

NEW HAMPSHIRE STROKE COLLABORATIVE

*“Working together to prevent strokes, improve outcomes,
and inspire hope”*

Presents the:

Stroke Survival Guide

**Practical tips and resources for individuals
affected by stroke.**

Revised May 2016



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The guide is available on line at

[http: //thenecc.org/nhrehabilitation.html](http://thenecc.org/nhrehabilitation.html)

May 2016

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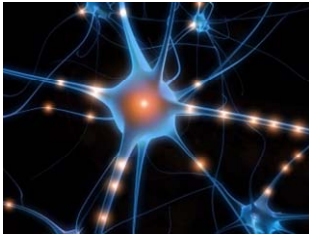


Introduction

Stroke recovery can be a difficult and confusing process for individuals affected by stroke. This guide is meant to help you better navigate the recovery process and prevent another stroke.

This guide provides helpful information and abundant resources.

It is important that you do what you can to prevent another stroke and this Stroke Survivor Guide will help you and your family do just that. Please contact your healthcare provider with any questions you may have about this information.



What is a Stroke/Brain Attack

A stroke is a “brain attack”. It can happen to anyone at any time. It occurs when blood flow to an area of brain is cut off or when a blood vessel breaks, interrupting blood flow to an area of the brain. When either of these things happen, brain cells are deprived of oxygen and begin to die. When brain cells die during a stroke, abilities controlled by that area of the brain such as memory and muscle control are lost.

How a person is affected by their stroke depends on where the stroke occurs in the brain and how much the brain is damaged. For example, someone who had a small stroke may only have minor problems such as temporary weakness of an arm or leg. People who have larger strokes may be permanently paralyzed on one side of their body or lose their ability to speak. Some people recover completely from strokes but more than 2/3 of survivors will have some type of disability. (National Stroke Association)



MYTH

MYTH: Stroke cannot be prevented.

MYTH: There is no treatment for stroke.

MYTH: Stroke only affects the elderly.

MYTH: Stroke happens in the heart.

MYTH: Stroke recovery only happens for the first few months after a stroke.

MYTH: Strokes are rare.

MYTH: Strokes are not hereditary.

MYTH: If stroke symptoms go away, you don't have to see a doctor.



FACT

FACT: Up to 80 percent of strokes are preventable.

FACT: At any sign of stroke call 9-1-1- immediately. Treatment may be available.

FACT: Stroke can happen to anyone at any time.

FACT: Stroke is a "brain attack".

FACT: Stroke recovery is a lifelong process.

FACT: There are nearly 7 million stroke survivors in the U.S. Stroke is the 5th leading cause of death in the U.S.

FACT: Family history of stroke increases your chance for stroke.

FACT: Temporary stroke symptoms are called transient ischemic attacks (TIA). They are warning signs prior to actual stroke and need to be taken seriously.
(National Stroke Association)



Stroke Risk Scorecard

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

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	<input type="checkbox"/> >140/90 or unknown	<input type="checkbox"/> 120-139/80-89	<input type="checkbox"/> <120/80
Atrial Fibrillation	<input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular heartbeat
Smoking	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to quit	<input type="checkbox"/> Nonsmoker
Cholesterol	<input type="checkbox"/> >240 or unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Exercise	<input type="checkbox"/> Couch potato	<input type="checkbox"/> Some exercise	<input type="checkbox"/> Regular exercise
Diet	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly overweight	<input type="checkbox"/> Healthy weight
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
TOTAL SCORE	<input type="checkbox"/> High Risk	<input type="checkbox"/> Caution	<input type="checkbox"/> Low Risk



Risk Scorecard Results



High Risk ≥ 3 : Ask about stroke prevention right away.



Caution 4-6: A good start. Work on reducing risk.



Low Risk 6-8: You're doing very well at controlling stroke risk!

Ask your healthcare professional how to reduce your risk of stroke.

To reduce your risk:

1. Know your blood pressure.
2. Find out whether you have atrial fibrillation.
3. If you smoke, stop.
4. Find out if you have high cholesterol.
5. If diabetic, follow recommendations to control your diabetes.
6. Include exercise in your daily routine.
7. Enjoy a lower-sodium (salt), lower-fat diet.

