



# STROKE INFORMATION

DEFINITION • DETECTION • PREVENTION • CARE

What you need to know about stroke: its causes, prevention, and care.

THIS BOOKLET BELONGS TO:



**SIERRA VIEW**  
MEDICAL CENTER

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*Sierra View Medical Center is committed to informing patients of all potential consequences of not complying with recommended care, treatment, and services. It is the patient's responsibility to provide adequate information to facilitate treatment and cooperate with practitioners.*



# WELCOME TO SIERRA VIEW MEDICAL CENTER

At Sierra View, we are proud to provide exceptional healthcare services to our patients and strive to create a comfortable, welcoming and compassionate environment for both our patients and their guests. Our team is committed to quality care and improving the Sierra View experience each and every day.

The packet you are receiving has general information you may find helpful in dealing with your or your loved one's condition. Additional handouts will be given to you for any other risk factors that may be present. Handouts are available for medications you may be taking, or will take at home. Some will be given to you when you are admitted, and others may be added before you are discharged.

Your nurse or your primary healthcare provider can answer any questions you may have. We encourage you to write down your questions or comments on the "Notes" pages provided at the back of this booklet. Please use these pages to speak to your nurse or primary healthcare provider about anything regarding your hospital stay with Sierra View Medical Center.

We want your experience to be as pleasant as possible. If we can help you with anything, please do not hesitate to ask. For any questions, comments, or concerns, please speak to your nurse, or the unit leadership.

Our Stroke Coordinator is also available to speak with you or your family members at any time during your stay. The Stroke Coordinator can be reached at (559) 788-6067.

You may also contact Sierra View Medical Center's Patient Experience Officer at (559) 791-4767.



## MY RECORD

Date blood drawn \_\_\_\_\_

My blood pressure \_\_\_\_\_

My total cholesterol \_\_\_\_\_

**Your total cholesterol should be:** Below 200mg/dL

My triglyceride level \_\_\_\_\_

**Your total triglyceride should be:** Below 150 mg/dL

**Your HDL, good cholesterol, should be:** 40 mg/dL or higher

**Your LDL, bad cholesterol, should be:** Less than 70 mg/dL

My hemoglobin A1c (HbA1c) \_\_\_\_\_

**Your hemoglobin A1c (HbA1c) should be:** Below 7.0%

## OTHER SERVICES AT SVMC

Sierra View Medical Center offers a wide variety of acute care and outpatient services to Porterville and surrounding communities, including:

- Stroke Treatment
- Cancer Treatment Services
- Critical Care Services
- Community Wellness Center
- Maternal Child Health
- Wound Healing Center
- Urology Care and many other services



Learn more about the state-of-the-art services offered at Sierra View Medical Center by visiting **sierra-view.com** or calling **559-784-1110**.





## WHAT IS A STROKE?

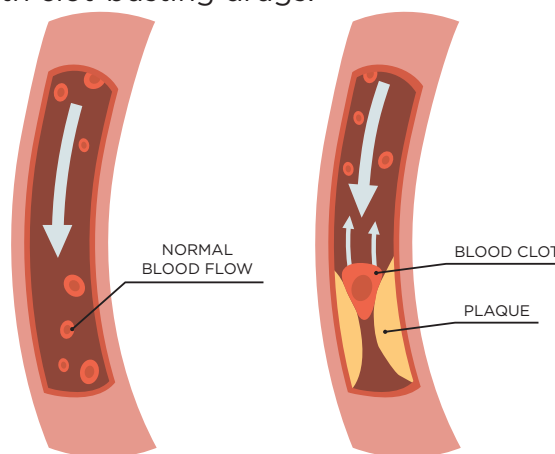
A stroke is a disease that affects the arteries (highways) of the brain. A stroke occurs when an artery bringing blood to the brain gets blocked or ruptures so brain cells don't get the flow of oxygen-rich blood that they need. Deprived of oxygen, nerve cells cannot function and die within minutes. When these nerve cells die, the parts of the body they control cannot function either. These effects can be devastating and may be permanent because brain cells cannot be replaced. Other names for a stroke include:

- Cerebrovascular Accident (CVA)
- Ischemic stroke
- Transient Ischemic Attack (TIA)
- Intracranial Hemorrhage (ICH)
- Cerebral thrombosis

## Are There Different Types of Stroke?

There are two main types of strokes. First,

an “ischemic stroke” is a stroke caused by a blocked artery. This is the most common type of stroke and can sometimes be treated with clot-busting drugs.



Second, a hemorrhagic stroke is a stroke caused by bleeding into the brain tissue. This stroke is caused by a broken blood vessel.

A very strong predictor of stroke is a Transient Ischemic Attack, or TIA (also called a “mini stroke”), which occurs when a blood clot blocks an artery for a short time. The symptoms of a TIA are warning signs of a stroke, but they usually last only a few minutes. About one-third of strokes are preceded by TIAs. TIAs are a medical emer-



gency and should be treated immediately.

