



Patient & Family Guide
2022

After Your Stroke

Aussi disponible en français : *Accident vasculaire
cérébral (AVC) : les stades initiaux* (FF85-1787)



www.nshealth.ca

Contents

Introduction	2
What should I expect after a stroke?	5
Admission to the hospital	5
Rehabilitation.....	5
Acute Stroke Team	6
Stroke neurologist.....	6
Stroke nurse practitioner.....	7
Pharmacist	7
Patient care nurses.....	8
Charge nurse	8
Unit manager.....	8
Occupational therapist (OT)	9
Physiotherapist (PT).....	10
Dietitian	11
Speech language pathologist (SLP)	12
Dysphagia team	13
Social worker.....	14
Recreation therapist (RT).....	15
Spiritual care worker	15
Discharge plan.....	16

After Your Stroke

This pamphlet gives information about the members of your Acute Stroke Team. It will also help you learn what to expect during your stay at the Halifax Infirmary.

My stroke team members:

Neurologist: _____

Resident doctor: _____

Nurse practitioner: _____

Pharmacist: _____

Nurses: _____

Occupational therapist:

Physiotherapist: _____

Dietitian: _____

Speech language pathologist:

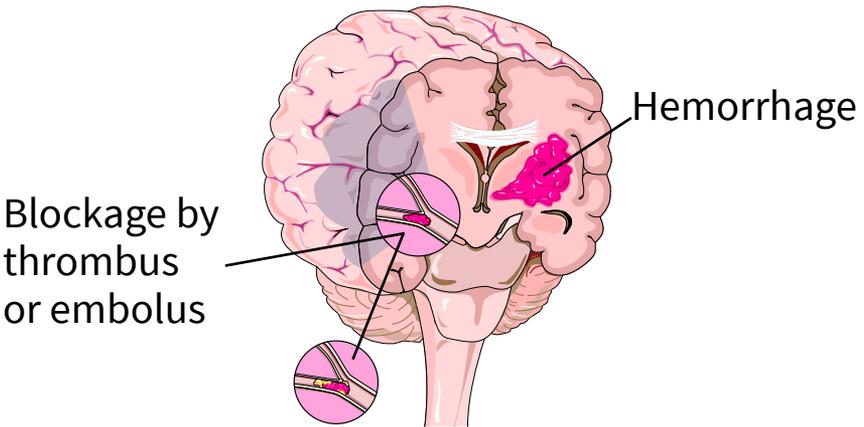
Social worker: _____

Recreation therapist:

Introduction

You or your loved one has had a stroke and is under the care of the Acute Stroke Team at the Halifax Infirmary.

A stroke is a sudden injury inside your brain. When you have a stroke, the blood stops going to a part of your brain. **Brain cells then die because they cannot get oxygen and nutrients. Blood may stop going to your brain because of a:**



Thrombus

This is a blood clot that forms on or in the wall of a blood vessel. This type of blood clot can stop blood from going to a part of your brain.

Embolus

This is a blood clot that forms in your heart or in a large blood vessel in your body. The clot then breaks off and moves to a blood vessel in your brain, blocking blood flow.

Hemorrhage

This is when a blood vessel bursts. This can cause bleeding in or around your brain.

What are the symptoms of a stroke?

The problems you may have after a stroke depend on:

- › The size of the damage
- › The part of your brain where the stroke happened (for example, the right side of your brain controls the left side of your body. If the damage was in the right side of your brain, you may have trouble with the left side of your body.)

A stroke can cause:

- › Changes in your balance
- › Changes in how your face, arm(s), or leg(s) feels or works
- › Swallowing problems
- › Problems seeing
- › Weakness in a specific body part
- › Changes in personality
- › Changes in the way you talk or understand speech
- › Changes in thinking
- › Changes in how you see and understand the world

For more information about strokes, visit:

- › www.strokebestpractices.ca/resources

What should I expect after a stroke?

Admission to the hospital

After a stroke, you will be admitted to the hospital. You will be taken to a room on a nursing unit.

You may need medical tests to find out what caused your stroke. Your stroke team will take steps to lower:

- › Your risk of another stroke
- › Complications

You will also meet the team members who will help you in your recovery.

