



MUSC Health Comprehensive Stroke Center

Patient and Family Stroke Education Handbook



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Comprehensive Stroke Center



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What is a Stroke?

A stroke is similar to a heart attack. In fact, a stroke is sometimes called a “brain attack”. Brain cells die because they do not get the oxygen and nutrients they need. As cells die, basic skills such as speech, moving and memory may be damaged or even lost. Recovery depends on the severity and type of stroke. Some stroke survivors recover completely, while others may suffer more serious effects.

There are two basic types of stroke. **Ischemic** strokes are caused when there is a blockage in a blood vessel that supplies the brain with oxygen and nutrients. **Hemorrhagic** stroke are caused by a blood vessel that burst or leaks in the brain.

The **type** of stroke I had was:

Ischemic Strokes

Ischemic strokes are the most common type of stroke. This kind of stroke occurs when blood vessels become narrow or blocked. Symptoms usually develop over a few minutes and worsen over hours. This type of stroke is typically preceded by symptoms or warning signs that include:

- Loss of sensation or strength on one side of the body
- Problems with speech or language
- Changes in vision or balance

Ischemic strokes can occur at any time.



Treatment for ischemic strokes includes:

- Treatment with clot busting drugs such as t-PA (tissue plasminogen activator). **These drugs must be administered within 4.5 hours of stroke onset to be effective!**
- Mechanical thrombectomy. This procedure can be performed up to 24 hours after a person was last known well.

Hemorrhagic Strokes

Hemorrhagic strokes occur when a blood vessel ruptures in or near the brain. People who have hemorrhagic strokes are usually younger.

Symptoms appear suddenly and include:

- Severe headache
- Nausea
- Vomiting



Treatment for hemorrhagic strokes includes:

- Surgical intervention (most common)
- Endovascular procedures

TIA – Transient Ischemic Attacks

A TIA occurs when the blood supply to a certain part of the brain is cut off for a short period of time but then returns. Symptoms usually last only minutes. Although you feel better quickly, TIA are a medical emergency as they are warning signs that strokes may happen in the future. 1/3 of patients who have had a TIA will have a stroke in the next year

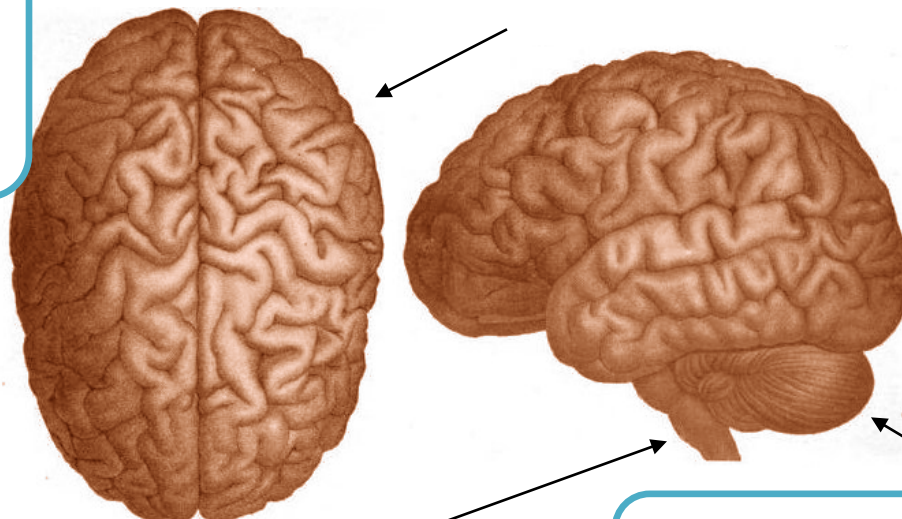
Where in my brain was my stroke and what does that look like?
Ask your doctor *where* your stroke was.

Someone with **right** sided stroke may:

- Have paralysis or weakness on left side
- Have trouble controlling their emotions
- Have poor coordination
- Be impulsive
- Have poor balance
- Not be able to plan how to move
- Have problems judging distance and space.

Someone with a **left** sided stroke may:

- Have paralysis or weakness on the right side of the body
- Have speech and language problems
- Have trouble reading, writing, or doing math.



Someone with **brainstem** stroke may:

- Have trouble controlling their breathing, swallowing and heartrate.
- Have trouble controlling their alertness (they may be really sleepy)

Someone with **cerebellar** stroke may:

- Become uncoordinated, have trouble walking and balancing.
- Have tremors
- Feel dizzy
- Feel nauseous
- Have headache

What other questions should I ask?

Do you know why I had a stroke?

What can I do to keep this from happening again?

What is my plan after leaving the hospital?

Is there any other kind of doctor I need to see?

Do I need therapy?

What to Expect in the Hospital

There will be a lot of people involved in your care while at MUSC Health and multiple tests will be performed. The care team's goals are to help you get better and understand why the stroke happened so we can decrease the chance of another stroke. Many of the tests listed below will help us find the cause of your stroke. You may not require all tests.

Common Tests for Patients

Blood Tests – someone may collect blood to test for high cholesterol, diabetes, electrolytes, ect. This may require repeated testing.

CT Scan- A series of x-rays that looks at the brain

MRI- Similar to a CT scan (but noisy!) that takes longer and can show more precise pictures

Echocardiogram ("Echo")- An ultrasound of the heart to look for blood clots or abnormalities

Carotid Ultrasound- An ultrasound of the arteries in the neck to look for blockages of blood flow

Angiogram- A procedure that uses a needle in the artery and injects dye to look at blood vessels under X-ray to look for abnormalities



What are "Neuro Checks"?