## What is an ischemic stroke?

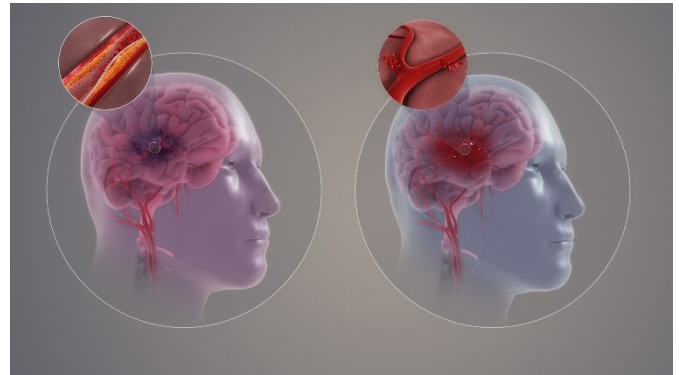
An ischemic stroke occurs when an artery that supplies blood to the brain is narrowed or blocked. This can be caused by a build-up of plaque or a piece of plaque that breaks off and forms a clot, which then travels through the arteries (highways) and lodges in a smaller part of an artery. The brain tissue beyond the blockage then does not receive the oxygen and sugar that it needs, and brain cells die. About 85% of all strokes are ischemic. High blood pressure is the #1 risk factor for stroke because it causes damage to the inside of the artery and allows cholesterol to build up (plaque), which narrows the artery.

## What are intracranial hemorrhage, cerebral hemorrhage, and hemorrhagic strokes?

Bleeding around or within the brain is known as a “cerebral hemorrhage”.

Bleeding caused by a blood vessel in the brain that has leaked or torn is called a hemorrhagic stroke. All bleeding within the skull is referred to as intracranial bleeding. Bleeding that occurs within the skull or brain generally happens suddenly from either external or internal causes. A hemorrhage can rapidly cause brain and nerve damage and can be life-threatening. Bleeding in the brain causes approximately 15% of all strokes.

Since the brain cannot store oxygen, it relies on blood and a series of blood vessels (like roads) to supply oxygen and nutrients to it. The pooling of blood in the brain from



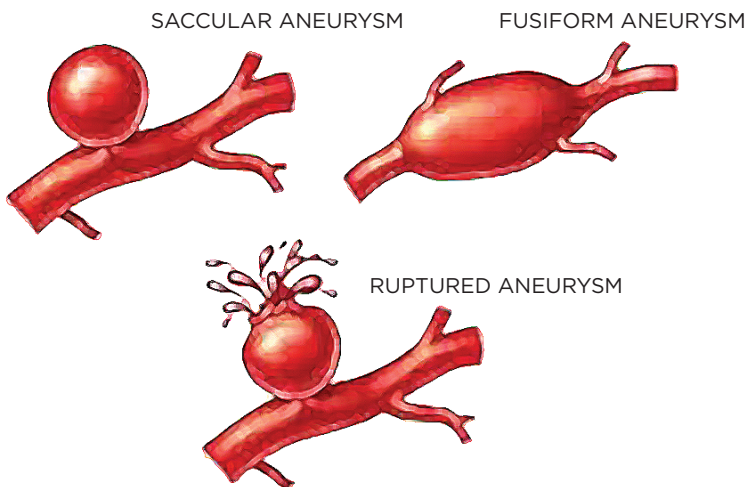
an intracranial hemorrhage or cerebral hemorrhage puts pressure on the brain and deprives it of oxygen. When bleeding or stroke interrupts blood flow around or inside the brain, depriving it of oxygen for more than three or four minutes, the brain cells die. Furthermore, the affected nerve cells and the functions in the body they control are damaged.

## What are the causes of intracranial hemorrhage?

Intracranial hemorrhage has a number of causes, including:

- Damage to the artery walls that can cause the blood vessel to leak or break
- Ruptured cerebral aneurysm (a weak spot in a blood vessel wall that balloons out and bursts) Buildup of amyloid protein within the artery walls of the brain (cerebral amyloid angiopathy)

- Leaking of malformed arteries or veins (arteriovenous malformation – an “AVM”)
- Treatment with blood thinners (Anti-coagulants)



- Certain pre-existing diseases, such as diabetes, sickle cell disease, or Moyamoya disease (blocked arteries in the base of the brain)
- Bleeding tumors
- Smoking, heavy alcohol use, or use of illegal drugs such as cocaine
- Conditions related to pregnancy or childbirth, including eclampsia, post-partum vasculopathy, or neonatal intraventricular hemorrhage
- Head trauma, such as that caused by a fall, car accident, sports accident, etc.

### What does a stroke do?

When the brain does not get enough oxygen or sugar, brain cells die. The functions in the body the affected areas of the brain

control, are damaged.

This can result in memory loss, speech difficulties, and/or loss of movement in the related area. Depending on the location of the stroke and the extent of damage, the lasting effects can include:

- Inability to move part of the body (paralysis)
- Numbness or weakness in part of the body
- Difficulty swallowing
- Vision loss
- Inability to speak or understand words
- Confusion, memory loss, or poor judgment
- Personality change and/or emotional problems







## WARNING SIGNS AND DIAGNOSIS

### What are the warning signs of a stroke?

Warning signs of a stroke can include:

- Sudden weakness or numbness of the 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

If you notice any of the warning signs, BE FAST (to spot a stroke)

**B - BALANCE:** Is the person dizzy or cannot walk in a straight line?

**E - EYES:** Does the person have blurred, double vision, or loss of vision?

**F - FACE:** Ask the person to smile. Is the face droopy on one side? If so, this could be a sign of a stroke.

**A - ARMS:** Ask the person to raise both arms. If one arm drifts down, or the person cannot move one of their arms, this is a sign of a stroke.

**S - SPEECH:** Ask the person to say a simple phrase. If the person's speech is slurred or not able to be understood, this is a sign of a stroke.

