



Stroke Education




**NORMAN
REGIONAL**
Health System

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Stroke is the fifth leading cause of death and the No. 1 cause of disability in the U.S.

Each year, more than 795,000 people in the U.S. will have a stroke. Women face a higher risk of stroke; one in five women will experience a stroke. Nearly 50 percent of men have high blood pressure, which could increase their risk of stroke.

Norman Regional Health System

Norman Regional Health System is a stroke center of excellence, earning the Gold Seal of Approval™ from The Joint Commission for Primary Stroke Centers since 2008. The Gold Seal of Approval is a clear sign that Norman Regional is compliant with the most stringent standards of performance. Norman Regional's Stroke Center has also been awarded the American Heart Association/American Stroke Association's Get With The Guidelines® – Stroke Gold Plus Quality Achievement Award, the Association's Target: Stroke Honor Roll Elite award and the Target: Type 2 Diabetes award, as well as the Women's Choice Award for one of America's Best Stroke Centers.

Our team at the stroke center offers a multidisciplinary approach starting with acute treatment in the emergency department, continuing with advanced care in our dedicated stroke care unit and often followed by post stroke rehabilitation therapy in our comprehensive rehabilitation center. We have highly trained physicians in Emergency Medicine, Radiology, Neurology, Critical Care, Neurosurgery, Cardiology, Hospital Medicine, Physical Medicine and Rehabilitation who work together to ensure the best outcome for every stroke patient.

This educational booklet will provide you and your loved ones with some general information about stroke treatment, prevention, and recovery.

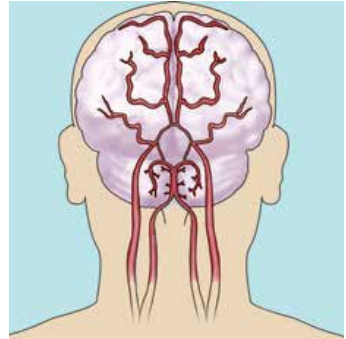


STROKE



What is a stroke?

- Stroke is a **brain attack**.
- The brain needs a constant supply of blood. Blood vessels that carry blood to the brain from the heart are called **arteries**. They carry the oxygen and nutrients the body needs to function.
- **A stroke occurs when one of the arteries to the brain is either blocked or bursts.** When this happens, part of the brain does not get enough blood and starts to die. This can lead to the inability to see, speak, and/or move. A stroke can even result in death.



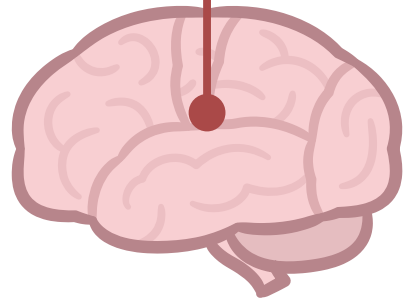
Types of stroke

Ischemic stroke

Ischemic stroke is the most common type of stroke. It occurs when a blood clot or other substance such as plaque, a fatty material, blocks the blood flow in an artery that supplies blood to the brain.



Ischemic stroke



Hemorrhagic stroke

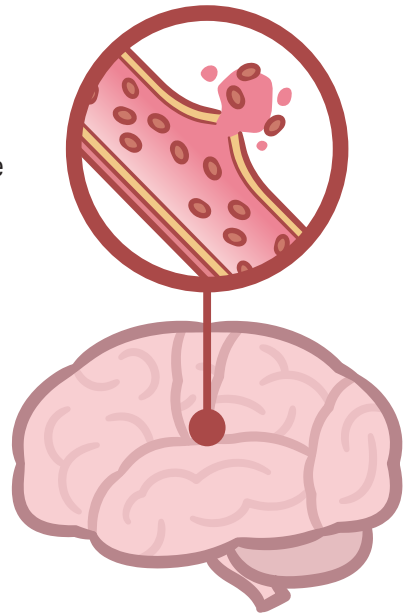
This type of stroke occurs when a blood vessel in the brain ruptures or leaks and can result from a number of conditions including uncontrolled high blood pressure and weak spots in your blood vessels. This is sometimes called a “brain bleed.”

There are different types of hemorrhagic stroke: intracerebral hemorrhage and subarachnoid hemorrhage.

Transient ischemic attack (TIA)

This type of stroke – sometimes called a “mini-stroke,” occurs when an artery in the brain or one that goes to the brain is blocked for a short time; blood flow slows down or stops. The artery either becomes unblocked after a short time or a new path opens up and blood flow is normal.

Symptoms last for a short time and then disappear. A TIA is a serious warning that you might have a stroke.



Hemorrhagic stroke

What are the signs of stroke?

BEFAST

Stroke can happen to **anyone** at **any time**. Stroke symptoms are **sudden** and **serious**. They may happen alone or in combination. **Do not wait** to see if these symptoms go away; acting quickly can help prevent brain damage and decrease disability.

There is a helpful way to remember the most common signs of a stroke: BEFAST.



