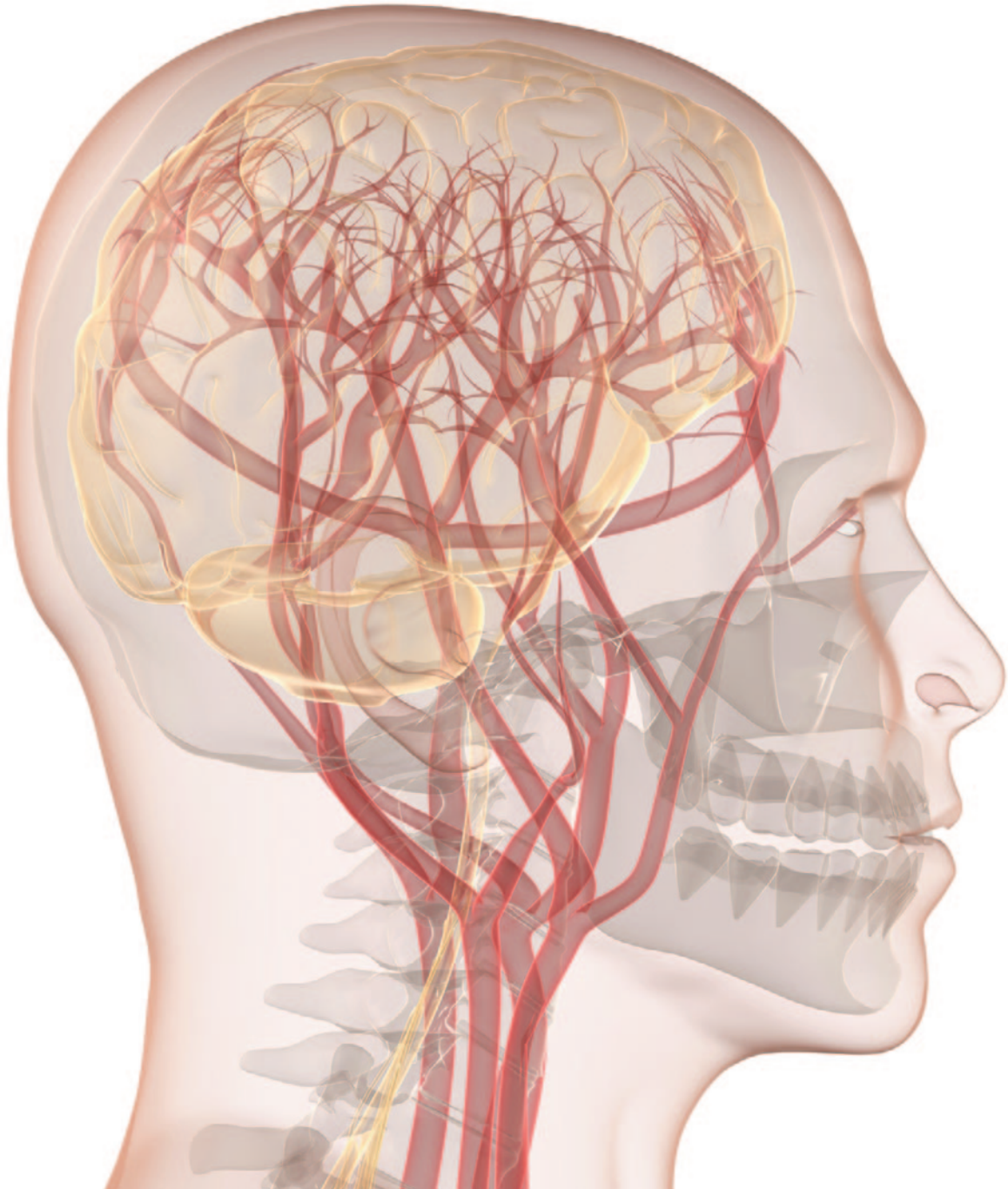


WakeMed Stroke Rehabilitation

Patient & Family Education Guide



Stroke Preparing for Discharge Checklist



Early in Your Rehab Stay

- Schedule follow-up appointment with a Primary Care Doctor.
- Have your bedside iPad *activated* to view your medical record, your rehab schedule and education materials.
- Complete the 4-part Stroke Education Class video on your iPad. Family can access remotely at <https://vimeo.com/user8491712/review/446872566/0d1909589b>.
- On the bedside iPad, watch video on falls preventions, stroke risk factors and medications. Your nurse can answer any questions.
- Review your Patient Handbook and Stroke Rehab Guide.
- Contact friends and family and ask for help after discharge. Give options like spend time, provide childcare, help with housework, laundry or mowing grass, help with therapy homework, etc.

Completed by

Family

Nurse

Patient & family – Nurse, therapy team can assist

Patient & family – Nurse, therapy team can assist

Patient & family

Family

During Your Rehab Stay

- Understand your stroke risk factors and plan for lifestyle changes if needed.
- Understand your medication management. Ask questions.
- Learn about Peer Support and decide if it may be helpful.
- Observe therapy sessions.
- Assess home for accessibility – take measurements and pictures/videos and share with PT/OT.
- Arrange for and complete any needed home modifications.
- Arrange for hired help, if needed.
- Consider participating in the monthly Stroke Support Group.

Patient & family with nursing, therapy and team

Patient & family with nurse & medical team

Patient & family – Alert your PT to set up

Family

Family with PT/OT

Family – Discuss with therapists & case manager

Family

Patient & family

Week Before Going Home

- Complete family training 1-2 times with hands-on practice.
- Set up follow-up therapies for after discharge.
- Obtain any needed equipment.
- Fill prescriptions for needed medications.

Case manager

Patient & case manager

Patient & therapists

Family & case manager

Why Rehabilitation after Stroke Is Important

A stroke can impact a person in many different ways which will be explored in this guide. A well-coordinated rehabilitation program provided by a diverse team of experienced stroke rehab specialists improves a patient’s potential for the best possible recovery according to the American Stroke Association.