Act **FAST** and **CALL 9-1-1 IMMEDIATELY** at any sign of a stroke:

- F** **FACE:** Ask the person to smile. Does one side of the face droop?
- A** **ARMS:** Ask the person to raise both arms. Does one arm drift downward?
- S** **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- T** **TIME:** If you observe any of these signs, call **9-1-1 immediately**.

1-800-STROKES (787-6537) • www.stroke.org



How safe is your home?

HOME SAFETY CHECKLIST

Read the following questions and answer them by checking **YES** or **NO**.

YES means SAFE and NO means UNSAFE and should be corrected. Asterisk () indicates easy items to correct.*

Kitchen

- Are drawers and cupboards closed to avoid bumping into them?*
- Yes No
- Is the floor made of a slip resistant material?
- Yes No
- Do floor mats have a slip resistant backing?*
- Yes No
- Are spills cleaned up quickly to prevent slipping?*
- Yes No
- Is a washed floor allowed to dry before walking on it?*
- Yes No
- Are regularly used items reachable without climbing, bending or stooping?
- Yes No
- If there is a step stool, does it have a wide leg base, rubber tips, and handrails?
- Yes No
- Is there good lighting around the stove, sink, and counters, but doesn't cause a glare?
- Yes No
- Can you safely carry hot food from the stove to the table?
- Yes No
- Are electrical cords from appliances safely stored and off the floor?*
- Yes No

Hallway and Stairs

- Are your railings sturdy, waist high, and easy to grasp along both sides of stairway, including those to the basement?
- Yes No
- Are stairs in good repair?
- Yes No
- Are stairs free of clutter?*
- Yes No
- Is bright, non-skid tape placed on the top and bottom steps to indicate where they begin and end?
- Yes No
- Are step surfaces non-skid and even?
- Yes No
- Are all carpets and runners secured?
- Yes No
- Are light switches at the top and bottom of the stairs?
- Yes No
- Is the hallway and stairway adequately lit?
- Yes No
- If there is a change in the level between rooms, is it easily seen?
- Yes No

Bathrooms

- Do the tub and shower have rubber mats, non-skid strips, or non-skid surfaces?*
- Yes No
- Are towels, shampoo, and soap within easy reach?*
- Yes No
- Is there a grab bar on the wall or the side of the tub or shower, which is both properly installed and designed to hold the weight of a person?
- Yes No
- Is there a tub seat?
- Yes No
- Is there a portable hand held showerhead?
- Yes No
- Is there an appropriate toilet seat and grab bars around the toilet?
- Yes No
- Is the floor slip-resistant? Is it free of loose rugs and loose tiles?
- Yes No
- Is there a way to prevent slippery floors after bathing?
- Yes No
- Are electrical cords from appliances safely stored and off the floor?*
- Yes No

Bedrooms

- Is there a well-lit pathway from the bedroom to the bathroom?*
- Yes No
- Do you have a light or flashlight within easy reach of the bed?*
- Yes No
- Is there a telephone that's easy to reach from the bed?*
- Yes No
- If there are extension cords, are they secured to the wall, not across the floors or under carpets?*
- Yes No
- Is there something sturdy to hold on to next to the bed to assist in getting in and out?
- Yes No
- Are small rugs secured with carpet tape or non-skid backing?
- Yes No
- Is there a bedside table for glasses, books, etc rather than cluttering the floor beside the bed?
- Yes No
- If a cane or walking device is needed, is it kept at hand but not in the way?*
- Yes No

Living Room/General Living Areas

- Are the carpets flat and in good condition?
- Yes No
- Are small rugs and runners secured with carpet tape or non-skid backing?
- Yes No
- Is the furniture placed to allow wide walkways?*
- Yes No
- Are walkways clear of tripping hazards such as low furniture, grandchildren's toys and electrical and telephone cords?*
- Yes No
- Are chairs and sofas high enough for easy sitting and standing?
- Yes No
- Are the chairs and tables stable enough to support weight if leaned on?
- Yes No
- Is there adequate light when entering each room/area?
- Yes No