**T - TIME: Time to call 911!** Treatment for stroke can be time sensitive and you must get to the hospital as soon as possible. It is very important to take note of the last time the patient was normal, or at their baseline self. Hospital staff will call this the “**Last Known Well Time, or Last Known Normal**”.



THIS WOMAN IS HAVING A **STROKE**

**B E F A S T CALL 911**



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**CALL 911 AT FIRST SIGN OF STROKE**

**B**

**BALANCE**

LOSS OF BALANCE,  
HEADACHE  
OR DIZZINESS

**E**

**EYES**

BLURRED VISION  
OR DOUBLE VISION

**F**

**FACE**

FACE DROOPING OR  
UNEVEN SMILE

**A**

**ARMS**

CHECK IF ONE  
ARM IS WEAK

**S**

**SPEECH**

SPEECH DIFFICULTY:  
LISTEN FOR SLURRED  
SPEECH

**T**

**TIME**

CALL 911  
RIGHT AWAY



## How Is a Stroke Diagnosed?

It is important to identify that a person is having a stroke as soon as the symptoms start. The type of stroke must also be determined before treatment is started since treatment is very different for an ischemic stroke and a hemorrhagic stroke.

A Computerized Tomography or CT scan, (CAT Scan) is a test that uses radiation to create a picture of the brain. It is usually the first test ordered for a patient with stroke symptoms. This test will give the stroke team important information about the brain, and any injury that is present. In addition, the medical team may order a CT Angiogram. This is a test using dye that is injected through the veins and then pictures are taken with the CAT scanner. This creates an image of the vessels in the brain. This test can, more specifically, spot damage to a vessel or a large clot. Sometimes,

these clots can be removed. A Radiologist reads these tests and creates a report for the medical team.

Another test that your medical team may order is a Magnetic Resonance Imaging (MRI) scan. MRI scans use a large magnetic field to create an image of the brain that also shows the location and size of the stroke. The picture that is created is sharper and more detailed than a CT scan (CAT scan).

## STROKE TREATMENT

### What Is the Treatment Goal for an Acute Stroke?

The goal of treating a stroke is to get blood flow back to the affected area of the brain. Treatment is time sensitive, and the patient must get to the hospital quickly. It is ideal if the patient comes in within the first 3-6 hours of symptoms, or when they first notice them. However, a patient should still come to the hospital no matter how long they have had symptoms.

### “Clot-Busting” (thrombolytic) Medications

These medicines (also called clot busters) are used to dissolve blood clots that are blocking the arteries in the brain. To work best, these medicines must be given within 3 hours after the last known normal time. Many new procedures are being developed for treating acute stroke but all these



therapies are time sensitive. Therefore, we need to know the exact time symptoms started - This is extremely important.

There are some other invasive treatments available for some patients, such as removing a large clot in an area that can be reached. This is called a “mechanical thrombectomy”. This type of procedure is not performed at Sierra View Medical Center, so our medical team would provide initial treatments prior to transferring the patient to a facility that does these procedures.

Timing is everything when dealing with stroke patients. It is important to call 911 if you or someone around you is experiencing the signs of a stroke. Do not drive yourself, or let someone else drive him or herself to the hospital. Emergency Medical Services (EMS) will notify the Emergency Department of your symptoms and the stroke team will be activated before you arrive.



## MINUTES MATTER:

### SURVIVE. DON'T DRIVE.

### CALL 9-1-1!



Learn the signs, but remember that even if you are not sure it is a stroke, have it checked out.

- Minutes matter. Fast action can save lives, maybe your own. Do not wait more than five minutes to call 911.
- Calling 911 is always the fastest way to get lifesaving treatment. Emergency medical services staff can assess for a stroke and begin treatment when they arrive - up to an hour sooner than if someone gets to the hospital by car. Patients with stroke symptoms who arrive by ambulance usually receive faster care at the hospital.
- If you cannot access emergency medical services (EMS) by calling 911, have someone drive you to the hospital right away. If you are the one having symptoms, do not drive yourself.



# MAJOR RISK FACTORS FOR STROKE

**Major risk factors increasing the risk of having a stroke that you CAN be controlled include:**

- **High blood pressure (hypertension):** Hypertension is the number 1 risk factor for stroke. Take medication as prescribed, and have your blood pressure checked regularly.
- **Smoking:** Quit.
- **Diabetes (high blood sugar):** Check your blood sugar, take medication as prescribed, see your provider if your blood sugar is out of range.
- **High blood cholesterol (hypercholesterolemia):** Lifestyle changes, take medication as prescribed, change your diet.
- **Being overweight and obese:** Get active, change your diet.
- **Try to exercise 30 min., three times a week:** Please check with your doctor before beginning an exercise program.
- **Heart disease (coronary artery disease, cardiomyopathy, heart failure, atrial fibrillation):** Take medications as prescribed, self-monitor for symptoms and contact your provider if symptoms flare up.

**Major risk factors that you CANNOT change:**

- **Age:** Stroke affects all ages but the older you are, the greater your risk of stroke.
- **Heredity:** The risk of a stroke is greater in people whose close blood relatives have had a stroke.
- **Race:** African Americans, Alaska Native, and American Indian adults have a higher risk of death and disability from a stroke because they have a greater incidence of high blood pressure. Hispanic Americans are also at an increased risk for stroke due to complications of diabetes.
- **Prior stroke:** Someone who has had a stroke is at higher risk of having another one.
- **Gender:** While more men have strokes each year, over half of the stroke deaths occur in women.