This is when a care team member is checking to see if you or your loved one's symptoms have gotten better or worse. They will ask questions, test strength and movement, and shine a light in the eyes. If you or your loved one is sleepy, they may lightly pinch or poke you to see if you will wake up. We are not trying to bother or annoy you, but these checks will help keep you or your loved one safe and help your care team recognize changes early.

What's that noise?

Monitors are set to beep and alarm to alert the staff of vital signs changes. Patients are monitored in rooms, at the nurse's station, and at remote telemetry locations. Some alarms may be artifact related to movement. Please use the call bell if you have questions or feel the alarm has not been addressed.



Meet the Team!

Nurses (Royal Blue Scrubs)



Nurses are the lifeline between you and all of the other members of your health care team. Nurses communicate and coordinate information while advocating for your desires and needs. They administer medicines and monitor your health closely. The nurses you see are specially trained in neurological assessment. As your advocate, be sure to partner with them in making decisions about your plan for the day.

****Remember****

Designate one family spokesperson to call the unit for updates. It is recommended that only one spokesperson have the patient code to protect patient's personal information. Calls can be made any time except 7-9 (am and pm), during shift change.

Information will not be given over the phone without the 4 digit confidentiality code. This allows us to protect the patient's privacy.

****It is hospital policy that we set a bed and/or chair alarm for you or your loved one to ensure safety and prevent harmful falls****

Patient Care Tech (Black Scrubs)

Patient care technicians are nursing assistants who help perform basic care for patients, such as assisting them to the restroom, serving meals and taking vital signs.

Tip:

Use the call bell if you have questions or need assistance. Using the call bell will allow the front desk to send your request to the appropriate staff member, and it helps keep you safe.

Try to use your call bell for toileting needs before it becomes **urgent**, as your nurse and/or tech may be assisting another patient. You may also ask about a "toileting schedule".

Phlebotomy (Burgundy Scrubs)

Phlebotomists are trained to draw blood for medical testing.

Physical Therapy (dark gray scrubs) and Occupational Therapist (red scrubs)

Physical and Occupational therapists are trained in all aspects of anatomy and physiology related to normal body function, with an emphasis on **movement**. They assess the stroke survivor's:

- strength
- endurance (*ability to do something challenging*)
- range of motion
- balance/coordination
- sensory deficits (*hearing, vision, ect*)
- visual impairment
- cognition (*ability to understand*)
- activity tolerance (*how long you can do something*)

Physical therapists help you reduce pain, help regain the use of your body, and establish exercise programs to help people keep their newly learned skills. Physical therapists help you learn how to train your healthy brain cells to do the work of the injured brain cells by using movement and repetition. The continued use of body parts affected by your stroke encourages the brain to re-learn skills on how to use it. The main goal is to improve safety and function, and to maximize your ability to do things by yourself.

Occupational therapists focus on improving independence with self-care and daily activities. They help survivors relearn skills needed for performing activities such as dressing, toileting, bathing, grooming, preparing meals, and home management tasks. Occupational therapists also help people make changes in their homes to increase safety, remove barriers, and facilitate physical functioning. They also address cognition and visual/perceptual issues after stroke.

Physical Activity and Pain

After a stroke, many survivors experience pain. These types of pain include muscle and joint pain, spasticity and contracture pain, headaches, and uncomfortable sensations like constant tingling.

If you are experiencing pain, be sure to let your nurse know so they and your care team can come up with a plan to alleviate it. There are many different kinds of medications that can be used to treat your pain. The better you are able to describe the kind of pain you have, the more effective the treatment plan will be.

While medications are available, there are other forms of therapy that can alleviate pain such as physiotherapy, hot or cold therapy, and distraction techniques (such as music or visits with one of our many dog volunteers).

Speech Therapy (Light Gray Scrubs)

What is Speech Therapy:

Speech therapy is frequently recommended for stroke survivors who suffer from communication disorders such as dysarthria or aphasia. *Dysarthria* is often caused by muscle weakness than can result in slurred or unclear speech. *Aphasia* affects a person's ability to produce or understand language.

Speech therapy also can help with *dysphagia*, which refers to difficulty swallowing due to dysfunction of the muscles of the mouth and throat.

The Goal of Speech Therapy:

The goal of speech therapy is to help the stroke survivor improve their communication abilities as much as possible. This involves not only working to relearn communication skills, but also teaching the patient and their family new techniques to communicate. Some people with aphasia may communicate better in writing, by drawing pictures or by pointing at words or pictures.

When it comes to difficulty swallowing, the ultimate goal is to strengthen the affected muscles needed for normal swallowing. The immediate goal is to ensure the patient does not aspirate, or inhale foreign objects, such as saliva, food, or liquids into the airway.



If your loved one is unable to swallow safely, they may require modified foods/liquids, special strategies, or require a feeding tube. Feeding tubes can serve as a short term means of alternative nutrition, which is generally inserted through the nostrils, or as a long term means of alternative nutrition, where a tube is surgically placed in the stomach.

Case Managers coordinate all aspects of care to patients. They make sure that all resources available to you are being utilized or are known to you, both inside and outside of the hospital. Case managers assess and educate patients and families about their options while working with your insurance companies and other agencies to meet your needs so you can leave the hospital safely. The case manager will assist you and your loved one to find any barriers to your care after hospital discharge. They can help you find resources you may need when you leave the hospital.

