



Patient & Family Guide
2017

Stroke: The Early Stages

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cérébral (AVC) : les stades initiaux* (FF85-1787)



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Stroke: The Early Stages

An Information Booklet for Patients and Families

This booklet will help you get to know the members of your Acute Stroke Team. You will also learn what to expect during your stay at the Halifax Infirmary.

My stroke team members:

Neurologist: _____

Resident physician: _____

Nurse practitioner:

Pharmacist: _____

Nurses: _____

Occupational therapist:

Physiotherapist: _____

Dietitian: _____

Speech language pathologist:

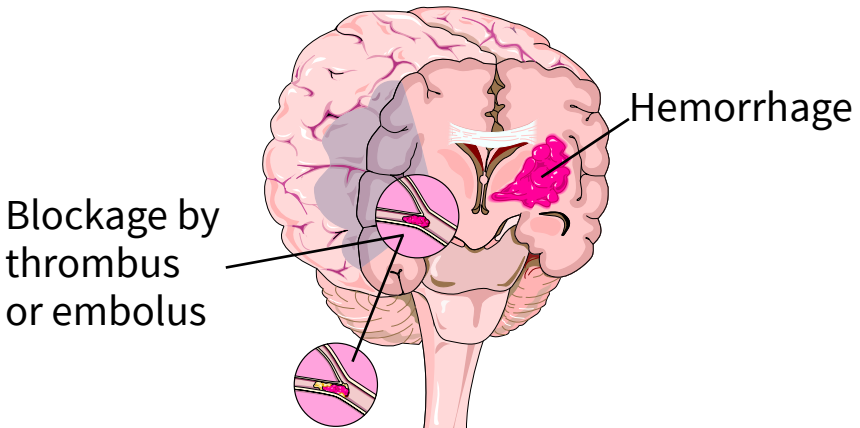
Social worker: _____

Recreation therapist:

Introduction

You or someone you know has had a stroke and is under the care of the Acute Stroke Team here at the Halifax Infirmary. A stroke is a sudden injury inside the brain. When someone has a stroke, the blood stops going to part of the brain. **Brain cells then die because oxygen and nutrients cannot get to them.**

Blood moving to the brain may stop because of a:



Thrombus

A blood clot may form on or in the wall of a blood vessel. This type of blood clot can stop blood from going to a specific part of the brain.

Embolus

A blood clot forms in the heart or in a large blood vessel. The clot breaks off and moves to a blood vessel in the brain, blocking blood flow.

Hemorrhage

A blood vessel bursts, causing bleeding in or around the brain.

What a stroke might look like

The problems you may have after a stroke depend on the size of the damage and the place in your brain where it took place. 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 balance
- › Changes in how your face, arm, or leg feels or works
- › Swallowing problems
- › Problems seeing
- › Changes in personality
- › Weakness
- › Changes in the way you speak or understand speech
- › Changes in thinking
- › Changes in how you see and understand the world

For more information about strokes, ask for a copy of the “Your Stroke Journey” booklet. This booklet is provided by the Heart and Stroke Foundation.

What to expect after a stroke

Admission to hospital

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

Medical tests may be needed to find out what caused your stroke. Your stroke team will take steps to lower the risk of another stroke and stroke complications. At the same time, your stroke team will start their check-ups and therapy with you as soon as possible.

Rehabilitation

Getting better after your stroke depends on:

- The size and place of the stroke.
- Your health before the stroke.

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

- Healing in the damaged area of your brain.
- Therapy to help re-train your brain.
- Learning to get used to the effects of your stroke.

The Acute Stroke Team is made up of health professionals who will try to help you become as healthy and independent as possible. Different team members may help you get better depending on your needs. Care and treatment plans are made to meet the needs of you and your family. You will find a short description of the roles of the team members on the following pages.

Discharge plan

A discharge plan is a set of steps to help you meet the goal of being released from the hospital and being independent. Discharge planning will start as soon as possible after you enter the hospital. You, your family, and your team members will work together to come up with your discharge plan. This plan is based on the care you need. Meetings with your family and the stroke team may be needed.

After leaving the hospital you may go:

- › Home (with or without extra help)
- › Home (with therapy as an outpatient)
- › To a hospital closer to home
- › To a rehabilitation unit to keep up with your therapy
- › To a long-term care facility (such as a nursing home)

Stroke team members

The members of the stroke team are each experts in their own areas. They meet several times each week to go over your progress and to make plans for more care.

The stroke team may also invite you to take part in a research study. If asked, you have the choice to be part of the study or not, and all your questions will be answered. Your choice will not affect your care.

Neurologist

The stroke neurologist is a doctor who works with patients who have had strokes. The neurologist does physical exams and orders medical tests needed to find out what caused the stroke. The neurologist orders medicines and treatments to lower the risk of another stroke, or other health problems.

The neurologist gives medical information to you and your family.

Nurse practitioner

Nurse practitioners have extra training in caring for patients with strokes. They work closely with the neurologist and the other team members. The nurse practitioner will help to plan your care.

Nurse practitioners spend a lot of time explaining the plan of care and test results, answering your questions, and talking with you and your family about any concerns you may have.

The nurse practitioners are available Monday-Friday from 8 a.m.-4 p.m.

Pharmacist

After a stroke, you will usually need medication. The pharmacist will help the team choose the best medications for you.

The pharmacist may meet with you and your family to talk about your medications, how they work, and their side effects.

When you go home, you may be given a medication calendar to help you remember to take your medicines the right way and at the right times.

Patient care nurses

These nurses are experts in stroke nursing care. They use their special skills to look for any signs or symptoms of complications. They help you improve and recover from your stroke. They share information with the team members to help plan better care for you.