## Why Should I Stop Smoking?

Tobacco use is the number one preventable cause of serious illness such as heart disease, stroke, lung cancer and emphysema. It is estimated that the overall rate of smoking has decreased from 42% in 1965



to 18% in 2014. Overall 16% of women and 21% of men are smokers. The nicotine and carbon monoxide in cigarette smoke damage the heart and arteries in many ways. Upon entering the bloodstream, nicotine causes the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous system and increases blood pressure, respiration, and heart rate.

For more information on quitting smoking, please ask your nurse or primary care physician.

### What Is High Blood Pressure?

High blood pressure, or hypertension, is a measurement of the force against the walls of your arteries as your heart pumps blood through your body. Normal blood pressure is 120/80. High blood pressure is defined as consistent readings above 140/90. High blood pressure is the single most important risk factor for stroke. Many people believe control of high blood pressure is the reason that death rates from stroke have decreased in the past decade.

High blood pressure is easily detectable and treatable. Medications, diet, exercise and weight loss can assist in controlling your blood pressure. Daily monitoring of your blood pressure is important. Take your blood pressure every day at the same time and record it along with your weight. Bring this record along with you to your primary care provider when you visit. There is a table to record your blood pressure readings at the end of this booklet.



### What Is High Cholesterol?

High cholesterol is one of the major risk factors leading to heart disease and stroke. Cholesterol is a naturally occurring waxy, fat-like substance that is produced in the body. The body uses it to in many ways. When you have too much cholesterol, it is deposited in the artery walls, forming bumps called plaque. This frequently happens in the heart and brain, which can lead to blockages that cause chest pain, heart attack and stroke. About 34 million Americans have cholesterol levels above 240 mg/dL. Medications, diet, exercise and weight loss can help you control cholesterol levels.

- **Your total cholesterol should be below 200 mg/dL.**
- **Your triglyceride level should be below 150 mg/dL.**
- **Your HDL, or good cholesterol, should be 40 mg/dL or higher.**
- **Your LDL, or bad cholesterol, should be less than 70 mg/dL.**

### What Is Atrial Fibrillation?

Atrial fibrillation is a condition that causes the upper chambers of the heart, the atria, to quiver instead of beating. This makes the heart have difficulty moving blood into the lower chambers – the ventricles.



This causes blood flow to slow and pool and can increase the risk of clotting. If a clot breaks loose from the atria and enters the bloodstream, it can lodge in an artery leading to the brain and can cause a stroke. A person with atrial fibrillation is five times more likely to have a stroke. About 15% of people who have a stroke also have atrial fibrillation.

Treatment for atrial fibrillation includes medications such as aspirin, Coumadin (warfarin), or Plavix (clopidogrel), or factor Xa inhibitors such as Pradaxa (dabigatran), Xarelto (rivaroxaban), and Eliquis (apixaban). Your primary care provider may choose to perform a “cardioversion”, where the atria are electronically converted back into a regular rhythm.



## What Is Diabetes?

There are two types of Diabetes. First, “Type 1 Diabetes” is an autoimmune disease that affects a person for life, and always requires Insulin. It usually occurs during adolescence, but can occur at any time during life. Second, “Type 2 Diabetes” is a metabolic disorder characterized by the body’s inability to produce enough insulin and/or the body cells being resistant to insulin. This results in an abnormal elevation of blood sugar. Type 2 Diabetes can sometimes be controlled by diet and

exercise, but often requires medication.

- Diabetes is more common in African Americans, Latinos, Native Americans, Asian Americans, and Pacific Islanders. However, Type 2 diabetes is seen across all race/ethnic groups.
- Age over 45. The older one gets, the higher the risk. However, children as young as 8 years of age are being diagnosed with Type 2 diabetes.
- First-degree relative (sibling or parent) with Type 2 diabetes.
- Overweight, especially being overweight around the ‘belly’ (apple shape).
- Inactive lifestyle.
- Women who had gestational diabetes or gave birth to at least one baby weighing more than 9 pounds (if your mother had gestational diabetes while pregnant with you, then you are at risk).
- Having other health problems such as: High blood pressure, abnormal cholesterol, and other cardiovascular diseases.
- Other co-existing factors that could increase your risk: Smoking, continual high stress levels, and depression.
- The more risk factors you have, the more at risk you are of developing or having Type 2 diabetes.

## Why Is Controlling Diabetes Important?

Diabetes is a major risk factor for stroke. Many people with diabetes also have high blood pressure, high cholesterol, and are overweight. If left untreated, high blood



# STROKE NUTRITION THERAPY



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sugar will harm large and small blood vessels - every cell of your body is affected.

Diabetes is manageable with many different medications. For example - insulin, Glucophage (metformin), Glucotrol (glipizide), and/or Glynase (glyburide). Diet and exercise can also help manage diabetes.

Your physician may perform a lab test called a hemoglobin A1C that will let them know how well your diabetes has been controlled in the last 90 days. The goal is to have a number less than 7.0%.

- Uncontrolled diabetes is the leading cause of blindness, renal failure, and limb amputations (not associated with injuries).
- The leading cause of death in the United States is heart disease (68% of whom had diabetes).
- Two out of three people with diabetes die from heart disease and stroke.
- It is estimated that once a person is diagnosed with Type 2 Diabetes, he or she likely had diabetes for at least 5 to 7 years before being diagnosed.
- For more information on diabetes, please ask your doctor or nurse.

