

HealthPE1.ca/stroke

One step at a time: The pathway through Stroke care and recovery





YOUR PATHWAY THROUGH STROKE CARE & RECOVERY

A **stroke or TIA (Transient Ischemic Attack)** is a medical emergency. If you or someone with you is showing the signs of stroke or TIA, call 911 immediately. Early action can lessen the effects of a stroke. While no one can prepare you or your family for the sudden changes you will face, your healthcare team can help you through the process. Your care and healing will be as unique as you.

This booklet will help you know key events to expect during different times of care, tips for participating in your care, and questions to consider. It does not cover all issues in depth. Additional information may be found in the Heart & Stroke Foundation's Your Stroke Journey: A guide for people living with stroke (HeartAndStroke.ca/STROKE)



Act **FAST**. Lifesaving treatment begins the second you call 9-1-1.

Talking to your **healthcare team** is important to help them understand your needs and values and to help them provide you with the care you need for your recovery.

Being a survivor of stroke means different things to different people. What I can tell you as a fellow survivor is to buckle up... it's going to be a bumpy ride. On any given day you may feel angry and wonder why this is happening to you. You may be frustrated by the daily things you can no longer do. And you could be hit with sadness when you realize your life has changed forever. But you can recover. Maybe not fully and maybe not quickly, but you can re-train your brain and body to do amazing things. What lies ahead of you is a very challenging road. Many days you will be too tired to accomplish anything... rest. Let your brain heal. Work hard on yourself when you can and be gentle on yourself. You're going to need help, lots of help, so don't be afraid to ask for it. And find yourself some support - you may feel alone - but you're not. There are many of us out here, looking for our new normal, just like you.

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Talking with your healthcare team is an important part of your care and recovery. Ask how you can learn about your stroke or TIA. Use a folder / notebook to keep your stroke information in one place.

HELPFUL TIPS:

- Write down what you are thinking and any questions or concerns you have.
- Ask questions and take notes to make sure you know what has happened, what to expect and what you can do to support your healing.
- Record what information you have been given and from whom.
- Ask for a copy of results from your tests or exams from Medical Records.

Health Care Team Member	Acute Stroke Unit	Stroke Rehabilitation Unit	Community
Dietitian(s)			
Doctor(s)			
Nurse(s)			
Occupational Therapist(s)			
Physiotherapist(s)			
Psychologist(s)			
Social Worker(s)			
Speech Language Pathologist(s)			
Spiritual Care Worker(s)			

EMERGENCY STROKE CARE

Island EMS will take you to either Prince County Hospital (PCH) or the Queen Elizabeth Hospital (QEH). Each of these hospitals has a CT scanner which is needed to determine the best treatment for you.

What Assessments and Tests Can I Expect?

Your temperature, blood pressure, pulse, breathing, and oxygen level will be checked. We will listen to your chest and find out your level of pain. You will be checked to find out the effect of the stroke on you and your daily life.

You will have blood tests that can give information about stroke risk factors and other health problems which may be important.

A *CT* scan and/ or *CT* Angiogram will be done to decide your treatment options. This test takes pictures of your brain using x-rays and is used to find problems such as bleeding, a blood clot, and/or tumors in your brain.

You will have an *Electrocardiogram (ECG*). This test uses sticky pads placed on specific parts of your body to record the activity of your heart. An ECG can detect abnormal heart beats that may have caused blood clots to form.

What Medications and Treatments Can I Expect?

You will be asked about the medications that you take at home. You should not take any of your home medication unless you are told to.

You may be given oxygen by prongs in your nose or by mask.