The patient care nurses also teach and encourage you and your family. These nurses will help you use what you learn in therapy so that you can become as independent as possible. The patient care nurses help you get ready for when you leave the hospital. If you or your family have any questions, the patient care nurses are available 24 hours a day.

Charge nurse

The charge nurse supervises the daily operation of the unit. Working with the entire 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 manager is responsible for the overall management of the unit. This person looks after the safety of patients and staff, and makes sure that their rights and responsibilities are respected. If you have any concerns about your stay in hospital, please feel free to contact the unit manager.

Occupational therapist (OT)

The occupational therapist will work with you to help you go back to your everyday life. This includes looking after yourself, your family, and your home. The OT works with you on ways to be as independent as possible in your day-to-day activities, such as washing, dressing, making meals, and working. How much you can do for yourself depends 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 help you find out what needs to be practiced to improve your independence.

The OT may also work with you on re-training your weaker arm or leg, teaching you different ways of doing daily activities, and screening for changes in thinking, memory, vision, and understanding. The OT will also suggest equipment to make things easier or safer in hospital and at home.

Physiotherapist (PT)

The physiotherapist helps you learn to move in the best way possible after your stroke. The PT starts working with you soon after you enter the hospital. The PT will work with you to re-train your weaker arm or leg without losing movement and strength on the stronger side. Simple movements often have to be learned again. The PT may help you to learn how to move in bed, how to sit, stand, and move from a bed to a chair, and how to walk.

The goal of physiotherapy is to help you return as close as you can to normal movement. When doing things the same way as before is not possible, they will help you to learn new ways to do things. They will also make recommendations for equipment and teach someone how to help you, if needed.

Dietitian

The role of the dietitian is to make sure that you are eating well. This will help with your recovery. Eating and drinking enough is sometimes hard to do after a stroke. The dietitian will check how much you eat and drink and help you find ways to get better.

It may be hard to swallow safely after your stroke. You may need tube feeding or a diet with foods or drinks that have a different texture to lower the risk of choking and pneumonia. Your family should check with the stroke team first if they want to bring food from home.

Certain habits and health problems, known as risk factors, make your chance of having another stroke higher. Making healthy food choices can help with risk factors such as diabetes, high blood pressure, obesity, and high cholesterol. Before you leave the hospital, you can get advice on what to eat to help you and your family make long-term changes.



Orthophoniste

Nova Scotia Hearing and Speech Centres

Le travail de l'orthophoniste consiste à évaluer et à traiter les troubles de la parole, du langage et de la déglutition après votre AVC.

Si l'AVC s'est produit dans la partie de votre cerveau qui contrôle la parole, vous pourriez avoir de la difficulté à faire des sons conversationnels. Si l'AVC s'est produit dans la partie de votre cerveau qui contrôle le langage, vous pourriez avoir de la difficulté à comprendre ce que vous disent les gens ou à trouver les bons mots pour vous exprimer.

L'orthophoniste peut vous aider à mieux communiquer. Au début, le traitement consistera surtout à enseigner aux membres de votre famille et à vos amis la meilleure façon de communiquer avec vous. Il est souvent utile de faire des exercices de pratique. Si de tels exercices conviennent dans votre cas, vous devrez en faire par vous-même ou avec l'aide de votre famille. Si un traitement plus complet est requis, l'orthophoniste pourra aider à sa planification quand vous serez assez bien pour quitter l'hôpital.

Équipe spécialisée dans la dysphagie

La dysphagie est un problème de déglutition (problème à avaler) qui peut se produire après un AVC. Comme les problèmes de déglutition sont fréquents après un AVC, le service des urgences ou l'équipe spécialisée dans la dysphagie vérifiera peut-être votre déglutition. Cette équipe est formée d'un diététiste et d'un orthophoniste. Ils vérifieront votre façon de vous nourrir et votre capacité à avaler sans danger.

Si vous avez de la difficulté à avaler, l'équipe pourrait vous donner un régime alimentaire particulier pour réduire votre risque de pneumonie. Souvent temporaires, ces régimes peuvent comprendre des aliments et des liquides de différentes textures.

Si vous ne pouvez pas avaler sans danger ou si vous ne pouvez pas manger suffisamment, l'alimentation par sonde peut être requise. Quand cela est nécessaire, une sonde se rend à l'estomac en passant par le nez. Parfois, une alimentation par sonde est requise à long terme. Ce sont là des décisions que vous pouvez prendre en discutant avec votre famille, si nécessaire.

Social worker

The social worker will help you as you and your family members cope with the changes that may happen after a stroke. These changes may include adjusting to your condition, managing your stress, and planning to leave the hospital. While you are in hospital, you may have other concerns about your home, job, money, or family issues that can worry you. Your social worker can help you with these concerns.

You or your family can talk to the social worker directly about any concerns you have.

Recreation therapist

The recreation therapist's role is to help you get back to the hobbies and recreational activities that are important to you. Specific activities may be used to help you in your recovery. Goals will be set with you and your family. These goals may focus on leisure education, changing behaviour, lowering anxiety, improving your mood, or caregiver relief. Recreation therapy may be held in a group setting or you may work directly with the therapist or other recreation therapy staff.

Spiritual care worker

Stroke is a condition that affects not just the body, but the whole person. Often during times of serious illness, we struggle with thoughts, feelings and questions about the purpose and value of life. These are often called spiritual concerns. A chaplain is a support for the spirit while you are in hospital. Spiritual support is open to all patients, clients, and their families. You can reach a chaplain at 902-473-4055.

What are your questions?

Please ask. We are here to help you.

Looking for more health information?

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

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

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

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The information is not intended to be and does not constitute healthcare or medical advice.

If you have any questions, please ask your healthcare provider.

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