## STROKE NUTRITION THERAPY

A low-sodium diet that includes healthy fat choices may help to lower blood pressure and support heart health. Choosing more fruits and vegetables, whole grains, fat-free or low-fat dairy products and foods with heart healthy fats will help you to reach this goal.





## Key points

- **Limit your sodium intake:** Salt is high in sodium; 1 teaspoon provides your daily limit, 2,300 milligrams (mg), so get rid of that salt shaker and start using salt free substitutes such as spices, herbs, lemon and lime to add flavor to your meals.
- **Choose fresh foods:** Salt is used as a preservative, so choose fresh foods instead of canned foods, frozen entrees or frozen foods with sauces to lower your sodium intake as much as possible.
- **Look at food labels:** Any products that contain 300 milligrams (mg) of sodium per serving may not fit into your meal plan, aim for products that contain 140 mg of sodium or less.
- **Increase the potassium in your diet (Unless you have kidney disease):**  
Eat plenty of fruits and vegetables (half of your plate should be vegetables and fruits) and choose three low-fat dairy products each day.
- Choose fats wisely – Select heart healthy fats and avoid hydrogenated and saturated fats as much as possible.
  - Choose olive and canola oil instead of butter.
  - Choose poultry and fish instead of red meat.
  - Choose unsalted nuts and seeds.
  - Increase omega-3 fats, which are heart-healthy, with fresh or low sodium fatty fish (salmon, albacore tuna, mackerel and herring), flaxseed/flaxseed oil, walnut/walnut oil or chia seeds.

**CHOOSE HEALTHY.  
CHOOSE FRESH FOODS.**



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American Heart Association®

Healthy for Good™

# Heart-Healthy Essentials for Meal Prep

**For hassle-free healthy meal prep, be prepared with a stocked pantry.**

Having some basic ingredients in your cabinets, refrigerator and freezer saves you time and worry on busy weeknights and even on weekends when you don't have time to grocery shop.



## Cabinets & Pantry

- ✓ **"Dinner builder" items:** canned or dried beans, such as kidney, pinto, black, butter and navy; canned or pouched tuna, salmon and chicken; spaghetti sauce
- ✓ **Canned vegetables:** for easy side dishes and adding to soups and sauces
- ✓ **Whole grains:** brown rice, oats, couscous, bulgur and quinoa; whole-grain pastas, breads and tortillas (store extra bread and tortillas in the freezer); whole-grain flour or cornmeal for baking
- ✓ **Cooking oils:** nontropical vegetable oils, such as olive, canola and corn
- ✓ **Nuts, seeds and nut butters:** for stir-fries and garnishes (and satisfying snacks)
- ✓ **Broths:** fat-free, low-sodium chicken, vegetable and beef — for making soups
- ✓ **Dried herbs and spices:** keep a variety on hand and buy or create salt-free seasoning blends



## Refrigerator & Freezer

- ✓ **Proteins:** Unbreaded fish fillets, skinless chicken breasts, extra-lean or lean meats; tofu
- ✓ **Dairy products:** low-fat and fat-free milk, yogurt and cheese
- ✓ **Soft margarine:** made with nonhydrogenated vegetable oil and containing no trans fat
- ✓ **Frozen vegetables and fruits:** choose a wide variety (lots of colors) without salty sauces and sugary syrups



## Compare Nutrition Labels

- ✓ **Choose products with the lowest amounts** of sodium, added sugars and saturated fat, and no trans fat
- ✓ **Look for the Heart-Check mark** to easily identify foods that can be part of your heart-healthy eating plan

