Your Stroke Journey: TOH Care Companion
Disclaimer
This is general information prepared by The Ottawa Hospital. It does not replace your doctor’s advice. Please consult your doctor to see if this information applies to you.

The sections “What happens during a stroke” and “Know the signs of stroke” are from the booklet “Your Stroke Journey: A guide for people living with stroke” and are used with permission from the Heart and Stroke Foundation of Canada.

We would like to acknowledge the Aphasia Institute for the permission to use pictographs from their Pictographic Database©

All rights reserved. If you use any of this content, please credit the authors: the Champlain Regional Stroke Network and The Ottawa Hospital. Also, please contact the Heart and Stroke Foundation of Canada at permissions@hsf.ca.
# Table of Contents

Introduction .................................................................................. 1

Your Stroke Recovery Team .............................................................. 2
  Team members and their roles ...................................................... 2

Useful Items While in the Hospital. .................................................. 5

Where Care is Provided at The Ottawa Hospital. .......................... 6

What Happens During a Stroke. ..................................................... 9
  Types of stroke .............................................................................. 9
  Know the signs of stroke ............................................................ 11
  My stroke ..................................................................................... 12

Care Goals at The Ottawa Hospital. ................................................. 15
  The clinical pathway ...................................................................... 16

Preventing Another Stroke. ............................................................ 19
  What can I do about my risk factors? .......................................... 19
  What are my targets? ................................................................. 21
  Exercise ....................................................................................... 25
  Quit smoking ............................................................................... 26
  Eating habits ............................................................................... 27
  Taking your medication .............................................................. 29
  My medication ............................................................................. 31
  Stress reduction. .......................................................................... 35
Introduction

Patients who have had a stroke are cared for by the Neurosciences or Medicine services. At the Civic Campus, this includes the Neurosciences Acute Care Unit (called NACU) on E2 and the units F7 and D7. At the General Campus, this includes the Medicine Unit, the Acute Monitoring Area (called AMA) and 5 Northwest, all on the 5th floor.

The health-care team members working on these units are experts in caring for people in the days right after a stroke. The team also works with community agencies and other places to plan for your care after you leave the hospital.

We hope this booklet gives you key information and reminds you to ask questions. Please read it and refer to it often.

This booklet tells you about:
• The types of strokes
• What you can do to prevent strokes
• The team members who may care for you and your family
• Types of care in the hospital
• The clinical pathway (also called a care plan) you will follow

You will also receive the booklet *Your Stroke Journey: A guide for people living with stroke*, by the Heart and Stroke Foundation. The booklet covers:
• Understanding stroke
• Stroke care
• Preventing another stroke
• Living with physical changes
• Living with changes to emotions, energy, cognition and perception
• Relationships
• Everyday tasks: Your new normal
• Getting the most from leisure time
• Returning to work
• Taking care of business: Advance planning
Your Stroke Recovery Team

When you have a stroke, health-care team members work with you and your family, whether in hospital or at home, to:
- Help you get better or adapt to the changes caused by stroke.
- Teach you about stroke, its effects and how to adapt for daily life.

Get to know each team member and their role in helping you get better. Keep a list of names, roles and ways to contact them.

Team members and their roles

The people who make up your health-care team depend on your needs and who is available in your community. You may not meet all the people on this list.

Doctor

Neurologists/Neurosurgeons/Medicine Internists/Family Medicine hospitalists are some of the doctors who care for stroke patients.

Doctor: ________________________________

Physiatrists are doctors who are experts in rehabilitation – how to recover physically.

Physiatrist: ________________________________

Family doctors are experts in your general health.

Family doctor: ________________________________
**Psychologist / Psychiatrist**

**Neuropsychologists** assess how the stroke has affected how well you think. This expert can teach you how to help your brain get better and carry out thinking tasks (also called ‘cognitive’ tasks).

Neuropsychologist: __________________________________________

---

**Nurse**

**Nurses** work closely with you and your family during all stages of your care, both in and out of hospital. They coordinate your care and provide physical care and assessments.

Nurse: ______________________________________________________

---

**Occupational Therapist**

**Occupational therapists** work with you on a plan to get back to your daily tasks, like eating, bathing, dressing, homemaking, work and leisure activities. They will also assess how well you are thinking (also called cognition), take notice of your environment (perception), and use equipment like a wheelchair to sit up and move around.

Occupational therapist: _______________________________________

---

**Physiotherapist**

**Physiotherapists** work with you on recovering your physical abilities, strength and balance, for day-to-day activities such as moving around inside and outside your house.

Physiotherapist: ____________________________________________
Rehabilitation assistants work with your Occupational Therapist and/or Physiotherapist to provide therapy.

