

# Patient and Family Stroke Education



**To spot a stroke, BE FAST.**  
*Every second counts. Know the signs.*

<b>BALANCE</b>  <b>B</b> Sudden loss of balance or coordination.	<b>EYES</b>  <b>E</b> Sudden trouble seeing out of one or both eyes.	<b>FACIAL PALSY</b>  <b>F</b> Sudden drooping on one side of the face.	<b>ARM DIP</b>  <b>A</b> Sudden weakness in one arm or leg.	<b>SPEECH</b>  <b>S</b> Sudden trouble with speech or understanding.	<b>TIME</b>  <b>T</b> Every second brain cells die. Time to call 911.
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ROPER ST. FRANCIS HEALTHCARE [www.rsfh.com/stroke](http://www.rsfh.com/stroke)

## Roper Hospital

316 Calhoun Street  
Charleston, SC 29401

## Bon Secours St. Francis Hospital

2095 Henry Tecklenburg Drive  
Charleston, SC 29414

## Mount Pleasant Hospital

3500 North Highway 17  
Mt. Pleasant, SC 29466

## Berkeley Hospital

100 Callen Blvd.  
Summerville, SC 29486

## Moncks Corner Medical Plaza

730 Stony Landing Road  
Moncks Corner, SC 29461

## Roper Northwoods ER

7832 Rivers Ave.  
North Charleston, SC 29406

**All locations have 24 Hour Emergency Rooms**

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## What is a stroke?

A stroke, sometimes called a “brain attack” happens when blood flow to an area of the brain is interrupted, causing brain cells to die. If not treated early, permanent brain damage can occur. There are two different kinds of stroke, **ischemic (blood flow blocked)** and **hemorrhagic (bleeding into brain)**.

## What are the signs and symptoms of a stroke?

Signs and symptoms depend on which part of your brain is injured and what damage the stroke has caused. One or more of the following may appear minutes or hours after a stroke, and get worse quickly:

### Quick or Sudden onset:

- Weakness and/or numbness of the face, arm or leg on one side
- Slurred speech
- Trouble talking or making sense of what others are saying to you
- Vertigo (room spinning)
- Blurred vision, double vision, or vision loss
- Severe headache with severe nausea and vomiting

# To spot a stroke, **BE FAST.**

*Every second counts. Know the signs.*

### BALANCE

**B**

Sudden loss of balance or coordination.

### EYES

**E**

Sudden trouble seeing out of one or both eyes.

### FACIAL PALSRY

**F**

Sudden drooping on one side of the face.

### ARM DIP

**A**

Sudden weakness in one arm or leg.

### SPEECH

**S**

Sudden trouble with speech or understanding.

### TIME

**T**

Every second brain cells die. Time to call 911.

ROPER  ST. FRANCIS  
HEALTHCARE

[www.rsfh.com/stroke](http://www.rsfh.com/stroke)

## How can I tell if someone is having a stroke?

Know the **B.E. F.A.S.T.** test to recognize the signs of a stroke:

### **B = Balance:**

- Watch for sudden loss of balance.

### **E = Eyes:**

- Check for sudden side vision loss, blurred vision or double vision.

### **F = Face:**

- Ask the person to smile. Drooping on one side of the mouth or face is a sign of a stroke.

### **A = Arms:**

- Ask the person to raise both arms. One arm that slowly comes back down or cannot be raised is a sign of a stroke.

### **S = Speech:**

- Ask the person to repeat a simple sentence that you say first. Speech that is slurred or sounds strange is a sign of a stroke.

### **T = Time:**

- Call 911 if you see any of these signs. This is an emergency.

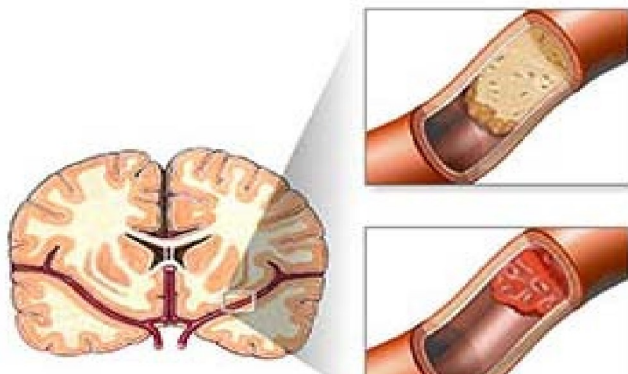
## What Should I do?

- **Call 911** right away, or have someone else call for any sign(s) of stroke.
- You must get to a hospital right away to be treated.
- Do not drive yourself.
  - \* Even if you feel better in a few minutes or hours, you may have had a Transient Ischemic Attack or “warning stroke.”
  - \* Transient Ischemic Attacks place you at risk for a large or major stroke.