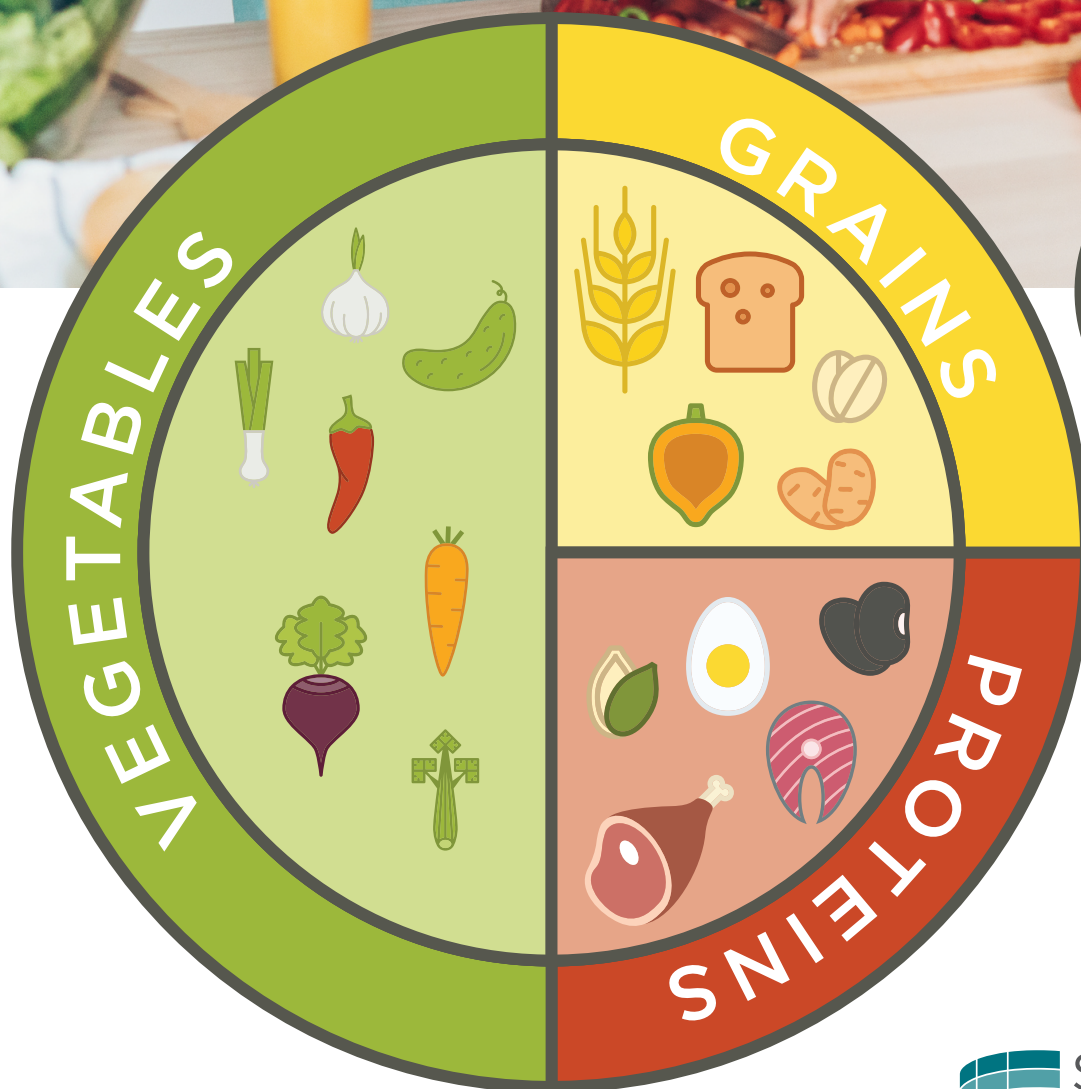


For more tips, visit [heart.org/healthyforgood](https://heart.org/healthyforgood).

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# THE PLATE METHOD



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# STROKE MEDICATIONS

You may have new medications when you leave the hospital. These medications will help protect you from having more strokes. If you have additional questions, be sure to ask your nurse or doctor. It is a good idea to carry a list of all that you take. Show your list to your doctor and pharmacy. Talk to your doctor before you stop the use of any medications.

## Medications that prevent blood clots

Some medications make your blood less sticky. Some examples are aspirin and Plavix (clopidogrel). Less sticky blood is less likely to clot. Some people take aspirin to prevent a first stroke.

Some medications thin your blood. Some examples are Coumadin (warfarin), Xarelto, and Eliquis. Less thin blood is less likely to clot. When a stroke is more common, you may use a blood thinner. Some health issues make a stroke more common. One example is atrial fibrillation. Blood thinners work well but they also have side effects. Some examples are bruises and bleeding. You may also need regular blood tests or doctor visits.

Other drugs can change how sticky or thin your blood is. Ask before using anything new. Tylenol (acetaminophen) is safe to use for pain or fever. Do not take aspirin, ibuprofen and naproxen. It is also a good idea to avoid fish oil pills.



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What you eat can affect Coumadin, a highly used anticoagulant (blood thinner). Coumadin works less when you eat or take Vitamin K. Vitamin K is in foods like green, leafy vegetables. It is not a good idea to stop eating these foods. Try to eat the same amount every day.

## Medications that lower blood pressure

High blood pressure can lead to some strokes. It is important to lower blood pressure when it is very high. Some people need more than one type of medication to lower their blood pressure.

### Beta-Blockers

These medications lower blood pressure. They also slow down your heart rate. Some examples are Toprol (metoprolol) and Tenormin (atenolol). Side effects are common. Some examples are feeling tired or dizzy. You will feel less dizzy if you stand up slowly. These side effects usually go away after the first month.

### ACE Inhibitors

These medications lower blood pressure. They may be used even if your blood pressure is normal. Some common ones are Prinivil (lisinopril) and Lotensin (benazepril). Side effects are common. Some



examples are a cough or feeling dizzy.

**Talk to your doctor if the cough bothers you.**

### ARBs

Angiotensin II receptor blockers (ARBs) are medications that lower blood pressure. They act a lot like an ACE-I. They can be used in place of an ACE-I. Some common types are Diovan (valsartan) and Cozaar (losartan).

## Medications that lower cholesterol

Your body needs cholesterol. However, when you have too much, it can stick to the walls of your blood vessels. This can make them narrow. Blood slows down in narrow vessels and is more likely to clot. Statins help lower cholesterol in the blood. Some examples are Lipitor (atorvastatin) and Zocor (simvastatin). You may need to take regular blood tests or make visits to your doctor. Take your statin at night. Do not eat grapefruit or drink grapefruit juice. Watch for muscle soreness and weakness. If you have these side effects, let your doctor know.

## Tips for taking your medications

Most medications should be taken every day, even if you feel fine. Here are some tips on getting the most out of your medications:

- Have a routine - Take your medications at the same time each day. Use reminders, like a pillbox, to help you stay on track.
- Take all your medications - Some work better when used together with others. Do not take one and skip another.
- Be sure you have your medications when you travel. Pack them in your carry-on luggage.
- Do not change your dose or stop a medication without speaking with your doctor. Ask your doctor or pharmacist what to do if you miss a dose.
- Tell your doctor if you think you are having a side effect. Your doctor may change the dose or medication.