Rehabilitation

Getting better after your stroke depends on:

- › The size of the damage and the part of your brain where the stroke happened
- › Your health before the stroke

Getting back to normal after your stroke is different for everyone. It can depend on:

- › How the damaged area of your brain heals
- › What kinds of therapy are used to help retrain your brain
- › How long it takes you to learn to get used to the effects of your stroke

Acute Stroke Team

- The Acute Stroke Team is made up of health care providers who will try to help you become as healthy and independent as possible. Team members will work with you and your loved ones to make care and treatment plans that meet your needs. You may see different team members depending on your needs.
- Team members meet several times a week to go over your progress and to make plans for your care.
- The team may also invite you to take part in a research study. You can choose whether or not to take part. If you choose to take part, the research team will answer all of your questions. Your choice will not affect your care.

Team members include:

Stroke neurologist

- The stroke neurologist is a doctor who works with people who have had a stroke. They do physical exams and order medical tests to find out what caused your stroke. They also order medication(s) and treatment(s) to lower your risk of another stroke, or other health problems.

- The neurologist will give medical information to you and your loved ones.

Stroke nurse practitioner

- Stroke nurse practitioners have training in caring for people who have had a stroke. They work closely with the neurologist and other team members to help plan your care.
- Nurse practitioners will explain your plan of care and test results, answer your questions, and talk with you and your loved ones about any concerns you may have.
- Nurse practitioners are available Monday to Friday from 8 a.m. to 4 p.m.

Pharmacist

- After a stroke, you will usually need medication(s). The pharmacist will help your team choose the right medication(s) for you.
- The pharmacist may meet with you and your loved ones to talk about your medication(s), how it works, and any side effects.
- When you go home, you may be given a medication calendar to help you remember to take your medication(s) the right way and at the right time(s).

Patient care nurses

- These nurses are experts in stroke nursing care. They use their skills to look for any signs of complications. They help you recover from your stroke and share information with the team to help plan your care.
- The patient care nurses also teach and encourage you and your loved ones. They will help you use what you learn in therapy, so that you can become as independent as possible. They will help you get ready for when you leave the hospital. If you or your loved ones have any questions, the patient care nurses are available 24 hours a day.

Charge nurse

The charge nurse supervises the daily operation of the hospital unit. Working with your care team, the charge nurse plans the overall care and patient movement within the unit. They are there to help both staff and patients.

Unit manager

- The unit manager is responsible for the overall management of the unit.
- They make sure that all patients and staff are safe, and that their rights and responsibilities are respected.

- If you have any concerns about your hospital stay, please contact the unit manager.

Occupational therapist (OT)

- The occupational therapist will work with you to help you go back to your daily life. This includes looking after yourself, your loved ones, and your home. The OT will help you learn ways to be as independent as possible in your daily activities (like washing, dressing, making meals, and working). How much you can do for yourself will depend on your strength, balance, alertness, and memory.
- You will be encouraged to look after yourself as early and as much as possible after your stroke. The stroke may have changed your ability to do things for yourself. The OT will work with you on:
 - › practicing being more independent.
 - › retraining your affected arm or leg.
 - › teaching you different ways of doing daily activities.
 - › checking for changes in thinking, memory, vision, and understanding.
 - › suggesting equipment to make things easier or safer in the hospital and at home.

Physiotherapist (PT)

- The PT will help you learn the best way to move after your stroke. They will start working with you soon after you enter the hospital. They will work with you to retrain your affected arm(s) or leg(s) without losing movement and strength on your stronger side.
- Often, people have to relearn how to do simple movements. The PT may help you learn how to:
 - › Move in bed
 - › Sit and stand
 - › Move from a bed to a chair
 - › Walk
- The goal of physiotherapy is to help you get back as close as you can to your normal movement. If you are not able to do things the same way as before your stroke, the PT will help you learn new ways to do things.
- They will also recommend equipment and teach your support person(s) how to help you, if needed.

Dietitian

- Eating well is important for your recovery. It is sometimes hard to eat and drink enough after a stroke because your swallowing can be affected. The dietitian will help you find ways to get enough nutrition.
- It may be hard to swallow safely after your stroke. You may need to use a feeding tube (a tube passed through your nose and into your stomach [belly]) or follow an eating plan with foods and/or drinks with a certain texture. This is to lower the risk of choking and pneumonia (lung infection). If your loved ones want to bring you food from home, they must check with the stroke team first.
- Certain habits and health problems (called risk factors) raise your chance of having another stroke. Making healthy food choices can help with risk factors like diabetes, high blood pressure, obesity (being overweight), and high cholesterol. Before you leave the hospital, the dietitian will talk with you about what foods to eat to help you and your family make long-term changes.