Rehabilitation assistant:

________________________________________________

Speech and language pathologists help you with swallowing, speaking and communicating.

Speech and language pathologist:

________________________________________________

Social workers may help you with social and emotional problems. They may also work with you and your family to plan your care after you leave the hospital (also called ‘discharge planning’).

Social worker: ________________________________

Dietitians assess how well you can eat. They figure out which foods and meals will help you get better, based on your nutritional needs, how well you can swallow and which foods you like best.

Dietitian: ________________________________
Pharmacist

Pharmacists help with your drugs (also called medications) – how to take them safely and what side effects to watch for.

Pharmacist: ____________________________

Health Care Aide

Health Care Aide or personal care worker helps you with your daily care including bathing, dressing, toileting, eating, grooming.

Useful Items While in the Hospital

Clothing

• Pajamas, shirts and tops, pants and shorts, socks, underwear, sturdy shoes
• Clothing that’s easy to manage and comfortable
• Extra clean clothes

Personal items

• Glasses, dentures, hearing aids
• Toothbrush, toothpaste, hairbrush or comb, soap, cream, deodorant, electric razor
• Items from home that make you feel comfortable (extra pillow, pictures)
**Devices**

- Braces, splints, walker, cane, dressing aids

**Medication**

- List of prescription and non-prescription medication including vitamins, herbal remedies, inhalers, eye drops
- Name of your drug store and contact number

---

**Where Care is Provided at The Ottawa Hospital**

**Emergency Department**

The Emergency Department gives emergency treatment, figures out what care is needed next, and makes plans for future care, if needed.

**Intensive Care Unit**

The Intensive Care Unit (ICU) provides more focused and specialized care.
Neurosciences Acute Care Area (Civic Campus – E2) and Acute Monitoring Area (General Campus – 5th floor)

These units are also called step-down units. In these units, there is less-intensive care than in the ICU but more-intensive care than the standard Neurosciences and Medicine units.

Neurosciences Unit (Civic Campus – D7 and F7) and Medicine Unit (General Campus – 5 Northwest)

When your health is more stable, you will receive care on one of these units for more observation, testing, treatment, and discharge planning. Your health-care team will discuss next steps with you and your family, such as whether more treatment is needed outside the hospital.

Transitional Care Unit (Civic Campus – A3; General Campus – 4 West)

You may be moved to the Transitional Care Unit while you’re waiting for a bed in a place outside the hospital. You would move to this unit only after you’re medically stable and you no longer need acute care (also called urgent care). This is called ‘Alternate Level of Care’ (ALC), which your social worker can explain in more detail.
When you are able to leave the hospital and have your needs met in the community, the CCAC may provide some health services in your home. A CCAC case manager will visit you to figure out your needs for care and medical equipment.
What Happens During a Stroke

A stroke happens when blood stops flowing to any part of your brain. This interruption causes damage to the brain cells, which cannot be repaired or replaced. The effects of your stroke depend on the part of the brain that was damaged and the amount of damage done.

Types of stroke

Ischemic stroke

Most strokes are caused by a blockage or clot in a blood vessel in your brain. This is called ischemic stroke. The blockage can be caused when a substance called plaque builds up on the inside wall of an artery. The blockage or clot grows as blood cells and fat cells stick to the plaque. Gradually, it grows big enough to block normal blood flow.

The blockage or clot can form in an artery in your brain. Or, it can form in an artery in another part of your body and travel to the brain.

Transient ischemic attack

A transient ischemic attack (also called a TIA) is caused by a small clot that briefly blocks an artery. It is sometimes called a mini-stroke or warning stroke. TIA symptoms might last only a few minutes or hours. No lasting damage occurs, but TIAs are an important warning that a more serious stroke may occur soon. They are a medical emergency. Call 9-1-1.
Hemorrhagic stroke

Hemorrhagic stroke is caused when an artery in the brain breaks open. The interrupted blood flow causes damage to your brain.

High blood pressure makes arteries weak over time. It is a major cause of hemorrhagic stroke. Weak spots in the arteries, called aneurysms, can stretch too far and then eventually burst.

By permission of Matthew Holt. All rights reserved.

By permission of Mayo Foundation for Medical Education and Research. All rights reserved.

The section “What happens during a stroke” © was adapted and reproduced with permission from the Heart and Stroke Foundation of Canada.
Know the signs of stroke

Stroke is a medical emergency. Recognize and respond immediately to any of these signs. Call 9-1-1 or your local emergency number.

FACE is it drooping?

ARMS can you raise both?

SPEECH is it slurred or jumbled?

TIME to call 9-1-1 right away.

