STROKE PATIENT EDUCATION
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Dear Patient and Family,

When you or a loved one is brought to the hospital with a stroke, we know that you have many emotions, including fear and anxiety. While this is a difficult time for you and your family, rest assured that Tallahassee Memorial HealthCare (TMH) is a Comprehensive Stroke Center.

The Tallahassee Memorial Stroke Center is dedicated to providing innovative treatment, rehabilitation and support for stroke patients, as well as education, to help prevent the incidence of stroke. As the first Comprehensive Stroke Center in the Big Bend region, TMH follows national standards and guidelines in stroke care that can significantly improve outcomes for stroke patients.

Our comprehensive system for rapid diagnosis and treatment of stroke includes: always being equipped to provide brain imaging scans, having a neurologist available to conduct patient evaluations, using clot-busting medications when appropriate and providing endovascular neurosurgery including mechanical thrombectomy. Our goal is to provide you with the highest quality medical care so that you can get back to your life as quickly and fully as possible.

Recovery is a journey. Stroke survivors, their families and caregivers face many challenges in the weeks, months and years to come. We hope this booklet will be informative and helpful to you. If you have any questions along the way, please do not hesitate to contact the nursing staff.

Warmly,
Your TMH Stroke Team

DID YOU KNOW?

• Stroke is the nation’s No. 5 cause of death.
• On average, someone in the U.S. has a stroke every 40 seconds.
• Each year, about 800,000 people suffer a stroke.
• Smokers are 2 - 4 times more likely to have a stroke.

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This booklet will help you and your family understand the services and tests you may have during your hospital stay for stroke.

Your doctor will review your medical chart, laboratory test results, brain imaging scans and any other medical conditions you may have.

Once you have been evaluated and stabilized, you will be transferred out of the Emergency Department and into a hospital bed. Even though you have been moved out of the Emergency Department, serious complications may still arise.

Your treatment team’s main goals are:

1. Determine why you had a stroke
2. Minimize and respond to any other complications
3. Develop a plan to prevent another stroke from occurring
4. Develop a plan for recovery

Physicians and nurses will check on you often, especially in the first day. They may check your strength, ability to move and vital signs (blood pressure, heart rate, breathing, blood sugar, temperature, etc.).

The nurses may ask “Who are you?” or “What is your name?” as well as “Where are you?” multiple times; it may seem silly to answer the same questions over and over, but this helps the nurses to spot any changes in your condition.

You will also not be allowed to eat or drink anything until you are evaluated by a Speech Therapist. A stroke can affect your ability to swallow. This is important because if you cannot swallow correctly you may get food or liquid into your lungs and develop pneumonia. Intravenous (I.V) fluids may be given to you until it is safe to eat and drink. If you cannot swallow at all, you may need a feeding tube for your safety.
CT or CAT Scan – This test, which takes x-rays from many points around your head, can rule out a hemorrhagic stroke. CT Scanning takes 5 - 10 minutes and causes no discomfort.

CTA or Computed Tomography Angiogram – High speed scanning called CT Angiography, or CTA takes pictures of the brain's blood vessels. This uses a dye to pinpoint the cause of stroke. CTA detects large blood vessels that may be blocked. It takes about 10 - 20 minutes and causes no discomfort.

MRI or Magnetic Resonance Imaging – This test uses a powerful magnetic field to take detailed pictures. It can show the location of an ischemic stroke minutes after it begins. This test is performed in about 40 minutes and has no discomfort. With this test, the patient must fit into a long tube, and the MRI machine often makes a loud pounding noise. Patients who are afraid of closed spaces may require sedation before having an MRI. It is best for the patient to close his or her eyes during an MRI scan in order not to suffer from the “closed in” feeling.

MRA or Magnetic Resonance Arteriography or Angiography – To the patient, MRA is the same as MRI. The only difference is that the technician changes the dials and buttons on the MRI machine so that more pictures are taken of the arteries in the brain instead of just the brain itself. The MRA, like CTA, uses a dye and takes pictures of both the brain and the brain’s blood vessels. The MRA is performed in 40 minutes to one hour and causes no discomfort.

Cerebral Angiography – This is a minimally invasive procedure that involves threading a catheter into a blood vessel near the groin, then guiding the tip of the catheter into the arteries of the brain. Dye is injected into the catheter and x-rays track the flow of blood through the brain’s arteries. This test is usually done when other, noninvasive imaging tests such as CT and MRI do not provide enough information. This procedure takes about 30 minutes and causes slight discomfort.

Doppler Ultrasound Test – Also known as a Carotid Duplex, a technician will rub jelly and a probe over the patient's neck using sound waves that penetrate the body and bounce back, producing an image on the monitor. It can show blockages in the blood vessels in the neck (carotid arteries) and at the base of your brain. The carotid arteries are the pulses in the neck. They are the two main arteries that supply blood to the front and top of the brain. This test takes an hour or more and causes no discomfort.

Transcranial Doppler – This ultrasound test is like the Doppler Ultrasound or Carotid Duplex, except the technician rubs the jelly and probe over the skull, using sound waves to look at arteries inside the head. This test takes 15-20 minutes and causes no discomfort.
Common Treatments & Tests

**Transthoracic Echocardiography** – This ultrasound test is sometimes just called an “echo.” It is similar to the Carotid Duplex or Transcranial Doppler, except that the technician rubs jelly and a probe on the patient’s chest, using sound waves to take pictures of the heart. This is a type of ultrasound that is used when evidence may point to a blood clot that originated in the heart. It can show clots that are sitting inside the heart. This test takes 15-20 minutes and causes no discomfort.

**Transesophageal Echocardiogram or TEE** – In this test, a heart doctor gives the patient a mild sedative, numbs the back of the patient’s throat with a spray, and puts a tube down the patient’s throat and halfway down the food pipe (esophagus). At the end of the tube is a probe that uses sound waves to look at the heart (just like in the regular echo). With the TEE you are again, looking for blood clots in the heart. There is usually only mild discomfort with a TEE, usually a sore throat for a couple of days afterwards. This test only takes about 10 minutes.

**Nuclear Medicine Scan** – This test involves administering very small amounts of radioactive dye intravenously (through your IV line). The blood vessels and/or brain tissue are scanned to evaluate the relative amount of blood flowing to the brain to look at the brain’s function and activity.

**Oxygen Therapy** – This is a treatment that provides you with extra oxygen, and will be given if needed.

**Intravenous (IV) Fluids** – These are fluids given to you through an IV that may be given until you are able to drink fluids regularly.

**Feeding Tube** – This is a device that may be placed if you are not able to swallow foods or drinks, to ensure you are receiving the nutrients you need.

**Urinary Catheter** – This small, thin tube is sometimes inserted into your bladder to help you pass urine.

**“Neuro Checks”** – Are done by the doctor and nurse to see if the stroke has affected your thinking, memory and movement of your arms and legs. They will ask you to say your name, the date, and where you are. Additionally, they check how your eyes react to light, and the strength and movement of your hands and feet.