At WakeMed Rehabilitation Hospital, a patient’s stroke team includes the patient and their family, physiatrists, case managers, nurses, nursing assistants, physical therapists, occupational therapists, speech-language pathologists, recreation therapists, psychologists, dietitians and other professionals. All team members work together to help each patient progress toward meeting their rehabilitation goals post-stroke.

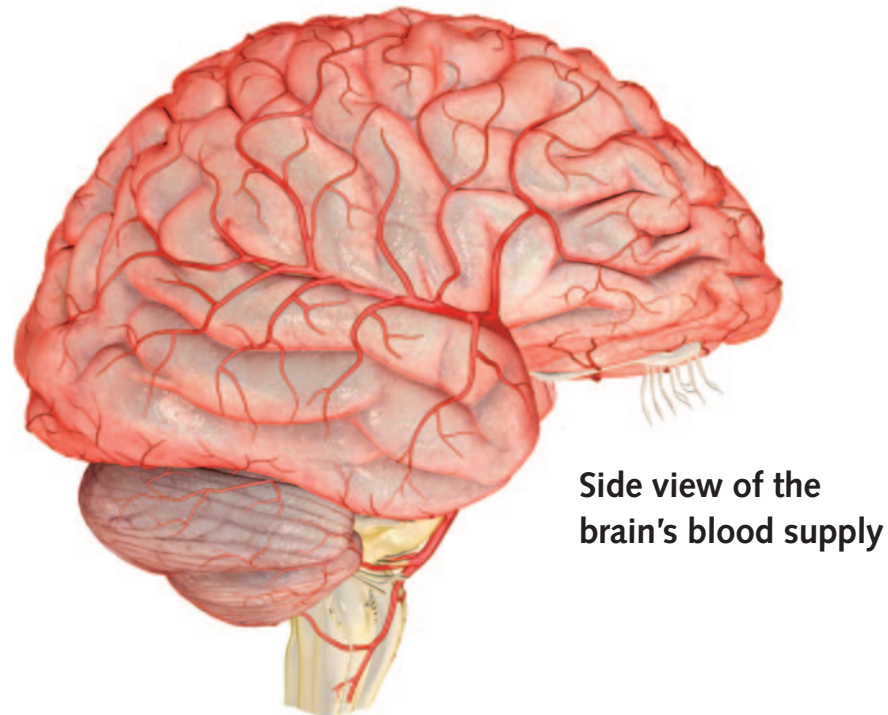
This guide reinforces what our patients and their family members learn during their time at the rehab hospital. The stroke recovery journey can be long, but with hard work and dedication to rehab, our patients can have successful outcomes.

This guide provides a wealth of information and can be overwhelming. We encourage you to ask questions about your care. We are here for you!

Your WakeMed Rehabilitation Team

Inside this Handbook

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What Is a Stroke?

A stroke is a sudden interruption of blood flow to the brain. This causes cells to die resulting in damage to brain tissue.

Stroke is one of the leading causes of death and can cause severe disability.

Did you know that 80% of strokes are preventable?

- In 2018, stroke was the cause of 1 in every 6 cardiovascular disease-related deaths.
- In the United States, someone has a stroke every 40 seconds. Every 4 minutes someone dies of a stroke.
- Every year, more than 795,000 people in the United States have a stroke. About 610,000 of these are new, first-time strokes.
- About 185,000 strokes – nearly 1 of 4 – are in people who have had a previous stroke.
- The risk of having a stroke varies with race and ethnicity. The risk is twice as high among African Americans compared to Caucasians. African Americans also have the highest rate of death due to stroke.
- Strokes can occur at any age but as you get older the risk increases significantly.

Source: Centers for Disease Control & Prevention, 2021

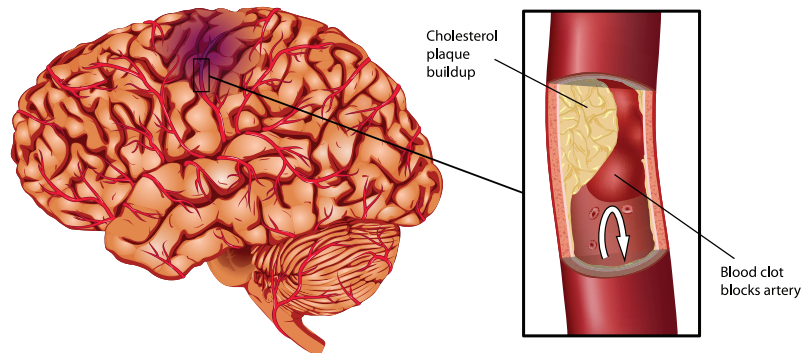
Types of Stroke

- Ischemic
- Hemorrhagic
- Transient Ischemic Attack (TIA/mini-stroke)

Ischemic Stroke

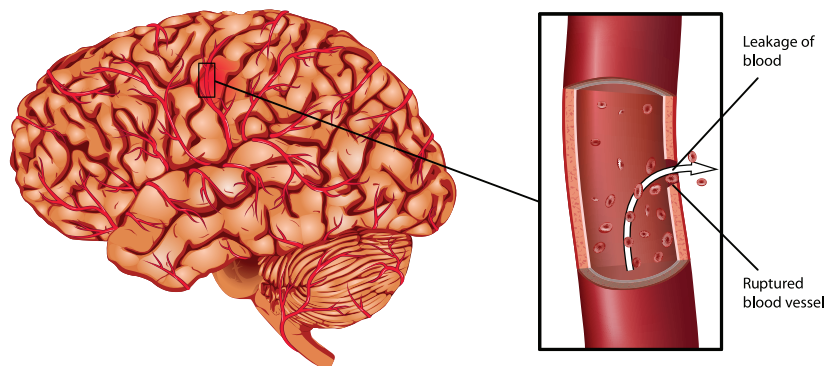
An ischemic stroke involves a blockage in a blood vessel that stops blood flow to a part of the brain. This can happen in two ways.

- The blockage can occur gradually as plaque builds up on the walls of the blood vessel.
- The blockage can occur suddenly when a clot from anywhere in the body breaks off and travels. The clot then lodges in the smaller vessels of the brain, closing off blood flow.