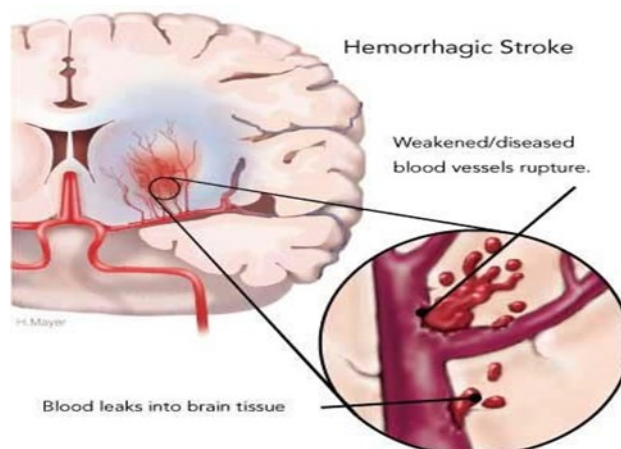
## Ischemic Stroke

**What is an ischemic stroke?** An ischemic stroke occurs when blood is suddenly blocked and cannot flow to your brain. The blockage may be caused by a blood clot or plaque build up (or both) that gets stuck in an artery. When oxygen cannot get to an area of the brain, tissue in that area may get damaged. The damage to an area of the brain causes loss of body functions controlled by that area.



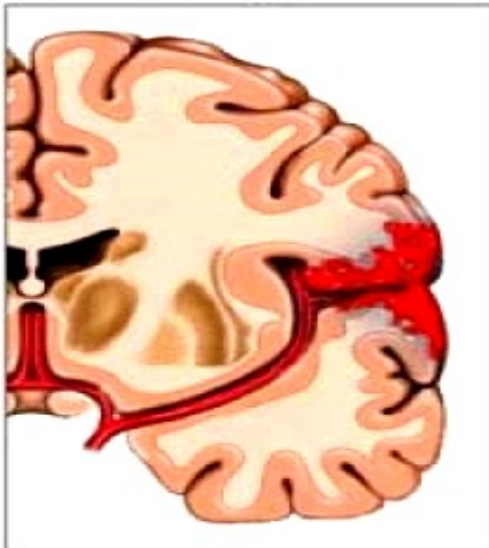
## Hemorrhagic Stroke

**What is a hemorrhagic stroke?** A hemorrhagic stroke happens when a blood vessel in your brain bursts. This may happen if the blood pressure is not controlled/too high or it can occur if the artery in the brain is weakened. Blood flows out of the vessel and damages brain tissue.



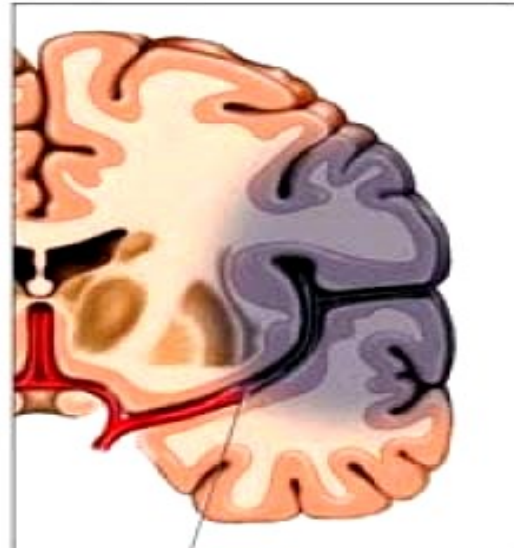
## What is the difference between hemorrhagic stroke and ischemic stroke?

Hemorrhagic Stroke



Hemorrhage/blood leaks into brain tissue

Ischemic Stroke



Clot stops blood supply to an area of the brain

## What is a Transient Ischemic Attack (TIA)?

### What is a Transient Ischemic Attack (TIA)?

A TIA is more accurately characterized as a “**warning stroke**” - a warning you should take **seriously**. This is caused by blockage of blood flow in an artery. The only difference between an ischemic stroke and TIA is that with a TIA, blockage is temporary. Transient Ischemic Attack symptoms usually resolve within 24 hours, but may only last a few minutes. They do not cause permanent injury to the brain, unlike a stroke.



© American Heart Association

## How is an ischemic stroke treated?

### Medicines may include:

- **Thrombolytics** such as **tPA (Alteplase)** can help break apart clots. You may have received this medication *emergently* in the hospital. This medication makes it more likely for you to bleed or bruise.
- **Antiplatelets**, such as aspirin and Plavix (clopidogrel), help prevent blood clots. Take this medicine exactly as directed. These medicines make it more likely for you to bleed or bruise. If you are told to take aspirin or Plavix (clopidogrel) , do not take other non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen, Aleve, or anything else with aspirin in it. Tylenol (acetaminophen) is ok to take instead.
- **Anticoagulants, or blood thinners**, also helps prevent clots. Examples of anticoagulants include Coumadin (warfarin), Eliquis (apixaban), Xarelto (rivaroxaban), and Pradaxa (dabigatran).
  - Watch for bleeding from your gums or nose. Use a soft toothbrush. Watch for blood in your urine and bowel movements. Use a soft washcloth. If you shave, use an electric razor. Avoid activities that can cause bruising or bleeding.
  - Tell your healthcare providers, including dentists, about all medications you take. Many medications cannot be used with anticoagulants. Do not start or stop any medicines unless your healthcare provider tells you to do so. Wear a bracelet or necklace that says you take this medication.
  - Coumadin (warfarin) may require regular blood tests so your healthcare provider can decide how much medicine you need. Other anticoagulants (Eliquis, Xarelto, Pradaxa) do not require regular blood tests and should be taken exactly as directed. Tell your healthcare provider right away if you forget to take the medicine, or if you take too much.
  - If you take Coumadin (warfarin), certain foods may interfere with the medication and change how effective it is at thinning your blood. Do not make major changes to your diet while you take Coumadin (warfarin). Coumadin (warfarin) works best when you eat about the same amount of vitamin K every day. Vitamin K is found in green leafy vegetables, broccoli, grapes, and other foods. Ask for more information about what to eat when you take warfarin.

