1</td>
<td>40 minutes</td>
<td>2 1/2 miles</td>
<td>Moderate to fast</td>
</tr>
</tbody>
</table>

*Leisurely pace is approximately 2 miles per hour  **Moderate pace is approximately 3 miles per hour

Starting an Exercise Program

Exercise is very important for good health. Your healthcare provider may tell you that you need to get more exercise. To do this, you will need to get into the habit of exercising so that it becomes a part of your normal daily or weekly routine. The best exercise for you is one that you enjoy and that you will do on a regular basis. If you start a walking program, but hate to walk, you are not likely to keep it up. Find an activity that you enjoy, perhaps basketball, soccer, dance, or hiking. Try to involve family members or friends. Join a team or exercise class and make it fun.

You can get exercise at many times of the day. For example, take the stairs instead of an elevator, park far away in a parking lot and walk briskly to the store, or walk during your lunch break. The benefits are lifelong so have fun and stick to it!

Daily Activities That Promote Exercise

- Rake leaves
- Sweep the porch
- Gardening
- Bike, hike, swim, dance
- Vacuuming/housework
- Take the stairs instead of the elevator
- Park away from building entrances and walk
- Wear a pedometer to track daily activity
- Walk the golf course instead of taking a cart
- Walk in place during commercials
Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels at the bottom of the page.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>High Risk</th>
<th>Caution</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>&gt;140/90 or I don’t know</td>
<td>120-139/80-89</td>
<td>&lt;120/80</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>&gt;240 or I don’t know</td>
<td>200-239</td>
<td>&lt;200</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Borderline</td>
<td>No</td>
</tr>
<tr>
<td>Smoking</td>
<td>I still smoke</td>
<td>I’m trying to quit</td>
<td>I am a non-smoker</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>I have an irregular heartbeat</td>
<td>I don’t know</td>
<td>My heartbeat is not irregular</td>
</tr>
<tr>
<td>Diet</td>
<td>I am overweight</td>
<td>I am slightly overweight</td>
<td>My weight is healthy</td>
</tr>
<tr>
<td>Exercise</td>
<td>I am a couch potato</td>
<td>I exercise sometimes</td>
<td>I exercise regularly</td>
</tr>
<tr>
<td>I have stroke in my family</td>
<td>Yes</td>
<td>Not sure</td>
<td>No</td>
</tr>
</tbody>
</table>

Score (each box =1)

If your red score is 3 or more, please ask your doctor about stroke prevention right away.

If your yellow score is 4-6, you are off to a good start. Keep working at it!

If your green score is 6-7, congratulations! You are doing very well at controlling your risk of stroke.

To Reduce Your Risk For Stroke:

1. Know your blood pressure. If high, work with your doctor to lower it.
2. If you smoke, stop.
3. If you drink alcohol, do so in moderation.
4. Find out if you have high cholesterol. If so, work with your doctor to control it.
5. If you are diabetic, follow your doctor’s recommendations to carefully control your diabetes.
6. Include exercise in the activities you enjoy in your daily routine.
7. Decrease sodium (salt) and fat in your diet.
8. Take the medications prescribed to you and discuss with your doctors if any changes occur.
9. Know the symptoms of stroke.

Seek medical attention immediately if you have any stroke symptoms!

Symptoms include:

- Sudden numbness or weakness of face, arm or leg — especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

Call 911 if you experience any of these symptoms!
<table>
<thead>
<tr>
<th>Glucose Tracker</th>
<th>Week of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sunday</strong></td>
<td></td>
</tr>
<tr>
<td>Blood Glucose</td>
<td></td>
</tr>
<tr>
<td>Time: _________ MG/DL: _________</td>
<td></td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<tr>
<td><strong>Monday</strong></td>
<td></td>
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<tr>
<td>Blood Glucose</td>
<td></td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td></td>
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<tr>
<td>Blood Glucose</td>
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</tr>
<tr>
<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<td><strong>Wednesday</strong></td>
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<td>Blood Glucose</td>
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<td>Time: _________ MG/DL: _________</td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<tr>
<td><strong>Thursday</strong></td>
<td></td>
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<tr>
<td>Blood Glucose</td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<tr>
<td><strong>Friday</strong></td>
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<tr>
<td>Blood Glucose</td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<tr>
<td><strong>Saturday</strong></td>
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<tr>
<td>Blood Glucose</td>
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<tr>
<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
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<td>Time: _________ MG/DL: _________</td>
<td></td>
</tr>
<tr>
<td>Time: _________ MG/DL: _________</td>
<td></td>
</tr>
</tbody>
</table>