Hemorrhagic Stroke

A hemorrhagic stroke occurs when a blood vessel ruptures and blood meant to supply the brain leaks into the skull.



Transient Ischemic Attack (TIA)

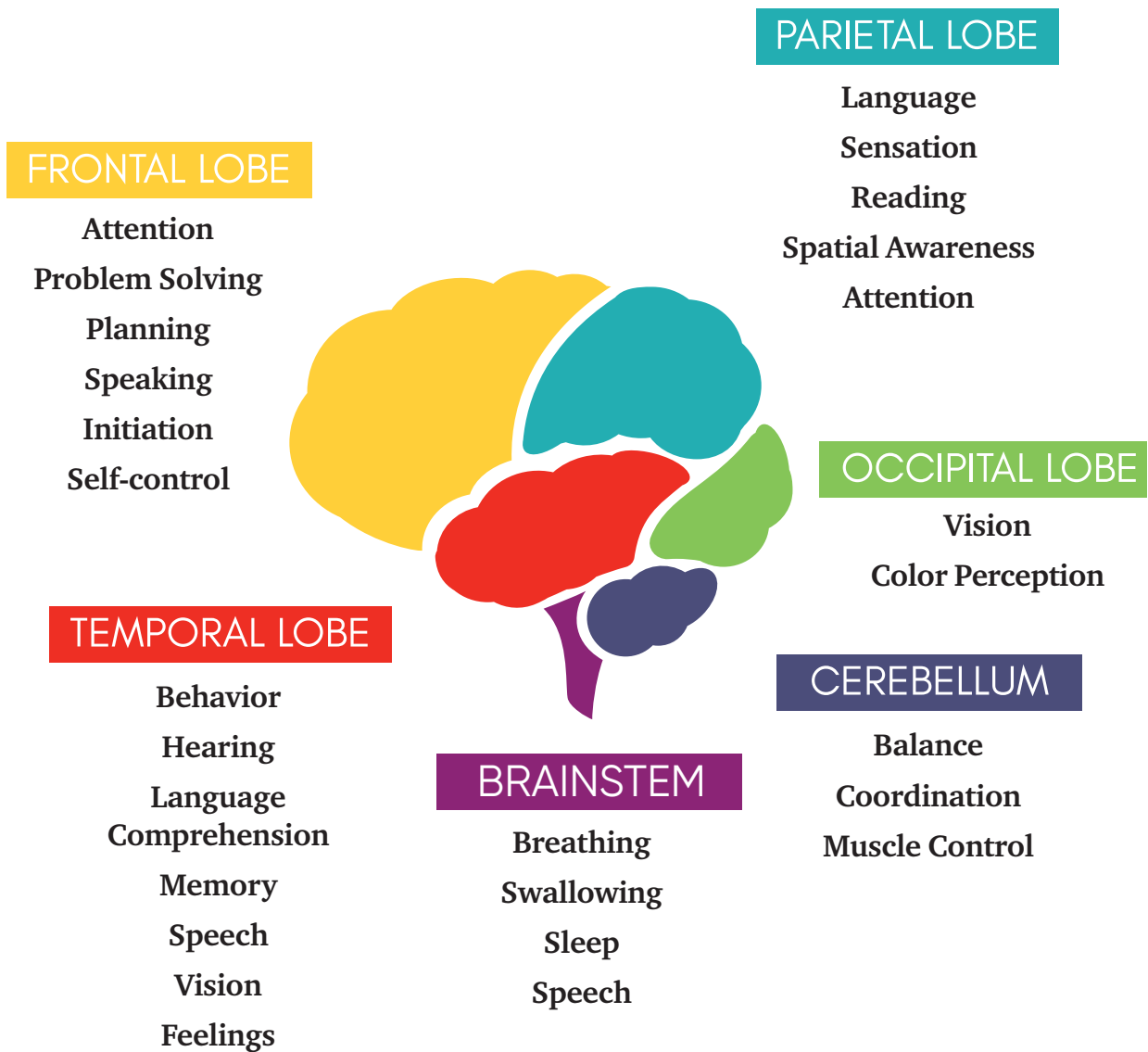
Sometimes called a “mini stroke”, a transient ischemic attack (TIA) is caused by a brief period of limited blood flow to the brain. TIA symptoms are typically minor and resolve within 24 hours with no permanent damage. Often, a TIA can serve as a warning sign to seek medical care as they can occur prior to a major stroke. It is estimated that 10 to 15 percent of major strokes happen within 3 months after a TIA.

Location of a Stroke Matters

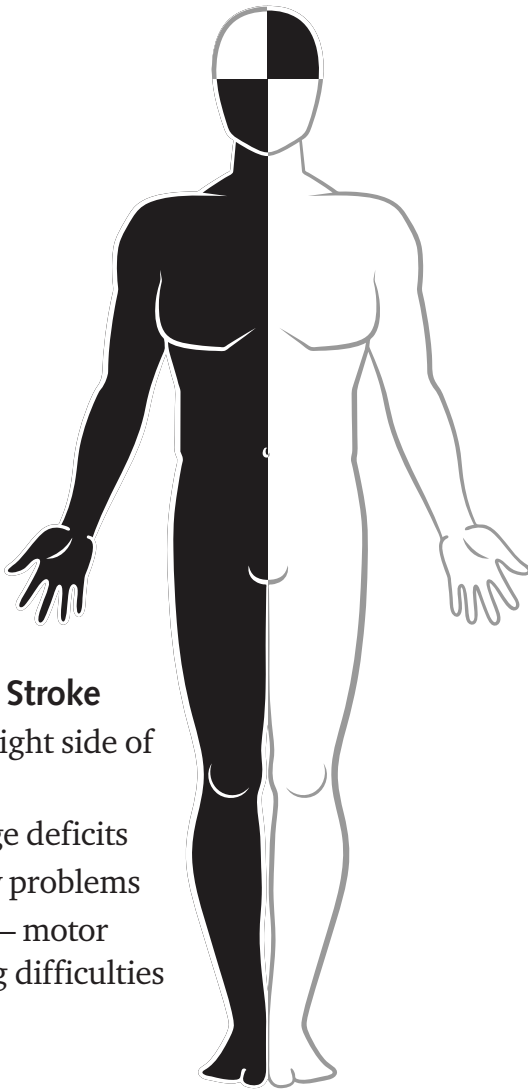
Depending on the size and location of the stroke in your brain, you may experience problems with:

- Moving parts of your body
- Seeing
- Sensation
- Pain
- Sleeping
- Language
- Swallowing
- Controlling your bladder or bowels
- Memory
- Thinking
- Balance
- Dizziness
- Fatigue
- Depression

Anatomy of the Brain



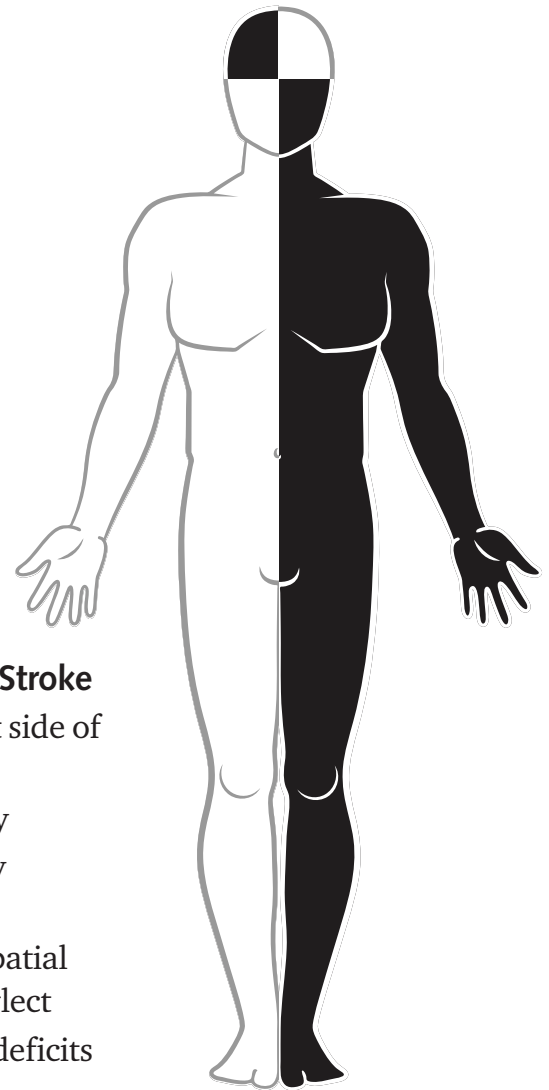
Left vs. Right Brain Strokes



Left Brain Stroke

- Affects right side of body
- Language deficits
- Memory problems
- Apraxia – motor planning difficulties

Right/Left



Right Brain Stroke

- Affects left side of body
- Impulsivity
- Poor safety awareness
- Visual & spatial issues/neglect
- Attention deficits

Right/Left

Understanding Changes after a Stroke

Patients may experience many physical, cognitive, behavioral and emotional changes after a stroke. It is very difficult for rehabilitation professionals to predict how well a person will recover after stroke because the brain is so complex and rehab success depends on many factors. We know the recovery process is slow and requires patience. Here are some of the changes patients may experience throughout their recovery.

Physical changes

The most common physical changes that occur after a stroke are related to:

- **Balance** – the ability to stay upright without falling over
- **Strength** – muscle power including large muscles used to move and small muscles used to swallow or speak
- **Coordination** – multiple body parts smoothly working together in harmony
- **Muscle Tone** – After a stroke, the messages exchanged between the brain and muscles can get mixed up, causing abnormal muscle tone. People with high tone (spasticity) may feel like their muscles are contracted and will not relax or stretch consistently. Those with low tone may feel muscle weakness, difficulty with planned movement, or no movement (flaccidity).



Other, less outwardly visible physical changes can occur:

- **Fatigue** – Fatigue is especially common in the early stages of recovery. For some people, staying awake can be challenging. Others may be inattentive or drowsy. The ability to pay attention and alertness typically improve as the brain recovers.
- **Sensory changes** – Sound, touch, taste and smell may be different, partially lost, or completely absent after a stroke. Vision changes may also occur.
- **Motor apraxia** – Inability to move a particular body part at will.

Cognitive changes

Cognition is a term used for thinking skills, which include memory, language skills, problem solving, the ability to pay attention and more. Cognitive changes can occur after a stroke and may, but don't always include problems with:

Memory

- Difficulty remembering things from day to day or learning new information
- Filling in memory gaps with incorrect information (seems like they are making things up)

Language

- Expressive language – cannot “find the right words” or uses the wrong words
- Receptive language – has difficulty or is unable to understand what someone is telling them
- Processing speed – can take longer to process information and respond to questions

Visuospatial

- Difficulty making sense of what they see
- Spatial orientation – unable to understand where they are in their current environment
- Visual field limitations causing inability to see some areas
- Neglect or inattention – complete or partial loss of awareness on the side of the body affected by the stroke

Attention

- Trouble paying attention or blocking out distractions
- Mental flexibility or ability to manipulate information is impaired
- Poor attention or neglect on the affected side of space impacting vision, cognition and motor skills.