AC I FAST BECAUSE THE QUICKER YOU ACT, THE MORE OF THE PERSON YOU SAVE.

© Heart and Stroke Foundation of Canada, 2014

Some treatments that can help reduce the effects of a stroke are time sensitive. For example, a person having a stroke caused by a blood clot can receive a clot-busting drug within four-and-a-half hours after symptoms begin. That makes it important to know the signs of stroke and to call 9-1-1 right away. Do not drive – an ambulance will ensure you get to a hospital most able to treat stroke.

If you are alone at home, carry a portable phone or wear a medical alert system device button around your neck that you can press when help is needed.

Looking for more information? Refer to the booklet: Your stroke journey: A guide for people living with stroke or contact the Heart and Stroke Foundation at www.heartandstroke.ca or 1-888-HSF-INFO (473-4636).

The section “Know the signs of stroke” © was adapted and reproduced with permission from the Heart and Stroke Foundation of Canada.
My stroke
Type of stroke that I had:

Date of my stroke:

What I felt:

How my stroke has affected me:
Has This Happened to You?

- Can’t Walk
- Can’t Speak
- Loss of Vision
- Don’t Feel Anything
- Choking (Can’t Swallow)
- Dizzy
Visual Field Problem

Double Vision

How Severe?

0  No problem
1
2
3
4
5
6
7
8
9
—10  Very, very severe
Care Goals at The Ottawa Hospital

To provide emergency treatment.

To care for you, and your family.

To find out what caused the stroke and help prevent another stroke.
To find out how the stroke has affected how you function.

To help you plan for life after the hospital.

To help you and your family make decisions about care.

Members of your health-care team will also assess other areas such as:
• Your temperature, blood pressure, heart rate, pulse and breathing.
• Your ability to perform daily living tasks, such as bathing, grooming, toileting, dressing, etc.

Bathing  Combing hair  Toileting  Dressing
• How well you can swallow.

• How well you can speak and understand.

• How well you can move around.

**The clinical pathway**

Your health-care team has laid out a care plan (also called a clinical pathway) to follow after your stroke. This care plan lists the day-to-day care that most stroke patients need during their hospital stay. This includes routine tests, treatments, activities and teaching. If needed, this care plan may be revised based on your unique needs. Also, your health-team members may provide other treatments that you need.

You are a valued part of your health-care team. Please review your care plan with your health-care team and ask any questions that you may have.
Stroke Clinical Pathway

What are the goals while you’re in the hospital?

• To reduce the impact of stroke
• To increase your and your family’s understanding of the remaining effects of the stroke
• To prevent future strokes
• To urge you and your family to take part in the treatment process
• To create a safe and complete discharge plan based on your needs
• To create a follow-up plan (e.g. follow-up appointments)

Who will see you?

The team will work with you to see if you could benefit from appointments with any of these professionals:

• Dietitian
• Occupational therapist
• Physiotherapist
• Social worker
• Speech and language pathologist
• Pharmacist
• Spiritual care worker

What tests will you possibly have?

• CT Scan or MRI (to examine the structure of the brain)
• Echocardiogram (heart test)
• MRA, Carotid Doppler or CTA (tests to examine blood vessels)
• Holter (test to examine the rhythm of the heart)
• Other tests may be ordered if needed
What will happen?

- Neurological status will be monitored
- An intravenous (IV) may be inserted
- Swallowing abilities may be assessed
- If needed, consultations with members of the health-care team will be arranged to meet your and your family’s physical, mental, emotional, speech-language, dietary and spiritual care needs.

What do I need to know?

Your health-care team will review the following information with you and your family:
- Type of stroke, cause, and expected course of recovery
- Care plan and follow-up plan
- Medications the doctor has ordered
- How to find a family doctor if you don’t already have one
- You and your family will receive the booklet: *My Stroke Journey: A guide for people living with stroke*

What activities can I do?

- It is important to move around after a stroke. One of the team members will help you position yourself in a chair at least twice per day.
- The health-care team will work with you to figure out which activities are safe and right for you.
- You will be encouraged to do as much as you can for yourself to increase your independence.
What happens next?

To prepare for leaving the hospital, you and your family will work with the team to:

- Figure out where you will go (e.g. home, rehabilitation, retirement home)
- Arrange the services you will need (e.g. home care)

Discharge from acute care

- Help get you the equipment you need (e.g. wheelchair)
- Arrange for your follow-up appointments

Preventing Another Stroke

Some risk factors for stroke include your age and your family history, which we cannot fix. But, the risk factors listed below can be reduced by making certain lifestyle changes, discussed in this booklet. The good news is that changes in daily habits can help to reduce the risk of stroke.