## How is a hemorrhagic stroke treated?

**Medications** to help lower your blood pressure may be given through an IV. You may also need medication to decrease pain, reduce brain pressure, or prevent seizures.

**Surgery** may be needed to stop the bleeding or remove blood that has leaked out of the blood vessels. There are several options available and will be discussed between you and your doctor if needed.

## What other treatment may be needed after an ischemic or hemorrhagic stroke?

**You may be given medicine to treat high cholesterol, high blood pressure, diabetes, cardiac conditions, etc. depending on the cause (s) of your stroke and risk factors you have for stroke.**

**You will meet other members of the care team that will address your post-stroke needs.**

**They include:**

### **Physical, Occupational and Speech Therapy (PT/OT/SLP)**

- A physical therapist teaches you exercises to help your movement, strength, and to decrease pain. An occupational therapist teaches you skills to help with your daily activities. A speech pathologist teaches you ways to improve your speech, swallowing, understanding and communication skills.

### **Case Management/Discharge Planning**

- These team members work with your healthcare team to help your family work through the healthcare system. You may have other needs after you are discharged from the hospital. If you go home, you may need outpatient therapy. If you cannot go home, you may need inpatient rehabilitation or skilled nursing.

### **Stroke Nurse Navigator**

- This team member will be key in bridging the gap between the inpatient setting and after you are discharged. They will assist with stroke education and answering questions you have regarding your care, medications, follow up care, etc.



## How is a stroke diagnosed?

Your healthcare provider will ask about your symptoms and when they started. They will ask if you have any medical conditions. You may need any of the following:

- **A CT or MRI of the brain** may show where the stroke happened and any damage you have.
- **Imaging of the blood vessels** (CT angiogram of the head and neck, MR angiogram of the head and neck, or carotid ultrasound) to look for narrowing or blockage of arteries going to the brain.
- **An echocardiogram** which uses sound waves to take pictures of your heart's chambers, valves, walls and blood vessels.
- **Blood drawn** for lab work

## What makes my risk for a stroke worse?

### **Risk factors you cannot change:**

- Age 55 or older
- Female or African-American
- Family history of stroke
- History of prior stroke or Transient Ischemic Attack

### **Risk factors you can change ( those that apply to you):**

- |   |   |
|---|---|
| <input type="checkbox"/> Atrial Fibrillation                | <input type="checkbox"/> Smoking  |
| <input type="checkbox"/> Coronary Artery Disease            | <input type="checkbox"/> Illegal substance use                            |
| <input type="checkbox"/> Diabetes (High blood sugar)        | <input type="checkbox"/> Obesity/excessive weight                         |
| <input type="checkbox"/> Heart failure                      | <input type="checkbox"/> Poor diet  |
| <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Lack of exercise                                 |
| <input type="checkbox"/> Hyperlipidemia (High cholesterol)  | <input type="checkbox"/> Excessive drinking (Men >2/day,<br>women >1/day) |
| <input type="checkbox"/> Peripheral Vascular Disease        |   |
| <input type="checkbox"/> Untreated sleep apnea              |   |

### **Atypical risk factors include:**

- |  |   |
|--|---|
| <input type="checkbox"/> Autoimmune disorder | <input type="checkbox"/> Pregnancy or delivery<br>within the past 6 weeks |
| <input type="checkbox"/> B12 deficiency      |   |
| <input type="checkbox"/> Clotting disorder   |   |
| <input type="checkbox"/> Hormone replacement |   |
| <input type="checkbox"/> Migraine with aura  |   |
| <input type="checkbox"/> Sickle cell disease |   |

## How can I decrease my risk for a stroke?

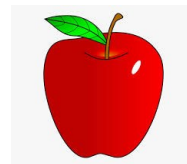
- **Manage health conditions.** Take your medicine as directed.
- **Do not stop taking your medicines unless told to do so by your doctor.**

- Check your blood pressure and blood sugar levels as directed.
- Keep a record and bring it to your follow-up visits.

- **Eat a variety of healthy foods.**

-Healthy foods include whole-grain breads, lowfat dairy products, beans, lean meats, and fish.

- Eat at least 5 servings of fruits and vegetables each day.
- Choose foods that are low in fat, cholesterol, salt and sugar.



- **Maintain a healthy weight.**

-Ask your healthcare provider:

- How much you should weigh?
- How to create a weight loss plan if you are overweight?
- An exercise plan for you?



- **Limit or do not drink alcohol.**

- Limit alcohol to 2 drinks per day if you are a man.
- Limit alcohol to 1 drink per day if you are a woman.
- A drink of alcohol is 12 ounces of beer, 5 ounces of wine, or 1½ ounces of liquor.