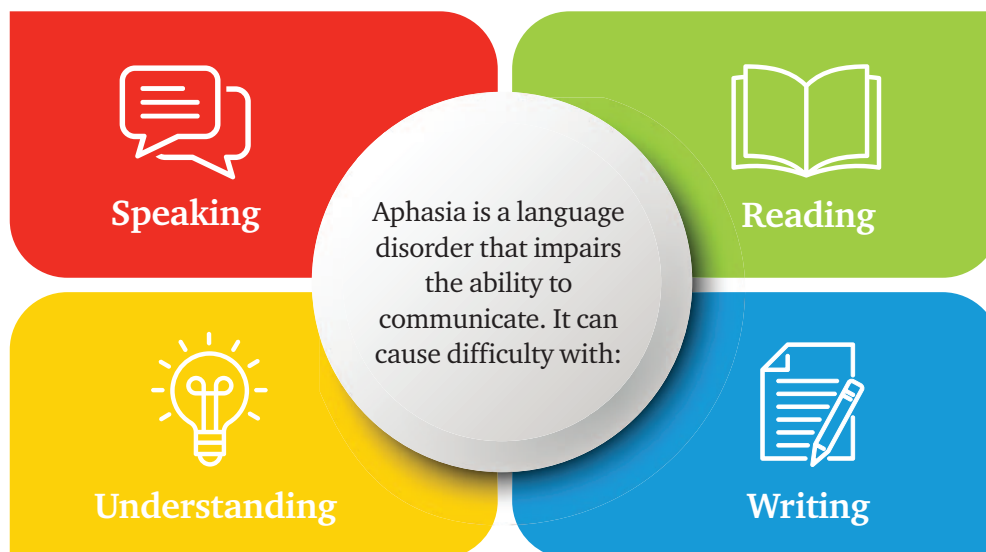
Executive Functions

- Difficulty with planning and organizing information
- Processes new information more slowly
- Slower verbal and physical/movement responses
- Difficulty monitoring and correcting errors

These cognitive changes can be frustrating and challenging for both the patient and family members.

Common communication changes after stroke

The brain controls your ability to use language. Speaking, listening and understanding are complex processes. Each involves different parts of the brain. The location of the stroke injury may result in a variety of communication problems.



Aphasia

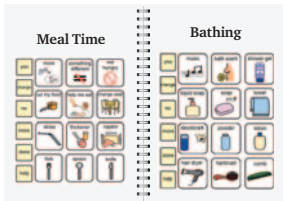
Aphasia is a common communication problem after a stroke or brain injury that can impact receptive language, expressive language, or a combination of both.

- **Expressive aphasia** – People with expressive aphasia may know what they want to say but have trouble saying it or writing their thoughts and ideas.
- **Receptive aphasia** – People with receptive aphasia have difficulty understanding the meaning of spoken and/or written words and sentences.

How to communicate with people who have aphasia

- Be clear and concise
- Verify that both listener and speaker understand the message
- Verify understanding
- Provide visual input
- Use recommended communication techniques that may include supporting visuals or gesture

Tips to help communication

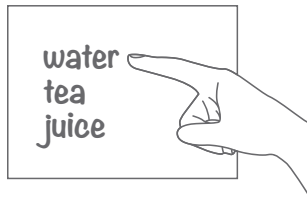


Communication Books



Pointing & Gesturing

Use your hands to talk and show what you are trying to say.



Writing

Give two to three word choices. Circle or point to each response.



Provide

spoken choices
(example: do you want water or tea?)



Ask yes or no questions



Repeat information using different words that have the same meaning (example: Are you tired? Do you want to nap?)



Give extra time for them to process information and express themselves.

Other communication changes after stroke

Dysarthria

Dysarthria affects the quality of muscle movements in the face, tongue and mouth. People with dysarthria may know exactly what they want to say, but they may speak slowly. Their speech may sound slurred, muffled, hoarse or nasal.

Apraxia

Apraxia of speech affects the ability to speak. People with apraxia have trouble connecting speech messages from their brain to their mouth.

Critical point: Communication changes following a stroke can create challenges but do NOT reflect a loss of intelligence.



Behavioral and emotional changes

Behavior, how one acts or conducts oneself, can change after a stroke. Changes in how a person behaves toward others is often the most apparent change. These changes may be a temporary part of the recovery process or they may be long-lasting. Common emotional and behavioral changes include:

- **Depression** – Feeling sad, down or irritable
- **Anxiety** – Feeling nervous, agitated, jittery or worrying
- **Flat affect** – Showing little or no emotional expression
- **Emotional lability** – Crying or laughing easily or inappropriately; may rapidly shift between emotional extremes
- **Confusion**
- **Physical fatigue and mental exhaustion**
- **Fear or anger**
- **Personality seems changed**
- **Impulsivity** – Taking action or making decisions without awareness of safety or thinking about consequences which can create a high fall risk
- **Disinhibition** – Lacking a filter or understanding appropriate behavior
- **Sleeping difficulties**
- **Appetite changes**

Swallowing disorders

Swallowing disorders called dysphagia are addressed by speech-language pathologists. They can be divided into three categories:

- **Oral phase** – trouble chewing, holding food in the mouth, and completely clearing it after swallowing
- **Pharyngeal phase** – food/liquid enters or is at risk of entering the airway, causing aspiration
- **Esophageal phase** – impaired passage of food through the esophagus that may create sensation of food getting caught at base of the throat

Dehydration and malnutrition

Dehydration and malnutrition can occur after stroke due to issues related to swallowing, bowel/bladder changes, lack of appetite from medications and other challenges. Dehydration and malnutrition can cause urinary tract infections and changes in cognition, mood and physical abilities. WakeMed Rehabilitation providers, nurses, speech therapists and dieticians work with patients to ensure their hydration and nutrition needs are met and good habits continue after discharge from the hospital.

Skin care

A person who has had a stroke may have difficulty changing positions and keeping their skin clean and dry. A stroke survivor may need support person/family member, whom they feel comfortable with, to help them change positions and assist with skin care to prevent skin breakdown or wounds.

Bowel and bladder changes

Urinary incontinence is the inability to feel the need to empty the bladder or completely empty it. A person may experience bladder accidents and/or constipation after a stroke. Scheduled toileting times throughout the day help ensure a person empties their bladder and has bowel movements. It's important to drink plenty of fluids throughout the day, possibly planning to stop drinking fluids before late in the evening.

Recovery through Rehab

Stroke rehabilitation includes a sustained and coordinated effort from a large team, including the patient and their family, nurses, physiatrists, physical and occupational therapists, speech-language pathologists, recreation therapists, psychologists, nutritionists, case managers and others.

Communication and coordination among all team members while focusing on progress toward the patient's goals are key in post-stroke rehabilitation and recovery success.