Social Workers provide services to support social and emotional needs. Social workers provide crisis intervention, coping and adjusting to new illness and treatment, alcohol and substance abuse referrals, financial needs assessment and referrals, discharge planning, and coordinating patient care conferences.

Chaplain Services

Pastoral Care Services is committed to providing care that respects the religious and spiritual values of all patients and family.

Services include:

- Spiritual support
- Coping with hospitalization and treatment
- Faith traditions options are offered
- Guidance in decision making, treatment options, transition concerns, and end-of-life choices
- Assist with advance directives, living wills, health care power of attorney
- Notary republic, ombudsman



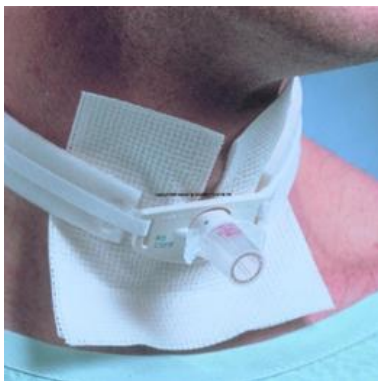
A chaplain is available and on-call in the hospital 24 hours a day, 7 days a week.

Call **843-792-6146**

Respiratory Services (Teal scrubs)

Complications involving the respiratory system after a stroke are common. Stroke can lead to breathing problems for many reasons. Many patients can also require respiratory therapy due to the complications of their disability (being bed-ridden, shallow breathing, not swallowing correctly).

What is a tracheostomy and how do I take care of it?



Sometimes, in order to safely deliver oxygen to the lungs, someone needs a *tracheostomy*. A tracheostomy is an opening in the neck that contains a tube going into a person's windpipe. *Speech therapists can help you learn to talk and eat with your trach.*

→You and your caregivers will be taught to suction your trach if necessary to remove mucous that you are not able to cough up.

→The skin around your stoma (the whole made in your neck), and the equipment must be cleaned several times a day to prevent infection.

If your breathing improves and you no longer need extra oxygen, your trach tube can be removed. This is called "decannulation". Your medical team will switch the tracheostomy tube to smaller and smaller tubes over time to allow your neck to slowly close and eventually leave a small scar.

Pet Therapy at MUSC Health

Volunteers and their certified dogs are available to visit patients various times during the week. Visits usually last around 15 minutes. Our dogs love to be petted and may even have some tricks to show you. Dogs are able to visit inpatient rooms that are *not* on isolation precautions at the request of the patient. Pets can lower your blood pressure, pain, and the feeling of loneliness.

To request a visit, please contact Cathy Bennett, Pet Therapy Program Coordinator, at 843-792-7360



Arts in Healing at MUSC Health

Arts in Healing, founded in March 2018, utilize masters and doctorate level mental health professionals to provide visual art and music therapy. Creative arts therapists work directly with the patient's clinical team to customize a treatment plan designed to improve psychological, physical, cognitive, and social functioning. Creative arts promote self-expression, emotional well-being; decreases anxiety and depression, and helps patients regain control with their ability to make choices.

Please let someone in your care team know if you or your loved one is interested in receiving art therapy services.

MUSCHealth.org/arts

Please call 843-792-1168
or email
artsinhealing@musc.edu



Rehabilitation and Therapy After a Stroke

Many patients who have a stroke need rehabilitation. Therapy begins during your hospital stay and can continue at home, an out-patient clinic, a nursing facility, or in a rehabilitation hospital. Your therapy team will work together with you and your family to find the best setting to meet any ongoing therapy needs before you leave the hospital.

Acute Inpatient rehabilitation unit (Acute Rehab)

A typical length of stay may be 2 to 3 weeks with intense therapy. Such programs consist of at least 3 hours of active therapy a day, 5 or 6 days a week. Inpatient facilities offer a comprehensive range of medical services, including full-time physician supervision and access to the full range of therapists specializing in post-stroke rehabilitation.

Nursing facility (Subacute Rehab vs Skilled Nursing Facility)

Rehabilitative services available at nursing facilities are less intense than those at acute inpatient rehabilitation units. Subacute therapy patients can expect to be seen for an hour or two per day. Skilled nursing facilities or sub-acute units usually place a greater emphasis on rehabilitation with planned return to home, whereas traditional nursing homes emphasize residential care. Patients are seen on a monthly basis by their doctor.

Home-based rehabilitation program (Home Health)

Home rehabilitation allows for greater flexibility so that patients can follow their own schedules. Stroke survivors may participate in an intensive level of therapy several hours per week or follow a less demanding program. Patients dependent on Medicare coverage for their rehabilitation must meet Medicare's "homebound" requirements to qualify for such services. At this time lack of transportation is not a valid reason for home therapy. Treatment at home gives people the advantage of practicing skills in their own environment.

Out-patient clinic (Outpatient)

Out-patient clinic services take place in a free standing clinic where a stroke survivor travels to the clinic to participate in a therapy program. The benefit of out-patient therapy is that the therapist has specialized equipment available to assist in your recovery that is not available in a home setting.

Long-Term Acute Care Hospital (LTACH)

These facilities specialize in treating patients with serious ongoing medical needs that are also stable. These patients are typically discharged from intensive care units and require more care than they can receive at a rehabilitation or skilled nursing facility.

Follow-Up Appointments

Follow-up at the MUSC Comprehensive Stroke Program outpatient clinic is strongly recommended to reduce your risk of another stroke and minimize your disability. Part of the clinic visit is to review medical conditions, address all post-stroke concerns or deficits – either physical, functional, cognitive or emotional difficulties and advise on stroke risk modification. The need for a follow-up appointment and/or timing can be scheduled at the determination of patient, family and current medical team.