If there is a blood clot, you may be offered ways to break up or remove it and re-open blocked arteries. Treatment may include **Tissue Plasminogen Activator (tPA)**, a clotbusting drug, and/or **Endovascular Thrombectomy (EVT**). tPA is an IV medication, given through a small needle that is passed through the skin and into a vein. EVT is a procedure







to remove the clot from your artery. While tPA can be given at Prince County Hospital (PCH) or Queen Elizabeth Hospital (QEH), if EVT is needed, you will be taken to an out of province hospital by air or ground ambulance.

tPA and EVT are not right for everyone. It depends on the type of stroke, how much time has passed since symptoms started, and results of the brain scan (CT Scan, CT Angiogram, or Magnetic Resonance Imaging (MRI)). Both treatments can reduce some of the effects of a stroke, helping you recover more fully.

If there is bleeding in your brain (hemorrhage), you may be transferred out of province for brain surgery.

How will my Eating and Activity be Affected?

Difficulty swallowing is very common after a stroke and can cause food to enter the airway. Because of this, we will check if you can eat and drink safely before giving oral medication, food, and/or fluid.

Based on your stroke, you may be put on bed rest while in the Emergency Room. You will be able to move in bed and get up on your own if your health care team decides it is safe. If not, you will be helped.



What Education and Help with Planning Can I Expect?



The doctor and/or health care team will tell you what type of stroke you have had and what the plan for your care is. Feel free to ask any questions you may have (see page 13 for sample questions)

You will most likely be admitted to the **Provincial Acute Stroke Unit**. A specialized team of health professionals will stop or lessen complications and help you heal. The stroke team will also help you plan the next steps in your recovery.

If your treatment began in the emergency department at another hospital, you will be transferred by ambulance to the **QEH**.



ACUTE STROKE CARE

What Assessments and Tests Can I Expect?

Your temperature, blood pressure, pulse, and oxygen level will be checked several times during the day. We will listen to your breathing and check your level of pain.

You will be asked about your medical history.

Your rehabilitation team (OT, PT and SLP) will check what you are able to do, for example, move, talk, and swallow.



You will have more blood tests. An x-ray of your chest may be done. This will alert your doctor to important problems such as pneumonia or heart failure.



An Echocardiogram (Echo) may be ordered. This test uses sound waves to create a picture of your heart, and is used to decide whether your stroke was caused by a heart problem.

A Carotid Doppler may be ordered. This test uses ultrasound to listen to the sound of the blood flowing through your arteries. It can help find out if there is narrowing of your blood vessels affecting the flow of blood to your brain.

You may be asked to wear a Holter monitor. It is a small, wearable device that keeps track of your heart rhythm over one to two days.

A repeat CT scan or MRI may be ordered.

What Medications and Treatments Can I Expect?

You will be given medications as ordered by the doctor. The medications you took at home may be changed to help your condition and improve your symptoms. **Do not take medications or supplements other than those given by nursing staff.**



You may need oxygen.

If you are not able to drink liquids you may have an IV. The IV will stop when you are taking in enough fluid to stay hydrated.

When you are able, you will have therapy with members of the rehabilitation team (i.e. Occupational Therapist, Physiotherapist,

Speech Language Pathologist, etc.). Your rehabilitation team will check your abilities and needs and determine the right therapies for you.

How will my Eating and Activity be affected?

You may be on a special diet if you are having problems swallowing. The amount of food or liquid you are taking in may be monitored. You may be seen by a Registered Dietitian and/ or Speech Language Pathologist. If your swallowing problem is severe and/or you cannot take in enough to meet your needs,

the health care team may speak with you about other methods of getting food/fluid.

If you are not getting out of bed during the day and moving around, you may need treatment to reduce the risk of blood clots. Your health care team will determine your safest activity level.

Dysphagia, a problem swallowing, as well as problems moving can put you at risk of complications. Learn more about these and other possible effects in the Heart & Stroke Foundation's "Your Stroke Journey."

What Education and Help with Planning will I Receive?

A team member will explain hospital routines to you and give you written information. You will also be given Heart & Stroke Foundation's "Your Stroke Journey." Additional education will be based on your situation.

Feel free to ask any questions you may have.