Factors that Influence Stroke Recovery

- Time passed before person receives medical treatment
- Part of the brain affected
- Size of the area affected
- Age
- Fitness level before the stroke
- Abilities before the stroke
- Additional medical problems
- Emotional effects of stroke
- Coping mechanisms
- Motivation level
- Rest and sleep
- Family and social support
- Environmental and social influences
- Amount and quality of therapy received



Neuroplasticity

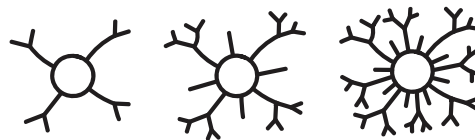
Neuroplasticity and the importance of beginning stroke rehab as soon as possible.

For the first six months after a stroke, the brain is much like a new brain. It's ready to reorganize, adapt and learn. This is called neuroplasticity. It's very important for intensive therapy to occur during these first few months. This is when the most significant gains toward recovery can be made. Neuroplasticity is the brain's ability to adapt and reorganize by developing new neural connections throughout life. It allows nerve cells in the brain to adjust their pathways of connection in response to new situations or changes in their environment.

After that, a person should continue their therapy, but they may not notice improvements as quickly as they did during the first six months.

We encourage the creation and strengthening of new brain pathways through neuroplasticity in two ways:

- Task repetition
- Task-specific practice



Neuroplasticity is influenced by:

- New experiences
- Social interaction
- Learning
- Paying attention
- Medication
- Emotions
- Exercise
- Diet
- Stress

Recognize Stroke and Take Action

The more time that passes after your stroke symptoms begin, the more brain cells and area you lose due to lack of blood and oxygen flowing to the brain. In fact, 2 million brain cells die each minute until blood flow is restored.

Call 911 immediately at the first sign of stroke symptoms. Every minute counts!

If you think someone is having a stroke, **BE FAST** and do these simple tests:



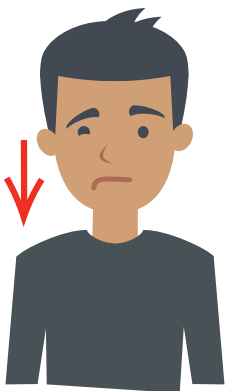
Balance

Is the person losing his/her coordination or balance? Is he/she having trouble walking?



Eyes

Is the person having trouble seeing out of one or both eyes?



Face

Ask the person to smile. Does one side of the face droop?



Arms

Ask the person to raise both arms. Does one arm drift down?



Speech

Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?



Time

If the person shows any of these symptoms, time is important. Call 911 and get to the hospital fast. Brain cells are dying.



Time is Brain

Time Lost = Brain Lost

The more time that passes after you have symptoms, the larger area of your brain dies due to the lack of blood and oxygen. In fact, two million brain cells die each minute until blood flow is restored.

Call 911 immediately!

Reducing Stroke Risk Factors

As mentioned earlier, 80% of strokes are preventable. Some of the factors that put people at greater risk for stroke are controllable; others are not. It's important to know your risk factors and what you *can* do to reduce those you can control.

Stroke risk factors you CANNOT control

- **Family history** – If your parent, grandparent, sister or brother had a stroke – especially before the age of 65 – you may be at greater risk.
- **Race** – African-American people have a higher risk of dying from a stroke than Caucasians. This is partly because Black people have higher risks of high blood pressure, diabetes and obesity. Challenges with speaking and understanding English may have an impact on stroke risk among Latinx individuals.
- **Age** – The older the person, the greater the risk of stroke. However, 1 in 7 strokes occur in people age 15 to 49.
- **Biological gender** – Women have more strokes than men and strokes kill more women than men. Women tend to live longer than men and are older when they have a stroke. Additional factors that may increase stroke risks among women include pregnancy, birth control pill use, preeclampsia/eclampsia, gestational diabetes and post-menopausal hormone therapy.

Stroke risk factors you CAN control

Focus on managing these issues:

- High blood pressure
- Diabetes
- Heart conditions
- Carotid artery disease
- High cholesterol
- Sleep apnea
- Not taking medication as prescribed
- Sedentary lifestyle
- Unhealthy diet
- Unmanaged stress
- Smoking
- Obesity
- Excess alcohol consumption
- Illegal drug use

What is my stroke risk?

This Stroke Risk Assessment Scorecard can help you determine your risk. For each risk factor listed below, circle what applies to you.

Risk Factor	High Risk	Caution	Low Risk
Blood Pressure	130/80 or higher or don't know	120-129 / Less than 80	Less than 120/80
Cholesterol	Greater than 240 or don't know	200-239	Less than 200
Diabetes	Yes	Borderline	No
Smoking	Yes	Trying to quit	No
Atrial Fibrillation	Irregular heartbeat	Don't know	Heartbeat not irregular
Weight	Overweight	Slightly overweight	Healthy weight
Exercise	Sedentary	Exercise sometimes	Exercise regularly
Family history of stroke	Yes	Not sure	No
Your Score	A score of 3 or more in this column means that you are at a HIGH RISK for having a stroke. See your doctor about stroke prevention right away.	If your CAUTION number is 4 to 6, work with your doctor to decrease those risk factors you can change.	If your LOW RISK score is 6 to 8, congratulations! You're doing well at controlling your risk for stroke.



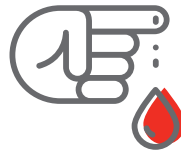
Reducing Your Stroke Risk

Living a healthy lifestyle goes a long way in reducing your risk for a first or future stroke.

- Establishing a primary care doctor,
 - Having regular check-ups and
 - Taking prescribed medication consistently
- are all critical steps required to manage chronic conditions and reduce your risk of stroke.



Keep your blood pressure low



Manage your diabetes



Lower your cholesterol



Drink in moderation



Eat healthy food



Stop Smoking



Get quality sleep and treat sleep apnea




































Maintain a healthy weight

































The WakeMed Rehabilitation Hospital Patient & Family Guide you were given provides more helpful tips and information. Please reference:

- Weight Management & Nutrition – Pages 8-11
- Cholesterol Management – Pages 12-13
- Blood Pressure Management – Pages 14-15

Common Medications: Their Purpose & Side Effects

You may be prescribed medications to take while you are in the hospital and when you leave the hospital. Here are common medications, what they are used to treat and their potential side effects. If you have questions about your medication, please speak to your physician, nurse or pharmacist.