**Swallow Screening** – A simple bedside test commonly done by your nurse or a Speech Therapist to see if you are having any difficulty with swallowing. You may be asked to take small sips of water while the nurse or Speech Therapist watches making sure you are swallowing correctly/without difficulty.

**Modified Barium Swallow** – This is a study to test swallowing that is recorded on videotape. A swallow study is useful in evaluating how food moves from the mouth to the esophagus. A physician will order this test to evaluate specific swallowing problems. This will help the physician in determining the appropriate diet for the patient.
**Ambulation:** Walking

**Aneurysm:** A weak spot on the wall of the artery that balloons out from the vessel

**Angiography:** A test with contrast to look at blood vessels in radiology

**Anticoagulants:** Medicines used to keep blood clots from forming and prevent ischemic stroke

**Anti-hypertensives:** Medicines used to lower blood pressure

**Anti-platelets:** Medicines used to keep blood clots from forming and prevent ischemic stroke

**Aphasia:** A language deficit where there is difficulty speaking and/or understanding spoken or written words

**Arrhythmia:** An irregular or unpredictable heartbeat

**Arteriovenous malformation (AVM):** A group of blood vessels that are not connected normally, causing a tangle of distorted blood vessels of various sizes

**Atherosclerosis:** A build up of plaque or “hardening” of arteries

**Aspiration:** Occurs when food or liquid is breathed into the lungs

**Ataxia:** Uncoordinated movement

**Atrial fibrillation:** An irregular beat of the top of the heart that increases your stroke risk

**Barthel index:** A tool to look at how well a stroke survivor can complete typical daily activities

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**Brain stem:** The part of the brain that controls activities like breathing, blood pressure and eye movement

**Broca's aphasia:** An aphasia (language deficit) where stroke survivors can understand what is said and written but have difficulty expressing themselves

**Carotid artery:** The arteries in the neck that take blood from the heart to the brain

**Carotid endarterectomy:** A surgical procedure where plaque is removed from the carotid artery to let blood flow more freely to the brain

**Carotid stenosis:** A build-up of plaque in the carotid arteries that narrows the vessels

**Cerebellum:** The part of the brain that controls coordination of movement

**Cerebrospinal fluid:** The fluid in the brain and spinal cord

**Cholesterol:** A soft, waxy fat in the bloodstream and cells

**Cognition:** The process of knowing, including awareness, perception, reasoning, remembering and problem solving

**Continence:** The ability to control body functions; especially bowel and bladder use

**Contracture:** A condition where a muscle becomes tight and resistant to stretching

**Dysarthria:** Difficulty speaking due to muscle movement issues
**COMMON MEDICAL TERMS**

**Dysphagia:** Difficulty swallowing

**Edema:** Swelling of tissue due to build-up of water

**Embolic stroke:** A stroke caused by a blood clot

**Emotional lability:** When emotions change suddenly for no apparent reason

**Gait:** Your style of walking

**Glasgow coma scale:** A tool used to measure responsiveness in a neurologically impaired person

**Global aphasia:** A type of aphasia where stroke survivors have difficulty understanding others and expressing themselves

**Hematoma:** A collection of blood in an organ, tissue or space

**Hemianopia:** Vision loss where half of one visual field is lost in one or both eyes

**Hemiplegia:** Inability to move one side of the body

**Hemisphere:** Area of the brain (right or left) affected that would control the opposite side of the body’s function

**Hemorrhage:** Bleeding from a blood vessel in the surrounding tissue

**Hypertension:** Elevated blood pressure

**Hypotonia:** A decrease in muscle tone or strength

**Hypoxia:** A lack of oxygen that causes weakness, tremors and speech difficulties

**Infarct:** An area of tissue death resulting from the lack of blood supply

**Intracerebral hemorrhage:** A stroke cause by bleeding in the brain

**Ischemia:** A blockage of blood flow to the brain

**Neglect:** A lack of awareness of objects or actions on one side of the body

**Occlusion:** Disruption of blood flow through the blood vessel; usually caused by atherosclerosis or a blood clot

**Penumbra:** An area of the brain around the stroke that is in danger of dying, but is not permanently damaged

**Plaque:** A fatty deposit in the inner lining of the artery

**Platelets:** The part of the blood that sticks together to form clots

**Secondary injury:** Injury to the cells surrounding dead cells that can occur hours after the initial injury

**Spasticity:** Abnormal increased tone in muscle

**Stenosis:** Abnormal narrowing of a blood vessel

**Stroke:** The sudden interruption of blood flow to a part of the brain that leads to cell death

**Subarachnoid hemorrhage:** A stroke caused by bleeding under the membrane surrounding the brain
**Thrombolytic agents:** Medications that work to dissolve stroke causing blood clots

**Thromboembolism:** A clot that originates in one vessel and travels through the bloodstream to be lodged in another vessel

**Thrombosis:** The clotting of blood within a vessel

**Thrombotic stroke:** A stroke caused by a blockage of a blood vessel from the build-up of deposits. The occlusion is complete when a clot lodges in a narrowed vessel

**Transient Ischemic Attack (TIA):** A brief interruption of blood flow to the brain causing temporary stroke symptoms lasting less than 24 hours

**Unilateral neglect:** A lack of awareness of space on one side of the body

**Vertebrobasilar arteries:** The arteries in the back of the neck that supply blood to the brain stem and cerebellum
A stroke happens when blood flow to the brain stops. There are two types of strokes – ischemic and hemorrhagic.

**Ischemic stroke** is caused when plaque or clots block a blood vessel in your brain or neck.

**Hemorrhagic stroke** is caused when a vessel in your brain bursts causing bleeding in the brain.

**Ischemic strokes** are the most common type of stroke. They are caused by a blood clot that travels through the bloodstream to the brain, or by a build-up of plaque in the arteries of the brain. When the artery is blocked, oxygen rich blood can no longer reach the brain tissue and the tissue begins to die.
A **TIA (Transient Ischemic Attack)** is caused by a brief interruption of blood flow to the brain. A TIA is a warning that a stroke may be coming. You should see a doctor right away, even if the symptoms go away quickly. Your stroke risk increases ten-fold once you have had a TIA. Medical attention can help to treat risk factors and help to prevent a stroke.

**Hemorrhagic strokes** are caused by a weakened blood vessel that bursts or leaks blood into the brain. There are two types of hemorrhagic strokes:

1. Intracerebral hemorrhage (ICH) is when blood is in the brain tissue.

2. Subarachnoid hemorrhage (SAH) is when the blood is around the brain’s surface, but under the protective layer (dura).
Intracerebral hemorrhage is the most common type of hemorrhagic stroke. This type of stroke happens when a weakened spot on a blood vessel ruptures and leaks blood into the surround brain tissue. An aneurysm is a weak spot on the wall of the artery that balloons out from a blood vessel. As the aneurysm grows, the blood vessel wall becomes thinner and weaker, increasing its risk of rupturing. If it bursts, blood can no longer move through the vessel to supply the brain with oxygen rich blood and the brain tissue begins to die. The most common cause of this type of stroke is high blood pressure.
**Subarachnoid hemorrhage** is typically caused by a ruptured aneurysm on the surface of the brain. Blood builds up over the surface of the brain and begins to push on the brain tissue. Treatment may include clipping or coiling of the aneurysm. Clipping includes putting a clip on the outside of the vessel to seal off blood flow. Coiling involves going inside of the vessel with a small catheter and placing small coils inside of the aneurysm to close it off and stop the bleeding.
Tallahassee Memorial is licensed as North Florida’s only Comprehensive Stroke Center and is the only facility in the region performing minimally invasive stroke interventions. We follow national standards and guidelines in stroke care that can significantly improve outcomes for patients.