HgA1C _____________
### Cholesterol Tracker

<table>
<thead>
<tr>
<th></th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total blood cholesterol level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL cholesterol level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL cholesterol level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triglyceride level</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### LDL Cholesterol Levels

- Less than 70 mg/dL: Optimal
- 100 to 129 mg/dL: Near Optimal/Above Optimal
- 130 to 159 mg/dL: Borderline High
- 160 to 189 mg/dL: High
- 190 mg/dL and above: Very High

Date_________________ Height_________ Weight_________ BMI_________

**BMI Goal**_________ **Target Weight to Achieve BMI Goal**_________

*To calculate your BMI, visit [bmicalculator.net](http://bmicalculator.net)*

<table>
<thead>
<tr>
<th>Normal</th>
<th>Overweight</th>
<th>Obese</th>
<th>Extreme Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td></td>
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<tr>
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<tr>
<td>51</td>
<td>52</td>
<td>53</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Body Weight (pounds)</th>
</tr>
</thead>
</table>
| 58              | 91 196 100 105 110 115 | 119 124 129 134 138
| 59              | 94 99 104 109 114 119 | 124 128 133 138 143
| 60              | 97 102 107 112 118 123 | 128 133 138 143 148
| 61              | 100 106 111 116 122 127 | 132 137 143 148 153
| 62              | 104 109 115 120 126 131 | 136 142 147 153 158
| 63              | 107 113 118 124 130 135 | 141 146 152 158 163
| 64              | 110 116 122 128 134 140 | 145 151 157 163 169
| 65              | 114 120 126 132 138 144 | 150 156 162 168 174
| 66              | 118 124 130 136 142 148 | 155 161 167 173 179
| 67              | 121 127 134 140 146 153 | 159 165 171 178 185
| 68              | 125 131 138 144 151 158 | 164 171 177 184 190
| 69              | 128 135 142 149 155 162 | 169 176 182 189 196
| 70              | 132 139 146 153 160 167 | 174 181 188 195 202
| 71              | 136 143 150 157 165 172 | 179 186 193 200 208
| 72              | 140 147 154 162 169 177 | 184 191 199 206 213
| 73              | 144 151 159 166 174 182 | 189 197 204 212 219
| 74              | 148 155 163 171 179 186 | 194 202 210 218 225
| 75              | 152 160 168 176 184 192 | 200 208 216 224 232

**Normal Overweight Obese Extreme Obesity**
**Blood Pressure (BP) Tracker**

**Instructions:**

- Take your pressure at the same time each day or as your healthcare professional recommends.
- Sit with your back straight and supported and your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery. Check your monitor’s instructions, or have your healthcare provider show you how.
- Each time you measure, take two or three readings, one minute apart, and record all the results.

My blood pressure target goal is: ______/______ mm Hg

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Reading 1 – a.m.</th>
<th>Reading 2 – p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BP</td>
<td>Heart Rate</td>
</tr>
<tr>
<td></td>
<td>BP</td>
<td>Heart Rate</td>
</tr>
</tbody>
</table>
Questions for my healthcare team
Tools

Resources

• American Heart Association/American Stroke Association
  heart.org
  800-242-8721

• Brain Injury Alliance of Colorado
  biacolorado.org
  303-355-9969

• Rocky Mountain Stroke Association
  strokecolorado.org
  303-730-8800

• Good Samaritan Medical Center Stroke Support Group
  Support group meets monthly
  goodsamaritancolorado.org
  303-730-8800

• Lutheran Medical Center Stroke Support Group
  Support group meets monthly
  303-730-8800

• Platte Valley Medical Center Stroke Support Group
  Support group meets monthly
  pvmc.org/events
  303-498-1873

• St. Mary’s Medical Center Stroke Support Group
  sclhealth.org/classes-events/stmary/stroke-services/stroke-support-group
  970-298-1980
  Contact: Heather Johnson, RN

• Easter Seals Colorado: Rehabilitation and Stroke Resources
  easterseals.com/co
  303-274-5415

• Stroke Helpline
  1-800-STROKES (787-6537)