

My Stroke Care Journey

Information for **Patients & Families**



Name: _____

While in hospital, please keep binder with you. Once discharged, take binder home.

Stroke Recovery is Possible!

I recognized the signs of stroke and quickly called 911
Every minute can save 2 million brain cells



The ambulance took me to the nearest expert stroke hospital



I received rapid emergency care from professionals with stroke expertise

Specialized emergency treatment can improve recovery by 30-50%



I was cared for on a stroke unit

Specialized stroke unit care while in hospital reduces risk of disability and death by 30%



I worked on my recovery goals with specialized rehabilitation

Rehabilitation improves independence

A Stroke Unit has an interprofessional team of stroke experts. They help to manage complications and start rehabilitation early in order to optimize recovery.



I continued my recovery in the community

Recovery continues for years after a stroke. Community rehabilitation programs improve recovery.



I took steps to prevent another stroke

People who have had a stroke are at risk for a secondary stroke, but lifestyle changes and taking prescribed medications greatly reduces this risk.



Welcome to the Grey Bruce Health Services (GBHS) District Stroke Centre

Introduction

The “My Stroke Care Journey” binder has been designed to assist you, members of your family and primary caregivers in understanding the effects of stroke and the long term rehabilitation process and approach that helps you recover.

Our team encourages you to take this binder with you when you visit your primary care provider (family physician, nurse practitioner), the Stroke Prevention Clinic, and if you attend, an Adult Day Program.

This is **your** binder; feel free to make notes and add other important information or resources.

Acknowledgement

GBHS would like to thank our partner, the South Western Ontario Stroke Network (SWOSN) for providing permission to adapt the “My Stroke Passport Binder” information for our patients. GBHS is responsible for updating and revising the “My Stroke Care Journey” binder as necessary.

Community Stroke Rehabilitation Team (CSRT)

Since 2009, The Community Stroke Rehabilitation Team (CSRT) has been supporting individuals with stroke who are living in the community to reach their rehabilitation goals. Our team members work together and collaboratively with primary care physicians and service providers in the community to ensure clients and their families have the therapy, education and support needed to reach their goals. Therapeutic visits are provided in the client’s residences and in the community where they live and work throughout Grey and Bruce counties.

Stroke Prevention Clinic (SPC)

Physicians refer patients to the SPC as initial referrals or as follow ups from acute or rehab inpatient services. The purpose of this clinic is to investigate the cause of a TIA or stroke and focus on prevention strategies. Patients meet with the stroke nurse educator and a neurologist for assessment, education, and ongoing care and support.

Phone Number (519) 376-2121 extension 2922.



The Stroke Unit



Welcome to the Stroke Unit



GBHS Stroke Centre

The Owen Sound Regional Hospital is designated as the District Stroke Centre for the region of Grey Bruce and offers complete stroke care. Our team of stroke care providers work together to provide excellent care from the moment a patient enters our Emergency Department, to their discharge back home or to another facility.

We offer patients an emergency stroke assessment, which includes a brain scan and if appropriate, provision of the clot busting drug tPA. This medication can potentially reduce or eliminate the damaging effects of stroke. Once you have been assessed, you may be referred to one or more of the following services. Your health care team will help determine which services are right for you.

Stroke Care Services



Stroke Prevention Clinic

If diagnosed with a mini stroke (TIA) or stroke, your doctor may refer you for further assessment and follow-up at the Stroke Prevention Clinic. For information on visits to the clinic, please see Chapter 3 of this binder.

Phone: (519) 376-2121, ext. 2825

Acute Stroke Unit

If hospitalized, you will be seen by stroke professionals specializing in your stroke recovery. The team includes physicians, nurses, physiotherapists, occupational and recreational therapists, social workers, dieticians, speech language pathologists and pharmacists.

Phone: (519) 376-2121, ext. 2331

Inpatient Rehabilitation Unit

If intensive therapy is required to help you maximize your recovery from stroke, you may be referred for rehabilitation as inpatient in hospital. You will receive therapy from a team of specialists for up to 3 hours per day to support your rehab goals. The length of stay in hospital varies depending on your condition and may range from a few days to several weeks.

Phone: (519) 376-2121, ext. 2910

Community Stroke Rehabilitation Team - Outpatients

After discharge from hospital, you may need the ongoing support and therapy that this specialized team can provide. After a stroke, there is a critical three-month window in which to provide rehabilitation to ensure you have the best possible recovery. This team will come to your home to provide rehabilitation services.

Phone: (519) 685-4292, ext. 45034, 1-866-310-7577

General Information – Owen Sound Regional Hospital



What to Expect

When you are admitted to the Stroke Unit at the Owen Sound Hospital, a number of tests will be completed to determine the following:

- type of stroke that you have had
- location of the stroke in your brain
- risk factors for stroke
- treatments/next steps to minimize your chance of having another stroke

Take an active role in your care. It will help you recover faster.

Working on getting back to doing as much for yourself as possible is an important part of recovery. You, together with your family/care provider and the healthcare team, will set goals for recovery based on your personal needs.

During your recovery, you will work with the team and therapists on many things such as:

- getting in and out of bed safely
- walking or moving around
- talking
- thinking
- eating
- bathing
- dressing

Family members should bring in hearing aids, glasses, dentures and personal care items.

Stroke rounds occur Monday to Friday. The stroke team will provide feedback from that meeting regarding potential goals and plan of care.

Visiting

Friends and family can be an important part of the healing process and may help in your recovery while in hospital. That is why we let patients determine their own visiting hours. Based on the patients' wishes, family and friends can visit at any time, and may stay with patients up to 24 hours a day.

Quiet time starts at 8:00 p.m. daily, and individuals remaining in hospital are reminded to be respectful of other patients. For more information about family presence in hospital, please see our Visitor Guidelines document: <http://www.gbhs.on.ca/photouploads/pted-191%20-%20Visitor%20Informaation%20-%20Family,%20patients%20and%20friends.pdf>.

Personal Devices/Telephones

Personal devices and cell phones are permitted within the Unit.

Meals

Meals are served at approximately 8:00 a.m., 12:00 noon, and 5:00 p.m.

Laundry

Bedding will be changed as needed. Personal clothing will need to be washed at home.

Food and Drink

The Cafeteria and Tim Hortons are located on Level 1.

Hours: Monday – Sunday, 6:30 a.m. – 6:30 p.m. *Hours vary during holidays

Library

The library is located on Level 1. All books are \$1.00 and there are many free resources available for patients, caregivers, visitors and children. Three computers are available for public use with free internet and free Wi-Fi access for personal devices. Cell phones can be charged in the library.

Hours: 7 a.m. to 8 p.m., 7 days a week Librarian services are available Monday, Tuesday and Thursday from 8 a.m. to 4 p.m.

Parking

The hospital has wheelchair accessible parking spaces. Visitor parking is \$5.00 per exit. Daily (\$8.00), weekly (\$20.00), and monthly (\$50.00) passes are available at the Business Office.

You may pay with cash or credit in the machine at the main entrance (bring your ticket into the hospital after parking your car), or you can pay with exact change at the gate when you exit.

Spiritual Care

While in hospital, patients and families may face unexpected emotions. Spiritual Care supports people during difficult times or simply when a person needs someone to listen or be present. Spiritual Care providers journey with people during these times to provide care and connect them with their personal sense of faith and/or spirituality.

Contact

To reach a Spiritual Care Provider, ask your nurse to contact the Spiritual Care Office, or call (519) 376-2121, Ext. 2889 or email: chaplains@gbhs.on.ca.

Multi-Faith Chapel

If you are looking for a quiet space for prayer, meditation, or just to collect your thoughts, the Multi-Faith Chapel is always open and is located on the main floor of the Owen Sound Regional Hospital across from Registration.