Medication		Purpose of this medication is	Side effects your medication may cause
ANTI-ANXIETY MEDICATIONS <input type="checkbox"/> Alprazolam (Xanax) <input type="checkbox"/> Clonazepam (Klonopin) <input type="checkbox"/> Lorazepam (Ativan)	ANTI-PSYCHOTICS <input type="checkbox"/> Haloperidol (Haldol) <input type="checkbox"/> Risperidone (Risperdal) <input type="checkbox"/> Olanzapine (Zyprexa) <input type="checkbox"/> Ziprasidone (Geodon)	TREATING ANXIETY AND MOOD DISORDERS	    FATIGUE/ DROWSINESS DIZZINESS UPSET STOMACH
ANTIBIOTICS <input type="checkbox"/> Amoxicillin (Amoxil) <input type="checkbox"/> Cefazolin (Ancef, Kefzol) <input type="checkbox"/> Ceftriaxone (Rocephin) <input type="checkbox"/> Clindamycin	<input type="checkbox"/> Levofloxacin (Levaquin) <input type="checkbox"/> Piperacillin/Tazobactam (Zosyn) <input type="checkbox"/> Vancomycin (Vancocin) <input type="checkbox"/>	TREATING BACTERIAL INFECTIONS	    HEADACHE RASH/ITCHING GI UPSET DIARRHEA
ANTICOAGULANTS <input type="checkbox"/> Apixaban (Eliquis) <input type="checkbox"/> Dabigatran (Pradaxa) <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Rivaroxaban (Xarelto) <input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/>	ANTIPLATELETS <input type="checkbox"/> Aspirin (Ecotrin) <input type="checkbox"/> Clopidogrel (Plavix) <input type="checkbox"/> Prasugrel (Effient) <input type="checkbox"/> Ticagrelor (Brilinta)	PREVENTING OR TREATING BLOOD CLOTS	   RISK OF BLEEDING ABDOMINAL PAIN BRUISING   FEVER NAUSEA/VOMITING
ANTI-INFLAMMATORIES <input type="checkbox"/> Ibuprofen (Advil, Motrin) <input type="checkbox"/> Dexamethasone (Decadron)	<input type="checkbox"/> Ketorolac (Toradol) <input type="checkbox"/> Prednisone (Deltasone) <input type="checkbox"/>	DECREASING INFLAMMATION	   GI UPSET INCREASED APPETITE RISK OF BLEEDING
ANTI-NAUSEA MEDICATIONS <input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> Ondansetron (Zofran)	<input type="checkbox"/> Promethazine (Phenergan) <input type="checkbox"/>	CONTROLLING NAUSEA OR VOMITING	     HEADACHE DIZZINESS OR LIGHTEADEDNESS DROWSINESS/ FATIGUE CONSTIPATION
ANTI-SEIZURE MEDICATIONS <input type="checkbox"/> Fosphenytoin (Cerebyx) <input type="checkbox"/> Gabapentin (Neurontin) <input type="checkbox"/> Levetiracetam (Keppra)	<input type="checkbox"/> Phenytoin (Dilantin) <input type="checkbox"/> Pregabalin (Lyrica) <input type="checkbox"/>	STOPPING OR CONTROLLING SEIZURES	     DROWSINESS DIZZINESS OR LIGHTEADEDNESS BLURRED VISION CONSTIPATION
CHOLESTEROL MEDICATIONS <input type="checkbox"/> Atorvastatin (Lipitor) <input type="checkbox"/> Pravastatin (Pravachol)	<input type="checkbox"/> Rosuvastatin (Crestor) <input type="checkbox"/> Simvastatin (Zocor) <input type="checkbox"/>	DECREASING CHOLESTEROL	   HEADACHE NAUSEA/VOMITING DIARRHEA
DIURETICS <input type="checkbox"/> Bumetanide (Bumex) <input type="checkbox"/> Furosemide (Lasix)	<input type="checkbox"/> Hydrochlorothiazide <input type="checkbox"/> Spironolactone (Aldactone) <input type="checkbox"/>	REMOVING FLUIDS	    HEADACHE DIZZINESS OR LIGHTEADEDNESS DROWSINESS