## ASK FOR HELP

If you have a hard time getting your medications, ask for help. Ask your nurse for help before leaving the hospital. You can also ask your doctor or pharmacy.

Sierra View Medical Center's Community Wellness Center is also available and can be reached by calling 559-791-3847.



- Carry a list of your medications. Show the list to your doctor at every visit. Show the list to your pharmacy.

## WHAT HAPPENS AFTER A STROKE?

When brain cells injured by a stroke cannot work, the part of the body they control cannot work either. This is why a stroke can be so devastating.

Brain injury from a stroke can affect the senses, motor activity, speech and the ability to understand speech. Brain injury can also affect a person's behavior, thought patterns, memory and emotions.

There may be paralysis or weakness on one side of the body. These effects may

be temporary or lasting depending on the area of the brain affected and the extent of the brain injury. Injured and dead brain cells cannot heal or replace themselves.

Recovery from a severe stroke usually takes months or years of medical treatment, rehabilitation therapy and determined effort by the stroke survivor.

Many survivors never regain all their lost functions but despite these losses, many go on to lead full, productive lives.

Almost everyone feels tired after a stroke and while feeling fatigued is normal at first, you will probably start to feel less tired in a few months. It is important to plan your activities to conserve your energy.



## What is Aphasia?

Aphasia is a disorder that results from damage to the brain that controls language. Aphasia is most often a result of a stroke to the left hemisphere of the brain, and may cause difficulty with any or all of the following: speaking, listening, reading and writing.



It is important to note that Aphasia is not a result of loss of intelligence and, in fact, many stroke survivors remain mentally intact even though they may have difficulty with understanding or communicating.

### General Symptoms of Aphasia

#### Speaking

- Word finding difficulty - When the individual knows what they want to say, but can't access it.
- Sound or word substitutions (paraphasic errors) - For example, "gat" for "cat" or "map" for "cup".
- Jargon, nonsense words - A person may speak but not make sense or

use words in a non-coherent manner.

- Perseveration - An individual may repeat words or phrases, and have difficulty moving from one utterance to another. For example, if you ask an individual "what is your name?" they may continue to say their name when asked additional questions. It may seem like they are "stuck" on that word or phrase

#### Understanding

- Following directions or conversation.
- Unreliable "yes" and "no" - An individual may answer "yes" when they mean "no," or vice versa. Responses may be inconsistent

#### Reading

- May have difficulty recognizing letters, words, or understanding sentences.

#### Writing

- May experience difficulty copying or writing letters and have spelling or grammatical errors.

### Types of Aphasia

#### Expressive Aphasia (Nonfluent)

Generally, patients with expressive aphasia are typically able to understand better than they speak. Patients may experience limited ability to use words due to word finding difficulty and often say things they don't mean. These individuals are aware of their communication problems and often be-

come frustrated or anxious due to difficulty expressing their ideas.

### Tips

- Communication board
- Give extra time for the individual to answer
- Give auditory/visual/written choices
- Use yes/no questions
- Use writing if appropriate
- Have the individual gesture
- Have the individual describe what they want using other words
- Give frequent breaks



### Receptive Aphasia (Fluent)

These individuals have more difficulty understanding and following directions.

The patient may be speaking, but not making any sense. These individuals often are not aware that they have a deficit and may not realize that others cannot understand them, which may cause them to get frustrated at the listener.

### Tips

- Using visual cues
- Give simple directions
- Speak slowly
- Check for comprehension frequently (don't assume they understand)

Individuals with aphasia often benefit from speech therapy. Ask your speech therapist, nurse or primary care physician for further recommendations and resources.

### Dysarthria

Dysarthria is another communication and speech problem that can occur with a stroke. Dysarthria is a motor speech disorder. The muscles of the mouth, face and respiratory system may become weak, move slowly

or not move at all after a stroke. Dysarthric speech may be characterized by any of the following: slurred, slow rate or rapid rate; reduced volume; nasal or unintelligible speech; limited tongue, lip and jaw movement; abnormal intonation, hoarseness, breathiness and drooling. Dysarthria affects how words are spoken. While it often occurs with aphasia, a language problem, it is not the same and can occur alone.

If you have any questions regarding communication between you and your loved ones, please speak to your Speech-Language Pathologist or nurse for more helpful tips.





Some tips for improving communication with the patient with dysarthria include:

- Asking patient to slow down and speak up.
- Sitting patient up if possible, for better breath support.
- Asking the patient to over-articulate or pretend they are speaking for a lip-reader.

## Swallowing Difficulties/ Dysphagia

Immediately following a stroke, patients may have difficulty swallowing or may not be able to swallow at all. This disorder is called dysphagia. Patients with this problem often cough, choke or demonstrate a wet or gurgling voice during or right after eating or drinking.

They may need extra effort or time to chew and swallow. Also food or liquids may leak or get stuck in the mouth. Food particles or liquids can then go into the lungs. This is called aspiration, and may result in pneumonia.

Sometimes patients aspirate without coughing or choking (called “silent aspiration”), so it is very important that a Speech-Language Pathologist sees stroke patients. Speech-Language Pathologist may recommend safe eating or drinking guidelines. Please follow any and all provided directions when feeding your loved one. While in the hospital, please do not feed your loved one unless the nurse,

Speech-Language Pathologist, or Physician has given you permission to do so. Dysphagia can lead to further complications and even death.