Entrances and Outdoor Walkways

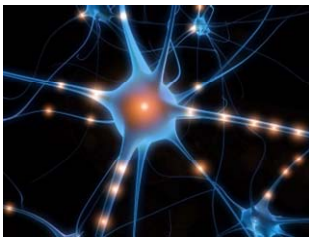
- Are the outdoor stairs and walkways free from cracks, obstacles, leaves, ice, snow, and holes?
- Yes No
- During the winter, is sand and/or salt available for slippery surfaces to ensure safety?
- Yes No
- Do the stairways have secure handrails?
- Yes No
- Is the entrance well lit at night?
- Yes No

Additional Home Safety Questions

- Is there a way to access Emergency Services in each room if you fall or need help, for instance by phone, pull cord, or personal alert device?
- Yes No
- Is the hot water temperature set to 120 degrees or lower to avoid scald burns?
- Yes No
- Is there at least one working smoke detector on each level of the home and near each bedroom?
- Yes No
- Are smoke detectors tested monthly?
- Yes No
- Are the batteries replaced twice a year?*
- Yes No
- Is there a carbon monoxide detector on each level of the home?
- Yes No
- Is there a fire extinguisher in the home?
- Yes No
- Are emergency phone numbers beside each phone?*
- Yes No
- Are fireplaces protected by a screen or glass door?
- Yes No

Action Plan

Please indicate areas needing attention.



Post Stroke Rehabilitation

Rehabilitative therapy begins in the acute-care hospital after your overall condition has been stabilized, often within 24 to 48 hours after the stroke.

At the time of discharge from the hospital, you and your caregiver will work with hospital discharge planners to determine the most suitable level of rehab. Your recovery may include rehab in one or more of the following settings:

Acute Inpatient Rehabilitation

Provides:

- Medical care from a doctor that will take care of your medical needs: you will see them almost every day during the week
- Nurses who are specialists in caring for your nursing and rehabilitation needs
- A team of therapists including physical therapists, occupational therapists, speech therapists, recreational therapists, psychologists and brace and wheelchair specialists working together to meet all of your needs
- Therapy at least 3 hours per day, 5-7 days per week

Skilled Nursing Facility/Inpatient:

Provides:

- About an hour and a half of therapy a day; 5-7 days per week
- A slower paced, longer term rehab program
- A team of therapists including Physical therapists, Occupational therapists and Speech therapist
- A physician that will see you once a week

Outpatient

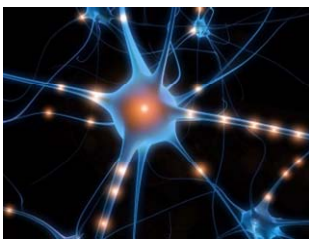
Provides:

- Individuals with several hours, often 2-3 days each week, at the facility taking part in coordinated therapy sessions
- At times treatment programs similar to those of inpatient facilities, but they also can offer less demanding regimens, depending on your endurance
- Physical therapy, Occupational therapy and Speech therapy to address your remaining functional limitations

Home Health Care

Provides:

- Participation in an intensive level of therapy several hours per week or follows a less demanding regimen
- Nursing, Physical therapy, Occupational therapy, Speech therapy, social workers and aides to assist with your personal care
- The advantage of practicing skills and developing strategies in your own living environment



Links to Useful Information and Resources

[Brain Injury Association of New Hampshire.](#)

The Brain Injury Association of New Hampshire is the only state-wide organization in New Hampshire dedicated to brain injury and stroke support, prevention, education, and advocacy for survivors and caregivers.

<http://www.bianh.org/>

1-800-773-8400

<https://www.facebook.com/BIANH>

[ServiceLink Aging and Disability Resource Center](#)

ServiceLink provides information so that you can access and make connections to resources you need to make informed choices and live independently in your community.

<http://www.nh.gov/servicelink>

1-866-634-9412

[2-1-1 New Hampshire Community Resources](#)

New Hampshire citizens now have one, easy to remember phone number to call to access all the health and human services available to them. As of June 11, 2008, callers anywhere in the state who dial 2-1-1 are connected, at no charge, to a trained information and referral specialist who can provide them with the information they need to get help.