B	Balance Sudden dizziness, trouble walking, loss of coordination
E	Eyes Sudden trouble seeing, blurred vision, loss of vision
F	Face Droop, numbness, unequal sensation
A	Arms Paralysis, numbness, unequal strength, weakness
S	Speech Slurred, unable to speak, unable to comprehend, incorrect words
T	Time Remember time last seen normal AND time when symptoms started

How can a stroke affect my body?

The effects of stroke are different for each person. They can be mild, moderate or severe. The severity depends on factors such as:

- Type of stroke (ischemic or hemorrhagic)
- Side of the brain where the stroke occurred (right or left hemisphere)
- Regions of the brain affected by the stroke
- Size of the damaged area in the brain
- Body functions controlled by the affected area
- Amount of time the brain area had no blood flow
- Time it took to get to the hospital to receive treatment

**What do I do if I think I am having a stroke?
Call 911 - Do not drive yourself**



Stroke causes and prevention

Having a stroke or TIA (transient ischemic attack or mini-stroke) puts you at a higher risk of having another one. You can reduce that risk.

- Know the signs of stroke so you can get help quickly.
- Learn your risk factors for another stroke.
- Learn what you can do to lower your risk.
- Find out how to make healthy choices in your life.

Risk factors

Each person has their own risk factors for stroke. If you know what yours are, you can take action to manage them and reduce your risk. Talk to your healthcare team about your risk factors. Together, you can identify the actions you can take to improve your health.

MEDICAL CONDITION RISK FACTORS

• **Previous stroke or TIA**

If someone has suffered a previous stroke or TIA, they are more likely to have another.

• **High blood pressure (hypertension)**

High blood pressure can weaken the walls of your blood vessels, increasing your chances of a stroke. Reducing salt in your diet can reduce your blood pressure and risk of stroke and/or heart disease.

- **Know your numbers:** Your healthcare team uses numbers as one way to track your health – numbers such as your blood pressure reading and your blood test results. Get to know what these numbers mean. Talk to your team about the targets they feel are right for you. Ask about your results and track your progress.

• **Atrial fibrillation (Afib)**

This is an irregular heart rhythm. It can cause small clots to form in your heart that can travel to your brain. It increases your risk of ischemic stroke three to five times.

• **Diabetes**

This disease can affect your blood vessels and in turn increase blood pressure. Diabetes also increases the chance of plaque forming in your blood vessels.

• High cholesterol

This can lead to a buildup of plaque in the artery walls (atherosclerosis). The plaque makes it harder for blood to flow through your body, putting you at increased risk of stroke.

• Sleep apnea

When people have interrupted breathing during sleep, it lowers the amount of oxygen reaching the brain. It can also cause high blood pressure.

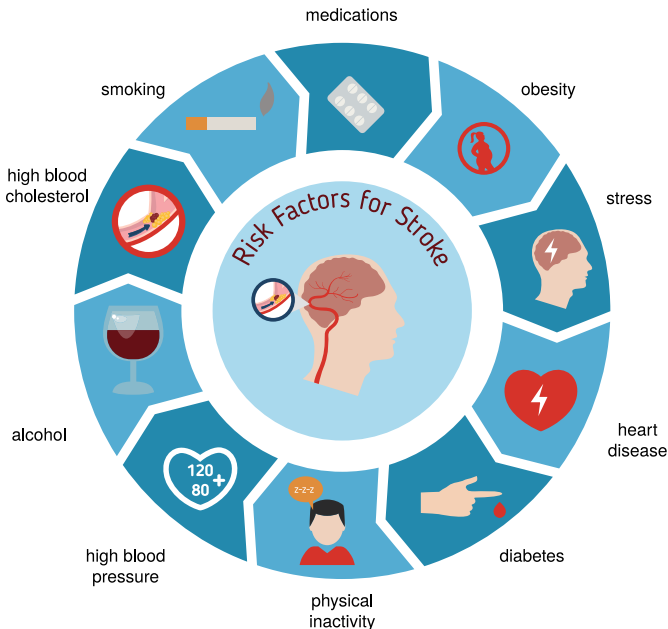
• **Other medical conditions** such as cancer or heart disease can also increase your risk for stroke.

LIFESTYLE RISK FACTORS

- Diet
- Salt intake
- Not enough exercise
- Unhealthy weight
- Smoking and vaping
- Heavy or binge drinking
- Stress
- Recreational drug use

RISK FACTORS YOU CANNOT CONTROL

- Age – risk increases with age
- Indigenous heritage
- Sex – risk increases after menopause
- South Asian or African descent
- Family history of heart disease, stroke or TIA (mini-stroke) in your parents or siblings



What happens after I am diagnosed with a stroke?

Stroke care

You are the most important person in your recovery journey. As much as possible, you should be involved in setting goals and planning your recovery.

When you have a stroke, a team of healthcare providers works with you, your family and your caregivers to:

- Help you recover from or adapt to the changes caused by stroke
- Teach you about stroke, its effects and strategies to use in daily life

Get to know each team member and their role in supporting you in your recovery. Keep a list of names, roles and ways to contact them in your recovery journal. There are blank pages at the back of this booklet if you would like to begin.