Stroke Unit Tests

**These may/may not apply to you depending on your care plan*

Type of Test	Purpose of Test	How the Test is Done
Blood Tests	Determines any abnormalities	Blood is taken from your arm and assessed in the lab
Carotid Doppler	Identifies plaque build-up that can narrow arteries and effect blood flow	Uses ultrasound (non-harmful sound waves) to listen to the flow of your blood through your arteries. This test takes about 20 - 30 minutes
ECG (electrocardiogram)	Records the electrical activity of the heart	Sticky pads are placed on body. Pads have sensors, which detect the electrical activity of the heart. The information is printed
Holter monitor	Assesses abnormal heart rhythms	It is a portable ECG and monitors your heart rhythm for a longer period of time
Echocardiogram	Helps diagnose heart conditions and detect blood clots	Uses non-harmful sound waves to create pictures of the heart. It takes about 20-30 minutes
CT Scan (CAT, computerized tomography)	Identifies conditions in the brain	Patient lies down in a scanner that takes a series of pictures of the brain using x-rays. This test takes about 5-10 minutes
CTA (CT angiography)	Uses x-rays to visualize blood flow in the arteries	X-rays are passed from a rotating device through the area of interest. The computer makes a 3 dimensional picture of the area. This test takes 5- 10 minutes
MRA (magnetic resonance angiography)	Detects any blockages or hardening of the arteries	Uses strong magnetic field and radio waves to take pictures of the blood vessels. Patients must lay still in a scanner. This test takes 30-45 minutes
MRI (magnetic resonance imaging)	Detects bleeding or brain damage	Uses non-harmful magnetic field and radio waves to produce a 3 dimensional image of the brain. Patients must lay still in a scanner
TEE (trans-oesophageal echocardiogram)	Produces a detailed picture of your heart and detect if your heart is producing blood clots	Uses high frequency sound waves to look at the structures of the heart. It is done by inserting a tube into in the oesophagus (food pipe). Patients are sedated



Meet Your Health Care Team



You have a team of health care professionals to help you and your loved ones on this journey. Members of the health care team will teach you and your family about:

- what has happened
- what treatment and care is needed
- what medications you are taking and how they help in your recovery
- what to expect when you leave the hospital
- your risk factors for stroke and what you can do to manage them

Some of the GBHS health care team members you **may** meet and how they can help you:

Neurologists: Expert on brain issues

Physician: Oversees medical care of patient

Nurse Practitioner: Helps determine what caused the stroke and oversees medical care

Physiotherapist: Works with patient to recover physical abilities, strength and balance, for tasks such as walking and getting around

Occupational Therapist/Occupational Therapist Assistant: Works with patient to make a plan to resume daily tasks like dressing, bathing, eating and leisure activities. Includes reviewing cognition, vision, perception and hand and arm function

Speech Language Pathologist: Helps patient with swallowing, speaking and communication

Dietitian: Assess patient's ability to eat. They identify foods and meals that will help patient to recover by taking into account nutritional needs, swallowing challenges and food preferences

SW LHIN Home Care Coordinator: Help patients and families determine the right care and support required after a stroke. Care may be delivered in various settings, including: home, community, care facilities, schools and flex clinics. **Hospital Care Coordinators also determine eligibility for Long-Term Care Homes**

Registered Nurse: Work closely with patients and families during all stages of recovery both in and out of hospital. They provide physical care, assessments and coordination of care

Social Worker: Help with emotional and social issues as well as changes within the family, counseling and accessing benefits. They may also work with the patient and their family to plan care after discharge

Stroke Nurse Educator: Helps patient to learn about stroke and its effects. They may also teach patient and/or family member(s) about caring for themselves/them. Any member of the team involved in the patient's care may take on the role of educator

Nurse Coordinator: Oversees the care received

Spiritual Care Provider: Provides spiritual guidance and support

Pharmacist: Teaches patients about medications, how to take them safely and what side effects to watch for

Driving After a Stroke in Ontario

Information for me and my family

Driving is a means of independence that is important to many people. A stroke can cause changes that make it unsafe to drive. About half of those who have had a stroke will return to driving¹. People recover from a stroke at different rates.

Key points

I am not to drive after my stroke, and I need to **wait until my doctor/nurse practitioner/SPC Clinic doctor says I am safe.**

I need to discuss driving with my doctor/nurse practitioner **before** resuming driving to make sure that it is safe for me to drive.

Prescribed Medical Conditions

Under the legislation, physicians, nurse practitioners, and optometrists **must** report the following prescribed medical conditions, functional impairments, and visual impairments:

- Cognitive Impairment
- Sudden Incapacitation
- Motor and Sensory Impairment
- Visual Impairment
- Substance Use Disorder
- Psychiatric Illness

Can I drive after having a stroke in Ontario?

In Ontario, my doctor/nurse practitioner **may** report to the Ministry of Transportation (MTO) that I have had a stroke. This is because it might be dangerous for me to drive a vehicle (such as a car, truck, tractor, etc.).

The rules in Ontario are:

- My doctor/nurse practitioner must assess my readiness to drive.
- My readiness to drive must be re-evaluated after the one month period.

If the doctor/nurse practitioner is unsure whether I am ready to drive, he or she may tell me to go to a special driving centre for more tests.

It is illegal to drive with a suspended licence

1. Devos, H; Akinwuntan, A E; Nieuwboer, A; Truijen, S; Tant, M; De Weerd, W (2011). Screening for fitness to drive after stroke: a systematic review and meta-analysis. *Neurology*, 76(8).

What is everyone's responsibility?

Stroke Survivor (Me):

- Ask my doctor/NP or OT if my licence has been reported to the ministry.
- Not to drive until I have been told by my doctor/NP that it is safe to do so, even if my licence has not been suspended.
- Talk to my doctor/NP and health care team about driving if I have any questions
- Ask my doctor/NP if I need to have my vision checked.
- Check the status of my licence if I am unsure whether it has been suspended (see phone number later in document).

Doctor/Nurse Practitioner (NP):

- Assess my readiness to return to driving based on tests and reports from the healthcare team.
- Send required reports to the Ministry of Transportation (MTO).

Occupational Therapist (OT):

- Complete pre-driving screening tests to assess whether the stroke has impacted parts of the brain that are used for driving.
- Share assessment results with me and my doctor/NP.
- May send information to the MTO

Ministry of Transportation (MTO)

- Review doctor/NP/OT report and decide whether to suspend my driver's licence.
- Notify me of the decision about my driver's licence.
- Let me know what to do next.

Family Members/Caregivers:

- Support and provide reminders and guidance to me when I can no longer drive because of potential risk to myself and others.
- Discuss with my doctor/NP if it is felt that I am not safe to drive.

When should I be tested for driving?

This should be decided on an individual basis. I will need to discuss this with my occupational therapist, doctor/nurse practitioner (NP), or both. The timing is different for everyone. This is because stroke affects everyone differently.

It may be suggested that I wait before any testing is done to allow for more stroke recovery and a chance at better test results.

My doctor/NP or occupational therapist can help me decide when I am ready.

My occupational therapist may do **pre-driving** screenings (pencil and paper and/or physical tests) that will help decide if I am ready to take the on-road test, or if I need more time, training, or testing. See Appendix A for *Changes from My Stroke that Can Impact Driving*.

What is the process for getting my licence back?

When my licence **has not** been suspended (refer to Appendix B):

My doctor/nurse practitioner (NP) must agree that I am safe to resume driving before I return to driving any vehicle. I may be told to wait longer than a month before returning to driving. I may also be asked to complete a formal driving assessment. My doctor/NP may be required to send a form into the Ministry of Transportation (MTO).

When my licence **has** been suspended (refer to Appendix C):

The Ministry of Transportation (MTO) or my doctor/nurse practitioner (NP) may require my driving skills to be tested. This is called an assessment and may include:

- ✓ An in office test
- ✓ An on-road driving test
- ✓ A vision test

The letter I get from the MTO will explain what to do next, and will link me to the Ministry approved functional assessment centres.

For a full list of Ministry approved Assessment Centres:

Visit the web site: <http://www.mto.gov.on.ca/english/safety/functional-assessment-centres.shtml>

Ask the doctor/nurse practitioner or occupational therapist about Ministry of Transportation Approved Driving Assessment Centres in my area where I can take these tests.

What happens during a driving assessment?

There are two parts to a formal driving assessment:

Part One: Pre-road tests

- ✓ Typically, the occupational therapist will do these tests with me at the Ministry approved driving assessment centre.
- ✓ The tests will look at my vision, judgment, thinking, and physical skills (strength, sensation, reaction time, and arm, leg & neck movement).
- ✓ These tests will show whether I am ready for the on-road test, if I need more practice, or if I should think about different options.

Part two: On-road test

- ✓ This test will be done in a car with a Certified Driving Instructor and the occupational therapist.
- ✓ They will look at my driving skills, such as safety, following directions, and my physical ability to drive a vehicle.
- ✓ I will have to cover the cost, which is about \$500 to \$800. This is why it is important to wait until I am ready.

A referral for the driving assessment must come from a doctor/nurse practitioner, or it may be required by the MTO as stipulated in your letter.

What are the possible results from the driving assessment?

1. I can return to driving.
2. With changes made to my car, I may be able to return to driving.
3. It is too soon to return to driving. I need driver's rehabilitation. After practicing or learning new ways to drive, I may return for another assessment to see if I am ready to return to driving.
4. I am not able to return to driving.