A Comprehensive Stroke Center offers the most advanced stroke interventions and treatments from expert physicians who are specially trained in their fields. Tallahassee Memorial boasts a variety of revolutionary treatments for strokes, including tPA, a clot busting intravenous medication, and endovascular neurosurgery, which removes blood clots and repairs aneurysms without opening the skull.

Having a stroke does not have to mean lifelong disability if quality care is administered quickly. We provide rapid diagnosis, innovative care, rehabilitation and dedicated support for our patients.

**CONTACT US**
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Tallahassee, Florida 32308
Phone: 850-431-5001  Fax: 850-431-6101

**CONTACT US**
TNC Neurosurgery
1401 Centerville Rd, Suite 300
Tallahassee, Florida 32308
Phone: 850-877-5115  Fax: 850-656-3645
**STROKE IS A BRAIN ATTACK**

Stroke is a medical emergency. For any sign of stroke, CALL 9-1-1. Every minute counts. Learn the physical symptoms to swiftly identify stroke and save your life or the lives of loved ones.

- **Balance**
  Sudden loss of balance.

- **Face**
  Does the face look uneven?

- **Eyes**
  Sudden loss of vision.

- **Arms**
  Does one arm drift down? Ask them to raise both arms.

- **Speech**
  Does their speech sound strange? Ask them to repeat a phrase.

- **Time**
  Time is brain. Every second brain cells die during a stroke.

**BE FAST**

**KNOW THE SIGNS OF STROKE**

Learn more at [TMH.ORG/Stroke](http://TMH.ORG/Stroke)
Risk Factors for Stroke

Knowing your risk factors for stroke is the first step in preventing a stroke. You can change or treat some risk factors, but others you can’t. By having regular medical checkups and knowing your risk, you can focus on what you can change and lower your risk of stroke.

**What risk factors can I change or treat?**

- **High blood pressure.** This is the single most important risk factor for stroke because it’s the No. 1 cause of stroke. Know your blood pressure and have it checked at least once every two years. Normal blood pressure is below 120/80. If it’s consistently 140/90 or above, it’s too high. Talk to your doctor about how to manage it.

- **Tobacco use.** Tobacco use damages blood vessels. This can lead to blockages within those blood vessels, causing a stroke. Don’t smoke and avoid second-hand smoke.

- **Diabetes.** Having diabetes increases your risk of stroke because it can cause disease of blood vessels in the brain. Work with your doctor to manage diabetes.

- **High cholesterol.** High cholesterol increases the risk of blocked arteries. If an artery leading to the brain becomes blocked, a stroke can result.

- **Physical inactivity and obesity.** Being inactive, obese, or both, can increase your risk of cardiovascular disease.

- **Carotid or other artery disease.** The carotid arteries in your neck supply most of the blood to your brain. A carotid artery damaged by a fatty buildup of plaque inside the artery wall may become blocked by a blood clot. This causes a stroke.

- **Transient ischemic attacks (TIAs).** Recognizing and treating TIAs can reduce the risk of a major stroke. TIAs produce stroke-like symptoms but most have no lasting effects. Know the warning signs of a TIA and seek emergency medical treatment immediately.

- **Atrial fibrillation (AFib) or other heart disease.** In AFib the heart’s upper chambers quiver (like a bowl of gelatin) rather than beating in an organized, rhythmic way. This causes the blood to pool and clot, increasing the risk of stroke. AFib increases risk of stroke five times. People with other types of heart disease have a higher risk of stroke, too.

- **Certain blood disorders.** A high red blood cell count makes clots more likely, raising the risk of stroke. Sickle cell anemia increases stroke risk because the “sickled” cells stick to blood vessel walls and may block arteries.
**Risk Factors for Stroke**

- **Excessive alcohol intake.** Drinking an average of more than one drink per day for women or more than two drinks a day for men can raise blood pressure. Binge drinking can lead to stroke.
- **Illegal drug use.** Intravenous drug use carries a high stroke risk. Cocaine use also has been linked to stroke. Illegal drugs commonly cause hemorrhagic strokes.

**What are the risk factors I can't control?**

- **Increasing age.** Stroke affects people of all ages. But the older you are, the greater your stroke risk.
- **Gender.** In most age groups, more men than women have stroke, but more women die from stroke.
- **Heredity and race.** People whose close blood relations have had a stroke have a higher risk of stroke. African Americans have a higher risk of death and disability from stroke than whites. This is because they have high blood pressure more often. Hispanic Americans are also at higher risk of stroke.
- **Prior stroke.** Someone who has had a stroke is at higher risk of having another one.

**HOW CAN I LEARN MORE?**

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

**Do you have questions for the doctor or nurse?**

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

**What are my risk factors for stroke?**

**What are the warning signs of TIs and stroke?**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit [strokeassociation.org/letstalkaboutstroke](http://strokeassociation.org/letstalkaboutstroke) to learn more.
let's talk about

High Blood Pressure and Stroke

What is high blood pressure (HBP)?

High blood pressure means that the force of the blood pushing against the sides of your arteries is consistently in the high range. This can lead to stroke, heart attack, heart failure or kidney failure.

Two numbers represent blood pressure. The higher (systolic) number shows the pressure while the heart is beating. The lower (diastolic) number shows the pressure when the heart is resting between beats. The systolic number is always listed first.

A blood pressure reading of less than 120 over 80 is considered normal for adults. A blood pressure reading equal to or higher than 140 over 90 is high. Blood pressure between 120–139/80–89 is considered “prehypertension” and requires lifestyle changes to reduce the risk of stroke.

How does high blood pressure increase stroke risk?

High blood pressure is the single most important risk factor for stroke because it’s the No. 1 cause of stroke.

HBP adds to your heart’s workload and damages your arteries and organs over time. Compared to people whose blood pressure is normal, people with HBP are more likely to have a stroke.

About 87 percent of strokes are caused by narrowed or clogged blood vessels in the brain that cut off the blood flow to brain cells. This is an ischemic stroke. High blood pressure causes damage to the inner lining of the blood vessels. This adds to any blockage that is already within the artery wall.

About 13 percent of strokes occur when a blood vessel ruptures in or near the brain. This is a hemorrhagic stroke. Chronic HBP or aging blood vessels are the main causes of this type of stroke. HBP puts more pressure on the blood vessels until they can no longer maintain the pressure and the blood vessel ruptures over time.

Who is at higher risk for HBP?

- People with a family history of high blood pressure
- African Americans
- People 35 years or older
- People who are overweight or obese
- People who eat too much salt
- People who drink too much alcohol

(continued)
Prevention

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

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

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Connect with others sharing similar journeys with stroke by joining our Support Network at strokeassociation.org/supportnetwork.