YOUR ROLE WORKING WITH THE TEAM

You, your family and your caregivers are at the center of your stroke recovery team. Your team usually meet regularly. Ask when they will be meeting to discuss your care, and make sure you are included. If you are not up to it, have your caregiver or a family member attend on your behalf.


Here are some questions to ask:

- What type of stroke did I have? Was it caused by a blood clot or by bleeding into the brain?
- What part of my brain is affected? What functions have been impacted by the stroke?
- What will my recovery be like? What treatments will I receive? Will I need medication?
- What are the results of my tests? What do they mean?
- Did I receive a clot-busting drug?
- Did the stroke affect my ability to swallow? Will I need a special diet?
- What are my risk factors for another stroke? (This is especially important if you had a transient ischemic attack or mini-stroke.)
- What is the next step in my care?
- Will I need rehabilitation? What types of rehabilitation will I be given? How much?
- Will I be given an appointment at a stroke clinic or with a stroke specialist when I leave the hospital?
- What will I be able to do in the next few months?
- What can I expect one year from now?
- What skills do my family and I need to take care of me? Who will show us how to do this?
- What services and resources can help me and my family? How do I access them?

TEAM MEMBERS AND THEIR ROLES

The makeup of your stroke care team will depend on your needs and the healthcare providers available in your community. You may not need all of the specialists listed here.

- **Neurologists** are experts on conditions involving the brain.
- **Family doctors** work with you to manage your general health and coordinate your ongoing health needs due to the stroke.

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- **Nurses** work closely with you and your family during all stages of recovery both in and out of hospital. They provide physical care, education, support, assessments and coordination of care.
 - **Neuropsychologists** assess the impact of stroke on your cognitive or thinking abilities and teach you how to help your brain recover and carry out cognitive tasks. They can also help support mental health, such as post-stroke depression.
 - **Occupational therapists** work with you to adapt and participate in activities and tasks such as dressing, bathing, preparing and eating meals, driving, returning to work and leisure activities.
 - **Physical therapists** work with you on recovering your physical abilities, strength and balance, for tasks such as walking and getting around.
 - **Speech-language pathologists** help you with swallowing and communication, including speaking.
 - **Case managers and discharge planners** help plan your next step of care.
 - **Dietitians** assess your nutritional status and ability to eat. They identify safe, nutritious foods that will help you recover.

Stroke follow-up

STAY IN TOUCH WITH YOUR HEALTHCARE TEAM

Make regular appointments with your doctor or nurse practitioner. Report any new symptoms or changes in your condition. Ask Questions; be sure to ask for any prescription renewals you need.

SYMPTOMS TO REPORT

Contact your provider if you have:

- Problems taking medicines for muscle spasms
- Problems moving your joints (joint contracture)
- Problems moving around or getting out of your bed or chair
- Skin sores or redness
- Pain that is becoming worse
- Recent falls
- Choking or coughing when eating
- Signs of a bladder infection (fever, burning when your urinate, or frequent urination)



Call 911 or the local emergency number if the following symptoms develop suddenly or are new:

- Numbness or weakness of the face, arm, or leg
- Blurry or decreased vision
- Not able to speak or understand
- Dizziness, loss of balance, or falling
- Severe headache

MEDICATIONS

Managing your medications properly will help you avoid another stroke.

- Take all medications unless your doctor tells you to stop. If you have to stop on your own for some reason, tell your doctor or nurse practitioner right away.
- Mark your calendar when your prescription runs out. Make sure you have an appointment to renew your prescription before you run out.
- Make sure your doctor knows about all of the medications you take. This includes prescription drugs, over-the-counter drugs, and herbal remedies.
- Always check with your pharmacist when you buy anything over the counter, to make sure there are no problems taking it with your other medications.
- Keep a complete list of the names of your medications. Record the dose (how much) and how many times a day you take it. Keep this list in a handy spot in case your family or emergency personnel need the information.
- Tips for keeping your medications organized
 - Get a pill container (dosette) and fill it weekly.
 - Ask your pharmacist to prepare your medications in a blister pack with individual doses.
 - Take your medication at the same time every day according to your prescription.
 - Use visual reminders. Keep your pills where you will see them often, such as on the counter. Or put a sticker on the bathroom mirror to remind you.
 - If you are going out, make sure you have your medication with you.



Activities of daily living following stroke


It is common for individuals after a stroke to have trouble with everyday living activities. This can result from both physical and cognitive difficulties. Examples of physical difficulties can include trouble with using your hand to open and manage containers or completing self-dressing. Cognitive difficulties may include difficulty with sequencing a recipe or managing finances. Included below are some general tips that can help reduce difficulty with everyday living.