Your care team will talk with you and your family about your readiness to leave hospital.

You may be moved to another unit so you can continue your recovery and prepare for discharge, for example, the **Provincial Stroke Rehabilitation Unit**.

You may be discharged to:

- home with or without extra help
- a community care facility
- a hospital that is closer to home
- a long term care facility (such as a nursing home)







STROKE REHABILITATION

Your physician may refer you to the Provincial In-patient Stroke Rehabilitation Unit at QEH where the stroke care team will continue to help you improve function and independence.

What Assessments and Tests Can I Expect?

You will meet members of the team and begin to make your daily schedule. Your rehabilitation team will check what you are able to do, for example, move, talk, and swallow. This will help understand the impact of the stroke on your life and to develop your rehabilitation plan.

You may have additional blood tests and or other diagnostic testing such as CT scan or Modified Barium Swallow (MBS) as needed. MBS is an x-ray procedure used to see how liquids and foods are swallowed.

What Medications and Treatments Can I Expect?

Your medications may be reviewed and changed as needed. You may be asked to participate in the "Self-Medication Program" on the inpatient rehab unit, to learn about your medications

and see how you manage them on your own.

You will attend regularly scheduled therapy sessions (i.e. occupational therapy, physiotherapy, speech

language therapy, etc.). These sessions may take place on or off of the unit for three or more hours each day. You may also be asked to complete homework and activities in your room each day.









How will my Eating and Activity be Affected?

You may be on a special diet if you have difficulty swallowing or have a health issue. We may monitor how much food and fluid you are taking in and the dietitian will help develop a food plan as needed.

You will learn how to move, talk and live as safely and independently as possible. Rehabilitation aims to help you regain function as well as learn how to adapt

What Education and Help with Planning will I Receive?

When you come to the Provincial In-Patient Stroke Rehabilitation Unit, a team member will explain rehab unit routines and give you and your family a tour of the unit. For more information about the Provincial Rehabilitation Unit, please refer to the "Provincial Rehabilitation Unit Patient Handbook."



Education will continue during your hospital stay. Your family may help with your care when you leave the hospital. Any medication, diet, mobility, and/or personal care teaching needed to help you be safe and independent will be done before discharge.

The rehabilitation team will work with you and your family to plan for your discharge from hospital. A meeting may be scheduled to talk about your progress and plan for leaving hospital. Your discharge plan and location will be decided based on the amount of care you need and the supports that are available. A day / overnight pass may be part of the process to get ready to leave hospital.

After discharge from hospital, you may get follow up rehabilitation through our Provincial or District Ambulatory Stroke Rehabilitation Services. A home visit by an Occupational Therapist may be scheduled and home care supports may be arranged. Follow-up appointments may be scheduled and explained to you.

You may be discharged to:

- home with or without extra help
- a community care facility
- a hospital that is closer to home
- a long term care facility (such as a nursing home)



The Stroke Navigator will contact you after your discharge from hospital to help you connect with information, health care providers, government and community resources.

At any point throughout your care and recovery, you can contact the Stroke Navigator toll-free at **1-844-871-0634**

NEXT STEPS

Before you leave the hospital, make sure you have a list of your medications, home programs, follow-up appointments, and contact numbers.

Follow your discharge plan and recommendations:

Use any recommended equipment

• Take your medications

or supports

Make sure you understand the reason for taking each of your medications and continue to take all medications that have been prescribed for you. Review your medications regularly with your healthcare team and your community pharmacist.

- Prescription:
- Do any recommended home exercises



- Go to your follow-up appointments, including any recommended Ambulatory (Out-patient) Stroke Rehabilitation appointments

Ambulatory Stroke Rehabilitation Services are offered at QEH and PCH, in the community or by using technology called Telestroke. Your team will work with you to determine what services are appropriate.