Be sure a MUSC Health care team member has scheduled your follow up appointment before you are discharged

Follow up in one of the clinics below, unless otherwise directed

Bring all current medications to your follow-up appointment

MUSC Health Comprehensive Stroke Clinic		MUSC Health Comprehensive Stroke Neurosurgery Clinic
<p>Charleston 135 Rutledge Avenue 6th Floor</p> <p>MUSC Health West Ashley 2125 Charlie Hall Blvd</p> <p>Nexton 5500 Front Street</p>	<p><i>Stroke Telemedicine Clinic:</i></p> <p>Tidelands Waccamaw Community Hospital 4070 Highway 17 Bypass</p>	<p>Charleston 135 Rutledge Avenue 9th Floor</p>
<p>Hours: Monday-Friday 8:00am-5:00pm Office Phone: 843-792-3223</p>		<p>Hours: Monday-Friday 8:00am-5:00pm Office Phone: 843-792-3223</p>



Please go to all follow-up appointments.

***** If you received Alteplase or had a mechanical thrombectomy, you will receive a call after 90 days*****

Did I receive Alteplase?

Did I have a thrombectomy?

You will receive a call from 843-792-7713 around this date:

Register for MUSC Health My Chart...

Your personal code is located on your discharge paperwork.

Go to mychart.muschealth.com to “Create Your Account” and enter your personal My Chart access code.

Through My Chart you can:

- Send messages and questions to your care team members
- View your test results
- Renew your Prescriptions
- Schedule Appointments

Email MyChartSupport@musc.edu or call 843-792-3111 to speak with our My Chart staff.

Virtual MUSC Visit

<https://muscvirtualcare.zipnosis.com>

Virtual Primary and Specialty Care

<https://muschealth.org/virtual-visits>



Psychological/Psychiatric Therapy

Decrease anxiety, depression and other emotional issues.

Depression is a natural reaction to stroke. Emotional changes are very common after a stroke. Some of the changes are organic, or caused by impairment to that part of the brain that controls emotions. Other emotional changes are natural reactions to the adjustments in a person's lifestyle as a result of stroke. One of the most common reactions is depression. Depression is a feeling of sadness and grief after a person suffers a real or perceived loss in his or her life. Depression is characterized by feelings of discouragement, downheartedness and hopeless despair.

There are several common symptoms of depression including:

- Loss of interest in usually pleasurable activities such as food, work, friends, family, hobbies...
- Change in appetite with either significant weight gain or weight loss
- Problems sleeping
- Loss of energy/fatigue
- Feelings of worthlessness, self-reproach or excessive inappropriate guilt
- Difficulty thinking or concentrating
- Persistent sadness
- Agitation/Irritation
- Drug or alcohol abuse
- Recurrent thoughts of death, talk of suicide

To decrease depressions try the following:

- Increase physical activity level
- Schedule activities of interest
- Make an effort to shower, use good hygiene, dress well, fix your hair...
- Focus on progress made
- Focus on positive aspects of your life
- Talk to a friend
- Talk to a counselor, mental health clinic or your doctor
- Visit a local Stroke Support Group

Depression is universally felt by survivors of stroke. It can be overcome by working towards a positive attitude and discovering a life that can be meaningful and happy once again.

Medication Compliance

Medicines can only help you if you take them as prescribed. You should take part in decisions regarding your treatment, follow the treatment plan that you and your doctor agree on, watch for problems and be actively involved in solving them with your healthcare team. By taking medications exactly as prescribed and following appropriate lifestyle recommendations, you can help reduce your risk of having a heart attack or stroke and achieve the fullest benefits from your treatment plan. By reviewing the following questions with your healthcare team, you can take an active role in making decisions about that plan.

Questions to ask about your medicines

- What is the name of the medicine? Is this the brand or generic name?
- What is the medicine supposed to do?
- How and when do I take it, and for how long?
- What foods, drinks, other medicines or activities should I avoid while taking this medicine?
- What are the possible side effects? What do I do if they occur?
- Is there any written information available about the medicine?

MUSC Pharmacy

MUSC Health has four convenient on-campus pharmacy locations, as well as a mail-order pharmacy and specialty pharmacy. These pharmacy locations fill prescriptions for the general public, patients, employees, and family members of employees.

Any of our outpatient pharmacies can be reached by calling 1-800-237-0794 or locally at 843-876-0199.

To place a refill request, call our 24-hour refill line at 843-876-0199 or place a request through the MyChart patient portal.



Other pharmacies...

Underinsured or not insured at all? You are not alone.

→Publix Pharmacy and Walmart Pharmacy have medications that are offered free of charge or at little cost.

→Please visit www.needymeds.org to review free, low cost, and sliding scale clinics that offer prescriptions drugs that are also free, low cost, or based on sliding-scale to meet your needs.

→Also go to www.goodrx.com to find the most cost-effective prescriptions near you!

Reduce Your Risk for Stroke

Information from the National Stroke Association

1. Know your blood pressure. If high, work with your doctor to lower it.
2. Find out from your doctor if you have atrial fibrillation.
3. If you smoke, stop.
4. If you drink alcohol, do so in moderation.
5. Find out if you have high cholesterol. If so, work with your doctor to control it.
6. If you are diabetic, follow your doctor's recommendations carefully to control your diabetes.
7. Include exercise in the activities you enjoy in your daily routine.
8. Enjoy a lower sodium (salt), lower fat diet.
9. "Ask your doctor" how you can lower your risk of stroke.
10. Know the symptoms of stroke! If you have any stroke symptoms, seek immediate medical attention.