HOW CAN I LEARN MORE?

How can I control high blood pressure?

Even if you have had a prior stroke or heart attack, controlling high blood pressure can help prevent another one. Take these steps:

• Lose weight if you’re overweight.
• Eat a healthy diet that’s low in salt, saturated fat, and trans fat.
• Eat fruits and vegetables, and low-fat dairy products.
• Enjoy regular physical activity.
• Limit alcohol to no more than two drinks a day if you’re a man and one drink a day if you’re a woman. Check with your doctor about drinking alcohol; it can raise blood pressure.
• Take all medicines as prescribed to control your blood pressure.
• Know what your blood pressure should be and try to keep it at that level.

Having high blood pressure does not mean that you’re tense or nervous. You can be calm and relaxed and still have high blood pressure. You usually can’t tell if you have it. The only way to know if your blood pressure is high is to have it checked regularly.

Do you have questions for the doctor or nurse?

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

What should my blood pressure be?

How often should my blood pressure be checked?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.
let's talk about
Lifestyle Changes To Prevent Stroke

You can do plenty to make your heart and blood vessels healthy, even if you’ve had a stroke. A healthy lifestyle plays a big part in decreasing your risk for disability and death from stroke and heart attack.

How can I make my lifestyle healthier?
Here are steps to take to be healthier and reduce your risk of stroke:

• Don’t smoke and avoid second-hand smoke.
• Improve your eating habits. Eat foods low in saturated fat, trans fat, sodium and added sugars.
• Be physically active.
• Take your medicine as directed.
• Get your blood pressure checked regularly and work with your healthcare provider to manage it if it’s high.
• Reach and maintain a healthy weight.
• Decrease your stress level.
• Seek emotional support when it’s needed.
• Have regular medical checkups.

How do I stop smoking?
• The first and more important step is making a decision to quit — and commit to stick to it.

• Ask your healthcare provider for information, programs and medications that may help.
• Fight the urge to smoke by going to smoke-free facilities. Avoid staying around people who smoke.
• Keep busy doing things that make it hard to smoke, like working in the yard.
• Remind yourself that smoking causes many diseases, can harm others and is deadly.
• Ask your family and friends to support you.

How do I change my eating habits?
• Ask your doctor, nurse or a licensed nutritionist or registered dietician for help.
• Be aware of your special needs, especially if you have high blood pressure, high cholesterol or diabetes.
• Avoid foods like fatty meats, butter and cream, which are high in saturated fat.
• Eat moderate amounts of food and cut down on saturated fat, trans fat, sugar and salt.
• Bake, broil, roast and boil foods instead of frying.

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• Read nutrition labels on packaged meals. Many are very high in sodium.
• Limit alcohol to one drink a day for women; two drinks per day for men.
• Eat more fruit, vegetables, whole-grains, dried peas and beans, pasta, fish, poultry and lean meats.

**What about physical activity?**
- If you have a chronic medical condition, check with your doctor before you start.
- Start slowly and build up to at least 150 minutes of moderate physical activity (such as brisk walking) a week. Or, you can do 75 minutes of vigorous-intensity physical activity, or a combination of the two, to improve overall cardiovascular health.
- Look for even small chances to be more active. Take the stairs instead of an elevator and park farther from your destination.

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2. **Sign up to get Stroke Connection magazine**, a free magazine for stroke survivors and caregivers at strokeconnection.org.
3. **Connect with others sharing similar journeys with stroke** by joining our Support Network at strokeassociation.org/supportnetwork.

**Do you have questions for the doctor or nurse?**
Take a few minutes to write your questions for the next time you see your healthcare provider.
For example:

**What is the most important change I can make?**

**What kind of physical activity can I do safely?**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.
Let's talk about Stroke and Rehabilitation

When the immediate crisis of a stroke has passed and you’ve been stabilized medically, it’s time to consider rehabilitation (rehab) therapy.

What is stroke rehabilitation?

After a stroke, you may have to change or relearn how you live day to day. Rehab may reverse some of the effects of stroke.

The goals of rehab are to increase independence, improve physical functioning, and help you gain a satisfying quality of life after stroke. Another goal is to help you make lifestyle changes to prevent another stroke.

Who will be a part of my rehabilitation program?

Your rehab team may include:

- **Physiatrist** — A medical doctor who specializes in rehab.
- **Physical therapist** — A healthcare provider who specializes in maximizing a stroke survivor’s mobility and independence to improve major motor and sensory impairments, such as walking, balance and coordination.
- **Occupational therapist** — A therapist who focuses on helping stroke survivors rebuild skills in daily living activities such as bathing, toileting and dressing.
- **Rehabilitation nurse** — A nurse who coordinates the medical support needs of stroke survivors throughout rehab.
- **Speech therapist** — A specialist who helps to restore speech and language skills and also treats swallowing disorders.
- **Recreational therapist** — A therapist who helps to modify activities that the survivor enjoyed before the stroke or introduces new ones.
- **Psychiatrist or psychologist** — Specialists who...
help stroke survivors adjust to the emotional challenges and new circumstances of their lives.

- **Vocational rehabilitation counselor** — A specialist who evaluates work-related abilities of people with disabilities. They can help stroke survivors make the most of their skills to return to work.

**What will I do in rehabilitation?**

Rehab programs often focus on:

- Activities of daily living such as eating, bathing and dressing.
- Mobility skills such as transferring from bed to chair, walking or self-propelling a wheelchair.
- Communication skills in speech and language.
- Cognitive skills such as memory or problem solving.
- Social skills in interacting with other people.
- Psychological functioning to improve coping skills and treatment to overcome depression, if needed.

**Learning how to use a wheelchair is among the many post-stroke skills taught by rehab therapists.**

**How can I continue to improve my skills after formal rehab ends?**

**Do you have questions for the doctor or nurse?**

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

For example:

- **Can you refer me to a psychiatrist?**
- **How can I continue to improve my skills after formal rehab ends?**

**My Questions:**

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.
Your brain controls how you move, feel, communicate, think and act. Brain injury from a stroke may affect any of these abilities. Some changes are common no matter which side of the brain the injury is on. Others are based on which side of the brain the stroke injures.

**What are the most common general effects of stroke?**

- Hemiparesis (weakness on one side of the body) or hemiplegia (paralysis on one side of the body)
- Dysarthria (difficulty speaking or slurred speech), or dysphagia (trouble swallowing)
- Fatigue
- Loss of emotional control and changes in mood
- Cognitive changes (problems with memory, judgment, problem-solving or a combination of these)
- Behavior changes (personality changes, improper language or actions)
- Decreased field of vision (inability to see peripheral vision) and trouble with visual perception

**What are common changes with a right-brain injury?**

- Paralysis or weakness on the left side of the body.
- One-sided neglect, which is a lack of awareness of the left side of the body. It may also be a lack of awareness of what is going on to the survivor’s left. For example, they may only eat from the right side of their plate, ignoring the left side of the plate.
- Behavior may be more impulsive and less cautious than before.
- It may be harder for the survivor to understand facial expressions and tone of voice. They also may have less expression in their own face and tone of voice when communicating.