What can I do about my risk factors?

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Lifestyle changes that can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>✓ Taking your medications</td>
</tr>
<tr>
<td></td>
<td>✓ Exercising</td>
</tr>
<tr>
<td></td>
<td>✓ Quitting smoking</td>
</tr>
<tr>
<td></td>
<td>✓ Improving eating habits</td>
</tr>
<tr>
<td></td>
<td>✓ Reducing stress</td>
</tr>
</tbody>
</table>

A blood pressure that is usually over 140/90. This is considered high.
<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Lifestyle changes that can help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking</strong></td>
<td>✓ Taking your medications</td>
</tr>
<tr>
<td>Smoking affects a number of factors in your body, increasing your risk of stroke.</td>
<td>✓ Quitting smoking</td>
</tr>
<tr>
<td><strong>High blood cholesterol</strong></td>
<td>✓ Taking your medications</td>
</tr>
<tr>
<td>Blood cholesterol, among other fats causes a build-up of plaque in your arteries.</td>
<td>✓ Exercising</td>
</tr>
<tr>
<td></td>
<td>✓ Quitting smoking</td>
</tr>
<tr>
<td></td>
<td>✓ Improving eating habits</td>
</tr>
<tr>
<td><strong>Uncontrolled diabetes</strong></td>
<td>✓ Taking your medications</td>
</tr>
<tr>
<td>Diabetes can lead to plaque being formed in your arteries and can increase your blood pressure.</td>
<td>✓ Exercising</td>
</tr>
<tr>
<td></td>
<td>✓ Improving eating habits</td>
</tr>
<tr>
<td><strong>Abdominal obesity</strong></td>
<td>✓ Exercising</td>
</tr>
<tr>
<td>Reducing your weight can affect blood pressure, high blood cholesterol, and diabetes control.</td>
<td>✓ Improving eating habits</td>
</tr>
<tr>
<td></td>
<td>✓ Reducing stress</td>
</tr>
<tr>
<td><strong>Exercise</strong></td>
<td>✓ Exercising</td>
</tr>
<tr>
<td><strong>Inactivity</strong></td>
<td></td>
</tr>
<tr>
<td>People who are not physically active are twice as likely to have a stroke.</td>
<td></td>
</tr>
</tbody>
</table>
### Risk factor

<table>
<thead>
<tr>
<th>Unhealthy eating and excessive alcohol intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image of unhealthy eating and alcohol intake]</td>
</tr>
</tbody>
</table>

### Lifestyle changes that can help

- Improving eating and drinking habits

---

### What are my targets?

**Today’s date:**

---

<table>
<thead>
<tr>
<th>My current levels</th>
<th>Target levels</th>
<th>Things I’m considering</th>
</tr>
</thead>
</table>
| ![Image of blood pressure] | Today’s blood pressure: ____/____ | For most people:  
  - Less than 140/90 at the doctor’s office  
  - Less than 135/85 at home  
  - People with diabetes: less than 130/80  
  - Discuss with your physician the blood pressure target that is right for you |
<table>
<thead>
<tr>
<th>My current levels</th>
<th>Target levels</th>
<th>Things I’m considering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol:</td>
<td>Cholesterol: less than 5.2</td>
<td></td>
</tr>
<tr>
<td>LDL:</td>
<td>LDL: less than _______</td>
<td></td>
</tr>
</tbody>
</table>
| HDL:              | HDL: Men – greater than 1.0  
|                   | HDL: Women greater than 1.3 |
| Triglycerides:    | Triglycerides: less than 1.7 |

**Diabetes**

- **HbA1c:**
  - For most people:  
    - HbA1c: 7% or less  
    - Fasting blood sugar:  
      - 4 to 7 mmol/L  
      - Blood sugar 2 hours after eating: 5 to 10 mmol/L
- Fasting blood sugar:

**Smoking**

- ☐ Smoking
- ☐ Cutting back
- ☐ Non-smoker

Smoke-free and tobacco-free
<table>
<thead>
<tr>
<th><strong>My current levels</strong></th>
<th><strong>Target levels</strong></th>
<th><strong>Things I’m considering</strong></th>
</tr>
</thead>
</table>
| Waist circumference: | **Men:** less than 102 cm (40 inches)  
Women: less than 88 cm (35 inches) | |
| **Exercise** | Exercise:  
Minutes per day: | 150 minutes of moderate to vigorous physical activity per week in bouts of 10 minutes or more |
| Days per week: | | |
| **Alcohol** | Alcoholic drinks per week: | **Most people:**  
• Women: less than 10 per week or 2 per day  
• Men: less than 15 per week or 3 per day  
• In some cases, no alcohol intake |
<table>
<thead>
<tr>
<th>My current levels</th>
<th>Target levels</th>
<th>Things I’m considering</th>
</tr>
</thead>
</table>
| Meals per day:    | • 3 meals per day  
|                   | • 7 servings of fruit and vegetables per day | |
| Fruits and veggies per day: |               |                        |
Exercise