- **Do not smoke cigarettes or use street drugs.**

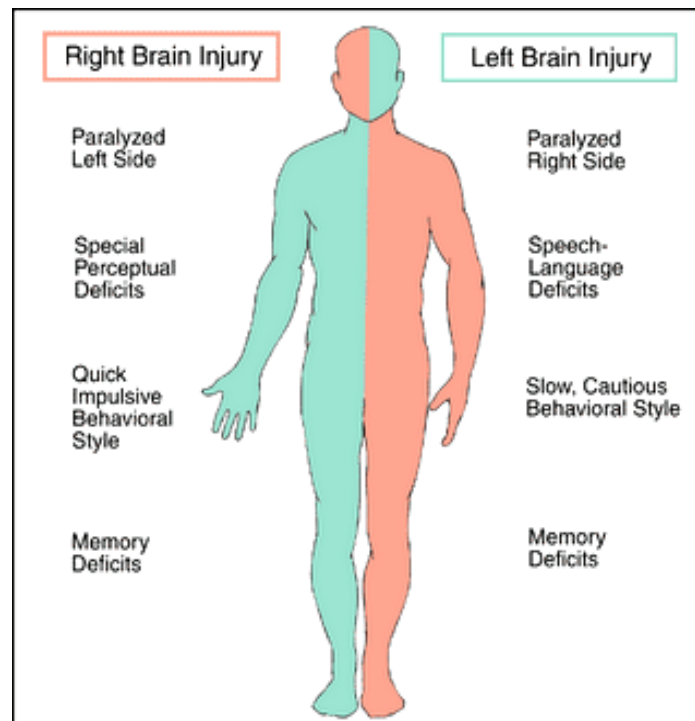
- Smoking and drugs increase your risk for a stroke.
- Ask your healthcare provider for information if you need help quitting.



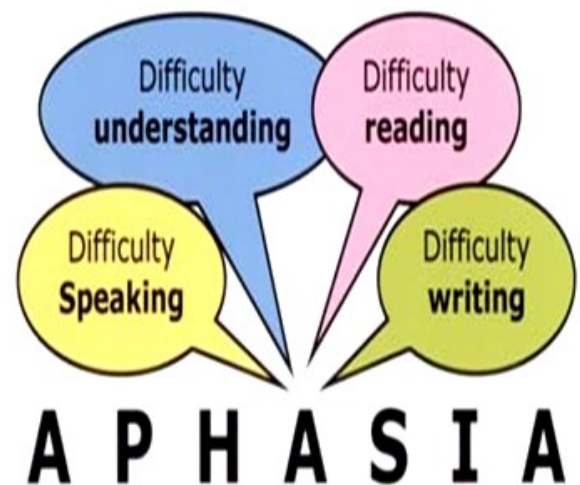
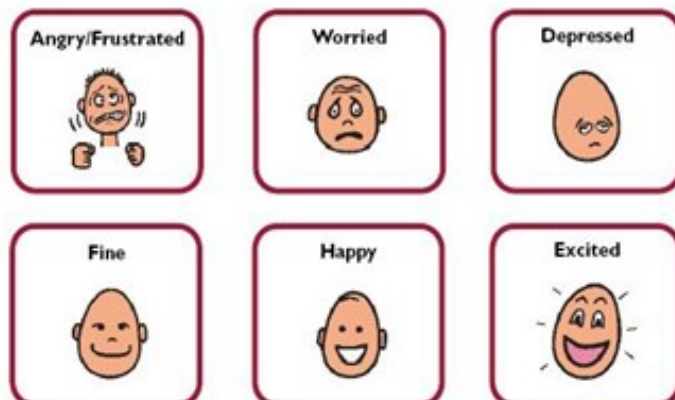
## What are some changes that happen after a stroke?

The brain controls everything we do (eating, breathing, thinking). Changes after a stroke can depend on the area of the brain that was injured. Some common side effects of stroke are:

- Weakness or paralysis
- Difficulty with speech, swallowing, and understanding
- Changes in vision and perception
- Incontinence
- Depression, rapid mood changes, feeling more tired and/or other emotional reactions like frustration, anxiety and anger



## FEELINGS



## What should I do after a stroke?

- Follow up with your healthcare provider or neurologist as directed. You may need regular tests of your brain function. Write down your questions so you remember to ask them during your visits.
- Take your medicine as directed. **Do not** stop taking your medications unless told to do so by your doctor.
- Check your blood pressure and blood sugars as directed. Keep a record to bring to your follow-up visits.

## What safety measures may help me at home?

- Turn the water heater temperature down a little
- Prevent falls
  - ◇ Remove items like scatter rugs and clutter out of pathways and stairs
  - ◇ Light halls and stairs
  - ◇ Put in grab bars next to tubs and toilets, and non-slip strips in tubs and showers
  - ◇ Wear non-skid foot wear
- Make sure doorways are wide enough for a wheelchair or walker, if needed. You may also need to install threshold ramps.



## **Questions/Concerns**

### **Call 911 for any of the following:**

- You have a seizure.
- You feel lightheaded, short of breath **OR** have chest pain.
- You have weakness or numbness in your face, arm, or leg.
- You are confused and have problems speaking or understanding speech.
- You have a severe headache.
- You have sudden loss of balance or coordination.
- You have sudden double vision or vision loss.

### **Call your health care provider for immediate care if:**

- You are bleeding from your rectum or nose.
- Your arm or leg feels warm, tender and painful. It may look swollen and red.