National Stroke Association

Stroke Risk Scorecard

Each box that applies to you equals 1 point. **Check your box** and total your score at the bottom of each column and compare with the stroke risk levels below the table.

Risk Factor	High Risk	Caution	Low Risk
Blood Pressure	>140/90 or I don't know	120-139/80-89	<120/80
Total Cholesterol	>240 or I don't know	200-239	<200
Diabetes	Yes	Borderline	No
Smoking	I still smoke	I'm trying to quit	I am a non-smoker
Atrial Fibrillation	I have an irregular heartbeat	I don't know	My heartbeat is not irregular
Diet	I am overweight	I am slightly overweight	My weight is healthy
Exercise	I am a couch potato	I exercise sometimes	I exercise regularly
I have stroke in my family	Yes	Not sure	No
Enter Totals:			

If your **red** score is 3 or more, please ask your doctor about stroke prevention right away.

If your **yellow** score is 4-6, you're off to a good start. Keep working on it!

If your **green** score is 6-8, congratulations! You're doing very well at controlling your risk for stroke!

High Blood Pressure

Do I have High Blood Pressure? Circle. Yes No

Ask your doctor what your blood pressure should look like. After a stroke, it is generally preferred to maintain a blood pressure under 140/90 unless you also have chronic kidney disease and/or diabetes, in which case your physician may prefer you to keep your blood pressure under 130/80.

High blood pressure is the leading cause of stroke.

Having uncontrolled blood pressure can lead to stroke by damaging the blood vessels in your brain, causing them to narrow or rupture. It's particularly prevalent in African Americans, middle-aged and elderly people, obese people and heavy drinkers. People with diabetes mellitus, gout or kidney disease have hypertension more often.

SYMPTOMS

Someone who has high blood pressure *may* have a pounding feeling in their head or chest, lightheadedness, dizziness, or fatigue. Someone may also have no symptoms at all.

LONG TERM

High blood pressure can lead to stroke, heart attack, vision loss, heart failure, kidney disease, and sexual dysfunction.



The medications I take to control my blood pressure are:

Atrial Fibrillation

Some Information from the American Heart Association/American Stroke Association

Do I have atrial fibrillation? Circle. Yes No

What is atrial fibrillation (A-Fib)?

During atrial fibrillation, the heart's two small upper chambers (the atria) quiver instead of beating effectively. Blood isn't pumped completely out of them, so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke results. About 15 percent of strokes occur in people with atrial fibrillation. The likelihood of developing atrial fibrillation increases with age. Three to five percent of people over 65 have atrial fibrillation.

How is atrial fibrillation treated?

Several approaches are used to treat and prevent abnormal beating:

- Medications are used to slow down rapid heart rate associated with A-Fib. These treatments may include drugs such as digoxin, beta blockers (atenolol, metoprolol, propranolol), amiodarone, disopyramide, calcium antagonists (verapamil, diltiazem), sotalol, flecainide, procainamide, quinidine, propafenone, etc.
- Electrical cardioversion may be used to restore normal heart rhythm with an electric shock, when medication doesn't improve symptoms.
- Drugs (such as ibutilide) can sometimes restore the heart's normal rhythm. These drugs are given under medical supervision, and are delivered through an IV tube into a vein, usually in the patient's arm.
- Radiofrequency ablation may be effective in some patients when medications don't work. In this procedure, thin and flexible tubes are introduced through a blood vessel and directed to the heart muscle. Then a burst of radiofrequency energy is delivered to destroy tissue that triggers abnormal electrical signals or to block abnormal electrical pathways.
- Surgery can be used to disrupt electrical pathways that generate A-Fib.
- Atrial pacemakers can be implanted under the skin to regulate the heart rhythm.

FAQ: Speaking of blood thinners, why do I need this heparin shot in my belly?

Heparin injections help prevent blood clots from forming or growing in your body. These blood clots are sometimes referred to as DVTs (Deep vein thrombosis) which can be painful and life-threatening. A DVT can occur after surgery or in people who are bed-ridden due to prolonged illness. Heparin needs to be injected into fatty tissue where it will be slowly released into the bloodstream. The most common site for injection is the belly.

Some people are treated with anticoagulants such as Warfarin, Pradaxa, Eliquis or Xarelto. These medications make it harder for your blood to form dangerous clots. These medications increase your risk of bruising and bleeding.

The medication(s) I take to control my A-Fib are:

Cholesterol

Cholesterol is a soft, waxy substance found among the lipids (fats) in the bloodstream and in all your body's cells. It's an important part of a healthy body. But a high level of cholesterol in the blood — hypercholesterolemia — is a major risk factor for coronary heart disease, which leads to heart attack and stroke.

FAQ: Why did my doctor prescribe me a statin (Lipitor, Rosuvastatin, Simvastatin)?

Your physician will review your cholesterol levels and determine if medical treatment is needed. Even if your cholesterol levels were normal or only mildly elevated, know that statins do more than lower your cholesterol. Statins help prevent harmful plaques from breaking off in your blood vessels, which reduce your risk for another heart attack or stroke.

Avoid grapefruit juice if you are taking simvastatin

What about cholesterol and diet?