What if I am no longer able to drive?

This may be a very hard time for me and my family. It is normal to feel upset, angry or have a sense of loss. It may be hard to accept this decision, but there are other options for me in the community.

Ask my occupational therapist, or other health care provider, about resources in my community that can help me get to places that I need to go.

The healthline.ca is an online service to help people find programs in the community to meet their needs. These programs include transportation support but also assistance with grocery shopping, meal delivery services, medication delivery services, etc.

I may also be eligible for an accessible parking permit that my occupational therapist (or other health care team member) can help me complete.

Essex, Kent, and Lambton counties: www.stroke.erieclairhealthline.ca

City of London and Grey, Bruce, Huron, Perth, Elgin, Oxford, Middlesex and west Norfolk counties: www.stroke.southwesthealthline.ca

I can also call 211 to get information on Ontario's community, social, health related and government services in my local area.

Appendix A

Changes from My Stroke that Can Impact Driving



A stroke can cause some short-term or long-term changes that can impact my ability to drive. These need to be tested to show whether they affect my driving safety. The following are areas that may impact my driving safety:

Movement Problems

- ✓ Weakness and fatigue
- ✓ Poor coordination and limited movement in my arms, legs, and neck
- ✓ Limited sensation, such as difficulty feeling the steering wheel with my hands or feeling the gas pedal with my feet

Visual Problems

- ✓ Changes in ability to see clearly or in focus
- ✓ Changes in field of vision, or what I am able to see without moving my head

Hearing Loss

- ✓ Changing in hearing may affect my ability to drive

Speech/Language Problems

- ✓ Ability to ask for help or directions
- ✓ Ability to read signs

Visual-perceptual and Cognitive Problems

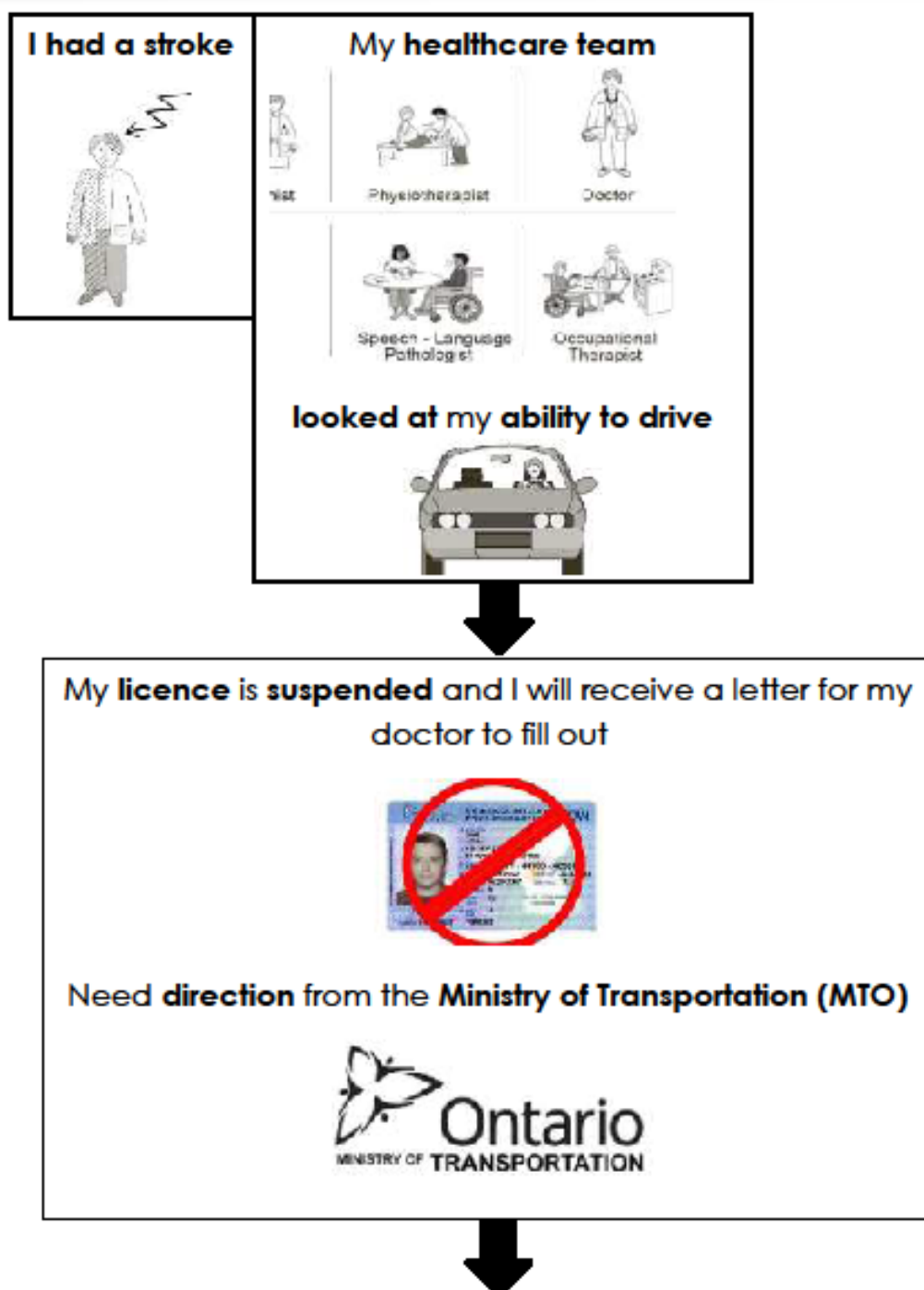
- ✓ Visual neglect (that is, a “blind side” that your brain forgets is there)
- ✓ Changes in my ability to concentrate or pay attention
- ✓ Changes in my decision-making speed
- ✓ Longer reaction time
- ✓ Impulsive behaviour (that is, acting too quickly without thought or planning)
- ✓ My body moving in ways that I don’t expect or plan (also known as motor planning problems or apraxia)
- ✓ Changes in my judgement
- ✓ Changes in my memory

Seizures

- ✓ I need to be seizure-free for a minimum of one year prior to being considered to drive again.
- ✓ My doctor or nurse practitioner will determine if driving can be considered.