EATING AND DRINKING

- Purchase plates with grippers on the bottom so they don't slip
- Rocker knives can be beneficial for those who are limited to function of one hand
- Built up utensils are helpful for poor grip strength

DRESSING

- Loose-fitting clothing makes dressing/undressing easier
- Sock aides can assist with putting on socks for those with coordination or fatigue difficulties
- Velcro instead of laces on shoes for those with poor coordination

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- Clips or key rings on zippers for poor coordination
 - Reachers can help with putting on pants and retrieving items from the floor for those who have limited range of motion

GROOMING AND BATHING

- Use an electric shaver instead of a straight blade
- Built up toothbrushes are easier to hold
- Terry cloth robe instead of towel drying for energy conservation
- Look into adding seating options in the shower (shower chair, tub bench, etc.) for those who easily fatigue
- Grab bars (Many options available depending on individual needs; placement needs to be assessed by a professional, OT and/or contractor.)

TOILETING

- Raised toilet seats for lower extremity weakness with transitions from seated to standing
- Bidet attachments for those with decreased hand function or difficulty with sit to standing transfers
- Toileting wants for those who have limited trunk range of motion

MONEY MANAGEMENT

- Ask for assistance with managing accounts from a trusted family member
- Occupational therapists and speech therapists can teach compensatory strategies to assist with difficulty with cognitive tasks related to managing finances

MEDICATION MANAGEMENT

- Pill boxes
- Automatic pill dispensers

DRIVING

Driving is a complicated daily skill that requires good vision, coordination, spatial awareness, and cognitive function. Strokes often impact several of these areas which can make driving unsafe. Before returning to driving after a stroke, it is best to speak with your physician and get a referral to see a Certified Driving Rehab Specialist (CDRS) who can give equipment and safety recommendations. They can also train an individual on the skills required for safe driving performance.



ENERGY CONSERVATION STRATEGIES


Strokes can impact your ability to maintain energy levels throughout the day. What once was easy prior to a stroke can become very difficult following a stroke. This can result in both physical and cognitive fatigue. Below are some general tips to maintain energy throughout the day.

- Prioritize important activities. What activity is most important to complete?
- Ask for help from family and friends to complete tasks
- Community resources – There are likely several agencies in the area that provide home health services and assistance
- Complete tasks in seated position such as on a chair or stool when able (ex., folding laundry, washing dishes, etc.)
- Complete online ordering instead of going to stores
- Use a debit/credit card instead of counting cash
- Label cleaners and chemicals
- Take frequent rest breaks when feeling either physically or cognitively fatigued
- Take naps (strike for a consistent sleep schedule)
- Rearrange your living space to remove obstacles and barriers to mobility
- Maintain a healthy diet and avoid sedating drugs and excessive alcohol consumption

VISION AND PERCEPTUAL CHANGES

Strokes can cause the following disruptions to vision performance and perceptual awareness. For example:

- **VISION** deficits: decreased acuity, double vision, visual field cut, contrast sensitivity. People with visual deficits sometimes run into objects, have difficulty with reading, or have difficulty with overhead lighting such as bright lights in stores.
- **SENSATION** deficits: impacts to light touch, sharp/dull sensation, temperature. Some individuals can lose sensation to temperature. This can result in burns when cooking on a stove or testing temperature of water to get in the shower. Always test water with the unaffected hand or have a caregiver assist. You can also set temperature limits on a water heater so water is never hot enough from taps to cause burns.

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- **SPATIAL AWARENESS** deficits: depth perception difficulties. Some individuals will have difficulty identifying how far or close an object is. This can lead to falls when attempting to sit in a chair or difficulties with driving performance.
 - **NEGLECT** deficits: decreased awareness to one side of the body and environment. Individuals with neglect will often run into objects on one side or will not finish tasks completely. In severe cases, an individual may only eat food on one side of their plate or won't brush their teeth on both sides of their mouth.
 - **APRAXIA** deficits: poor control of hands or legs impacting self-care and ambulation. These individuals will often drop items and will present with awkward movements when trying to complete tasks. This can lead to difficulties with feeding, dressing, grooming, etc.

WHEN TO ASK FOR PROFESSIONAL SUPPORT

It can be very difficult to complete daily activities following a stroke. You may not feel like you can handle your normal routine on your own, and that is a normal feeling to have. If you have concerns, speak to your physician and ask for an occupational therapy consult. Occupational therapists or OTs are trained to help you engage in the daily activities and routines that are meaningful to you. They can help you regain strength, coordination, stamina, address visual deficits, train on adaptive equipment, educate on cognitive and compensatory strategies to maximize your ability to engage in the activities and so much more!



Nutrition education after a stroke

Nutrition supportive care following a stroke involves adjusting and managing your diet to reduce common factors that increase your risk for recurrent stroke and maximize nutritional intake to reduce risk of malnutrition. Common risk factors of stroke include high blood pressure, high cholesterol, high blood sugar, and physical inactivity. Dietitians also work closely with speech language pathologists (SLP) for patients with swallowing difficulty, dysphagia, and that require modified texture diets.