### **Call your healthcare provider if:**

- Your blood pressure is higher or lower than you were told it should be.
- You have questions or concerns about your condition or care.

**Are there any stroke groups in the Charleston area so that I can share my experiences, get support and explore current stroke resources?**

**Yes, there are!**

**See the list provided on pages 14 & 15!**

## STROKE SURVIVORS SUPPORT GROUPS

### **Young Stroke Survivors Support Group**

**2nd Tuesday of each month at 6:30 PM**

These meetings alternate between “get-together” meetings at area restaurants and “learning” meetings at St. Francis Hospital in West Ashley, please contact Alyssa to learn where the next meeting will be held.

contact Alyssa Chesnutt at: [hydar@musc.edu](mailto:hydar@musc.edu) | 843-792-8171

### **Encompass Health Stroke Support Group**

**3rd Tuesday of each month at 4:00 PM**

contact Julia Martens at: [Julia.martens@encompasshealth.com](mailto:Julia.martens@encompasshealth.com)  
or Briana Tucker at: [Briana.tucker@encompasshealth.com](mailto:Briana.tucker@encompasshealth.com)

### **Roper Rehabilitation Stroke Support Group**

**3rd Tuesday of each month at 4:00 PM**

**Roper Rehab – 3rd Floor Roper Hospital**

contact Katie Hall at: [Kaitlyn.Hall@rsfh.com](mailto:Kaitlyn.Hall@rsfh.com)

### **Aphasia Support Group**

**Last Wednesday of each month (time and locations vary).**

**Please contact Anna Doyle for more information.**

contact Anna Doyle at: [doylean@musc.edu](mailto:doylean@musc.edu) | 843-792-3678

**STROKE RECOVERY  
RESEARCH CENTER**

A Center of Excellence in Stroke Care and Research  
at the Medical University of South Carolina

**ROPER**  **ST. FRANCIS**

 **MUSC**  
Medical University  
of South Carolina

Changing What's Possible

# SOUTH CAROLINA STROKE SUPPORT GROUPS

## CHARLESTON and NORTH CHARLESTON

- **Roper Rehabilitation Hospital Stroke Support Group**  
When: Third Tuesday of every month at 4pm  
Location: Roper Hospital – 3<sup>rd</sup> floor Roper Rehab  
Contact: Katie Hall, [kaitlyn.hall@rsfh.com](mailto:kaitlyn.hall@rsfh.com) 843-720-8349
  - Currently on hold due to the pandemic, please email contact for virtual information and to receive newsletter
- **Young Stroke Survivors Support Group**  
When: Second Tuesday of every month at 630pm  
Location: Bon Secours St. Francis Hospital in West Ashley  
Contact: Alyssa Chesnutt, [hydar@musc.edu](mailto:hydar@musc.edu) 843-792-8171  
Facebook group: Josh Hutchison, [hutchis@musc.edu](mailto:hutchis@musc.edu)  
<https://www.facebook.com/groups/YoungStrokeSCharleston>
  - Currently on hold due to the pandemic
- **Encompass Stroke Support Group**  
When: Third Tuesday of every month at 4pm  
Location: Encompass Health Rehabilitation Hospital  
Contacts: Julia Martens, [Julia.martens@encompasshealth.com](mailto:Julia.martens@encompasshealth.com) or Briana Tucker, [Briana.tucker@encompasshealth.com](mailto:Briana.tucker@encompasshealth.com)

## COLUMBIA

- **USC Stroke Recovery Group**  
When: Monthly at 4pm – currently on hold remainder of 2020  
Contact: Joanne Hutchison, [Jhutchison@mcleodhealth.org](mailto:Jhutchison@mcleodhealth.org) 843-777-8988

## GREENVILLE

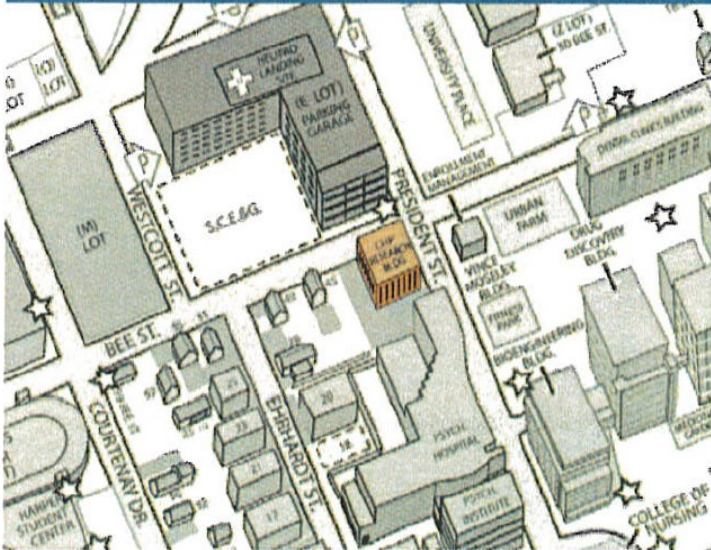
- **Stroke Club**  
When: First Tuesday of every month at 4pm – currently on hold  
Location: Peace Rehabilitation Center 100 Augusta Street Greenville, SC 29601  
Contact: Richard Ivy, 864-455-2514

## ROCK HILL

- **Encompass Health Rehabilitation Hospital of Rock Hill: Stroke Support Group**  
When: Every second Wednesday at 11 am – currently on hold  
Location: 1795 Dr. Frank Gaston Blvd Rock Hill, SC 29732  
Contact: [Tim.Lesondak@emcompasshealth.com](mailto:Tim.Lesondak@emcompasshealth.com) – contact for Newsletter at this time



The Stroke Recovery Research Center is located on the corner of President and Bee Street.