Regular exercise helps to lower your blood pressure and blood cholesterol levels. It also helps to lower stress, reduce weight, and keep you in good health. Here are a few tips to get started:

• Start slowly. For example, take short walks and slowly lengthen your walks as your physical health improves. Over time, aim for 10,000 steps per day.
• Involve family and friends in your exercise routines.
• Make exercise a part of every day. Walk to work or exercise on your break or at lunch time.
• Check with your doctor if you plan to become a lot more physically active than you are now.
• List the activities you like, and try to fit them in to your everyday life:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The goal is to do at least 150 minutes of moderate to vigorous exercise per week. Each exercise session should last 10 minutes or more.

Talk to your doctor or your physiotherapist about the exercise that is right for you.

Looking for more information? Visit www.heartwise.ottawaheart.ca
Quit smoking

Quitting smoking is the single most important thing you can do for your health!

It will greatly reduce your risk of a stroke.

Here are some tips to get started:
• Pick a quit date in the next 30 days. Cut down the number of cigarettes you smoke today.
• Make your home and car smoke-free zones.
• Discuss quit-smoking medications with your doctor to see which one is right for you.
• Think about times when you may feel tempted to smoke and come up with a plan of what you will do instead.

**For example: I may feel tempted to smoke on breaks at work, so I will take a walk on breaks instead.**
• Explore community resources to help support you as you quit and to help keep you smoke-free.

Personalized support is available including:

- One-on-one coaching
- Phone coaching
- Group coaching
- On-line programs

For more information on resources in our region visit: www.myquit.ca or call 1-877-376-1701.
Eating habits

Healthy food has a **huge** impact on factors such as cholesterol, blood pressure, diabetes and weight. Simple changes that you keep up over time can decrease your risk of stroke and improve your energy and health.

Divide your plate into sections to include:

- $\frac{1}{2}$ vegetables (at least 2 different ones)
- $\frac{1}{4}$ grains (potatoes, rice, pasta)
- $\frac{1}{4}$ healthy protein (fish, chicken, lentils)
- Dairy

Here are few tips:

- Eat whole grains and cereals
- Aim for 7 servings of fruits and vegetables each day
- Eat fish twice a week
- Eat beans, chickpeas and lentils more often
- Use lower-fat dairy products such as skim milk and low-fat cheese
- For snacks, try whole-grain crackers with hummus, plain popcorn, a few unsalted nuts, or fruit
- Reduce your intake of saturated fat. Use plant-based fats, such as olive or canola oil
- Eat at regular times. Include breakfast within 1 to 2 hours of waking up
- Limit dietary salt to fewer than 2,000 mg per day
- Cook at home more often to avoid processed foods
More tips: serving sizes

To learn about the recommended number of servings per day for the different foods in each of the food groups and to learn what is one Food Guide serving, go to the Canada Food Guide.

To learn how to use your hand to estimate Canada’s Food Guide serving sizes and compare them to the food portions you eat, go to: www.eatrightontario.ca/handyguide/.

Looking to improve your nutrition or manage your weight?

Looking for more information?
Visit www.eatrightontario.ca
You can also call toll free and speak to a Registered Dietitian for free at: 1-877-510-5102
Taking your medication

The stroke team or your family doctor may have started you on some new medications. It is very important to take medications properly. If you have any questions or concerns, please speak with your doctor or nurse practitioner before stopping your medication. Here are some more tips:

Understand why your doctor wants you to take each medication, and what to expect.

Keep a list of your medications with you at all times.

Take your medication at the same time every day.

Report any side effects to your health-care team so that other options can be considered.

For more information about the medications for your heart and cholesterol, speak with your pharmacist, nurse or doctor.
**TIP:**
Consider using a **dosette** or **blistер pack** to help you set up a routine for taking your medications.
My medication

Anti-platelet medications

Anti-platelet medications help to keep platelets in your blood from sticking together and forming clots. This helps to improve blood flow and reduces your risk of a future stroke or heart attack.

Commonly used anti-platelet medications include:

- ASA (Aspirin)
- Clopidogrel (Plavix)
- Aggrenox (ASA/extended-release dipyridamole)

My anti-platelet medication:

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Taken for</th>
<th>Dose</th>
<th>How to take</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Preventing blood clots</td>
<td></td>
<td>How many pills to take, time of day to take and frequency</td>
<td>Reducing the risk of forming blood clots</td>
</tr>
<tr>
<td></td>
<td>Preventing blood clots</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Looking for more information?