<http://www.211nh.org/Content.aspx?aboutus>

Phone: Dial 2-1-1 or 866-444-4211

TTY Number: 603-634-3388

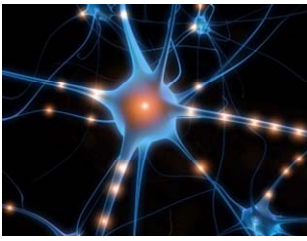
[American Stroke Association \(ASA\)](#)

Our mission is to build healthier lives, free of cardiovascular diseases and stroke. That single purpose drives all we do. The need for our work is beyond question.

<http://www.strokeassociation.org/STROKEORG/>

1-888-4 STROKE

<https://www.facebook.com/AmericanStroke>



Links to Useful Information and Resources Continued

[American Stroke Foundation \(ASF\)](#)

To empower stroke survivors and their families to overcome ongoing challenges of life after stroke and rejuvenate their lives.

<http://www.americanstroke.org/>

1-913-649-1776

<https://www.facebook.com/asf97>

[The Brain Attack Coalition \(BAC\)](#)

The Brain Attack Coalition is a group of professional, voluntary, and governmental entities dedicated to reducing the occurrence, disabilities, and death associated with stroke. The goal of the Coalition is to strengthen and promote the relationships among its member organizations in order to help people who have had a stroke or are at risk for a stroke.

<http://www.stroke-site.org/>

301-496-5751

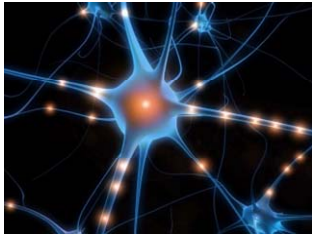
[The Brain Injury Association of America](#)

The mission of the Brain Injury Association of America (BIAA) is to advance brain injury prevention, research, treatment and education and to improve the quality of life for all people affected by brain injury. We are dedicated to increasing access to quality health care and raising awareness and understanding of brain injury. With a network of state affiliates, local chapters and support groups, we are the voice of brain injury.

www.biausa.org

703-761-0750

<https://www.facebook.com/BrainInjuryAssociationofAmerica>



Links to Useful Information and Resources Continued

[Centers for Disease Control and Prevention \(CDC\), Division for Heart Disease and Stroke Prevention](#)

CDC's Division for Heart Disease and Stroke Prevention works to improve cardiovascular health through public health strategies and policies that promote healthy lifestyles and behaviors, health environments and communities, and access to early and affordable detection and treatment

<http://www.cdc.gov/dhdsp/>

1-800-CDC-INFO

[The Hazel K. Goddess Fund for Stroke Research in Women](#)

The Goddess Fund was created with one clear and compelling goal: to eliminate the impact of stroke in women's lives, the lives of their families, and society at large.

<http://www.thegoddessfund.org/>

561-623-0504

[The Internet Stroke Center](#)

The Internet Stroke Center's mission is to advance understanding of stroke research and clinical care. Our goal is to provide current, professional, unbiased information about stroke.

<http://www.strokecenter.org/>

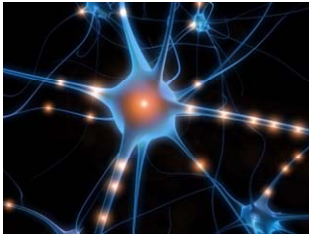
214-648-3111

[National Institutes of Neurological Disorders and Stroke \(NINDS\) Stroke Information Page](#)

The mission of the National Institute of Neurological Disorders and Stroke is to reduce the burden of neurological disease—a burden borne by every age group, by every segment of society, by people all over the world.

<http://www.ninds.nih.gov/disorders/stroke/stroke.htm>

800-352-9424



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Links to Useful Information and Resources Continued

[National Stroke Association \(NSA\)](#)

National Stroke Association's mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation, and support for all impacted by stroke.

<http://www.strokenetwork.org/>

1-800-787-6537

<https://www.facebook.com/NationalStrokeAssociation>

[Stroke Engine](#)

The Stroke Engine website is sponsored by the Canadian Partnership for Stroke Recovery. Here you can find information if you just had a stroke, are starting rehabilitation, leaving the hospital or living with a stroke.

<http://www.strokingengine.ca/>

[The Stroke Network](#)

An on-line stroke support network of stroke information. Message board and chat on-line for stroke survivor and stroke caregiver support.

<http://www.strokingnetwork.org/>

[Support Group Finder - American Stroke Association](#)

Locate community support groups in your area.