People with high blood cholesterol levels may need to make changes with their diet. Since cholesterol is in all foods from animal sources, care must be taken to eat no more than six ounces of lean meat, fish and poultry per day and to use fat-free and low-fat dairy products. High-quality proteins from vegetable sources such as beans are good substitutes for animal sources of protein. Alcohol can affect cholesterol, so drink in moderation.

How does physical activity affect cholesterol?

Regular physical activity increases HDL cholesterol in some people. Higher HDL cholesterol is linked with a lower risk of heart disease. Physical activity can also help control weight, diabetes and high blood pressure. Regular physical activity such as brisk walking, gardening, and swimming also condition your heart and lungs.



Diabetes Mellitus

What is diabetes mellitus?

Diabetes is a disease in which the body doesn't produce or properly use insulin. Insulin is a hormone produced in the pancreas, an organ near the stomach. Insulin is needed to turn sugar and other food into energy. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should, or both. This causes glucose (sugar) to build up too high in your blood. Blood glucose levels are generally preferred to be kept under 100 mg/dL or have a hemoglobin A1C (tells us your blood sugar average over 3 months) value of 5.6%.

What is my A1C?

What are type 1 and type 2 diabetes?

Type 1 diabetes usually occurs in children and young adults. In type 1, the pancreas makes little or no insulin. Without daily injections of insulin, people with type 1 diabetes won't survive.

Type 2 diabetes is the most common form. It appears most often in middle-aged adults; however, adolescents and young adults are developing type 2 diabetes at an alarming rate. It develops when the body doesn't make enough insulin and doesn't efficiently use the insulin it makes (insulin resistance).

Both forms of diabetes may be inherited in genes. A family history of diabetes can significantly increase the risk of developing diabetes. Untreated diabetes can lead to many serious medical problems. These include blindness, kidney disease, nerve disease, limb amputations and cardiovascular disease (CVD).

How is diabetes treated?

When diabetes is detected, a doctor may prescribe changes in eating habits, weight control and exercise programs, and even drugs to keep it in check. It's critical for people with diabetes to have regular checkups and take their prescribed medications. Work closely with your healthcare provider to manage diabetes and control any other risk factors.

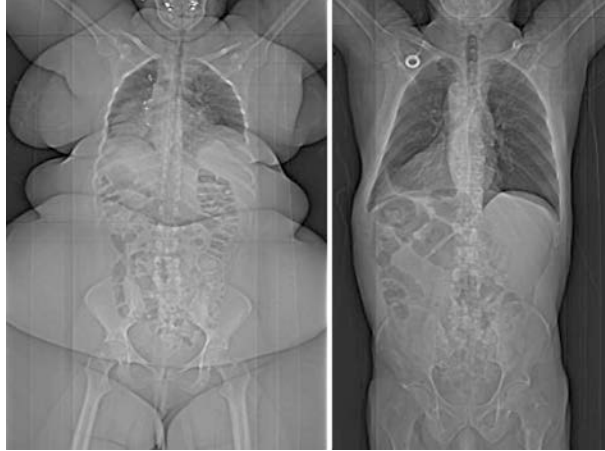
How are diabetes and stroke related?

Diabetes causes blood vessel damage over time, which can lead to heart attack and stroke. People with diabetes may avoid or delay heart and blood vessel disease by controlling their disease and other risk factors. It's especially important to control weight and blood cholesterol with a low-saturated-fat, low-cholesterol diet and regular aerobic physical activity. It's also important to lower high blood pressure and not to smoke.

Obesity and Overweight

Obesity is defined simply as too much body fat. Your body is made up of water, fat, protein, carbohydrate and various vitamins and minerals. Obesity is mainly caused by taking in more calories than are used up in physical activity. If you have too much fat you're at higher risk for health problems and having generalized pain.

Obesity can lead to unpleasant problems such as joint pain, back pain, digestive issues, breathing problems, and certain cancers.

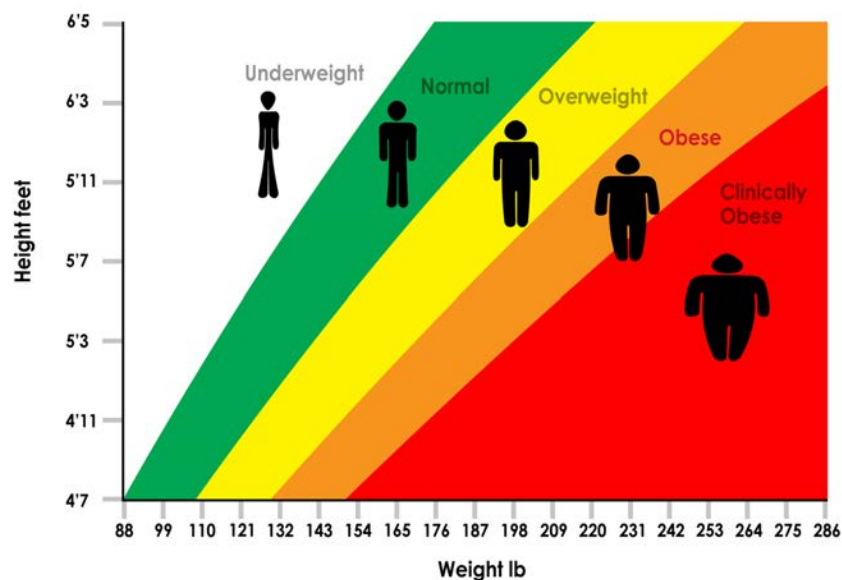


Some reasons for this higher risk are known, but others are not. For example, obesity

- Raises cholesterol and blood pressure
- Can cause atherosclerosis (fatty deposits that narrow the arteries and make it hard for blood to get by)
- Can cause sleep apnea which increases your risk for stroke and heart issues
- Can induce diabetes. In some people, diabetes makes these other risk factors much worse. The danger of heart attack is especially high for these people.