**What are common emotional effects of stroke?**

- Depression
- Apathy and lack of motivation
- Frustration, anger and sadness
- Pseudobulbar affect, also called reflex crying or emotional lability (emotions may change rapidly)

**What are common changes with a left-brain injury?**

- Paralysis or weakness on the right side of the body.
- Aphasia (difficulty getting your words out or understanding what is being said).
- Behavior that may be more reserved and cautious than before.
and sometimes not match the mood)

- Denial of the changes caused by the brain injury

**Will I get better?**

In most cases people do get better over time. The effects of a stroke are greatest right after the stroke. From then on, you may start to get better. How fast and how much you improve depends on the extent of the brain injury and your rehabilitation.

- Some improvement occurs spontaneously and relates to how the brain works again after it’s been injured.
- Stroke rehabilitation (rehab) programs help you improve your abilities and learn new skills and coping techniques.
- Rehab begins after the stroke is over and you’re medically stable.
- Depression after stroke can interfere with rehab. It’s important to treat depression.
- Improvement often occurs most quickly in the first months after a stroke. Then it continues over years, perhaps at a slower pace, with your continued efforts.

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

Call 1-888-4-STROKE (1-888-478-7653) to learn more about stroke or find local support groups, or visit StrokeAssociation.org.

Sign up to get Stroke Connection magazine, a free magazine for stroke survivors and caregivers at strokeconnection.org.

Connect with others sharing similar journeys with stroke by joining our Support Network at strokeassociation.org/supportnetwork.

**My Questions:**

- Can other areas of the brain help the damaged part of the brain?
- How has my stroke affected me?

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

Right after a stroke, a survivor may respond one way, yet weeks later respond differently. Some survivors may react with sadness; others may be cheerful. These emotional reactions may occur because of biological or psychological causes due to stroke. These changes may vary with time and can interfere with rehabilitation.

How does stroke cause emotional changes?

Emotions may be hard to control, especially right after a stroke. Some changes are a result of the actual injury and chemical changes to the brain caused by the stroke.

Others are a normal reaction to the challenges, fears and frustrations that one may feel trying to deal with the effects of the stroke. Often, talking about the effects of the stroke and acknowledging these feelings helps stroke survivors deal with these emotions.

What are some common emotional changes after stroke?

Pseudobulbar Affect, also called “emotional lability,” “reflex crying” or “labile mood,” can cause:

- Rapid mood changes — a person may “spill over into tears” for no obvious reason and then quickly stop crying or start laughing.
- Crying or laughing that doesn’t match a person’s mood.
- Crying or laughing at unusual times or that lasts longer than seems appropriate.

Post-stroke depression is characterized by:

- Feelings of sadness
- Hopelessness or helplessness
- Irritability
- Changes in eating, sleeping and thinking

Treatment for post-stroke depression may be needed. If not treated, depression can be an obstacle to a survivor’s recovery. Don’t hesitate to take antidepressant medications prescribed by your doctor.

Other common emotional reactions include:

- Frustration
- Anxiety
- Anger
- Apathy or not caring what happens
- Lack of motivation
- Depression or sadness
Emotional Changes After Stroke

How can I cope with my changing emotions?

• Tell yourself that your feelings aren’t “good” or “bad.” Let yourself cope without feeling guilty about your emotions.
• Find people who understand what you’re feeling. Ask about a support group.
• Get enough exercise and do enjoyable activities.
• Give yourself credit for the progress you’ve made. Celebrate the large and small gains.
• Learn to “talk” to yourself in a positive way. Allow yourself to make mistakes.
• Ask your doctor for help. Ask for a referral to a mental health specialist for psychological counseling and/or medication if needed.
• Stroke may cause you to tire more easily. Rest when you feel fatigued. Make sure you get enough sleep. Sometimes lack of sleep can cause emotional changes and cause you not to cope as well.

Connecting with friends or joining a stroke support group may help you cope with your changing emotions.

HOW CAN I LEARN MORE?

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

Do you have questions for the doctor or nurse?

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

For example:

What can my family do to help me when I am emotional?

Will these emotional changes improve over time?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.
Most stroke survivors are able to return home and resume many of the activities they did before the stroke. Leaving the hospital may seem scary at first because so many things may have changed. The hospital staff can help prepare you to go home or to another setting that can better meet your needs.

How do I know if going home is the right choice?

Going home poses few problems for people who have had a minor stroke and have few lingering effects. For those whose strokes were more severe, going home depends on these four factors:

- **Ability to care for yourself.** Rehabilitation should be focused on being able to perform daily activities such as eating, dressing and bathing.
- **Ability to follow medical advice.** This is a critical step in recovery and preventing another stroke or other complications after stroke. It’s important to take medication as prescribed and follow medical advice.
- **A caregiver.** Someone should be available who is willing and able to help when needed.
- **Ability to move around and communicate.** If stroke survivors aren’t independent in these areas, they may be at risk in an emergency or feel isolated.

What changes do I need to make at home?

Living at home successfully also depends on how well your home can be adapted to meet your needs.

- **Safety.** Take a look around your home and remove anything that might be dangerous. This might be as simple as taking up throw rugs, testing the temperature of bath water or wearing rubber-soled shoes. Or it may be more involved, like installing handrails in your bathroom or other areas.
- **Accessibility.** You need to be able to move freely within the house. Changes can be as simple as moving the furniture or as involved as building a ramp.
- **Independence.** Your home should be modified so you can be as independent as possible. Often this means adding special equipment like grab bars or transfer benches.

(continued)
What if I can’t go home?

Your doctor may advise a move from the hospital to another type of facility that can meet your needs for a short time or permanently. It’s important that the living place you choose is safe and supports your continued recovery. Your social worker and case manager at the hospital can give you information about facilities that might work for you. Possibilities include:

- **Nursing facility.** This can be a good option for someone who has ongoing medical problems. This type of facility provides round-the-clock care.

- **Skilled nursing facility.** This is for people who need more than usual medical attention, continued therapy and more care than a caregiver can provide at home. This type of facility also provides round-the-clock care.

- **Intermediate care facility.** This is for people who don’t have serious medical problems and can manage some level of self-care.

- **Assisted living.** This is for people who can live somewhat independently but need some assistance with things like meals, medication and housekeeping.

Many stroke survivors who are unable to immediately return home find the support they need at assisted living or nursing facilities.

**HOW CAN I LEARN MORE?**

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

**My Questions:**

- **Do you have questions for the doctor or nurse?**
  - Take a few minutes to write your questions for the next time you see your healthcare provider.
  - For example:
    - What living arrangement would you recommend for me?
    - Is there a caregiver or stroke support group available in my community?

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

People who provide help for stroke survivors are often called caregivers. Everyone involved in helping a stroke survivor is a caregiver. It can be the spouse, family members or friends. Often one person, spouse, adult child or parent, will provide most of the care.

It’s important that caregivers and stroke survivors strive to be “care partners” in their efforts. It’s often a challenge for both to adjust to their changed roles. The adjustment may be easier if the caregiver and stroke survivor share in decision-making as much as possible and try to share their feelings honestly.

