

## After Your Stroke

*When you are admitted to the hospital*

*This handout is for patients who came to the Emergency Department with stroke symptoms and have been admitted to the hospital.*

### What happened while I was in the Emergency Department?

While you were in the Emergency Department:

- We did some tests to find out more about your symptoms.
- You may have received treatments to increase your chances of a good outcome.
- We may have asked what treatments you would want if your heart stopped beating or you stopped breathing. We ask all patients this question when they are admitted to the hospital.

### Where will I stay in the hospital?

You will stay in either the intensive care unit (ICU) or an acute care unit. The nurses in your unit have special training in caring for patients with your type of stroke symptoms.

### Can I eat and drink?

Your stroke may have affected your ability to eat or drink safely. You will not be able to eat or drink anything until a nurse sees how well you can swallow. If needed:

- A speech therapist may visit you to teach you about safe swallowing.
- We may place a tube into your stomach to give you nutrition and medicines.



*Your nurses have special training in caring for patients with stroke symptoms like yours.*

## What can I expect during my hospital stay?

### Movement

Moving your body is an important part of your recovery. We may ask you to get out of bed each day, and we will help you as needed. You may need extra help with toileting, feeding, and bathing.

If your doctor has ordered bedrest, we will help position you in bed. The right position will help your blood flow and lower your risk of problems such as trouble breathing and skin breakdown.

### Breathing Exercises

Your nurse will teach you how to use an *incentive spirometer*. You will use this device every 1 to 2 hours while you are awake. It will help you breathe deeply, which will help reduce your risk of *pneumonia* (lung infection) and other breathing problems.

### Monitoring

- We will check your vital signs often. This includes taking blood and checking your blood pressure, heart rate, temperature, and blood oxygen levels.
- Your doctors and nurses will ask you to do things like smile and raise your arms or legs. This is how we monitor your stroke symptoms. The risk is low, but there is a chance that your symptoms could get worse. Or, you could have another stroke while you are in the hospital. If either of these things happens, you may need other treatments.
- We will also watch for any sign of infection. Infections can sometimes occur after a stroke. They happen most often in the lungs (*pneumonia*) or in the bladder (*urinary tract infection*).

### Medicines

Your doctor may prescribe these medicines:

- Blood thinners (*anticoagulants*) to reduce the risk of more blood clots or blockages
- Drugs to lower your blood pressure
- Drugs called *statins* to reduce cholesterol
- Diabetes medicines

### Devices

While you are in the hospital:

- You will have a portable heart monitor.
- You will have thin tube called an *intravenous* (IV) line in your arm to give you fluids and medicines.

- If you are having trouble breathing, we may:
  - Place an *endotracheal tube* (breathing tube) into your lungs
  - Connect you to a breathing machine (*ventilator*)
- You may have a urinary *catheter* (tube) to help drain your bladder.
- You will have compression devices on your legs. These wraps inflate with air from time to time. They help improve blood flow and reduce your risk of blood clots.

### **Therapy and Other Support Services**

- Speech therapists, occupational therapists, and physical therapists will visit you. They will:
  - Help as you work to regain your ability to move
  - Teach you how to safely do daily tasks.
- You can also talk with staff members from Spiritual Care, Social Work and Care Coordination, and Financial Counseling. If you wish, please ask your nurse to contact them.

### **Testing**

Before discharge (leaving the hospital), you may need more:

- Imaging of your brain, heart, or blood vessels to find the cause of the stroke
- Blood tests

### **Planning for Discharge**

As part of helping you get ready for going home:

- We will talk with you about how to reduce your risk factors. We want to do all we can to help you avoid another stroke.
- We will talk with you about staying safe when you leave the hospital. We may suggest *rehabilitation (rehab) therapy* before you return home.
- Your therapists will ask you about the safety of your home. They will want to know about any railings, loose rugs, or stairs. They will also ask how your bathroom is set up.
- We will arrange for your ride to home or a rehab facility. You might ride in a car with a responsible adult, in an ambulance, or on Paratransit, Hopelink, or Cabulance.
- We will work with you to set up follow-up visits with your primary care provider (PCP) and with your stroke care team. Your care team includes stroke neurologists, a stroke nurse practitioner, rehab providers and therapists, and other providers, as needed. **Please tell us if you will return to our hospital for your follow-up visits, or if you will have them elsewhere.**

## Discharge Day

- You may leave the hospital with a 30-day heart rhythm monitor. This device will help us know more about the cause of your stroke. This will help us know the best treatment for you.
- We will send you home with some medicines to lower your risk of having another stroke. These may include the drugs listed on page 2 of this handout.

## What can I expect after a stroke?

As a result of your stroke:

- You may have had a seizure, vision loss, or brain changes that affect your ability to drive safely. Washington state law prohibits driving for 6 months after a seizure. You may need a driving safety assessment.
- You may have mood changes or depression. These may be from the stroke itself, or from your new medicines. Tell your PCP if you are having these symptoms. It may help to see a counselor or therapist.
- You may not be able to return to work right away. When you do return to work, arrange to work half days a few days a week at first. Then, slowly increase how many hours you work, based on how you are feeling. If needed, talk with your PCP about *vocational rehabilitation*. This type of rehab can help you get or keep a job after having a stroke.
- Getting good sleep is an important part of lowering your risk of stroke. If you snore loudly, your breathing stops while you are asleep, or you don't wake rested, talk with your PCP or tell your stroke doctors. They may want to refer you to a sleep medicine specialist.
- Plan to adjust your meals:
  - We strongly advise you to follow the American Heart Association heart-healthy diet. This diet is low in fat, salt, and cholesterol.
  - Depending on your symptoms after your stroke, you may have a higher risk of choking when you chew and swallow. Our speech and swallowing experts will talk with you about this risk.
  - If you have diabetes, you may need a special meal plan.
- Find a way to change habits that increase your risk of stroke and other health problems. If needed, we can help with quitting smoking, tapering alcohol and drug use, and drug treatment plans.
- High blood pressure is a major risk factor for stroke. You may need a blood pressure monitoring device to use at home. Check your blood pressure as often your PCP advises. Talk with your PCP about any changes in your blood pressure.

### Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

---

---

---