

Emergency Department

While you were in the Emergency Department, we may have:

- Given you tests to find out more about your symptoms.
- Given you treatments to improve your chances of a good outcome.
- Asked you 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.

Acute Care Unit | Intensive Care Unit (ICU)

Treatment and Monitoring

While you are in the hospital, we plan to:

- Monitor your stroke symptoms by asking you to smile or raise your arms or legs, and doing other tests of brain and body function.
- Take your vital signs often. These include your heart and breathing rates, blood pressure, and temperature.
- Teach you to use an *incentive spirometer*. Use this device every 1 to 2 hours while you are awake. This will help you breathe deeply and lower your risk of *pneumonia* (lung infection) and other breathing problems.
- Watch for signs of infection. These occur most often in the lungs (*pneumonia*) or in the bladder (*urinary tract infection*).



Testing

Before leaving the hospital, you may need more:

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



Medicines Your Doctor May Prescribe

- Blood thinners (*anticoagulants*) to reduce risk of blood clots or blockages.
- Medicines to lower blood pressure.
- Medicines called *statins* to lower cholesterol.
- Medicines to lower blood sugar and control diabetes.



Medical Devices You May Have

- Portable heart monitor.
- A thin tube called an *intravenous* (IV) line in your arm to give you fluids and medicines.



- Urinary *catheter* (tube) to help drain your bladder, if needed.
- Compression devices* on your legs. These leg wraps inflate and deflate to help improve blood flow and lower your risk of blood clots.

If you are having trouble breathing, we may:

- Place a breathing tube (*endotracheal tube*) into your lungs.
- Connect you to a breathing machine (*ventilator*). If this is needed, we will also give you medicines to help you relax.



Diet

- 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.
- A speech therapist may visit you to teach you about safe swallowing, if needed.
- We may insert a tube through your nose into your stomach to give you nutrition and medicines for a short time, if needed. We may also place a feeding tube for a longer time, if you keep having trouble swallowing.

Activity

- We may ask you to get out of bed often each day. 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.



Therapy and Other Support Services

Speech therapists, occupational therapists, physical therapists, and other providers will visit you to:

- Help you as you work to regain your ability to move, eat, or talk.
- Test for any changes in your ability to think, remember, or talk.
- Help you regain your ability to do daily tasks and teach you and your family how to do them safely.
- Talk with you about next steps in your recovery. We may assess you to see when you can go home, or if you first need to go to intensive inpatient rehabilitation (rehab) or to a skilled nursing facility. Your team will explain these services.
- Provide extra support services from Spiritual Care, Rehab Psychology, or Palliative Care. Ask your bedside nurse if you feel you need to see one of these providers.
- Answer questions about your insurance and discharge plan. Social Work, Nurse Care Coordinators, also called CCNs (Continuity of Care Nurses), and Financial Counselors may talk with you about your choices.

Planning for Discharge

As part of helping you get ready for going home, we will talk with you about:

- How to lower your risk of having another stroke. This might include taking medicines long-term and having regular clinic visits to monitor your vital signs.
- Staying safe when you leave the hospital. We may suggest continued *rehab therapy* at home, in a clinic, or at another facility.
- The safety of your home (railings, loose rugs, stairs, bathroom set-up). We may advise you to use a walker, cane, wheelchair, or other medical equipment at home.
- How you will get home or to a rehab facility. We may be teaching you and your family how to get in and out of your car.
- Regular follow-up visits with your primary care provider (PCP). If you do not have a PCP, we can help you find one.
- Follow-up care with your stroke care team. Your stroke care team includes stroke neurologists, a stroke nurse practitioner, rehab providers and therapists, and other specialists such as heart and diabetes doctors. Please tell us if you will return to our hospital for your stroke follow-up visits, or if you will go to another facility.



Discharge Day

When you leave the hospital, you may have:

- A 30-day heart rhythm monitor. This will tell us more about the cause of your stroke and help us suggest the best treatment for you.
- Medicines to lower your risk of having another stroke. These may include the drugs listed on page 1.



Your Notes and Questions About Your Hospital Stay

After Discharge

After your stroke, you may:

- Have vision problems, weakness in your arms and legs, and a lack of coordination. These may affect your ability to drive. Ask your care team if your stroke has affected your ability to drive safely. You may need a driving safety assessment.
- Have mood changes or depression. These may be from the stroke itself or from your new medicines. Tell your primary care provider (PCP) if you are having these symptoms. It may help to see a counselor or therapist.
- Not be able to return to work right away. When you do go back to work, plan to work half days for 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 with any issues that come up when you want to go back to work.
- Need to use a blood pressure device at home. High blood pressure increases your risk for stroke. Check your blood pressure as often as your PCP or stroke team advises. Talk with your PCP about any changes in your blood pressure. 
- Need to get better sleep. Getting good sleep helps lower your risk of stroke. If you snore loudly, your breathing stops while you are asleep, or you don't wake well rested, talk with your PCP or tell your stroke team. They may want to refer you to a sleep specialist.
- Need 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.
 - Some patients may have a higher risk of choking when they chew and swallow. If you have these issues, we may refer you to speech therapy to help you manage this issue.
 - If you have diabetes, you may need a special meal plan.
- Need to change habits to prevent another stroke or other health problems. If needed, we can help with quitting smoking, tapering alcohol and drug use, and drug treatment plans. 

Your Notes and Questions About Self-care After Discharge