- Visit: www.heartandstroke.ca/heart/treatments/medications
Anti-coagulation medications

Anti-coagulation medications work to stop blood clots from forming. They are often described as “blood thinners.” Common reasons for this type of treatment include heart valve replacements, or heart rhythm disorders such as atrial fibrillation. This medication helps to reduce your risk of a future stroke or heart attack.

Commonly used anti-coagulation medications include:
- Apixaban (Eliquis)
- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Endoxaban (Savaysa)
- Warfarin (Coumadin)

My blood thinner:

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Taken for</th>
<th>Dose</th>
<th>How to take</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apixaban (Eliquis)</td>
<td>Thinning the blood</td>
<td></td>
<td>How many pills to take, time of day to take and frequency</td>
<td>Reducing the risk of forming blood clots when the cause is due to a heart rhythm problem such as atrial fibrillation</td>
</tr>
<tr>
<td>Rivaroxaban (Xarelto)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dabigatran (Pradaxa)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoxaban (Savaysa)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfarin (Coumadin)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Looking for more information? Use the following booklets:
- Dabigatran (Pradaxa): AF Magnifies the Risk of Stroke
- Rivaroxaban (Xarelto): Getting Started on Your Treatment with Xeralto
- Apixaban (Eliquis): You Have Been Prescribed Eliquis to Help Reduce the Risk of Stroke
- Or visit: www.heartandstroke.ca/heart/treatments/medications
- Or visit: www.red-fish.ca
**Medication to reduce the bad cholesterol**

Statins help to lower your body’s production of LDL cholesterol (often referred to as “bad” cholesterol). High LDL has been associated with atherosclerosis, often called “hardening of the arteries.” Statins are recommended for patients with high cholesterol, diabetes or a history of heart disease or stroke. Statins reduce the risk of future complications.

Commonly used medications to reduce cholesterol include:
- Atorvastatin (Lipitor)
- Rosuvastatin (Crestor)

---

**My cholesterol-lowering medication:**

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Taken for</th>
<th>Dose</th>
<th>How to take</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reducing the LDL cholesterol, also called bad cholesterol</td>
<td></td>
<td></td>
<td>Protecting the lining of the blood vessels</td>
</tr>
</tbody>
</table>

Looking for more information?
- Visit: www.heartandstroke.ca/heart/treatments/medications
**Medication to reduce my blood pressure**

Blood pressure is the force of blood against your blood vessels as it moves through your body. High blood pressure can damage your blood vessels and contribute to stroke or heart disease. There are many options for blood pressure treatment. Often, more than one medication is needed to get good blood pressure control.

---

**My blood-pressure-lowering medication:**

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Taken for</th>
<th>Dose</th>
<th>How to take</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High blood pressure</td>
<td></td>
<td>How many pills to take, time of day to take and frequency</td>
<td>Keep blood pressure below the following target: <strong><strong>/</strong></strong></td>
</tr>
</tbody>
</table>

Looking for more information?

- Visit: [www.heartandstroke.ca/heart/treatments/medications](http://www.heartandstroke.ca/heart/treatments/medications)
**Stress reduction**

We all have stress in our lives and sometimes it can be difficult to manage. Stress can make it hard to be healthy; it can affect your food choices and your sleep. That’s why it’s important to find ways to cope with stress.

Maybe you’ve found in the past that some activities help you, such as exercise, meditation, or spending time with loved ones. Make sure that you take time for yourself and take part in activities that are helpful. Laugh more often and take deep breaths when you feel stress coming on. Share your feelings with your loved ones.

---

**If stress is interfering with your normal activities, take time to talk about it with your doctor.**

---

Looking for more information?
- Visit http: www.heartandstroke.ca/get-healthy/reduce-stress

**Caregiver Stress**

When a person has a stroke, family members have many emotions, such as worry, sadness, fear, frustration and grief. During this stressful time, family members should be aware of their thoughts, feelings and behaviors so they can recognize when they are feeling stressed and need a break.

Family members should practice good self-care and make time for activities that they enjoy so they can relax. Proper diet, enough rest and physical activity help to control stress and keep them healthy.

If you are feeling stressed or overwhelmed or if you feel any of the following signs of depression (the signs are the same whether you’ve had a stroke or not), you must seek professional help.
Post-stroke Depression

Depression is common among stroke survivors. The good news is that it can be treated. Learn to spot the signs of depression so you can get help fast.