Appendix B

Return to Driving After A Licence Suspension



Letter



from **MTO**



that indicates I **have to do 1 or more:**

Written test



Driving test



Vision test



I will not drive



I need a formal test



Pass driving test



and drive again



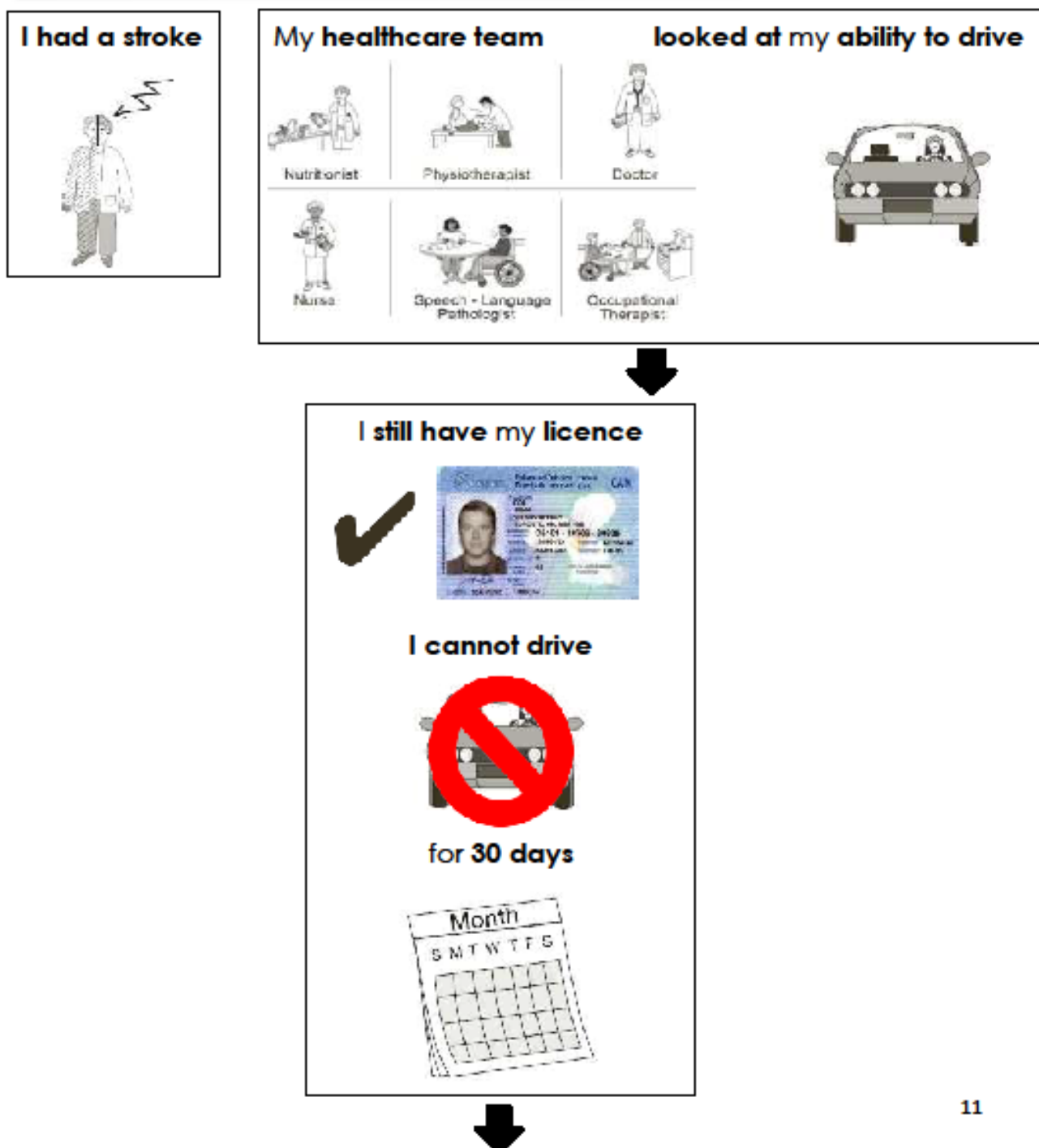
Do NOT pass driving test

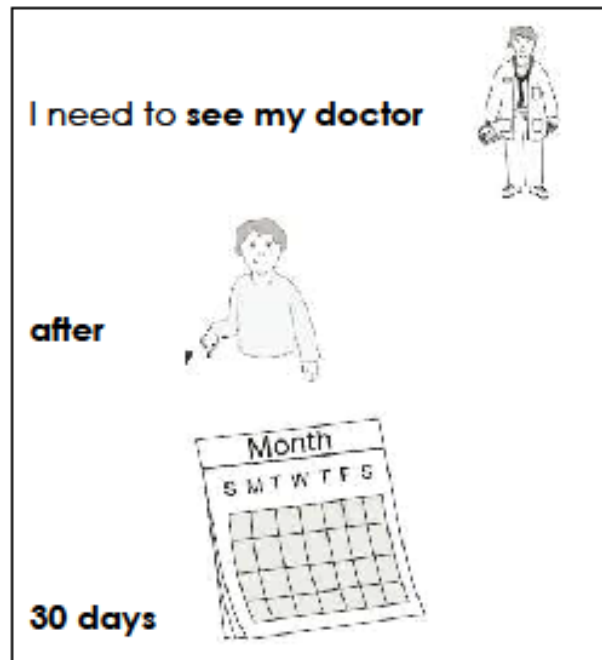


I require driving lessons

Appendix C

Return to Driving When Licence is Not Suspended







About My Stroke

My type of stroke

- ☐ Ischemic Stroke
- ☐ Hemorrhagic Stroke
- ☐ Transient Ischemic Attack (TIA)

The location of my stroke

- ☐ Cerebral Hemisphere
- ☐ Right side of my brain, also called the right hemisphere
- ☐ Left side of my brain, also called the left hemisphere
- ☐ Brainstem
- ☐ Cerebellum

Changes since my stroke

- ☐ Weakness to one side of body _____ Right side _____ Left side _____
- ☐ Weakness to both sides of body
- ☐ Communication skills:
 - ☐ Speaking
 - ☐ Understanding information
 - ☐ Reading
- ☐ Writing
- ☐ Swallowing ability
- ☐ Eating
- ☐ Balance and walking problems
- ☐ Neglect: Poor attention to the right side or left side of your body and/or surroundings or ignoring or not recognizing objects, people or parts on your body on one side
- ☐ Difficulty with activities such as dressing yourself; meal preparation or managing finances
- ☐ Difficulty with thinking, memory, safety, judgment or problem solving
- ☐ Changes in mood
- ☐ Feeling tired
- ☐ Dizziness—vertigo
- ☐ Other: _____



Stroke Risk Factors

Risk Factors You Can Do Something About

- **High blood pressure (hypertension)**

You cannot feel high blood pressure, so many people don't know they have it. When treated and controlled, the risk of stroke drops.

- **High blood cholesterol**

This is the fat in blood. High levels of cholesterol lead to the build-up of fat (plaque) on artery walls, narrowing the path for blood to flow and increasing stroke risk.

- **Atrial fibrillation/Irregular Heartbeat**

This condition could lead to blood clots forming in the heart which can break off, interrupt blood flow to the brain and cause a stroke.

- **Diabetes**

Especially if uncontrolled, high blood sugar levels damage the arteries and could lead to high blood pressure.

- **Being overweight**

As waist size increases so does stroke risk. Excess weight can lead to high blood pressure, high cholesterol and diabetes. Keep your waist size below 80 cm for women and below 94 cm for men.

- **Low activity levels**

This may result in an increased risk for high blood pressure, diabetes, weight gain and high stress levels.

- **Drinking too much alcohol**

Having more than two drinks per day (to a maximum of nine drinks a week for women/14 drinks a week for men) increases the risk of stroke.

- **Smoking**

Smoking and second hand smoke both lead to high blood pressure and plugged arteries, and increased risk of stroke.

- **Sleep Apnea**

Sleep apnea is a disorder that occurs when a person's breathing is interrupted during sleep. Signs of sleep apnea include pauses in breathing during sleep, and daytime fatigue despite adequate sleep time. It is also seen with high blood pressure, irregular heart rate, and heart failure.

- **Stress**

High stress levels can be linked to unhealthy lifestyle patterns (increased alcohol use, unhealthy diet, etc.) Stress can also lead to high blood pressure, obesity, anxiety and depression.

- **Poor Diet**

Diets high in fat, sugar, processed or salty foods increase the risk of high blood pressure, weight gain and diabetes.

Risk Factors You Cannot Control

- **Age**
Stroke can occur at any age, but risk of stroke does increase with age. Most strokes (about 2/3) occur in people over age 65.
- **Gender**
Men are at a higher risk of stroke than women until they reach menopause. After menopause, women and men are at about equal risk of stroke.
- **Family History**
Risk of stroke increases if a family member (parent, child, and sibling) had a stroke before age 65.
- **Ethnicity**
Indigenous people as well as those of African, Chinese, Latin American, or South Asian descent often have greater rates of high blood pressure and diabetes than the general population. This puts them at greater risk of stroke.
- **History of Stroke or Transient Ischemic Attack (TIA)**
If you had a stroke or TIA, risk of (another) stroke is increased.

What You Can Do to Reduce Your Risk of Stroke

1. If you smoke, take steps to quit. Your health care team can assist with strategies/medication to stop smoking.
2. Exercise for at least 30 minutes daily.
3. Eat a healthy diet that is low in salt and follows Canada's Food Guide.
4. Limit alcoholic drinks. (1- 2 per day and fewer than 9 per week)
5. Achieve and maintain a healthy weight.
6. Monitor your blood pressure and notify your physician if elevated.
7. Be tested to see if you have an unusual heart beat. (atrial fibrillation)
8. Know your cholesterol levels and work toward keeping them under control.
9. If you have diabetes, work with a health care provider to keep it under control.
10. Keep stress levels under control.
11. Take all of your medication as prescribed.
12. Know the warning signs of stroke/TIA. Get to hospital immediately if they occur.



Remember:

CALL 9-1-1
Don't Drive



My Stroke Risk Factors

- ☐ High blood pressure (hypertension)
- ☐ High blood cholesterol
- ☐ Atrial fibrillation
- ☐ Diabetes
- ☐ Being overweight
- ☐ Low activity levels
- ☐ Drinking more than 1 alcoholic drink a day (below it says 2 drinks a day)
- ☐ Smoking
- ☐ Sleep apnea
- ☐ Stress
- ☐ Family history of stroke
- ☐ Ethnicity
- ☐ History of Stroke or Transient Ischemic Attack (TIA)
- ☐ Other: _____
- ☐ Other: _____

My Stroke Prevention Goals



Stroke Medications

Medications are used for many reasons. You will have your own medication plan to follow based on your condition. You may need medication to:

- help prevent blood clots
- lower your blood pressure
- lower cholesterol

It is important that you take your medications as prescribed. Never take anyone else's medications. Do not share your medications with other people.