Even when there are no adverse effects on the known risk factors, obesity by itself increases risk of heart disease.

Body Mass Index (BMI) is a formula that's used to help determine if someone's weight is healthy.



Physical Activity in Your Daily Life

Information from the American Heart Association/American Stroke Association

At Home

It's convenient, comfortable and safe to work out at home. It allows your children to see you being active, which sets a good example for them. You can combine exercise with other activities, such as watching TV. If you buy exercise equipment, it's a one-time expense and other family members can use it. It's easy to have short bouts of activity several times a day. Try these tips:

- Do housework yourself instead of hiring someone else to do it.
- Work in the garden or mow the grass. Using a riding mower doesn't count! Rake leaves, prune, dig and pick up trash.
- Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes.
- Walk or bike to the corner store instead of driving.
- When walking, pick up the pace from leisurely to brisk. When watching TV, sit up instead of lying on the sofa. Better yet, spend a few minutes pedaling on your stationary bicycle while watching TV.
- Instead of asking someone to bring you a drink, get it yourself.
- Stand up while talking on the telephone.
- Walk the dog.
- Park farther away at the shopping mall and walk the extra distance. Wear your walking shoes and sneak in an extra lap or two around the mall.
- Stretch to reach items in high places and squat or bend to look at items at floor level.

At the Office

Most of us have sedentary jobs. Work takes up a significant part of the day. What can you do to increase your physical activity during the work day? Why not...:

- Brainstorm project ideas with a co-worker while taking a walk.
- Stand while talking on the telephone.
- Walk down the hall to speak with someone rather than using the telephone.
- Take the stairs instead of the elevator. Or get off a few floors early and take the stairs the rest of the way.
- Stay at hotels with fitness centers or swimming pools and use them while on business trips.
- Participate in or start a recreation league at your company.
- Form a sports team to raise money for charity events.
- Join a fitness center or Y near your job. Work out before or after work to avoid rush-hour traffic, or drop by for a noon workout.
- Schedule exercise time on your business calendar and treat it as any other important appointment.
- Get off the bus a few blocks early and walk the rest of the way to work or home.
- Walk around your building for a break during the work day or during lunch.

At Play

Play and recreation are important for good health. Look for opportunities such as these to be active and have fun at the same time:

- Plan family outings and vacations that include physical activity (hiking, backpacking, swimming, etc.)
- See the sights in new cities by walking, jogging or bicycling.
- Make a date with a friend to enjoy your favorite physical activities. Do them regularly.
- Play your favorite music while exercising, something that motivates you.
- Dance with someone or by yourself. Take dancing lessons.
- Enjoy a hobby that emphasizes physical activity
- At the beach, sit and watch the waves instead of lying flat. Better yet, get up and walk, run or fly a kite.
- When golfing, walk instead of using a cart.
- Consider a rowboat instead of a motor boat



Tips for a Heart Healthy Diet

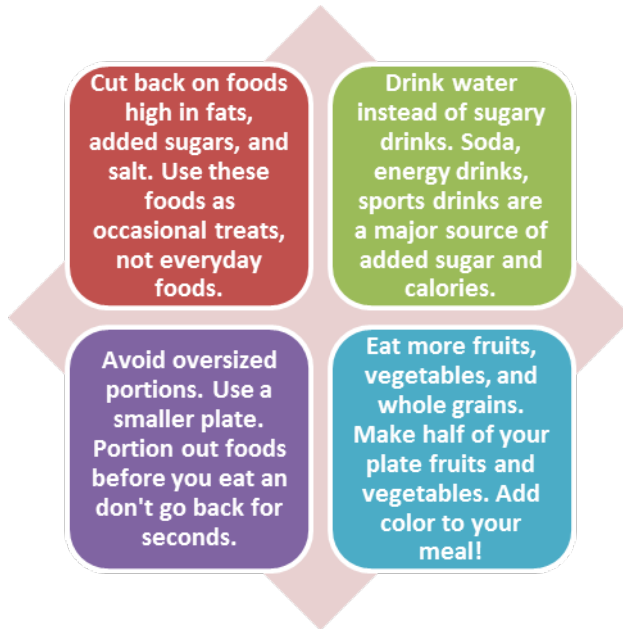
Healthy eating habits can be a great tool for the prevention and treatment of heart disease. Eating right and regular physical activity are a successful combination for helping to prevent and treat high blood pressure, high cholesterol, obesity and risk of stroke.

- Eat a variety of foods. No single food contains all the nutrients your body needs.
- Avoid fried foods.
- Drink 8 cups of water a day.
- Use low fat foods as part of your daily diet such as skim or 1% milk, low fat yogurt, skinless chicken breast, lean meats, fish, beans, fruits, vegetables and whole grains.
- Limit your intake of low nutrient, high calorie junk foods like soda, chips and candy.
- Include regular physical activity as part of you healthy habits. 30 minutes of moderate intensity activity (walking, bike riding, swimming) most days of the week (4-5 days) is what your body needs to stay healthy.