Some of the signs of post-stroke depression include:
• Hard time sleeping
• Weight loss
• Less energy
• Irritable
• Hard time focusing
• Feeling hopeless and/or helpless
• Feeling alone
• Feeling negative
• Not doing activities you enjoyed before

These are just some of the signs of depression. If you are concerned that you have signs of depression, please speak to your health-care team.

To learn more, read the booklet: *Your stroke journey: A guide for people living with stroke* or contact the Heart and Stroke Foundation at www.heartandstroke.ca or 1-888-HSF-INFO (473-4636).
Decision Making

Sometimes after a stroke, you may have problems thinking or making decisions. Members of your health-care team may need to test your abilities. If you can’t make your own decisions about care, there are rules to protect you. In some cases, if a legal document called a Power of Attorney is in place, it may need to be used. If this legal document does not exist, the team will talk to your Substitute Decision Maker. Your social worker can tell you more about the terms Power of Attorney and Substitute Decision Maker.

Do You Have a Family Doctor?

To watch your health, stroke risk factors and medications, it is important to have a family doctor. It is also important that your family doctor knows that you had a stroke.

For more information on how to find a family doctor or nurse practitioner, there are helpful resources on this website: www.ontario.ca/page/find-family-doctor-or-nurse-practitioner.

If you do not have a family doctor and you do not have access to a computer, ask your nurse to speak with a social worker who can help you find a doctor.

Doctor’s name ____________________________

Responsible for overall health and prescribes proper medication
Planning the Next Steps After Hospital

When you are medically ready to leave the hospital, your health-care team will work closely with you and your family to make a safe plan that takes your needs into account.

There are many options for rehabilitation (also called ‘rehab’) after a stroke. Your health-care team will follow guidelines set by the Ontario health ministry and will work with you and your family to decide which option best meet your needs. All options will include personal rehab plans to help you get better.

Discharge options may include:

**Home**
This could include home-care services by the family, Community Care Access Centre (CCAC), community agencies and/or private agencies.
Retirement home
These are privately owned homes with different levels of costs, including choices for people with limited incomes. These homes offer things like meals and medication support. Care from outside agencies is welcomed for people living in a retirement home.

Retirement home, with assisted living
These are privately owned homes with different levels of care and costs. Many of these homes allow for short stays or convalescent care and offer a very high level of care. Some usual services are: meals, medication support, personal support, nursing and physiotherapy. These homes also welcome care from outside agencies.

Inpatient or outpatient rehabilitation
There are a few options for this kind of rehab. Admissions are based on factors like: assessments by the team in acute care, medical status, ability to follow steps, ability to retain information, how long you can participate in activities, how well you move around and how well you functioned before you went into the hospital. Once all the assessments are complete, your social worker or health-care team-member will talk about options for rehab with you.
Nursing home

These are government-regulated care homes with pre-set rates. They often have long wait lists. For your safety and comfort, you may need to stay in your own home, in a convalescent care home or in a retirement home before moving to a long-term care home. This kind of short stay may include private and/or CCAC services. You must apply for long-term care through the CCAC. This process follows the government’s Home First Philosophy. Find out more at www.health.gov.on.ca/en/pro/programs/ecfa/action/community/com_homefirst.aspx.

Independent Seniors’ Residence or Nursing Home

Convalescent care program

This program is funded by the Ontario Health Insurance Plan (OHIP). It is often used by those who are well enough to leave the hospital, but need more time to get better before going home or before another treatment. You must have clear therapy goals that you can meet, before you will be accepted. The program is run from three local long-term care homes. You must apply through the CCAC.

Repatriation to hospital within your community

This means the planning for you to return to a hospital closer to your home. A member of the health-care team will talk to you if this is the plan for your care.

To learn more about discharge planning, please ask to speak with your social worker or health-care team-member.
The Ottawa Hospital Internal Resources List

<table>
<thead>
<tr>
<th>Resource</th>
<th>Telephone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Ottawa Hospital</td>
<td>613-798-5555</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>E2 Neurosciences Acute Care Unit (Civic Campus)</td>
<td>613-798-5555 ext. 15491</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>5th Floor Acute Monitoring Area (General Campus)</td>
<td>613-798-5555 ext. 78661</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>D7 or F7 Acute Care Inpatient Unit (General Campus)</td>
<td>613-798-5555 ext. 16728</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>5th Northwest Medicine Unit Acute Care Inpatient Unit (General Campus)</td>
<td>613-798-5555 ext. 78685</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>C2 Stroke Prevention Clinic (Civic Campus)</td>
<td>613-798-5555 ext. 16156</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>Spiritual Care Services</td>
<td>613-798-5555 ext. 14587 ext. 78126</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
<tr>
<td>Social Work</td>
<td>613-798-5555 ext. 16002 ext. 78600</td>
<td><a href="http://www.ottawahospital.on.ca">www.ottawahospital.on.ca</a></td>
</tr>
</tbody>
</table>
# External Regional Resources and Support Services