What do I need to know about my medications before leaving hospital?

- The correct name and dose of all your medications
- Why you are on these medications
- How to take your medications correctly and for how long
- The possible side effects of your medications
- When to speak to your pharmacist or doctor

You will be given a **Medication Discharge Prescription List**. This will be the most accurate list of your medications. If you have medications at home that are not on this list, please take them to your community pharmacist to discuss before taking them. Store your medications in a cool, dry place, away from children.

Your nurse, doctor and pharmacist will provide you with information about your medications while you are at the hospital. Your community pharmacist will review this information with you when you fill your prescription. Contact your community pharmacist if you have any questions regarding your medications.

**Be sure to carry an up-to-date list of your medications and dosages with you at all times.
Bring this list with you to all follow-up appointments with your health care team.**

Common Medications Used After Stroke

The charts below outline common medications used to reduce stroke risk. Most drugs have two names: a generic name and a trade name (or brand name). For example, Acetaminophen is a generic name for the drug Tylenol. Tylenol is the trade name.

If you have any questions, please ask your doctor, nurse or pharmacist. When you fill your prescriptions, the pharmacist will give you more written information.

Medications to help prevent blood clots:
<ul style="list-style-type: none"> • Platelet inhibitors: <ul style="list-style-type: none"> • acetylsalicylic acid, ASA (Aspirin®, Entrophen®, Novasen®) • clopidogrel (Plavix®) • acetylsalicylic acid, ASA+ dipyridamole (Aggrenox®)
<ul style="list-style-type: none"> • Anticoagulants <ul style="list-style-type: none"> • warfarin (Coumadin®) • dabigatran (Pradaxa®) • rivaroxaban (Xarelto®) • apixaban (Eliquis®)
Medications to help lower blood pressure:
<ul style="list-style-type: none"> • ACE (Angiotensin-Converting Enzymes): <ul style="list-style-type: none"> • perindopril (Coversyl®) • ramipril (Altace®) <p>*These medications may cause a cough.</p>
<ul style="list-style-type: none"> • ARBs (Angiotensin Receptor Blockers) <ul style="list-style-type: none"> • valsartan (Diovan®) • candesartan (Atacand®)
<ul style="list-style-type: none"> • Beta Blockers <ul style="list-style-type: none"> • metoprolol (Lopressor®) • atenolol (Tenormin®) • bisoprolol (Monocor®) <p>*These drugs may cause light headedness when standing.</p>
Medications to help lower blood pressure:
<ul style="list-style-type: none"> • Calcium Channel Blockers <ul style="list-style-type: none"> • amlodipine (Norvasc®) • diltiazem (Cardizem®SR, Cardizem®CD, Tiazac®) <p>*These drugs may cause stomach acid to come up from the stomach into oesophagus or swallowing tube. This condition is also known as GERD (gastroesophageal reflux disease). These drugs may also cause swelling in the legs.</p>
<ul style="list-style-type: none"> • Diuretics <ul style="list-style-type: none"> • Hydrochlorothiazide (Apo Hydro®/Novo-Hydrazide®) • Indapamide (Lozide®)
Medications to help lower cholesterol:
<ul style="list-style-type: none"> • Statins <ul style="list-style-type: none"> • atorvastatin (Lipitor®) • rosuvastatin (Crestor®)
<ul style="list-style-type: none"> • Fibrates <ul style="list-style-type: none"> • fenofibrate (Lipidil Micro®)
<ul style="list-style-type: none"> • Other <ul style="list-style-type: none"> • ezetimibe (Ezetrol®)

Stroke/TIA Patient Education Record

Your Stroke Journey Booklet provided: ☐ Yes ☐ No

My Stroke Care Journey Binder provided: ☐ Yes ☐ No

Date: _____

**You will receive education on the following topics as required during your stay*

Topic (see page reference for Your Stroke Journey Booklet)	Date	Most involved Health Care Professional (circle / initial)	Taught to: (P) Patient (F) Family (C) Caregiver	Teach Back (check when done)	Education reinforced by RN (initial)
Type of stroke I had / Why I had a stroke		MD/NP/RN			
Signs of stroke (FAST, 911)		MD/NP/ RN			
Results of medical tests: CT head, MRI, CT Angio, Carotid Doppler, Echocardiogram	MSCJ	MD/ NP			
Medications	MSCJ	Pharm/ MD/NP			

How does my stroke impact me? *(checked boxes are currently applicable)*

Physical Changes pg.51-53 YSJ <input type="checkbox"/> Mobility / falls prevention <input type="checkbox"/> Weakness <input type="checkbox"/> Positioning <input type="checkbox"/> Spasticity <input type="checkbox"/> Fatigue / Sleep p. 136-139 <input type="checkbox"/> Shoulder pain		PT / OT			
Cognition, Vision and Perception pg.60-70YSJ <input type="checkbox"/> Thinking (e.g. memory) <input type="checkbox"/> Apraxia <input type="checkbox"/> Neglect <input type="checkbox"/> Vision changes <input type="checkbox"/> Sensory changes <input type="checkbox"/> Perceptual changes <input type="checkbox"/> Behavioral changes		OT			
Activities of Daily Living pg. 77-86 YSJ <input type="checkbox"/> Self-care		OT			
Driving MSCJ pg. 85 YSJ		MD/OT/NP/RN			
Continence Management pg. 56 YSJ <input type="checkbox"/> Bladder <input type="checkbox"/> Bowel		RN			
Communication pg.48-50 YSJ <input type="checkbox"/> Aphasia <input type="checkbox"/> Dysarthria <input type="checkbox"/> Cog Communication		SLP			
Swallowing pg.54 YSJ <input type="checkbox"/> Safe swallowing strategies <input type="checkbox"/> Oral care <input type="checkbox"/> Signs / symptoms of aspiration		SLP			

Nutrition pg.35-39 YSJ <input type="checkbox"/> Healthy eating <input type="checkbox"/> Diabetes <input type="checkbox"/> G tube <input type="checkbox"/> Dysphagia diet <input type="checkbox"/> Optimizing oral intake		RD			
Emotional Changes <input type="checkbox"/> Mood (including depression screen) pg.60 YSJ <input type="checkbox"/> Coping with role changes pg.60 YSJ		SW / RN / SC* *Spiritual Care			

Prevention

Topics	Date & Length of session	Most involved HCP (circle / initial)	Taught to: (P) Patient (F) Family (C) Caregiver	Teach Back (check when done)	Education reinforced by RN (initial)
How to Prevent Future Stroke <input type="checkbox"/> Blood pressure pg.33 YSJ <input type="checkbox"/> Cholesterol pg.34 YSJ <input type="checkbox"/> Diabetes pg.34 YSJ <input type="checkbox"/> Atrial fibrillation pg.34 YSJ <input type="checkbox"/> Nutrition pg.35-37 YSJ <input type="checkbox"/> Exercise pg.39 YSJ <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Alcohol pg.40 YSJ <input type="checkbox"/> Other How to Stop Smoking pg.40-41 YSJ <input type="checkbox"/> Strategies <input type="checkbox"/> Smoking cessation products		MD/NP/RD/PT/RN Pharm/ MD/ NP/RN			
Intimacy Post-Stroke pg.74 YSJ MSCJ		MD / NP / RN			

Nurse/Acute Stroke Team

Print Name	Initial	Signature	Print Name	Initial	Signature

The Rehabilitation Unit





GBHS Rehabilitation Program

Rehabilitation

The Rehabilitation program is for individuals who need help to regain independence before returning home. The program is offered at Grey Bruce Health Services in the Owen Sound Hospital.

Active rehabilitation helps you begin your journey towards achieving your highest possible physical, mental, and social functioning.

Our goals are to:

- Enhance your physical, social, emotional, and cognitive well-being.
- Support your abilities rather than disabilities.
- Enable you to actively participate in the planning, goal setting, and development of a unique program tailored to your needs.



What should you expect?