<http://www.strokeassociation.org/strokegroup>

1-888-4-STROKE

POST-STROKE CHECKLIST (PSC): For Survivors and Caregivers



Many stroke survivors live with problems that could be treated but aren't, because they never tell their doctor about those problems. Fill out this checklist and use it to talk with your doctor about problems you might be having. Read each item and circle the most correct answer.

1. RECURRENT STROKE PREVENTION Since your stroke, have you made lifestyle changes to prevent another stroke?	Do you monitor your blood pressure? Never 1-2 x/Month 1-2 x/Week Always (at least daily)
	Do you take medication(s) as prescribed Never 1-2 x/Month 1-2 x/Week Always
	If overweight, have you lost weight? No Yes N/A
	Do you exercise regularly? Never 1-2 x/Month 1-2 x/Week Always (at least daily)
	Have you stopped smoking? No Yes N/A
2. ACTIVITIES OF DAILY LIVING Since your stroke, is it harder to:	Dress? Always 1-2 x/Week 1-2 x/Month Never
	Bathe? Always 1-2 x/Week 1-2 x/Month Never
	Eat or prepare meals? Always 1-2 x/Week 1-2 x/Month Never
	Go outside? Always 1-2 x/Week 1-2 x/Month Never
3. MOBILITY AND MOVEMENT Since your stroke, is it harder to:	Walk? Always 1-2 x/Week 1-2 x/Month Never
	Move between bed and chair? Always 1-2 x/Week 1-2 x/Month Never
	Do you fall more easily? Always 1-2 x/Week 1-2 x/Month Never
	Get in and out of a car? Always 1-2 x/Week 1-2 x/Month Never
	Balance? Always 1-2 x/Week 1-2 x/Month Never
4. SPASTICITY OR TIGHTNESS Since your stroke, do you have more stiffness in your:	Arms? Always 1-2 x/Week 1-2 x/Month Never
	Hands? Always 1-2 x/Week 1-2 x/Month Never
	Legs? Always 1-2 x/Week 1-2 x/Month Never

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5. PAIN Since your stroke:	Do you have any new pain? Always 1-2 x/Week 1-2 x/Month Never
	Do you have pain more often? Always 1-2 x/Week 1-2 x/Month Never
	Is your pain more severe? Always 1-2 x/Week 1-2 x/Month Never
6. INCONTINENCE Since your stroke, are you having trouble controlling your:	Bowels? Always 1-2 x/Week 1-2 x/Month Never
	Bladder? Always 1-2 x/Week 1-2 x/Month Never
7. COMMUNICATION Since your stroke, are you having trouble:	Communicating with others? Always 1-2 x/Week 1-2 x/Month Never
	Speaking? Always 1-2 x/Week 1-2 x/Month Never
	Reading? Always 1-2 x/Week 1-2 x/Month Never
	Using numbers? Always 1-2 x/Week 1-2 x/Month Never
8. MOOD Since your stroke, are you feeling:	Anxious? Always 1-2 x/Week 1-2 x/Month Never
	Moody or having mismatched and/or unstable emotions? Always 1-2 x/Week 1-2 x/Month Never
	Depressed? Always 1-2 x/Week 1-2 x/Month Never
	Like a different person? Has your behavior changed? Always 1-2 x/Week 1-2 x/Month Never
9. COGNITION Since your stroke, is it harder to:	Think? Always 1-2 x/Week 1-2 x/Month Never
	Concentrate? Always 1-2 x/Week 1-2 x/Month Never
	Remember things? Always 1-2 x/Week 1-2 x/Month Never
10. LIFE AFTER STROKE Since your stroke, is it harder to:	Work? Always 1-2 x/Week 1-2 x/Month Never
	Participate in social and leisure activities or hobbies? Always 1-2 x/Week 1-2 x/Month Never
11. SEXUALITY Since your stroke, are you unhappy with:	Your sexual and intimate relationship? Always 1-2 x/Week 1-2 x/Month Never
	Your sexual functioning? Always 1-2 x/Week 1-2 x/Month Never
12. RELATIONSHIP WITH FAMILY	Have your relationships with your family or friends become more difficult or stressed since your stroke? Always 1-2 x/Week 1-2 x/Month Never

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