LOW SODIUM

Excess sodium causes the body to retain excess fluid, which can cause stress on blood vessels, in the brain and also the heart and kidneys. The Dietary Guidelines for Americans recommends keeping the amount of sodium for the average adult less than **2,300 milligrams (mg)** of sodium per day.

Ways to reduce sodium in your diet

- Limit how much sodium you sprinkle at the table or in cooking. Just **one teaspoon of table salt is approximately 2,325 mg of sodium**. Try experimenting with other herbs, spices, and/or salt substitutes. A common salt substitute is Mrs. Dash.
- Sodium is used as a preservative to make products last longer on the shelf. Packaged and canned products at the store often contain high amounts of



sodium. When shopping, look for products labeled as “low sodium,” “reduced sodium,” or “no salt added.”

- Buy fresh or frozen fruits and vegetables without added sauces or seasonings.

HEALTHY VS NOT-SO-HEALTHY FATS

Increased fat in the blood or high cholesterol can cause blockages and damage blood vessels. Fat is an essential nutrient and required in the diet. However, the types of fat you include in your diet have different effects on your cholesterol.

- **Saturated fat** is a not-so-healthy fat. Intake of saturated fats can **increase your total cholesterol**, including your LDL cholesterol, often call “bad” cholesterol. It is recommended to reduce your intake of saturated fats as much as possible.
 - Saturated fats are those that are solid at room temperature, such as butter, lard, coconut oil, and animal fats.
 - To reduce intake of saturated fats, choose lean meats such as chicken, turkey, fish, and eggs. For beef and pork, choose leaner cuts or lean/extra lean ground meats. Cook with fats that are liquid at room temperature, such as olive oil, vegetable oil, canola oil, etc.
 - Saturated fat can be found at the top of food labels. Choose products with lower amounts of saturated fat.
- **Trans fats** are fats that have been processed into saturated fats for greater shelf stabilization. Intake of trans fats **increases LDL or “bad” cholesterol** and **decreases HDL or “good” cholesterol**. It is recommended to keep intake of trans to zero or as low as possible.
- **Unsaturated fat** is a healthy fat. Intake of unsaturated fats can **decrease LDL** or “bad” cholesterol and **increase HDL** cholesterol, also called “healthy” or “good” cholesterol. Intake of unsaturated fats can also decrease triglycerides, another type of fat in the blood.
 - Unsaturated fats are those that are liquid at room temperature, such as oils. Olive oil, vegetable oil, canola oil, safflower oil, etc., are good fats to cook with.
 - Other sources of unsaturated fats are nuts and fish.
 - Omega-3 fatty acids found in fish, other seafood, and nuts are unsaturated fats that can also aid in reducing inflammation. It is recommended to consume 1-2 fish meals per week.



CARBOHYDRATES, REDUCING ADDED SUGARS, AND FIBER

Excess carbohydrates, especially added simple sugars, can increase your risk for diabetes, which in turn increases your risk of stroke. Excess simple sugars can also increase triglycerides, another fat in the blood. Carbohydrates are an essential nutrient and necessary for energy. Like fats, the types of carbohydrates you eat can affect your blood sugar differently.

- **Complex carbohydrates** are carbs rich in fiber and harder for your body to digest. Since they are harder to digest, they enter the bloodstream at a slower rate and don't spike your blood sugar as strongly.
 - Sources of complex carbohydrates are whole grain and whole wheat breads, brown rice, and fresh/whole fruits and vegetables.
 - Complex carbs contain fiber, which balance blood sugar levels and can also decrease cholesterol.
 - It is recommended that at least half of your daily intake of grains be whole grains.
- **Simple carbohydrates** or simple sugars are carbs that are easily broken down and enter the blood stream rapidly, which can cause dramatic spikes in blood sugar levels.
 - Simple sugars most commonly appear as added sugars, which can be identified on food labels. It is recommended to keep your daily intake of added sugars as low as possible.

ALCOHOL

Excessive intake of alcohol can increase blood pressure, which further increases your risk for stroke and heart disease. Excess alcohol intake can also increase triglyceride levels. It is recommended to limit alcohol to moderate intake or less.

- Moderate intake is defined as no more than one drink per day for women and no more than two drinks per day for men.



PHYSICAL ACTIVITY

Physical activity has a myriad of health benefits. Relative to reducing risk for stroke, physical activity can lower LDL or “bad” cholesterol and increase HDL or “good” cholesterol. Achieving and maintaining a healthy weight has positive effects on cholesterol levels and blood pressure. It is recommended to be physically active for at least 30 minutes on most, if not all, days.

RESOURCES

- My Plate (myplate.gov)
- Academy of Nutrition and Dietetics (eatright.org)
- American Heart Association (heart.org)
 - ♦ DASH Diet
 - ♦ Mediterranean Diet

Exercise after a stroke

Physical activity is a great way to maintain a healthy weight, reduce high blood pressure, lower cholesterol levels, manage diabetes and manage stress. It can significantly reduce your risk of heart disease and stroke.