- You will be offered a tour of the unit to become familiar with your new surroundings and how the Rehabilitation program works.
- You may stay in the Rehabilitation program from a few days to several weeks and take part in an intensive program of rehabilitation – up to 3 hours of active therapy per day, 5 days per week. In addition, we have one therapist who will work with stroke patients on Sundays. It is not possible for the therapist to treat all of the patients, so the Physiotherapist or Occupational Therapist will treat those who are having more difficulty with their mobility and daily tasks. The stroke patients who are further in their recovery will be doing their homework, activities with the nursing staff, or away on a weekend pass.
- You will be expected to arrive to each therapy session on time and on your own (when possible).
- Therapies are provided to individuals or groups, depending on your needs.
- Most meals are served in the dining room.
- Use of hospital equipment (e.g. walker, wheelchair, dressing aids) will be on loan to you. If these items are removed, you will be sent a bill for replacement costs.

Who is on the Team?

- Physician: oversees your medical care.
- Nurse Coordinator: oversees the coordination of the care you receive.
- Nursing Staff: provide care, teach, encourage independence, and support goals 24/7.
- Physiotherapist: works with you to improve mobility, balance, strength, and function.
- Occupational Therapist: helps you to resume the skills you need for daily living.
- Occupational Therapy Assistant and Physiotherapy Assistant: help to achieve your mobility or functional goals.
- Recreation Therapist: assists in your return to leisure interests/hobbies or in learning new recreational skills.
- Social Worker: helps with emotional and social issues, changes within the family, counselling and accessing benefits.
- Dietitian: helps you meet your nutritional needs through education and special diets.

- Pharmacist: acts as a consultant to the team regarding your medications.
- Spiritual Care: offers multi-faith care.
- Stroke Nurse Educator: teaches you and your family about stroke and helps you navigate through the stroke system.
- Care Coordinator from the SW LHIN: helps you and your family/friends prepare for your discharge from Rehabilitation.
- Staff from different departments within the hospital, plus our volunteers, will join your care team as needed.

What do you need to bring?

- Casual clothing, including elastic waist pants/shorts, **non-skid shoes**, socks, shirts, pajamas, etc.
- Hearing aids (batteries), glasses, and dentures.
- Toiletries, including razor, toothbrush and paste, brush, comb, Kleenex, etc.
- Leisure activities that you enjoyed at home (e.g. books, magazines, music, crafts, laptop computer).
- Your pet can visit. Please check with your nurse regarding the pet policy.

How will your family be involved?

- We encourage you and your family/friends to take an active role in the rehab program. Your family/friends are a part of the journey to your recovery.
- The team will keep you and your family up to date on your progress.
- Once you have made significant progress in the program, you may be able to go home on a day pass or an overnight pass with family support.
- The team will teach your family about your care needs in preparation for your pass and discharge.
- Your family is welcome to call the unit (519-376-2121 x2910) or your room at any time. We ask that you designate a contact person with whom we can share your information. This is to protect your privacy.
- Please note that during meal times, the dining room is for patient use only.
- Family members may come into a therapy session after initial assessments are completed. Visits are encouraged, but not at the expense of attending therapies.

Your Rehab program is finished. What's next?

- Discharge planning will begin upon your admission to ensure that everything is in place for when you leave the Rehabilitation program.
- Most Rehabilitation patients return to their homes upon completion of the program; often with the assistance of family members, public services, and/or private services.
- Others will move into a Retirement Home, which is a privately operated home that offers assisted-living services like meals, bathing and leisure activities.
- Some Patients move into Long Term Care Homes that operate under the mandate of the Ministry of Health. The cost of these homes is shared between Ministry of Health and the Resident. After your active rehab therapy is complete, if you remain in hospital waiting for a room at a Long Term Care Home, the frequency and intensity of therapy is reduced and you may be charged a co-payment by the hospital. The date at which this co-payment begins is determined by the Rehabilitation Team. The payment would be similar to the cost at a Long Term Care Home.

Grey Bruce Health Services, Owen Sound Rehabilitation Unit (8-1)

Phone: 519-376-2121 ext. 2910

Fax: 519-376- 9970

www.gbhs.on.ca





Meet Your Healthcare Team

Neurologist: Expert on brain issues

Physician: Oversees medical care of patient

Nurse Practitioner: Helps determine what caused the stroke and oversees medical care

Physiotherapist: Works with patient to recover physical abilities, strength and balance, for tasks such as walking and getting around

Occupational Therapist/Occupational Therapist Assistant: Works with patient to make a plan to resume daily tasks like dressing, bathing, eating and leisure activities. Reviews cognition, vision, perception and arm/hand function

Speech Language Pathologist: Helps patient with swallowing, speaking and communication

Dietitian: Assess patient's ability to eat. They identify foods and meals that will help patient to recover by taking into account nutritional needs, swallowing challenges and food preferences.

Recreation Therapist: Assists in your return to leisure interests/hobbies or in learning new recreational skills

SW LHIN Home Care Coordinator: Help patients and families determine the right care and support required after a stroke. Care may be delivered in various settings, including: home, community, care facilities, schools and flex clinics. Hospital Care Coordinators also determine eligibility for Long-Term Care Homes

Registered Nurse/Registered Practical Nurse: Work closely with patients and families during all stages of recovery both in and out of hospital. They provide physical care, assessments and coordination of care

Social Worker: Help with emotional and social issues as well as changes within the family, counselling and accessing benefits. They may also work with the patient and their family to plan care after discharge.

Stroke Nurse Educator: Helps patient to learn about stroke and its effects. They may also teach patient and/or family member(s) about caring for themselves/them. Any member of the team involved in the patient's care may take on the role of educator

Nurse Coordinator: Oversees the care received

Spiritual Care Provider: Provides spiritual guidance and support

Pharmacist: Teaches patients about medications, how to take them safely and what side effects to watch for



My Goals

What do I need to do to reach my goal(s)?

When goal setting, it is important to be very specific and to answer the following questions:

- What?
- How much?
- When?
- How often?

For example: (dressing yourself, shaving, writing/printing, tie shoes)

What: I will walk the halls

How Much: 20 minutes

When: In the morning

How Often: E very day

What: _____

How much: _____

When: _____

How often: _____

Date: _____

What: _____

How much: _____

When: _____

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My Homework

[illegible]

*follow instruction from clipboard in your room



My Homework

[illegible]

*follow instruction from clipboard in your room



How rehabilitation after a stroke helps you make progress

Most people who have a stroke will need some type of rehabilitation to help them recover. Research shows that stroke survivors who take part in **early, intensive, specialized stroke rehabilitation** improve their ability to do daily activities.

Important Things to Know About Your Recovery

Use it or Lose it: It is important to *do as much as you can for yourself*. Try to remain as active as possible. If you're not sure if an activity is safe for you to do, please ask your care team. Even though it may take you longer and you may find daily activities challenging, your brain needs practice to get better. This trial and error approach to learning is really important. If you are inactive you may lose more energy, strength, stamina and concentration.

Therapy time: Participate in your therapy (for example physical, occupational and speech therapy) as much as you can. Fatigue is common after a stroke, get rest when you need it. Try to pace yourself so you have enough energy for your therapy time. Your stay on the inpatient rehabilitation unit is limited and patients tell us they are glad they made the most of this time.

Practice: The more, the better. Practice the skills you learned in therapy on your own time (for example in the evening or ask visitors to help you). Repetition is key. The more you practice the skills you learned in therapy, outside of therapy time, the greater the recovery you will likely have. Pacing is also important – do short bursts of practice and then take a rest. Over time you'll likely notice that you can be active for longer periods of time before you need a rest.

Creating New Circuits: After a stroke, the damaged part of your brain needs to rewire and make new circuits or connections so it works better. This means you must pay careful attention to how you practice activities. When you repeat an activity over and over, that is what your brain will relearn. Your therapists will instruct you in the correct techniques.

Things that will help brain recovery: In addition to activities learned in therapy, you can keep active by doing a variety of activities.

- Problem Solving – jig saw puzzles, word games
- Concentration – card games, reading
- Activities that are meaningful to you – take part in recreation activities that you like offered at the hospital, visit with friends and family, go outside, play a musical instrument

Your care team is here to give you early, intensive, specialized stroke rehabilitation. You can make a big difference in your recovery by going to therapy sessions, practicing skills on your own and doing as much as possible for yourself. Family and friends can help your recovery by supporting your efforts to do things on your own and doing brain recovery activities with you.

Community

Stroke Rehab Team



COMMUNITY **Stroke** **Rehabilitation** TEAM

Patients with a diagnosis of stroke will be referred to the Community Stroke Rehabilitation Team (CSRT) to provide services in your home—these services will be provided in parallel to other service providers who are currently providing care for you.

The CSRT meets once weekly to review all referrals and develops a plan of specialized and coordinated care to support you on your journey to recovery. A team member will be in contact with you to schedule an intake appointment.