What should a caregiver do?

There is no one “job description” that explains what all caregivers do. Each caregiver’s responsibilities vary according to the unique needs of the stroke survivor. Role changes and new skills may need to be learned. Common responsibilities of caregiving include:

- Providing physical help with personal care and transportation.
- Managing financial, legal and business affairs.
- Monitoring behavior to ensure safety.
- Managing housework and making meals.
- Coordinating health care and monitoring or giving medications.
- Helping the survivor maintain learned rehab skills and work to improve them.
- Providing emotional support for the stroke survivor and family members.

• Encouraging the stroke survivor to continue working toward recovery and to be as independent as possible.

Is there assistance for caregivers?

Many people find caring for another person very rewarding. But there may be times when a stroke survivor’s needs are too much for any one person. Sometimes a caregiver just needs a break. These breaks are important to not only the caregiver but also to the stroke survivor. These community resources may be helpful:

- **Adult day care** — professional supervision of adults in a social setting during the day.
- **Adult foster homes** — supervised care in approved (licensed) private homes.
- **Meal programs (Meals on Wheels)** — a federally sponsored nutrition program.

(continued)
The Stroke Family Caregiver

- **Home health aide service** — in-home personal care assistance.
- **Homemaker assistance** — supervised, trained personnel who help with household duties.
- **Respite care** — people come into the home for a limited time to give caregivers a break. Some nursing homes also provide short-term respite care.

Is training available for family caregivers?
Finding caregiver training locally can be hit or miss. A good place to start is with your local Area Agency on Aging. Visit [eldercare.gov](http://eldercare.gov) to find an office near you.

**Hiring a home health aide** is a great way to give yourself a break from the rigors of being the primary caregiver.

**HOW CAN I LEARN MORE?**

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

**Do you have questions for the doctor or nurse?**
Take a few minutes to write your questions for the next time you see your healthcare provider.

For example:

- *Is there a stroke support group or caregiver support group in my area?*
- *Do you know of any other national organizations that support caregivers?*

**My Questions:**

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

©2015, American Heart Association
Q: Will I be going home after my discharge?

A: Depending on your disability from your stroke, it may not be safe for you to live at home. Your doctor, along with the Stroke Team, will determine what services you will need after you are discharged from the hospital and may recommend a facility that can meet your needs permanently, or for a short time.

Some possibilities include:

1. Going home with the assistance of Home Health Care
2. Discharge to an inpatient rehabilitation facility
3. Discharge to a skilled nursing facility
4. Discharge to an assisted living facility

Your social worker and case manager will give you information about the available options and help you and your family to make the best decision for your recovery.

Q: What can I do to lower my risk factors of stroke?

A: Your personal risk factors for stroke have been discussed with you during your hospital stay. Risk factors for stroke include those that cannot be changed and those that can be changed, treated or controlled.

<table>
<thead>
<tr>
<th>What Can Be Modified or Controlled</th>
<th>What Cannot Be Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High blood pressure</td>
<td>1. Age</td>
</tr>
<tr>
<td>2. Smoking</td>
<td>2. Family history</td>
</tr>
<tr>
<td>3. Diabetes mellitus</td>
<td>3. Gender</td>
</tr>
<tr>
<td>4. High cholesterol</td>
<td>4. Prior stroke, TIA or heart attack</td>
</tr>
<tr>
<td>5. Poor diet</td>
<td></td>
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<tr>
<td>6. Obesity</td>
<td></td>
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<tr>
<td>7. Physical inactivity</td>
<td></td>
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<tr>
<td>8. Carotid or other artery diseases</td>
<td></td>
</tr>
<tr>
<td>9. Atrial fibrillation (Afib)</td>
<td></td>
</tr>
<tr>
<td>10. Sickle cell disease</td>
<td></td>
</tr>
</tbody>
</table>
Q: What changes have been made to my medications?

A: Your nurse will review all of your medications with you at discharge. You will be provided with a detailed medication list. Your home medication list will have all of the medications you should take and instructions on how and when to take each medication.

Q: Who will be part of my care team now?

A: Be sure to make a follow up appointment with your primary care doctor soon after leaving the hospital. You should tell your primary care doctor that you have had a stroke. Take your home medication list to your doctors appointment. It is very important for your doctor to continue to monitor your risk factors such as blood pressure, cholesterol and diabetes as well as making adjustments to your medications as needed.

Lowering your risk for stroke may seem hard to do. However, the payoff is a longer and more productive life. You may not have success on your first try. Work closely with your doctor and don’t give up! There is also the additional benefit of decreased risk of heart disease with lowering your risk factors for stroke.

You are not alone in your recovery. The Tallahassee Memorial Neuroscience Program holds a monthly Stroke Support Group – for more information, see the flyer on the next page or call 850-431-5002.
Stroke Support Group
For Survivors, Families, Friends and Caregivers

Meetings are held every third Tuesday of the month at 11:30 am

Complimentary lunch provided.

Harbor Chase Assisted Living
100 John Knox Road, Tallahassee, FL
Facilitator: Vicky Rose, MSW
Tallahassee Memorial HealthCare

Why should I attend the Stroke Support Group?

This meeting will provide you the opportunity to visit with others who have been through a stroke or are caring for someone who has had a stroke. These people understand what you are going through and can provide practical and useful solutions to the everyday issues you and your loved ones will face. In addition to survivors and caregivers, professional guest speakers are invited to discuss specific care topics. To learn more about our cutting-edge treatment options, patient rehabilitation and dedicated support for our stroke survivors, visit TMH.ORG/Stroke.

If you would like to attend, please RSVP to 850-431-5002.
BENEFITS OF QUITTING

20 MINUTES
after you quit smoking, your blood pressure decreases.

8 HOURS
after you quit smoking, your blood oxygen levels return to normal.

3 MONTHS
after you quit smoking, your lung function improves up to 30%.

1 YEAR
after you quit smoking, your risk of heart attack is cut in half.

5 YEARS
after you quit smoking, your risk of mouth, throat, esophagus, and bladder cancer is cut in half.

10 YEARS
after you quit smoking, your risk of dying from lung cancer is about half that of a smoker’s.

15 YEARS
after you quit smoking, your risk of coronary heart disease is that of a non-smoker’s.

Call Tobacco Free Florida at 1-877-U-CAN-NOW
MyPlate, MyWins: Make it yours

Find your healthy eating style. Everything you eat and drink over time matters and can help you be healthier now and in the future.

Focus on whole fruits.

Vary your veggies.

Make half your grains whole grains.

Vary your protein routine.

Move to low-fat or fat-free milk or yogurt.

Limit the extras.
Drink and eat beverages and food with less sodium, saturated fat, and added sugars.

Create ‘MyWins’ that fit your healthy eating style.
Start with small changes that you can enjoy, like having an extra piece of fruit today.

Choose MyPlate.gov
Focus on whole fruits and select 100% fruit juice when choosing juices.

Buy fruits that are dried, frozen, canned, or fresh, so that you can always have a supply on hand.

Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps. Fresh, frozen, and canned count, too. Look for “reduced sodium” or “no-salt-added” on the label.

Choose whole-grain versions of common foods such as bread, pasta, and tortillas. Not sure if it’s whole grain? Check the ingredients list for the words “whole” or “whole grain.”

Choose low-fat (1%) or fat-free (skim) dairy. Get the same amount of calcium and other nutrients as whole milk, but with less saturated fat and calories.

Lactose intolerant? Try lactose-free milk or a fortified soy beverage.

Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds. Select seafood twice a week. Choose lean cuts of meat and ground beef that is at least 93% lean.

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Vegetables</th>
<th>Grains</th>
<th>Dairy</th>
<th>Protein</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on whole fruits and select 100% fruit juice when choosing juices.</td>
<td>Eat a variety of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps. Fresh, frozen, and canned count, too. Look for “reduced sodium” or “no-salt-added” on the label.</td>
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</tr>
</tbody>
</table>

**Daily Food Group Targets — Based on a 2,000 Calorie Plan**

Visit SuperTracker.usda.gov for a personalized plan.

<table>
<thead>
<tr>
<th>2 cups</th>
<th>2½ cups</th>
<th>6 ounces</th>
<th>3 cups</th>
<th>5½ ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup counts as:</td>
<td>1 cup counts as:</td>
<td>1 ounce counts as:</td>
<td>1 cup counts as:</td>
<td>1 ounce counts as:</td>
</tr>
<tr>
<td>1 large banana</td>
<td>2 cups raw spinach</td>
<td>1 slice of bread</td>
<td>1 cup milk</td>
<td>1 ounce tuna fish</td>
</tr>
<tr>
<td>1 cup mandarin oranges</td>
<td>1 large bell pepper</td>
<td>½ cup cooked oatmeal</td>
<td>1 cup yogurt</td>
<td>¼ cup cooked beans</td>
</tr>
<tr>
<td>½ cup raisins</td>
<td>1 cup baby carrots</td>
<td>1 small tortilla</td>
<td>2 ounces processed cheese</td>
<td>½ cup cooked brown rice</td>
</tr>
<tr>
<td>1 cup 100% grapefruit juice</td>
<td>1 cup green peas</td>
<td>½ cup cooked brown rice</td>
<td>1 fed</td>
<td>½ cup cooked grits</td>
</tr>
</tbody>
</table>

Drink water instead of sugary drinks.

Regular soda, energy or sports drinks, and other sweet drinks usually contain a lot of added sugar, which provides more calories than needed.

Don’t forget physical activity!

Being active can help you prevent disease and manage your weight.

**Kids** ≥ 60 min/day  
**Adults** ≥ 150 min/week
Stroke Nutrition Therapy

• This eating plan is low in sodium (which comes mostly from salt).

• You should have plenty of vegetables, fruits, whole grains, and fat-free or low-fat dairy products. These foods contain nutrients that can help keep blood pressure under control.

• You should eat heart-healthy kinds of fat to reduce the buildup of plaque in your blood vessels.

• If you need to lose weight, following the plan can help you because it limits high-fat foods and refined carbohydrates.

• Everyone who has had a stroke should talk to their doctor about what a healthy weight is for them.

If You Have Difficulty Swallowing

After a stroke, some patients have difficulty swallowing. If you do, check with your doctor to see if you need a special eating plan that changes the texture of foods. Following this plan will prevent food from getting in your windpipe.

Tips to Control Blood Pressure

• Limit the sodium that you get from food and drink.
  
  • Your doctor or registered dietitian can tell you the limit that is right for you.

  • In general, foods with more than 300 milligrams (mg) sodium per serving may not fit into your meal plan.

  • Do not salt food at the table. Use very little salt, if any, when you cook.

  • Choose carefully when you eat away from home. Restaurant foods can be very high in sodium. Let the person taking your order know that you want low-salt or no-salt choices. Many restaurants have special menus or will prepare food with less salt.

• Eat plenty of fruits and vegetables that are high in potassium.
  
  • Good fruit choices include bananas, apricots, oranges, cantaloupe, and apples.

  • High-potassium vegetables include potatoes, sweet potatoes, spinach, zucchini, and tomatoes.
• Have fat-free and low-fat dairy products. These will help you get the calcium and potassium that your body needs.

• If you drink alcohol, limit the amount.
  • Women should drink no more than one drink per day.
  • Men should not drink more than two drinks per day.
  • One drink is 12 ounces (oz) of beer, 5 oz of wine, or 1½ oz of liquor.

**Tips to Control Blood Cholesterol Levels**

• Eat very little saturated fat and trans fat. These types of fat can raise the low-density lipoprotein, or LDL (“bad”), cholesterol in your blood.
  • Saturated fat is found in foods from animals, such as fatty meats, whole milk, butter, cream, and other dairy foods made with whole milk. It is also in tropical oils (palm, palm kernel, and coconut).
  • Trans fat is found in all foods made with hydrogenated oils. It may be in fried foods, crackers, chips, and foods made with shortening or stick margarine.

• Choose unsaturated fats (heart-healthy fats), such as soybean, canola, olive, or sunflower oil. Liquid or soft tub margarines are also fine.

• Keep total amount of fat that you eat to less than 25% - 35% of the calories that you get from food and drink.

• Limit the cholesterol that you get from food to 200 mg of cholesterol per day. Foods high in cholesterol include egg yolks, fatty meats, shrimp, and dairy foods.

• Get 20 - 30 grams (g) of fiber per day:
  • High-fiber foods include fruits, vegetables, and whole grains. Aim for 2 cups of fruit, 3 cups of vegetables, and 3 oz of whole grains per day.
  • Soluble fiber is especially good for you. You can get it from oatmeal, dried beans, and peas.
  • As you add fiber to your eating plan, you should also drink more water or other fluids. This will help your body process the fiber without discomfort.

• Eat cold-water, fatty fish (such as salmon, tuna, mackerel, and sardines) twice a week. These fish provide omega-3 fats, which are heart-healthy. Be aware, however, that canned fish can be high in sodium. Choose fresh or frozen fish, or buy low-sodium canned types.