77 President Street  
Charleston, SC 29425

(843) 792-1589

[musc.edu/srrc](http://musc.edu/srrc)

[stroke-recovery@musc.edu](mailto:stroke-recovery@musc.edu)

## STROKE RECOVERY RESEARCH CENTER

A Center of Biomedical Research Excellence (COBRE) in Stroke Recovery at the Medical University of South Carolina

## To get involved in research

### Step 1

Call 843-792-1589, have your questions answered, and schedule a time to visit the Center.

### Step 2

Share some information (which will be stored as securely as medical records) about your stroke, how you move and participate in daily activities.

### Step 3

Meet the therapists, and learn about some of the studies for which you may qualify for participation.

Study participation may vary from one visit to assess a specific functional measure, to multiple visits for interventions provided by occupational or physical therapists. We provide an extensive review of individual study requirements and address any questions or concerns prior to study enrollment.

**Participation is always voluntary.**



## BLUE & PURPLE

blackberries  
blueberries  
black currants  
dates  
eggplants  
grapes  
plums  
prunes  
purple figs  
raisins

## RED & PINK

beets  
cherries  
cranberries  
pink grapefruit  
pomegranates  
radicchio  
red radishes  
red apples  
red grapes  
red peppers  
red potatoes  
rhubarb  
strawberries  
tomatoes  
watermelons



# EAT MORE COLOR

The best way to get all of the vitamins, minerals and nutrients you need is to eat a variety of colorful fruits and veggies. Add color to your plate each day with the five main color groups.

## GREEN

artichokes  
asparagus  
avocados  
bok choy  
broccoli  
Brussels sprouts  
celery  
collard greens  
cucumbers  
green beans  
green cabbage  
green grapes  
green onions  
green peppers  
kale  
kiwis  
leeks  
limes  
mustard greens  
okra  
peas  
peas  
romaine lettuce  
snow peas  
spinach  
sugar snap peas  
watercress  
zucchini

## ORANGE & YELLOW

orange peppers  
papayas  
peaches  
pineapples  
pumpkins  
summer squash  
sweet potatoes  
tangerines  
yams  
yellow apples  
yellow peppers  
yellow squash  
acorn squash  
butternut squash  
apricots  
cantaloupes  
carrots  
corn  
grapefruit  
lemons  
mangoes  
nectarines  
oranges

## WHITE

bananas  
cauliflower  
garlic  
Jerusalem  
artichokes  
mushrooms  
onions  
potatoes  
parsnips  
shallots



American Heart Association  
**Healthy for Good™**



# REASONS TO ADD COLOR

Colorful, delicious and nutritious foods help keep our bodies and minds healthier, longer.

## 1. Lots of the Good

Fruits and vegetables provide many beneficial nutrients. Add fruits and vegetables to meals and snacks for a nutritional power boost.



## 2. Less of the Bad

Fruits and vegetables are typically free of trans fat, saturated fat and sodium. Load up!

## 3. Won't Weigh You Down

Fruits and vegetables are low in calories. They fill you up thanks to the fiber and water they contain, which can help manage your weight.



## 4. Super Flexible Super Foods

All forms of fruits and vegetables — fresh, frozen, canned and dried — can be part of a healthy diet. They are among the most versatile, convenient and affordable foods you can eat. Choose those with little or no added salt or sugar.

## 5. A Whole Body Health Boost

A healthy eating plan full of fruits and vegetables can help lower your risk of many serious and chronic health conditions, including heart disease, obesity, high blood pressure, diabetes and some types of cancer. They're also essential to your everyday health.



**EAT SMART**    **MOVE MORE**    **BE WELL**

[heart.org/HealthyForGood](https://heart.org/HealthyForGood)

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# BE HEALTHY FOR GOOD WITH LIFE'S SIMPLE 7

Making small changes every day can add up to big improvements in your overall health. Life's Simple 7 outlines a few easy steps you can take to live a healthier lifestyle.

Two of these steps, Get Active and Eat Better, can help jump-start your whole health journey. Making choices that help you eat smart and move more can also help you lose weight, control cholesterol, manage blood pressure, reduce blood sugar and stop smoking.<sup>1,2,3</sup>

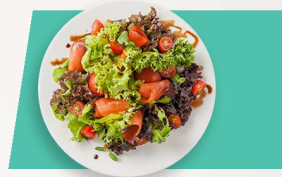


## 1 GET ACTIVE

Try to get at least 150 minutes per week of moderate aerobic exercise or 75 minutes per week of vigorous exercise (or a combination of both), preferably spread throughout the week. Even short bursts of exercise can be beneficial, and all those little steps will lead to big gains in the long run.<sup>4</sup>

## 2 EAT BETTER

Eat a colorful diet full of fruits, vegetables, whole grains, low-fat dairy products, poultry, fish and nuts. Try to limit sugary foods and drinks, fatty or processed meats and salt.<sup>1</sup>