Strokes can severely affect your ability to be active. After a stroke, muscle, strength and balance problems may make it hard to get around independently. Some people may need orthotics, braces, and/or assistive devices such as a cane, walker, or wheelchair to mobilize safely. Your therapy team, including physical therapy, occupational therapy, and speech therapy, will recommend the proper equipment for your needs. They will also recommend the best and safest way for you to rehab after having a stroke.

Physical therapy can play a vital role in your rehabilitation after having a stroke. Your physical therapists will prescribe the most appropriate treatments based on your impairments and functional limitations in order to get you as independent as possible. Physical therapy can include: resistance exercises to improved strength, stretching to improve range of motion, aerobic exercises/ training to improve cardiovascular conditioning, balance training, and more!



Depression after stroke

There is a difference between sadness and depression. Sadness comes and goes. It is normal to feel sadness and a sense of loss after a stroke. Sadness that doesn't go away may be a sign of depression. People who have experienced a stroke – as well as their families and caregivers – are at higher risk for depression. If you know the signs of depression and you experience them yourself or see them in others, contact your doctor. Depression can slow down your recovery. There are treatments that can help.

Depression is most common in the first three to six months after a stroke, but can occur at any time – even many months later. If you have any of these symptoms, contact your doctor. Treatment can involve speaking to a trained mental health professional, taking medication or both.



SOME PHYSICAL SIGNS OF DEPRESSION

- Changes in your sleep pattern (not sleeping well or sleeping more than normal)
- Changes in appetite
- Gaining or losing weight without trying
- Feeling tired, having much less energy
- Feeling restless
- Chronic pain or digestive problems, such as stomach aches, nausea, constipation or diarrhea

SOME EMOTIONAL SIGNS OF DEPRESSION

- Feeling sad, anxious, irritable, nervous, guilty, worthless or hopeless
- Not feeling interested in doing things you used to enjoy
- Finding it hard to focus, remember things or make decisions
- Changes in your work style or zest for work
- Thoughts of death and/or suicide

WHERE TO GET SUPPORT

- Talk about how you are feeling to a member of your healthcare team you are comfortable with
- A psychologist or social worker might also help
- Speak with people in your life that you are close to and trust
- Look for support groups or peer visiting programs. Talking to others who live with stroke can help.

Stroke prevention plan and education

My risks	Stroke risk factors	Goals
	Previous TIA or stroke	Prevent any further events
	High blood pressure	Blood pressure less than 120/80 by discharge, or as directed by your physician
	Smoking	Stop smoking within _____ months
	Abnormal lipids	<ul style="list-style-type: none"> • Total cholesterol less than 200 • Triglycerides less than 150 • HDL (good fat) greater than 50 • LDL (bad fat) less than 100 • Repeat labs within _____ months or as directed by your physician
	Diabetes	<ul style="list-style-type: none"> • Fasting blood sugar less than 120 • Hemoglobin A1C less than 6.9% • Achieve within _____ months or as directed by your physician • Current Hemoglobin A1C _____
	Weight	<ul style="list-style-type: none"> • Current BMI _____ (ideal BMI 19-25) • Current weight _____ (ideal weight _____) • Achieve within _____ months or as directed by your physician
	Alcohol use	Men: Less than 2 drinks per day Women: Less than 1 drink per day
	Atrial fibrillation or atrial flutter	If on Warfarin: INR 2-3 _____ Current INR
	Other	

911 Activation






I will call 911 if I experience any signs or symptoms of stroke, including sudden onset of:






- Numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Confusion, trouble speaking, or difficulty understanding speech
- Trouble seeing in one or both eyes
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause

Action plan	RN initials	Date
Take medications as prescribed		
Adopt a healthy lifestyle		
Education during hospital stay		
Daily medication		
Therapeutic lifestyle changes including diet and exercise		
Know the name of the medication(s) you are going home on		
Education during hospital stay		
Nicotine patch		
Contact 1-800-QUIT-NOW		
Know your numbers: Total cholesterol, triglycerides, HDL, LDL		
Education during hospital stay		
Daily medication		
Therapeutic lifestyle changes including diet and exercise		
Know the name of the medication(s) you are going home on		
Education during hospital stay		
Check FSBS _____ times daily		
Daily medication		
Special diet/regular exercise		
Know the name of the medication(s) you are going home on		
Education during hospital stay		
Special diet/regular exercise		
Formal weight loss program		
Education during hospital stay		
Discuss with physician		
Formal program		
Education during hospital stay		
Daily medication		
Know the name of the medication(s) you are going home on		




Medication education

This tool will help you understand the most common side effects and purpose of any new medicine you take during your hospital stay. We will **always** educate you on your new medications.