Speech language pathologist (SLP)

- The SLP's job is to check for and treat speech, language, and swallowing problems after your stroke.
- If your stroke happened in the part of your brain that controls speech, you may have trouble making speech sounds. If your stroke happened in the language part of your brain, you may have trouble understanding what people are saying, or finding the right words to say.
- The SLP can help you learn how to communicate better. Early treatment will focus on teaching your loved ones the best way to communicate with you. Practice exercises can help. If these exercises are right for you, you can do them on your own or with the help of your loved ones. If you need more treatment, the SLP can work with you to make a plan for when you leave the hospital.

Dysphagia team

- Dysphagia means having trouble swallowing. This is common after a stroke.
- You may have your swallowing screened (tested) for problems when you arrive in the Emergency Room. After that, the dysphagia team may assess your swallowing as needed. The dysphagia team is made up of a dietitian (see page 11) and a speech language pathologist (see page 12). They will check how you feed yourself and if you can swallow safely.
- If you have trouble swallowing, the dysphagia team may give you a special eating plan to lower your risk of pneumonia. This may include foods and/or drinks with a certain texture. This eating plan is often temporary.
- If you cannot swallow safely or are not able to eat enough, you may need a feeding tube. Sometimes, you may need a feeding tube long-term. The dysphagia team will talk with you about this, if needed.

Social worker

- The social worker will help you and your loved ones cope with the changes you may have after a stroke, like:
 - › Getting used to your condition (learning how to live after a stroke)
 - › Managing stress
- They will also help you with planning to leave the hospital.
- While you are in the hospital, you may have concerns about your home, job, money, or family. Your social worker can help.
- You and your loved ones can talk to a social worker directly about any concerns you have. Please tell a team member if you would like to talk to a social worker.

What are your questions?

Please ask. We are here to help you.

Recreation therapist (RT)

- An RT will help you get back to the hobbies and recreational activities that are important to you. They may give you specific activities to help in your recovery. They will work with you and your loved ones to set goals. These goals may focus on:
 - › Leisure education (learning how to get back into hobbies and recreational activities)
 - › Changing behaviours (using leisure activities as part of your therapy)
 - › Lowering anxiety
 - › Improving your mood
- You may work directly with the RT or other recreation therapy staff, or take part in a group.

Spiritual care worker

- Stroke is a condition that affects your mind as well as your body. During times of serious illness, people often struggle with thoughts, feelings, and questions about the purpose and value of life. These are often called spiritual concerns.

- A chaplain is available for spiritual support while you are in the hospital. Spiritual support is available to all patients and clients, and their loved ones.
- Please tell a team member if you would like to talk to a spiritual care worker.

Discharge plan

A discharge plan includes steps to help you become independent enough to be released from the hospital.

Discharge planning starts as soon as you are admitted to the hospital. Your team members will work with you and your loved ones to come up with your discharge plan based on the care you need. You and your loved ones may need to meet with the stroke team.

After leaving the hospital, you may go:

- › Home (with or without extra help)
- › Home (with outpatient therapy for speech therapy, physiotherapy, and occupational therapy)
- › To a hospital closer to your home
- › To a rehabilitation unit to keep up your therapy
- › To a long-term care facility (like a nursing home)

Use the space below to write down the tests you have had. This will help you keep track of this information so that it is all in one place.

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

Nova Scotia Health promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

www.nshealth.ca

Prepared by: QEII Stroke Team

Illustration by: LifeART Super Anatomy 3 Images, Copyright © 1994, TechPool Studios Corp. USA

Designed by: Nova Scotia Health Library Services

The information in this pamphlet is for informational and educational purposes only.
The information is not intended to be and does not constitute health care or medical advice.
If you have any questions, please ask your health care provider.

WL85-0729 © October 2022 Nova Scotia Health Authority

The information in this pamphlet is to be updated every 3 years or as needed.