<table>
<thead>
<tr>
<th>Resource</th>
<th>Telephone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champlain Regional Stroke Network</td>
<td></td>
<td>champlainregionalstroke network.org</td>
</tr>
<tr>
<td>The Aphasia Centre of Ottawa</td>
<td>613-567-1119</td>
<td><a href="http://www.aphasiaottawa.org">www.aphasiaottawa.org</a></td>
</tr>
<tr>
<td>Bereaved Families of Ontario</td>
<td>613-567-4278</td>
<td>bfo-ottawa.org</td>
</tr>
<tr>
<td>Bruyère Continuing Care</td>
<td>613-562-6262</td>
<td>bruyere.org</td>
</tr>
<tr>
<td>Champlain Local Health Integration Network</td>
<td>1-866-902-5446</td>
<td>champlainlhin.on.ca</td>
</tr>
<tr>
<td>Champlain Community Care Access Centre (CCAC)</td>
<td>613-745-5525</td>
<td>healthcareathome.ca</td>
</tr>
<tr>
<td>Resource</td>
<td>Telephone Number</td>
<td>Website</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Distress Centre Ottawa and Region, 24 hours/7 days</strong></td>
<td>Within Ottawa: 613-238-3311&lt;br&gt;Outside Ottawa: 1-866-676-1080</td>
<td>dcottawa.on.ca</td>
</tr>
<tr>
<td>The Distress Line is an all-encompassing telephone service for English-speaking clients. Any feeling or, any issue that disturbs your well-being or ability to cope is something to talk about.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Crisis Line, Ottawa and Champlain Region, 24 hours/7 days, French and English support offered.</strong></td>
<td>Within Ottawa: 613-722-6914&lt;br&gt;Outside Ottawa: 1-866-996-0991</td>
<td>crisisline.ca</td>
</tr>
<tr>
<td>A crisis can include difficulty dealing with stress, overwhelming feelings, symptoms of depression, anxiety, psychosis, suicidal thoughts, concerns regarding your mental health or that of your loved ones.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heart and Stroke Foundation</strong></td>
<td>613-727-5060&lt;br&gt;1-800-HSF-INFO</td>
<td>heartandstroke.ca</td>
</tr>
<tr>
<td><strong>Regional Geriatric Program of Eastern Ontario</strong></td>
<td>613-761-4458</td>
<td>rgpeo.com</td>
</tr>
<tr>
<td><strong>Stroke Survivors Association of Ottawa</strong></td>
<td>613-237-0650</td>
<td>strokesurvivors.ca</td>
</tr>
<tr>
<td>Resource</td>
<td>Telephone Number</td>
<td>Website</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Champlain Health Line – Community Resource Hub</td>
<td></td>
<td>champlainhealthline.ca</td>
</tr>
<tr>
<td>Heart Wise Exercise</td>
<td>613-761-4753</td>
<td>heartwise.ottawaheart.ca</td>
</tr>
<tr>
<td></td>
<td></td>
<td>csep.ca/en/guidelines</td>
</tr>
<tr>
<td>Living Healthy Champlain</td>
<td>1-877-240-3941</td>
<td>livinghealthychamplain.ca</td>
</tr>
<tr>
<td>Diabetes Information</td>
<td></td>
<td>diabetes.ca</td>
</tr>
<tr>
<td></td>
<td></td>
<td>diabetesottawa.ca/</td>
</tr>
<tr>
<td>Eat Right Ontario</td>
<td></td>
<td>eatrightontario.ca</td>
</tr>
<tr>
<td>Quit Smoking Program, Heart Health Education Centre</td>
<td>613-761-5464</td>
<td>ottawaheart.ca/clinic/quit-smoking-program</td>
</tr>
<tr>
<td></td>
<td>Toll free at 1-866-399-4432</td>
<td></td>
</tr>
<tr>
<td>Other Smoking Resources</td>
<td></td>
<td>myquit.ca</td>
</tr>
<tr>
<td></td>
<td></td>
<td>smokershelpline.ca</td>
</tr>
<tr>
<td>Family Doctor Search</td>
<td>1-866-532-3161</td>
<td>ontario.ca/page/find-family-doctor-or-nurse-practitioner</td>
</tr>
<tr>
<td>City of Ottawa, Health and Support Services</td>
<td>613-724-4179</td>
<td>ottawa.ca/health</td>
</tr>
</tbody>
</table>