Please refer to the Provincial Ambulatory Stroke Rehabilitation Services brochure for more information. Call them at **902-894-2060** / **902-894-2062**

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• Book an appointment with your primary care provider

It is important to follow up with your family doctor or nurse practitioner soon after you leave the hospital. Your primary care provider will receive a summary of the care you received in hospital. This care includes renewal of medications that were prescribed when you were in hospital.

The Heart & Stroke Foundation's post-stroke checklist can be used to help ensure all important topics are addressed during follow-up healthcare visits.



• Reduce your risk of another stroke

Find out as much as you can about your risk factors for stroke. Lifestyle change (daily habits) and medication may be needed to control some of your risk factors. These might include taking antiplatelet medication (to prevent clots in your blood), quitting smoking and losing weight. Work with your care team to develop and follow a plan of action that works for you. Ask about resources to help you reduce your risk of stroke (i.e. provincial diabetes program, smoking cessation, etc.)

Connect to personal supports

Talk with health professionals about how you are feeling and share your experience with friends & family. Peer support in a group, oneon-one, or online can help by connecting with others living beyond stroke. Primary care includes physician offices and health centres located in networks across PEI. Each network has a team of health care professionals which may include:

- family physicians and nurse practitioners
- registered nurses and licensed practical nurses
- diabetes educators
- dietitians and mental health workers

For more information, visit HealthPEI.ca/HealthCentres

If you do not have a family doctor or nurse practitioner, register for one by calling the Patient Registry Program 1-855-563-2101.

For more information, visit www.PrinceEdwardIsland. ca/en/information/healthpei/ access-to-care





You may have many of your own questions about your care and recovery

SOME QUESTIONS TO ASK:

- What type of stroke did I have? Was it caused by a blood clot (ischemic) or by bleeding into the brain (hemorrhagic)?
- What part of my brain is affected? What effect has the stroke had on my body?
- What are the results of my tests? What do they mean?
- What do you expect my recovery will be like? What treatments will I receive? Will I need medication?
- What can I expect to be able to do in the next few months and one year from now?
- What skills will I need to take care of myself?
- What services and resources can help me and my family? How do I access them?
- What is the next step in my care?
 Will I be checked to see if I need rehabilitation?
- Will I be given an appointment with a stroke specialist when I leave the hospital?
- Are there any restrictions on my activities (i.e. driving)?
- What can I do to prevent another stroke?

You are not to drive for a minimum of one month after your stroke because a stroke can cause changes that make it unsafe to drive. Refer to the booklet **"Driving After a Stroke in PEI"** and talk with your *doctor/nurse practitioner* about when it is safe for you to drive again.



ADDITIONAL STROKE RESOURCES

The Stroke Navigator can help you connect with the right services.

• Health PEI Provincial Stroke Care Program HeatlhPEI.ca/Stroke

Provincial Stroke Navigator902-620-3506 / 1-800-871-0634 (toll- free)Provincial Ambulatory Stroke Rehabilitation Services902-894-2060 / 902-894-2062

- Heart and Stroke Foundation HeartAndStroke.ca
 902-892-7441 / 1-888-473-4636 (toll free)
- March of Dimes Canada
 AfterStroke.ca
- Canadian Stroke Best Practice Recommendations
 StrokeBestPractices.ca
- Stroke Engine Strokengine.ca
- Bridge the gapp pei.bridgethegapp.ca
- Federal Government Income Supports Canada.ca
- PEI Government Programs and Services PrinceEdwardIsland.ca
- ResourceAbilities ResourceAbilities.ca Charlottetown - Head Office: 902-892-9149 / 1-888-473-4263 (toll-free)

If you require a copy of your medical record from a hospital stay, you must contact the **Health Records Department** where you received care. To access a copy of your health record held by your family doctor or nurse practitioner, you must contact their office directly. You may be required to sign a consent to release information form. There may be a charge for the copies, depending on the size of the chart and number of pages requested. Staff will work with you to determine what parts of the chart are pertinent to your specific request.

NOTES





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