• Add ground flaxseed or flaxseed oil to food, or eat walnuts. These plant foods are also high in omega-3 fats.
Foods Recommended

Remember: Most foods should have less than 300 mg sodium per serving and have little or no saturated fat or trans fat.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods Recommended</th>
</tr>
</thead>
</table>
| Grains                      | • Breads and cereals, especially those made with whole grains such as oats, barley, rye, or whole wheat  
                             | • Pasta, especially whole grain pastas  
                             | • Brown rice  
                             | • Low-fat, low-sodium crackers and pretzels  
| Vegetables                  | • Fresh, frozen, or canned vegetables without added fat or salt  
                             | • Highly colored vegetables, such as broccoli, greens, sweet potatoes, and tomatoes are especially good for you  
| Fruits                      | • Fresh, frozen, canned, or dried fruit  
| Milk and Milk Products      | • Fat-free (skim), low-fat (1%) milk  
                             | • Buttermilk  
                             | • Nonfat or low-fat yogurt  
                             | • Nonfat, low-sodium cottage cheese  
                             | • Fat-free and low-fat, low-sodium cheese  
| Meat and Other Protein Foods| • Fish (especially fatty fish, such as salmon, fresh tuna, or mackerel)  
                             | • Lean cuts of beef and pork (loin, leg, round, extra lean hamburger)  
                             | • Low-sodium cold cuts made with lean meat or soy protein  
                             | • Skinless poultry  
                             | • Venison and other wild game  
                             | • Unsalted nuts and nut butters  
                             | • Dried beans and peas  
                             | • Meat alternatives made with soy or textured vegetable protein  
                             | • Egg whites or egg substitute  
| Fats and Oils               | • Unsaturated oils (soybean, olive, canola, sunflower, safflower)  
                             | • Soft or liquid margarines and vegetable oil spreads  
                             | • Salad dressings (nonfat or made with unsaturated oil)  
                             | • Seeds  
                             | • Avocado  
| Other                       | • Herbs and spices to add flavor to replace salt  
                             | • Unsalted, low-fat snack foods, such as unsalted pretzels or plain popcorn |
**Foods Not Recommended**

Remember: Most foods should have less than 300 mg sodium per serving and have little or no saturated fat or trans fat.

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods Not Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td>• Baked goods made with hydrogenated oil or saturated fat</td>
</tr>
<tr>
<td></td>
<td>• Grain foods that are high in sodium or added sugar</td>
</tr>
<tr>
<td>Vegetables</td>
<td>• Canned vegetables (unless they are low sodium or salt free)</td>
</tr>
<tr>
<td></td>
<td>• Pickles, other vegetables packed in brine, such as sauerkraut</td>
</tr>
<tr>
<td></td>
<td>• Fried or breaded vegetables</td>
</tr>
<tr>
<td></td>
<td>• Vegetables in cream or butter sauces</td>
</tr>
<tr>
<td>Fruits</td>
<td>• Fried fruits; fruit dishes with cream or butter</td>
</tr>
<tr>
<td>Milk and Milk Products</td>
<td>• Cheese (except for low-fat, low-sodium types)</td>
</tr>
<tr>
<td></td>
<td>• Processed cheese products</td>
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<tr>
<td></td>
<td>• Whole milk</td>
</tr>
<tr>
<td></td>
<td>• Dairy foods made from whole milk or cream (such as ice cream and half-and-half)</td>
</tr>
<tr>
<td>Meat and Other Protein Foods</td>
<td>• Canned or smoked meat or fish</td>
</tr>
<tr>
<td></td>
<td>• Marbled or fatty meats (such as bacon, sausage, hot dogs, regular hamburger)</td>
</tr>
<tr>
<td></td>
<td>• Whole eggs and egg yolks</td>
</tr>
<tr>
<td></td>
<td>• Poultry with skin</td>
</tr>
<tr>
<td></td>
<td>• High-sodium lunch or deli meats (such as salami)</td>
</tr>
<tr>
<td></td>
<td>• Canned beans (except for low-sodium or salt-free)</td>
</tr>
<tr>
<td>Fats and Oils</td>
<td>• Solid cooking fats (shortening, butter, stick margarine)</td>
</tr>
<tr>
<td></td>
<td>• Tropical oils (palm, palm kernel, or coconut oil)</td>
</tr>
<tr>
<td></td>
<td>• Hydrogenated oil (found in many packaged and fried foods)</td>
</tr>
<tr>
<td>Other</td>
<td>• Salt, seasoning mixes made with salt</td>
</tr>
<tr>
<td></td>
<td>• Soy sauce, miso</td>
</tr>
<tr>
<td></td>
<td>• Canned or dried soups (except for low-fat, low-sodium types)</td>
</tr>
<tr>
<td></td>
<td>• Bouillon cubes</td>
</tr>
<tr>
<td></td>
<td>• Ketchup, barbecue sauce, worscestershire sauce, salsa</td>
</tr>
<tr>
<td></td>
<td>• Sugary drinks (such as soft drinks or fruit drinks)</td>
</tr>
<tr>
<td></td>
<td>• Snack foods made with hydrogenated oil, shortening, or butter</td>
</tr>
<tr>
<td></td>
<td>• High-sodium snack foods (chips, pretzels, salted nuts)</td>
</tr>
<tr>
<td></td>
<td>• High-fat, high-sugar desserts</td>
</tr>
<tr>
<td></td>
<td>• High-fat gravies and sauces</td>
</tr>
<tr>
<td></td>
<td>• Premade foods (boxed pasta mixes, frozen dinners, and so on) if high in sodium or fat</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Women: Do not have more than 1 drink per day</td>
</tr>
<tr>
<td></td>
<td>Men: Do not have more than 2 drinks per day</td>
</tr>
<tr>
<td></td>
<td>1 drink = 5 oz wine, 12 oz beer, or 1½ oz liquor</td>
</tr>
</tbody>
</table>
### Stroke Sample 1-Day Menu

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
<th>Ingredients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>• 1/2 cup orange juice</td>
<td>• 1 cup nonfat milk</td>
</tr>
<tr>
<td></td>
<td>• 3/4 cup oatmeal</td>
<td>• 1/2 cup blueberries</td>
</tr>
<tr>
<td>Lunch</td>
<td>• 2 slices whole-wheat bread</td>
<td>• 3 oz turkey breast, low sodium</td>
</tr>
<tr>
<td></td>
<td>• 2 slices tomato</td>
<td>• 1 lettuce leaf</td>
</tr>
<tr>
<td></td>
<td>• 1 teaspoon low-fat mayonnaise</td>
<td>• 1 teaspoon mustard</td>
</tr>
<tr>
<td></td>
<td>• 1 cup summer squash</td>
<td>• 1/2 cup unsweetened applesauce</td>
</tr>
<tr>
<td></td>
<td>• 1/2 cup canned apricots (in juice, not syrup)</td>
<td>• 1/2 cup low-fat, low-sodium cottage cheese</td>
</tr>
<tr>
<td>Afternoon Snack</td>
<td>• 3 oz tuna</td>
<td>• 1 cup nonfat milk</td>
</tr>
<tr>
<td>Evening Meal</td>
<td>• 1 cup noodles</td>
<td>• 1/8 cup nonfat milk</td>
</tr>
<tr>
<td></td>
<td>• 2 teaspoons margarine</td>
<td>• 1/2 cup steamed spinach</td>
</tr>
<tr>
<td></td>
<td>• 1/2 cup cooked carrots</td>
<td>• 1/2 cup cooked carrots</td>
</tr>
<tr>
<td></td>
<td>• 1 whole-wheat dinner roll</td>
<td>• 1 cup nonfat milk</td>
</tr>
<tr>
<td></td>
<td>• 1 cup nonfat milk</td>
<td></td>
</tr>
</tbody>
</table>

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My Doctors:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

My Stroke Risk Factors:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Questions for My Care Team:

Will I need any rehabilitation? ________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What do I need to do to reduce my stroke risk? ________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What should I watch for when I go home? ________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Will I have new medications to take? ________________________________
___________________________________________________________________________________
___________________________________________________________________________________