## 3 LOSE WEIGHT

Maintaining a healthy weight is important for your health. To lose weight, you need to burn more calories than you eat. Learning to balance healthy eating and physical activity can help you lose weight more easily and keep it off.<sup>5</sup>

## 4 CONTROL CHOLESTEROL

Cholesterol comes from two sources: your body (which makes all the cholesterol you need) and food made from animals. Eating smart, adding color and moving more can all help lower your cholesterol!<sup>2,6</sup>



## 5 MANAGE BLOOD PRESSURE

Blood pressure is the force of blood pushing against blood vessel walls. Sometimes the pressure in arteries is higher than it should be, a condition known as high blood pressure. Stress and poor diet have both been linked to high blood pressure, so it's important to be well and eat smart to help positively influence your blood pressure numbers.<sup>1,7</sup>

## 6 REDUCE BLOOD SUGAR

Blood glucose (aka sugar) is an important fuel for your body. It comes from the food you eat, so it's important to eat smart. Cut out added sugars by checking nutrition facts labels and ingredients, limiting sweets and sugary beverages, choosing simple foods over heavily processed ones and rinsing canned fruits if they are in syrup.<sup>1</sup> And you can move more, because moderate-intensity aerobic physical activity can also help your body respond to insulin.<sup>8</sup>



## 7 STOP SMOKING

Not smoking is one of the best things you can do for your health. Smoking damages your circulatory system and increases your risk of multiple diseases, but the good news is that your lungs can begin to heal themselves as soon as you stop. Moving more can help you on your journey, since physical activity can help you manage stress.<sup>9</sup>

LEARN MORE AT  
[HEART.ORG/MYLIFECHECK](http://HEART.ORG/MYLIFECHECK)

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# South Carolina Tobacco Quitline



South Carolinians have access to a range of tobacco treatment services through the S.C. Tobacco Quitline, the only statewide evidence-based telephone cessation program.

## What is the S.C. Tobacco Quitline?

- A **free** comprehensive tobacco treatment service featuring phone and Web Coach® counseling.
- A one-on-one approach to cessation counseling, where each caller is assigned to a personal Quit Coach® who works with the participant throughout the quitting process.
- A program that is science-based and has been clinically proven to help participants quit smoking and stay quit for the long-term.

## When are services available?

- **8 a.m. to 3 a.m., seven days a week for all inbound callers.**
- After the initial call, participants work with their Quit Coaches to schedule subsequent sessions as needed. The Quit Coach will then call the participant at agreed-upon times and dates. Participants are free to call between scheduled sessions if they need extra support.

## Who can call the S.C. Tobacco Quitline?

- Any S.C. resident age 13 and older.
- All callers are eligible for a one-call counseling session.
- More comprehensive services and multi-call sessions are available for those in most need of cessation help—smokers with no health insurance, pregnant women, Medicaid members, and court-appointed youth.
- The Quitline will also direct callers to local cessation resources, as available, and to the services provided under their private or public health plan (which includes Medicare).

## What is the provider fax referral program?

- The Quitline's fax referral program has ready access and tools that healthcare providers can use to refer their patients to the Quitline. The fax referral form can be downloaded at [www.scdhec.gov/quitforkeeps](http://www.scdhec.gov/quitforkeeps)
- Through the fax referral program, smokers and tobacco chewers no longer have to take the often difficult first step of calling the Quitline. Instead, when talking with their healthcare provider, patients can agree to have the Quitline call them directly.
- With patient approval and signature, the doctor, nurse or other clinic staff member completes the DHEC 1042 fax referral form and simply faxes the form directly to the Quitline. The Quitline then makes a proactive, direct call to the patient and offers enrollment in services.

## Who sponsors the S.C. Tobacco Quitline?

- The Quitline is a contractual partnership between the S.C. Department of Health and Environmental Control and Alere Wellbeing, Inc., a Seattle-based tobacco treatment and behavioral health provider with vast experience running quitlines across the nation.

## How can I get more information?

Visit [scdhec.gov](http://scdhec.gov)

Call 1-800-QUIT-NOW (1-800-784-8669)

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



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

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

COMPLETED BY:  Stroke Survivor  Caregiver

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

COMPLETED BY:  Stroke Survivor  Caregiver



# POST-STROKE CHECKLIST (PSC): IMPROVING LIFE AFTER STROKE



This Post-Stroke Checklist (PSC) has been developed to help healthcare professionals identify post-stroke problems amenable to treatment and subsequent referral. The PSC is a brief and easy-to-use tool, intended for completion with the patient and the help of a caregiver, if necessary. PSC administration provides a standardized approach for the identification of long-term problems in stroke survivors and facilitates appropriate referral for treatment.

## INSTRUCTIONS FOR USE:

Please ask the patient each numbered question and indicate the answer in the "response" section. In general, if the response is NO, update the patient record and review at next assessment. If the response is YES, follow-up with the appropriate action.