Medication	Purpose of this medication is	Side effects your medication may cause
<p>HEART MEDICATIONS</p> <p><input type="checkbox"/> Amiodarone (Cordarone, Pacerone)</p> <p><input type="checkbox"/> Digoxin (Lanoxin)</p> <p><input type="checkbox"/> Isosorbide (Imdur)</p> <p><input type="checkbox"/> Nitroglycerin</p> <p><input type="checkbox"/></p>	<p>TREATING ABNORMAL HEART RHYTHM OR HEART FAILURE</p>	  HEADACHE  DIZZINESS OR LIGHTEADEDNESS  DROWSINESS
<p>ACE INHIBITORS OR ARBS</p> <p><input type="checkbox"/> Losartan (Cozaar)</p> <p><input type="checkbox"/> Lisinopril (Zestril, Prinivil)</p> <p><input type="checkbox"/> Valsartan (Diovan)</p> <p><input type="checkbox"/></p>	<p>DECREASING BLOOD PRESSURE AND HEART FAILURE</p>	  HEADACHE  DIZZINESS OR LIGHTEADEDNESS  DROWSINESS  CONSTIPATION
<p>BETA BLOCKERS</p> <p><input type="checkbox"/> Atenolol (Tenormin)</p> <p><input type="checkbox"/> Carvedilol (Coreg)</p> <p><input type="checkbox"/> Metoprolol (Toprol XL, Lopressor)</p> <p><input type="checkbox"/></p>	<p>HEART FAILURE, DECREASING BLOOD PRESSURE AND HEART RATE</p>	  DIZZINESS OR LIGHTEADEDNESS  DROWSINESS
<p>CALCIUM CHANNEL BLOCKERS</p> <p><input type="checkbox"/> Amlodipine (Norvasc)</p> <p><input type="checkbox"/> Diltiazem (Cardizem, Tiazac, Dilacor XR)</p> <p><input type="checkbox"/> Verapamil (Calan, Verelan)</p> <p><input type="checkbox"/></p>	<p>DECREASING BLOOD PRESSURE AND HEART RATE</p>	  HEADACHE  DIZZINESS OR LIGHTEADEDNESS  DROWSINESS  CONSTIPATION
<p>NERVE PAIN MEDICATIONS</p> <p><input type="checkbox"/> Duloxetine (Cymbalta)</p> <p><input type="checkbox"/> Gabapentin (Neurontin)</p> <p><input type="checkbox"/> Pregabalin (Lyrica)</p> <p><input type="checkbox"/></p>	<p>CONTROLLING SEVERE NERVE PAIN</p>	  BLURRED VISION  DIZZINESS OR LIGHTEADEDNESS  DROWSINESS  CONSTIPATION
<p>OPIOID PAIN MEDICATIONS</p> <p><input type="checkbox"/> Fentanyl</p> <p><input type="checkbox"/> Hydromorphone (Dilaudid)</p> <p><input type="checkbox"/> Hydrocodone/Acetaminophen (Norco, Vicodin)</p> <p><input type="checkbox"/> Morphine</p> <p><input type="checkbox"/> Oxycodone/Acetaminophen (Percocet)</p> <p><input type="checkbox"/> Oxycodone (OxyContin, Roxicodone)</p> <p><input type="checkbox"/></p>	<p>TREATING PAIN</p>	 NAUSEA/VOMITING  DROWSINESS  UPSET STOMACH  CONSTIPATION   RASH/ITCHING  DIZZINESS OR LIGHTEADEDNESS
<p>STOMACH MEDICATIONS</p> <p><input type="checkbox"/> Famotidine (Pepcid)</p> <p><input type="checkbox"/> Lansoprazole (Prevacid)</p> <p><input type="checkbox"/> Pantoprazole (Protonix)</p> <p><input type="checkbox"/></p>	<p>TREATING OR CONTROLLING HEARTBURN OR REFLUX</p>	 HEADACHE  ABDOMINAL PAIN  DIARRHEA
<p>MISCELLANEOUS MEDICATIONS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>		

Support from Stroke Professionals & Survivors

Talking to others who have experienced a stroke can be very helpful. They understand the recovery journey and may be able to answer some questions you have. WakeMed Rehabilitation has several support options for patients who are recovering from stroke and their families.



WakeMed Peer Support Program

Patients at WakeMed Rehabilitation Hospital have the opportunity to enjoy a visit from a stroke survivor through the WakeMed Peer Support Program. Ask your case manager, therapist or nurse how you can connect with a stroke peer supporter during your Rehab Hospital stay.

WakeMed Stroke Support Group

WakeMed Stroke Support Group attendees enjoy listening to speakers, receiving educational materials and exchanging ideas. The groups discuss topics such as nutrition, activity after stroke, getting through the difficult times, celebrating each other's milestones and resources available throughout the community.

Raleigh Area & Virtual

Second Tuesday of each month

Noon to 1 pm

WakeMed Rehabilitation Hospital – Health Park

3000 New Bern Avenue, Raleigh

For information about in-person meetings, call 919-350-4163

For information about joining the meeting virtually, send an email to marivera@wakemed.org or call 919-350-4163.

Cary Area

First Monday of each month

6:30 to 8 pm

WakeMed Cary Hospital – Conference Center, Cary

Meetings are in-person. Call 919-833-9634 for information.

Clayton Area

Third Wednesday of each month

Noon to 1 pm

104 Medspring Drive, Clayton, Suite 210, 2nd floor conference room

Meetings are in-person. Call 919-350-4174 for information.

Stroke Resources

Additional organizations that provide information, educational resources and support for stroke survivors, their families and caregivers.

- **American Stroke Association** www.stroke.org
- **Support Network** strokeassociation.org/supportnetwork – This is the American Stroke Association virtual support community for stroke survivors and caregivers.
- **American Stroke Association Warm Line** – Stroke survivors and caregivers can get support and ask questions of others who have been affected by stroke by calling the Stroke Family Warm Line – 1-888-478-7653. The toll-free line is staffed by specially trained stroke survivors and caregivers who can answer questions, just listen or provide information on local support groups.
- **United Stroke Alliance** www.unitedstrokealliance.org – A global non-profit organization dedicated to educating individuals on prevention, awareness and recovery for stroke survivors, caregivers, and their families.
- **Stroke Connection**[®] strokeconnection.org – Stroke Connection is a free quarterly online magazine for stroke survivors and their family caregivers.
- **Triangle Aphasia Project (TAP) Unlimited** www.aphasiaproject.org – Serves local individuals with aphasia and their caregivers.
- **Icommunicare** (917-648-7558) www.icommunicare.com – Individualized aphasia program for renewed communication and connection.
- **Tips for Daily Living Library** strokeassociation.org/tips – A stroke can make everyday activities challenging. The American Stroke Association's volunteer-powered library gathers tips and ideas from stroke survivors, caregivers and health care professionals who have created or discovered adaptive ways to get things done.
- **National Stroke Group Registry** – Visit strokeassociation.org/strokegroup and type in your zip code or call 1-888-478-7653 to find a support group and research participation opportunities in your area.
- **www.caregiver.com** search for Wake County
- **www.caregiver.com/regionalresources/states/NC/support/wake.htm**

Helpful Reminders

Every person's recovery from a stroke is different, and no one can know for sure how one person's recovery will progress. Rehabilitation and recovery take a long time and there may be ups and downs along the way.



It's very important to prepare for discharge from the Rehabilitation Hospital early in your stay. Use the **Stroke Preparing for Discharge Checklist** on page 2 for helpful steps you can take at each stage of your stay in the hospital. Your case manager is a point person for information regarding discharge planning.

Your ability to make progress in returning to activities and life roles that are important to you is a top priority of our rehab team.

Remember that a complete recovery after a stroke is not always possible. However, living an enjoyable, full life is still within your reach.



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WakeMed Health & Hospitals

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