REASON FOR MEDICINE	MEDICINE NAMES: GENERIC (BRAND)	MOST COMMON SIDE EFFECTS
<p>PAIN RELIEF</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fentanyl (Sublimaze®) <input type="checkbox"/> Hydrocodone/Acetaminophen (Norco®) <input type="checkbox"/> Hydromorphone (Dilaudid®) <input type="checkbox"/> Acetaminophen (Tylenol®) <input type="checkbox"/> Morphine (MS Contin®, MSIR®) <input type="checkbox"/> Oxycodone (OxyContin®, OXYIR®) <input type="checkbox"/> Oxycodone/Acetaminophen (Percocet®) <input type="checkbox"/> Tramadol (Ultram®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Dizziness ▪ Drowsiness ▪ Constipation ▪ Nausea ▪ Throwing Up ▪ Rash / Itching ▪ Confusion
<p>NAUSEA OR THROWING UP</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ondansetron (Zofran®) <input type="checkbox"/> Promethazine (Phenergan®) <input type="checkbox"/> Prochlorperazine (Compazine®) <input type="checkbox"/> Metoclopramide (Reglan®) <input type="checkbox"/> Scopolamine patch (Transderm Scop®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Headache ▪ Constipation ▪ Dizziness ▪ Drowsiness
<p>HEARTBURN / REFLUX</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pantoprazole (Protonix®) <input type="checkbox"/> Famotidine (Pepcid®) <input type="checkbox"/> Lansoprazole (Prevacid®) <input type="checkbox"/> Esomeprazole (Nexium®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Headache ▪ Diarrhea
<p>HIGH CHOLESTEROL</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Simvastatin (Zocor®) <input type="checkbox"/> Atorvastatin (Lipitor®) <input type="checkbox"/> Rosuvastatin (Crestor®) <input type="checkbox"/> Gemfibrozil (Lopid®) <input type="checkbox"/> Fenofibrate (Tricor®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Headache ▪ Muscle Pain ▪ Stomach Upset
<p>BLOOD THINNER TO REDUCE RISK OF OR TREAT BLOOD CLOTS</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enoxaparin (Lovenox®) <input type="checkbox"/> Warfarin (Coumadin®) <input type="checkbox"/> Dabigatran (Pradaxa®) <input type="checkbox"/> Rivaroxaban (Xarelto®) <input type="checkbox"/> Apixaban (Eliquis®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Stomach Upset ▪ Risk of Bleeding

REASON FOR MEDICINE	MEDICINE NAMES: GENERIC (BRAND)	MOST COMMON SIDE EFFECTS
<p>PREVENTS PLATELETS FROM STICKING TOGETHER</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aspirin <input type="checkbox"/> Clopidogrel (Plavix®) <input type="checkbox"/> Prasugrel (Effient®) <input type="checkbox"/> Ticagrelor (Brilinta®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Stomach Upset ▪ Risk of Bleeding
<p>HEART RHYTHM PROBLEMS</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amiodarone (Pacerone®) <input type="checkbox"/> Digoxin (Lanoxin®) <input type="checkbox"/> Dronedarone (Multaq®) <input type="checkbox"/> Propafenone (Rythmol®) <input type="checkbox"/> Dofetilide (Tikosyn®) <input type="checkbox"/> Flecainide (Tambocor®) <input type="checkbox"/> Sotalol (Betapace®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Dizziness ▪ Headache ▪ Slow heart rate
<p>LOWER BLOOD PRESSURE AND HEART RATE</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> ⇒ Calcium Channel Blockers <ul style="list-style-type: none"> <input type="checkbox"/> Diltiazem (Cardizem®, Cartia XT®, Tiazac®) <input type="checkbox"/> Verapamil (Calan®, Verelan®) ⇒ Beta Blockers <ul style="list-style-type: none"> <input type="checkbox"/> Atenolol (Tenormin®) <input type="checkbox"/> Carvedilol (Coreg®) <input type="checkbox"/> Metoprolol (Lopressor®, Toprol XL®) <input type="checkbox"/> Nebivolol (Bystolic®) <input type="checkbox"/> Bisoprolol (Monacor®) ⇒ Other: <ul style="list-style-type: none"> <input type="checkbox"/> Clonidine (Catapres®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Headache ▪ Dizziness ▪ Drowsiness ▪ Fatigue ▪ Slow heart rate ▪ Low blood pressure ▪ Constipation or diarrhea
<p>LOWER BLOOD PRESSURE</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> ⇒ ACE Inhibitors <ul style="list-style-type: none"> <input type="checkbox"/> Benazepril (Lotensin®) <input type="checkbox"/> Captopril (Capoten®) <input type="checkbox"/> Enalapril (Vasotec®) <input type="checkbox"/> Lisinopril (Prinivil®) <input type="checkbox"/> Quinapril (Accupril®) <input type="checkbox"/> Ramipril (Altace®) ⇒ Angiotensin Receptor Blockers <ul style="list-style-type: none"> <input type="checkbox"/> Irbesartan (Avapro®) <input type="checkbox"/> Olmesartan (Benicar®) <input type="checkbox"/> Valsartan (Diovan®) <input type="checkbox"/> Losartan (Cozaar®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Dizziness ▪ Cough ▪ Low blood pressure
<p>DIURETICS</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hydrochlorothiazide <input type="checkbox"/> Chlorthalidone <input type="checkbox"/> Torsemide (Demedex®) <input type="checkbox"/> Furosemide (Lasix®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Dizziness ▪ Drowsiness ▪ Fatigue ▪ Muscle cramps ▪ Low potassium