The CSRT includes the following disciplines/team members: Occupational Therapist, Physiotherapist, Social Worker, Speech Language Pathologist, Nursing, Recreation Therapist and Rehabilitation Facilitators.

For general inquiries please call (519) 685-4292 extension 45034 or (866) 310-7577.

To speak with a member of the CSRT please call (519) 376-2121 extension 2584.

Life after stroke – let's make it happen!

COMMUNITY **Stroke** **Rehabilitation** TEAM

Specialized expertise, coordinated teamwork and a personalized approach to supporting stroke survivors in their communities.



Who can apply?

If you've had a stroke or are a family member or professional caring for a stroke survivor you may ask for our services. Stroke survivors, family members, doctors, CCAC case managers and other health care providers may make referrals.

Where is the service located?

We have teams based in Thames Valley, Huron Perth and Grey Bruce counties.

Therapy, education and support services will be provided in your home, long-term care home, and/or the community where you live.

How do you know which kind of therapy will help?

We use special assessments for people who've had strokes, as well as information given to us by other health care professionals, you and your family members.

We ask you what activities are most important to you. Then we create an action plan to help you be able to do these things or other activities that you enjoy.

How much does it cost?

There is no cost for our services. You may choose to rent or purchase equipment, that the team recommends, from your local medical equipment supplier.

What kinds of therapy are available?

Our team members work together and collaboratively with service providers in your community to make sure you have the therapy, education and support you need to reach your potential. They'll also make recommendations about healthy living to help reduce your chance of having another stroke or other serious health problem.

- **Registered Nurse** – Helps address questions about your health and how to prevent another stroke. Reviews your medications. Keeps your doctor updated.
- **Physiotherapist** – Helps you to improve strength, flexibility and balance so you can move better.
- **Occupational Therapist** – Finds ways to make it easier for you to do daily self care such as dressing, using the bathroom and cooking.
- **Speech Language Pathologist** – Helps you speak better and helps with problems swallowing.
- **Social Worker** – Provides you and your family with counselling to help everyone cope better and adjust to the changes experienced since your stroke.

- **Therapeutic Recreation Specialist** – Helps you find leisure activities that you enjoy and you can do in your community.
- **Rehabilitation Therapist** – Works closely with you to implement the programs recommended by the other health care professionals.

How long does the therapy last?

The amount of therapy you receive depends on your needs and the rehabilitation goals we set together.

Our goal is to help you be more independent, return to activities that you enjoy and connect you with local services that will meet your ongoing needs.

What if our family is having a hard time coping?

We understand that families and caregivers often need support and information to help them during this difficult time. We provide education and supportive coaching to them as well. We can also help you find your way through the health care system when you're unsure where to go for the right help.

We hope this information helps you understand more about our services. If you'd like more information or have any questions, please call us.

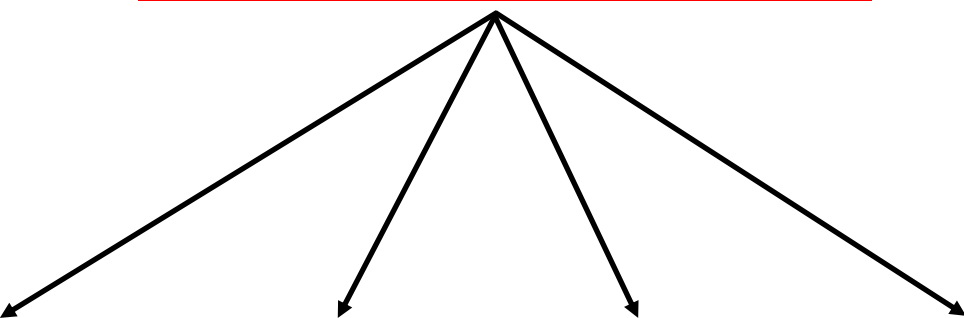
Community Stroke Rehabilitation Team: 519-685-4292 ext. 45034 or 1-866-310-7577

Continued Stroke Recovery - Home & Community

Once it is determined you are going home from hospital it is possible that a **Home and Community Support Services Care Coordinator** will meet with you to determine what services you require and to coordinate the services coming in to your home.

1-800-811-5416 or TTY Toll Free 1-800-811-5147

List of Community Services Providers



Closing the Gap Occupational Therapy, Physiotherapy, Speech Language Therapy, Social Work, Dietitian OTA/PTA 1-877-560-0202	Care Partners Grey-Bruce Nursing and Personal Support Workers 519-271-9473 or 1-800-486-3488	Victorian Order of Nurses (VON) Nursing and Personal Support Workers 519-376-5895 or 1-866-212-6413	ParaMed Nursing/Personal Support Workers 519-376-5044 or 1-800-267-4966
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Learn the signs of stroke

Face is it drooping?

Arms can you raise both?

Speech is it slurred or jumbled?

Time to call 9-1-1 right away.

Act **F A S T** because the quicker you act, the more of the person you save.

© Heart and Stroke Foundation of Canada, 2017



SATURDAY

Month: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Month:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A single vertical red line runs down the left side of the page, creating a margin. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

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let's talk about

Feeling Tired After Stroke

After a stroke, almost all stroke survivors feel tired or some type of fatigue at some point. Stroke survivors often must work harder to make up for the loss of normal functions (such as being unable to use an arm or hand). But you'll probably start feeling less tired after a few months. For some people, tiredness may continue for years after a stroke, but they usually find ways to make the most of the energy they have.



Why am I so tired?

It's important to pinpoint what's causing you to be tired. Then you can take action to manage it. Consult with your healthcare provider to rule out any medical conditions that might cause tiredness or make it worse. You may feel tired after a stroke for four major reasons:

- You may have less energy than before because of sleeping poorly, not getting enough exercise, poor nutrition or the side effects of some of the medicine.
- You have as much energy as before, but you're using it differently. Because of the effects of your stroke, things, like dressing, talking or walking, take a lot more effort. Changes in thinking and memory take more concentration. You have to stay "on alert" all the time — and this takes energy.
- You also may feel tired due to emotional changes. Coping with frustration, anxiety, anger and sadness can be draining. Depressed feelings are common

after a stroke. Often, loss of energy, interest or enthusiasm occurs along with a depressed mood.

- You may feel tired because of depression. Depression is very common after a stroke. Clinical depression is a treatable illness that happens to many stroke survivors. Symptoms include significant lack of energy, lack of motivation, and problems concentrating or finding enjoyment in anything. Talk to your doctor about an evaluation for clinical depression if tiredness continues. There is nothing to be ashamed of if you are feeling depressed. It is very common, and the good news is that it is treatable!

How can I increase my energy?

- Tell your doctor how you are feeling and make sure you have had an up-to-date physical. Your doctor can evaluate any medical reasons for your tiredness. He or she can also check to see if your fatigue could be a side effect of your medication.

(continued)



- Celebrate your successes. Give yourself credit when you accomplish something. Look at your progress, not at what's left to be done.
- Try naps, or schedule rest periods throughout the day. Rest as long as you need to feel refreshed.
- Learn to relax. Sometimes the harder you try to do something, the harder it is to do. You become tense, anxious and frustrated. All this takes more energy. Being relaxed lets you use your energy more efficiently.
- Do something you enjoy every day. A positive attitude or experience helps a lot to boost energy levels.
- Be social. It is very important that you get back into the "swing of things" and stay involved with friends and family. Go out into the community and interact with friends, family and other people.
- Physical activity is important. With permission from your doctor, consider joining a health and wellness program.



Being with family and friends may provide that energy boost you need.

HOW CAN I LEARN MORE?

- 1 Call **1-888-4-STROKE** (1-888-478-7653) to learn more about stroke or find local support groups, or visit **StrokeAssociation.org**.
- 2 Sign up to get *Stroke Connection* magazine, a free magazine for stroke survivors and caregivers at **strokeconnection.org**.
- 3 Connect with others sharing similar journeys with stroke by joining our Support Network at **strokeassociation.org/supportnetwork**.

Do you have questions for the doctor or nurse?

Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

What can I do to decrease my tiredness?

Could clinical depression be causing my tiredness?

Are the medicines I take causing my fatigue?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit **strokeassociation.org/letstalkaboutstroke** to learn more.



Intimacy after Stroke

It is normal and common after a stroke to feel nervous or hesitant about engaging in sexual activity, and it is important for you to be open and honest with your partner so that you can work together if you wish to bring sexuality back into your life. It is often helpful to begin by reintroducing familiar activities into the relationship such as hugging, kissing and cuddling. **Fatigue** is common after stroke, and should be taken into account if considering sexual activities.