The Speech-Language Pathologist working with your physician will develop a treatment program to help you with any swallowing difficulties. The therapist may recommend special consistencies for food and liquids, positions or strategies and exercises to improve muscle movement to reduce the risks of aspiration and pneumonia. Please ask your Speech-Language Pathologist, nurse, and/or dietitian for specific details on the special food consistency that you may need.

## Life After a Stroke

Most people spend several days in the hospital after a stroke. When you leave the hospital, treatment does not stop. At home, your treatment may include daily medicines and rehabilitation (rehab). Your doctor may recommend lifestyle changes.

Your care team may feel you are not strong enough to go directly home after your hospital stay and may suggest that you go to a skilled nursing facility for more rehab and strengthening. Your case manager will assist you and your family with these arrangements.

## Acute Stroke Rehabilitation

Rehabilitation is a critical part of the recovery of a stroke survivor. The effects of stroke may mean that you must relearn,



change or redefine how you live. While rehab does not reverse the effects of stroke, it can help you return to your optimum level of function.

Rehabilitation begins when your physicians determine you are medically stable, you have the stamina to tolerate the therapy, and that you will benefit from it.

Rehabilitation services are started in the hospital. Rehabilitation may be continued in various settings such as an acute rehab unit, skilled nursing facility, or at home with home health. What you will do in rehab depends on what you need to become independent.

The rehab team will assess your needs and determine a plan that may include self-care skills such as:

- Feeding, grooming, bathing and dressing.
- Mobility skills such as transferring, walking or use of a wheelchair.
- Speech and language skills to improve communication.
- Memory and problem-solving skills.
- Social skills for interacting with others.



The Rehabilitation Team consists of several specialists including:

- Rehab physician
- Rehab nurses
- Physical, occupational, and speech therapists
- Dietitians
- Social workers
- Support group members

The services you may require from each specialist will be determined by your physician and the team members working together with you to develop an individual rehab plan.

## CAREGIVER INFORMATION

### As a Caregiver, What Do I Need to Know?

When a loved one is disabled, it changes the family system by changing how each member relates to each other. Being a caregiver can be a satisfying experience but can also be stressful. Family roles become confused. Some members may not feel comfortable in their new roles or the caregiver's new role. Some may not want to "interfere" with what has already been planned or decided.

Family meetings can be uncomfortable and awkward especially for people who have not talked openly about family matters before. Talking about feelings or asking for help is difficult for many people. Case managers, social workers, physicians, and nursing staff at Sierra View Medical Center are available to assist you, your family, and caregivers, through this difficult time.



## I HAVE THE RIGHT TO:

Take care of myself. This is not an act of selfishness.  
It will enable me to take better care of my loved one.

We also offer religious and spiritual services through our chaplains. Please notify your nurse or physician if you would like to speak to anyone about this new role in your life.

### What is the Caregiver's Bill of Rights?

As a caregiver, I have the right to:

- Take care of myself. This is not an act of selfishness. It will enable me to take better care of my loved one
- Seek help from others even though my loved one may object. I recognize the limits of my own endurance and strength
- Maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything that I reasonably can for this person, and I have the right to do some things for myself
- Get angry, be depressed and express other difficult emotions occasionally
- Reject any attempt by my loved one (either consciously or unconsciously) to manipulate me through guilt, anger or depression
- Receive consideration, affection, forgiveness and acceptance from my loved one for as long as I offer these qualities in return

- Take pride in what I am accomplishing and to applaud the courage it sometimes takes to meet the needs of my loved one
- Protect my individuality and my right to make a life "for myself that will sustain me when my loved one no longer needs my full-time help
- Expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country, similar strides will be made toward aiding and supporting caregivers

Source: What Are the Caregiver's Rights? (2020). [https://www.heart.org/-/media/data-import/downloadables/1/e/4/peabh-what-are-the-caregivers-rights-ucm\\_300667.pdf](https://www.heart.org/-/media/data-import/downloadables/1/e/4/peabh-what-are-the-caregivers-rights-ucm_300667.pdf)





## ANXIETY AND DEPRESSION AFTER A STROKE

Immediately after a stroke, a survivor may respond one way and weeks later respond entirely different. These emotional reactions may occur due to biological or psychological causes resulting from stroke. An emotional change such as rapid mood swings, crying, or laughing that does not match a person's mood, or that lasts longer than seems appropriate, and depression, are common. Psychological changes including frustration, anxiety, anger, or apathy are common and often helped by talking to someone and acknowledging these feelings. These feelings are normal and let you cope without feeling guilty about them.

Depression is common after a stroke and often requires medication, at least short term. It can be treated with a variety of medicines. Depression often occurs within two weeks of the event and may seriously affect your rehabilitation and recovery. Depression also affects people who care for you during your recovery. If you think you or your loved one is suffering from depression, please talk to your physician or nurse about possible treatments available to you.

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# FOLLOW UP CARE

## Contact Your Primary Care Physician or Neurologist

Living with the effects of a stroke is a chronic condition and requires continuous follow up with a primary care physician. If you do not have a physician you see on a regular basis, please ask the physician treating you here to assist you in finding a solution.

Your case manager and social worker can also assist you with this process. If you are having trouble sticking to your treatment plan, please do not change anything.

Speak with your nurse or primary healthcare provider.





## NOTES

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## NOTES

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.



## QUESTIONS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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