1. SECONDARY PREVENTION		
Since your stroke or last assessment, have you received any advice on health related life style changes or medications for preventing another stroke?	<input type="checkbox"/> <b>NO</b> →	If <b>NO</b> , refer to a Primary Care Physician or Stroke Neurologist for risk factor assessment and treatment if appropriate
	<input type="checkbox"/> <b>YES</b> →	Observe Progress
2. ACTIVITIES OF DAILY LIVING (ADL)		
Since your stroke or last assessment, are you finding it <u>more</u> difficult to take care of yourself?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	Do you have difficulty dressing, washing and/or bathing? Do you have difficulty preparing hot drinks and/or meals? Do you have difficulty getting outside?  If <b>YES</b> to any, refer to Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) for further assessment
3. MOBILITY		
Since your stroke or last assessment, are you finding it <u>more</u> difficult to walk or move safely from bed to chair?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	Are you continuing to receive rehabilitation therapy?  If <b>YES</b> , update patient record and review at next assessment  If <b>NO</b> , refer to Primary Care Physician, Rehabilitation Physician or an appropriate therapist (i.e. OT or PT) for further assessment
4. SPASTICITY		
Since your stroke or last assessment, do you have <u>increasing</u> stiffness in your arms, hands, and/or legs?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	Is this interfering with activities of daily living, sleep or causing pain?  If <b>YES</b> , refer to a physician with an interest in post-stroke spasticity (i.e. Rehabilitation Physician or Stroke Neurologist) for further assessment  If <b>NO</b> , update patient record and review at next assessment

5. PAIN		
Since your stroke or last assessment, do you have any <u>new</u> pain?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , refer to a physician with an interest in post-stroke pain for further assessment and diagnosis

6. INCONTINENCE		
Since your stroke or last assessment, are you having <u>more</u> of a problem controlling your bladder or bowels?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , refer to Healthcare Provider with an interest in incontinence

7. COMMUNICATION		
Since your stroke or last assessment, are you finding it <u>more</u> difficult to communicate with others?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , refer to specialist Speech and Language Pathologist for further assessment

8. MOOD		
Since your stroke or last assessment, do you feel <u>more</u> anxious or depressed?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , refer to a Physician or Psychologist with an interest in post-stroke mood changes for further assessment

9. COGNITION		
Since your stroke or last assessment, are you finding it <u>more</u> difficult to think, concentrate, or remember things?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	Does this interfere with activity or participation? If <b>YES</b> , refer to a Physician or Psychologist with an interest in post-stroke cognition for further assessment If <b>NO</b> , update patient record and review at next assessment

10. LIFE AFTER STROKE		
Since your stroke or last assessment, are you finding things important to you <u>more</u> difficult to carry out (e.g. leisure activities, hobbies, work)?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , refer to a local stroke support group or a stroke association (i.e. The American Stroke Association or National Stroke Association)

11. RELATIONSHIP WITH FAMILY		
Since your stroke or last assessment, has your relationship with your family become <u>more</u> difficult or stressed?	<input type="checkbox"/> <b>NO</b> →	Observe Progress
	<input type="checkbox"/> <b>YES</b> →	If <b>YES</b> , schedule next Primary Care visit with patient and family member. If family member is present refer to a local stroke support group

Adapted from: Philip I, et al. Development of a Poststroke Checklist to Standardize Follow-up Care for Stroke Survivors. *Journal of Stroke and Cerebrovascular Diseases*. December 2012.  
 Endorsed by the World Stroke Organization to support improved stroke survivor follow-up and care  
 Adopted by the National Stroke Association to support improved stroke follow-up and management



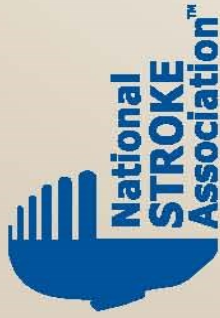


**National  
STROKE  
Association™**

# Stroke Risk Scorecard

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

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



# Risk Scorecard Results



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



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



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

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

**To reduce your risk:**

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

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

**F** **FACE:** Ask the person to smile. Does one side of the face droop?

**A** **ARMS:** Ask the person to raise both arms. Does one arm drift downward?

**S** **SPEECH:** Ask the person to repeat a simple phrase. Is their speech slurred or strange?

**T** **TIME:** If you observe any of these signs, call **9-1-1 immediately**.

**1-800-STROKES (787-6537) • [www.stroke.org](http://www.stroke.org)**



9707 E. Easter Lane, Suite B  
Centennial, CO 80112-3754  
1-800-STROKES (787-6537)

## Questions to Ask Your Healthcare Professional/Pharmacist

**What is the medicine's name and what is it for?**

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**When and how do I take this medicine?**

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**What are the possible side effects?**

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**When should I expect the medicine to start working?**

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**Will the medicine interact with any of my other medicines?**

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**Is it okay to take this medicine with my supplements (e.g., vitamins, omega-3, etc.)?**

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**What should my medicine look like?**

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**What do I do if I forget my dose?**

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**What are the repercussions if I stop taking this medicine altogether?**

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**Besides time of day, is there anything else I should know about taking my meds (e.g., on a full stomach, with milk, etc.)?**

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**Are there foods I need to avoid when taking this medicine?**

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## Medication Tracker

Medications	Dosage	Dose and Times	Why are you taking this medication?	How does this medication make you feel?	Date of next refill
SAMPLE — Lisinopril	20mg	1 pill at 8am	Blood Pressure	Tired	10-14
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Blood Pressure Tracker

Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure

## Notes

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