Attitude is important when considering intimacy after stroke. Remember that the mind is the largest sex organ: take your time, breath, relax, and even use humour to help reduce any pressure.

Frequently Asked Questions:

Q: If I want to be sexually active, how long after a stroke should I wait?

A: There is no right or wrong answer. If you wish to be sexually active, it is considered safe to do so whenever you feel comfortable, unless contraindicated by your doctor.

Q: Can sexual activity cause another stroke?

A: Although it is a common fear that sexual activity will cause another stroke, there is no evidence that this can bring about another stroke. However, like any other physical activity, fatigue may temporarily impact your abilities. In fact, stroke occurs more frequently during sleep than during sexual activity.

Q: Will medications impact my sexual abilities or my sex drive?

A: Yes, some medications can impact sexual abilities and/or sex drive. You may benefit from speaking to your doctor or pharmacist to review your medications and the potential impact of specific medication on sexual activity.

Possible Physical Changes

Strokes tend to occur with increasing age however, normal aging also brings physical changes in both men and women. These changes sometimes affect the ability to have and enjoy sex.

Women

A woman may notice vaginal changes. As a woman ages, her vagina can shorten and narrow and vaginal walls can become thinner. Most women will have less vaginal lubrication, which may or may not be of concern, depending on the type of intimacy preferred.

Men

As men get older, impotence (erectile dysfunction, or ED) becomes more common. It is the loss of ability to have and keep an erection. ED may mean it takes longer to have an erection. The erection may not be as firm or as large as it used to be. The loss of erection after orgasm may happen more quickly or it may take longer before another erection is possible.

Specific changes that may affect intimacy after stroke may include:

- Marked decline in sexual activity for both men and women
- Decreased libido and diminished frequency
- Sexual dysfunction
- Overall dissatisfaction with sex life
- Decreased sexual expression due to the change in role as a caregiver or stroke survivor

It is important to realize that sexuality can still be a part of life after stroke if you wish it to be. There are ways to make it easier for you and we encourage you to share your concerns and ask questions.

Further support may be available in the community such as:

- Family Doctor
- Urologist
- Gynecologist
- Social Worker
- Community Stroke Rehabilitation Team 519-376-2121, Ext. 2584

Resources

- Your Stroke Journey Guide – See pages 74-76

Sexuality

www.strokingengine.ca/patient-info/sexuality-info/

www.StrokeBestPractices.ca



Feelings after Stroke

A stroke does not just affect the brain and body. It affects how you feel. Those feelings can also impact everyone around you - your family, your friends, and others who help care for you. After a stroke you may feel angry, sad, frustrated, embarrassed etc. The effects of stroke will make you feel more tired and so will the effort it takes to do things that were easier to do before the stroke. . These feelings may cause you to withdraw from those around you and it is important to talk to loved ones and caregivers about how you feel. It is common to have these feelings after stroke and there is help!

Clinical Depression

It is normal to experience emotional changes after a stroke, but sometimes a stroke survivor can develop clinical depression. About 30-50 percent of stroke survivors suffer from depression in the year following a stroke. Depression gets in the way of physical and mental recovery. Depression can also affect the health of the stroke survivors' caregivers at home. It is important to be aware that there is help and treatment for the stroke survivor, family, friends and caregivers that are also affected by the change. Only a doctor can diagnose clinical depression, but here are some guidelines for the differences between normal sadness ("the blues") and true depression.

Normal Sadness ("the blues")	Clinical Depression
Everybody feels sad sometimes.	10-15% of the general population experiences depression.
Definite beginning. People know when and why they felt sad.	33-50% of stroke survivors experience depression. Gradual beginning: people don't really know when or why it started.
Feeling sad is an emotional response to an event.	Depression is a medical illness from chemical changes in the brain.
The feeling goes away on its own.	The depression does not go away without treatment.
The mood lasts a few days or weeks.	The depression lasts months or years.

Signs of Depression

Physical

- Trouble Sleeping
- Weight Loss
- Decreased energy, tiring easily

Emotions

- Feelings of hopelessness and worthlessness
- Sadness and anxiety or nervousness
- Thoughts of death and suicide

Attitude

- Not caring about anything, loss of interest in things that were previously enjoyed
- Negativity: everything is gloomy
- Self-focus: Me, myself and I
- Difficulty connecting to others

Mental Function

- Difficulty concentrating, confused, feeling in a fog
- Problems making decisions
- Short-term memory problems

Support

A Social Worker can help support stroke survivors, their family, friends, and caregivers to cope with feelings such as anger, sadness, depression, confusion and anxiety. A Social Worker can also help with advocacy, referrals to other community services, future planning, financial assistance, disability tax credit application, planning for power of attorney etc.

Are You Drinking Enough Water?

Risk of Dehydration



Our sense of thirst decreases with age.

On average, our bodies are composed of **60%** water, including our brain, which is closer to **70%**.

Offer and encourage “SIPS” often.

At meals: milk, soup, juices, tea, nutritional supplements.

Between meals: keep an easy-to-hold, filled water glass within close reach.

Signs of Dehydration:

- Difficulty walking
- Dizziness/headaches
 - Dry mouth
- Low blood pressure
- Low urine output
- Constipation

COMMUNITY SUPPORT SERVICES

Alzheimer Society of Grey Bruce • Dale Brain Injury Services • Participation Lodge
Home & Community Support Services Grey Bruce • Southwest Ontario Aboriginal Health Access Centre
VON Canada - Grey Bruce Branch

GREY BRUCE • 1.833.659.5491

One call, one go-to person, a team approach, to provide supports and services for you to live at home



Community Support Services focus on promoting independent living through prevention, early intervention, self-management, health & well-being services such as nutrition, health & wellness, personal and social supports for older adults, persons with disabilities, brain injury, or dementia.

Don't face heart disease or stroke alone. Let's connect!

The Heart and Stroke's Community Survivors can help you build your roadmap for recovery:

- Trusted, expert information
- Practical tips to help you live better with stroke or heart disease, delivered to your inbox
- Stories and advice from others living with heart disease or stroke
- Support and resources in your community
- eNews, eTools, and free resources for download

1. Take charge of your recovery. Join the Heart and Stroke Community of Survivors:

www.heartandstroke.ca/connect

2. Look under health information-stroke for information on stroke signs, prevention, publications and recovery: <http://heartandstroke.on.ca>

3. Numerous stroke resources can be found on The Healthline:

<http://www.southwesthealthline.ca/libraryContent.aspx?id=20579>

4. The Power of Community—Online peer support and newsletter

Discover two ways for you to stay connected: <https://www.heartandstroke.ca/heart-disease/recovery-and-support/the-power-of-community>

Ted Talks and Ted-Ed – Lessons Worth Sharing

- **Aphasia: The disorder that makes you lose your words** – Susan Wortman-Jutt
<http://ed.ted.com/lessons/aphasia-the-disorder-that-makes-you-lose-your-words-susan-wortman-jutt>
- **The benefits of a good night's sleep** – Shai Marcu
<https://ed.ted.com/lessons/the-benefits-of-a-good-night-s-sleep-shai-marcu>
- **How practice affects the inner workings of our brains** – Annie Bosler and Don Greene
<http://ed.ted.com/lessons/how-to-practice-effectively-for-just-about-anything-annie-bosler-and-don-greene>
- **The debate on how the brain carries out functions like perception, memory and movement**
– Ted Altschuler
<http://ed.ted.com/lessons/the-great-brain-debate-ted-altschuler>
- **How Blood Pressure works** – Wilfred Manzano
<https://ed.ted.com/lessons/how-blood-pressure-works-wilfred-manzano>
- **How Stress affects your brain** – Madhumita Murgia
<https://ed.ted.com/lessons/how-stress-affects-your-brain-madhumita-murgia>
- **The Space Between Self-Esteem & Self Compassion** - Kristen Neff at TED X Centennial Park Women
- **The Science Behind Mindfulness—You Tube** - Uprising UK July, 2016

Tell Us What You Think!

After you review this binder, please take a couple of minutes to respond to the statements below. Your answers and comments will help us improve the binder for future patients.

You are a:

- ☐ Patient
- ☐ Family Member

Questions:

The information in this binder helped me prepare for the various stages of my recovery:

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: _____

The information in this binder answered my questions:

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: _____

The words and sentences were easy to read:

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: _____

The information was easy to understand:

- ☐ Yes
- ☐ Somewhat
- ☐ No

Comments: _____

What else would be helpful to include in this binder?

Thank you for completing the survey.

Please give this completed page to a member of your health care team.