REASON FOR MEDICINE	MEDICINE NAMES: GENERIC (BRAND)	MOST COMMON SIDE EFFECTS
<p>ANTI-INFECTION MEDICATIONS</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acyclovir (Zovirax®) <input type="checkbox"/> Ampicillin <input type="checkbox"/> Amoxicillin/Clavulanate (Augmentin®) <input type="checkbox"/> Cefazolin (Kefzol®, Ancef®) <input type="checkbox"/> Ceftriaxone (Rocephin®) <input type="checkbox"/> Cefoxitin (Mefoxin®) <input type="checkbox"/> Clindamycin (Cleocin®) <input type="checkbox"/> Erythromycin (Erythrocin®) <input type="checkbox"/> Azithromycin (Zithromax®) <input type="checkbox"/> Ciprofloxacin (Cipro®) <input type="checkbox"/> Levofloxacin (Levaquin®) <input type="checkbox"/> Metronidazole (Flagyl®) <input type="checkbox"/> Diflucan (Fluconazole®) <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn®) <input type="checkbox"/> Vancomycin (Vancocin®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Stomach Upset ▪ Diarrhea ▪ Rash / Flushing ▪ Headache
<p>DECREASE SWELLING (INFLAMMATION)</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Celecoxib (Celebrex®) <input type="checkbox"/> Meloxicam (Mobic®) <input type="checkbox"/> Dexamethasone (Decadron®) <input type="checkbox"/> Prednisone <input type="checkbox"/> Hydrocortisone (Cortef®) <input type="checkbox"/> Ibuprofen (Motrin®) <input type="checkbox"/> Ketorolac (Toradol®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Stomach Upset ▪ Sleeplessness
<p>CALMS NERVES OR HELPS WITH SLEEP (INSOMNIA)</p> 	<p>EXAMPLES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alprazolam (Xanax®) <input type="checkbox"/> Lorazepam (Ativan®) <input type="checkbox"/> Diazepam (Valium®) <input type="checkbox"/> Midazolam (Versed®) <input type="checkbox"/> Temazepam (Restoril®) <input type="checkbox"/> Zolpidem (Ambien®) <input type="checkbox"/> Zaleplon (Sonata®) <input type="checkbox"/> Other: _____ 	<p>MAY CAUSE:</p> <ul style="list-style-type: none"> ▪ Dizziness ▪ Drowsiness ▪ Headache ▪ Confusion



Medical appointments

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

DATE		TIME	
DOCTOR		SPECIALITY	
ADDRESS			
REASON FOR VISIT			

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Medical appointments

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REASON FOR VISIT			



Notes



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Notes

Stroke resources

Norman Regional Hospitals and Emergency Departments

- **Norman Regional HealthPlex**
3300 HealthPlex Parkway
Norman, OK 73072
405-515-1000
- **Norman Regional Hospital**
901 N. Porter Ave.
Norman, OK 73071
405-307-1000
- **Norman Regional Moore**
700 S. Telephone Rd.
Moore, OK 73160
405-793-9355
- **Norman Regional Nine**
2000 Ann Branden Blvd.
Norman, OK 73071
405-307-1000

Norman Regional Therapy Clinics

- **Physical Performance Center**
724 24th Ave. NW, Suite 100
Norman, OK 73069
405-447-1571
- **Norman Regional Moore**
700 S. Telephone Rd.
Moore, OK 73160
405-912-3055
- **Norman Regional Nine**
2000 Anne Brandon Blvd.
Norman, OK 73071
405-253-1850

Oklahoma Headache Center

- 3400 W. Tecumseh Rd., Suite 300
Norman, OK 73072
405-307-5700

Oklahoma resources

- **UCO Speech and Hearing Clinic – Edmond**
100 N. University
Edmond, OK 73034
405-974-5149
- **Jim Thorpe Rehab – Aphasia Clinic**
4100 S. Douglas Ave.
Oklahoma City, OK
405-644-5445
- **John W. Keyes Speech and Hearing
University of Oklahoma Health Sciences Center**
1200 N. Stonewall
Oklahoma City, OK 73117
405-271-2866
- **Brain and Eye Connection Vision Clinic**
*Addressing visual changes from stroke
and brain injury*
1530 S.W. 89th
Oklahoma City, OK 73159
405-703-3163
- **Center for Individuals with Physical Challenges**
815 S. Utica Ave.
Tulsa, OK 74104
918-584-8607

On-line resources

- **Stroke Resources Stroke eNewsletter**
Sent at no charge to stroke survivors and caregivers
stroke.org/en/stroke-connection
- **American Stroke Association**
Download brochures and flyers at no charge
stroke.org
- **National Institute for Neurological Diseases
and Stroke**
ninds.nih.gov