If you would like more information about this diet, ***ask your doctor to refer you to the MUSC Health Outpatient Dietitian.***

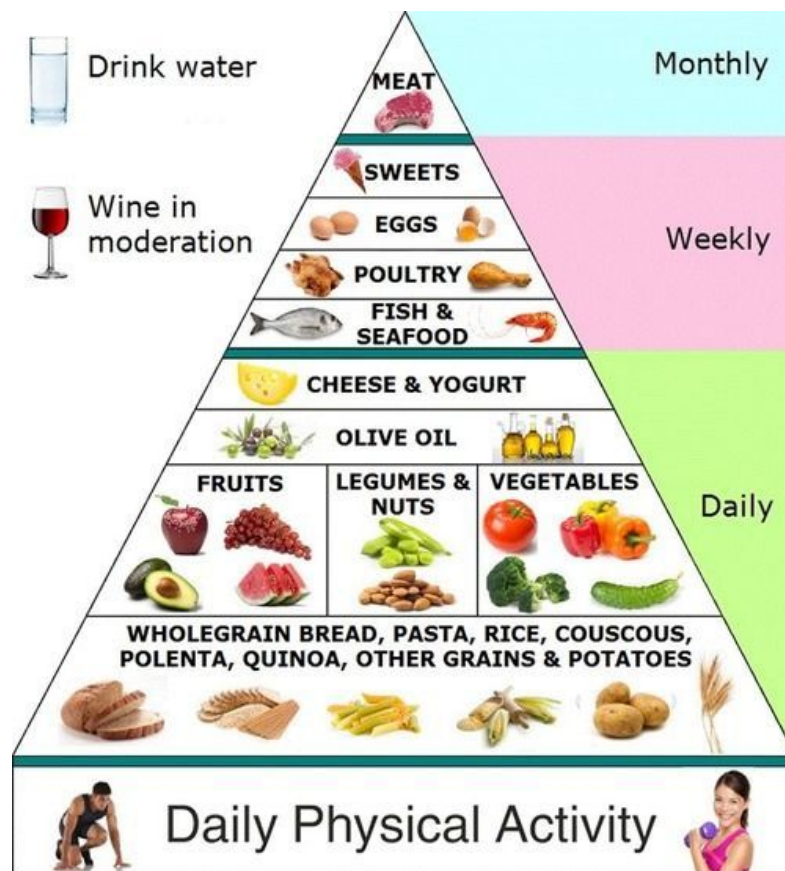
Choose My Plate

Please visit www.choosemyplate.gov to learn how to make healthy food choices.



Mediterranean Diet

The Mediterranean diet emphasizes eating fruits and vegetables, replacing butter with healthy fats such as olive oil, using herbs and spices instead of salt to flavor food, and limiting red meat. The Mediterranean diet is an excellent way to maintain good cardiovascular health!



Revised 1/12/2021

Preventing Falls at Home

Falls can be a concern for people at home. If you fall, you may be hurt. Small changes at home can help you to avoid a fall. Here are some ways to make your home safer.

- Wear rubber-soled shoes that fit well, indoors and out.
- Move items in cabinets to lower shelves to avoid reaching.
- Keep objects off the floor and stairs.
- Secure electrical cords to walls and keep them away from walkways
- Get rid of throw rugs.
- Use the bathroom every 2 to 3 hours to avoid rushing.
- Keep phones near those at risk for falling.
- Use non-skid mats or safety strips in bath tub or shower.
- Make sure you have plenty of lighting so you can see clearly when you walk.
- Use handrails when using the stairs. Fix loose rails.
- Use a cane, walker or crutch if needed. Keep them in reach at all times.
- Don't use towel racks or toilet paper holders as grab bars.



Alcohol Use

It's important to understand that heavy and regular consumption of alcohol can increase your risk for stroke.

Alcohol can increase your risk of stroke by:

- ▶ Raising the level of triglycerides, or fats, in the blood
- ▶ Causing high blood pressure
- ▶ Causing heart failure,
- ▶ Causing weight gain due to excess calorie intake
- ▶ Triggering atrial fibrillation

Drinking alcohol while you're taking certain medications, such as blood thinners, can be dangerous as well. Please consult your physician if you take medications and drink alcohol.

It is recommended by the American Heart Association to limit your consumption of alcohol to two drinks per day for men and one drink per day for women.

Drugs

Cocaine, methamphetamines, and other stimulants can cause stroke by increasing your blood pressure and making your heart beat too quickly and ineffectively. ***Drug abuse is a frequent cause of stroke in young adults.***

Intravenous drug abuse increases the risk of serious infections in the heart valves which is among many heart conditions that can lead to stroke.

People who are stressed, depressed, abused, or have mental health disorders are more likely to abuse illegal substances. Substance abuse disorders can be treated safely. This may require taking prescribed medications and being monitored by professionals. Taking part in individual and group counseling may be helpful. Ask your doctor about the right treatment options for you, and don't be ashamed to do so.

Know that recovery from alcohol and substance abuse can be a long process. Relapsing is not uncommon. Be gentle with yourself and seek a loving and supportive environment while you undergo treatment.



How do I know if I need treatment for addiction?

Addiction is a progressive disease. Without treatment, addiction can get worse. Living with addiction puts you at higher risk for injury, poor health, lost employment, loss of money, and even death.

You might need treatment for addiction if:

- You have tried to stop or cut down, but you cannot.
- Your addiction is causing physical health problems.
- You find it annoying that your friends and family are concerned about your alcohol or substance use.
- You feel guilty about substance abuse or a compulsive behavior.
- You have lied or tried to hide your addiction.
- You need a particular substance or activity to start your day or to calm down.
- You are getting in trouble at school, work, home, or with the police.
- You have done something illegal to support your addiction.
- You are running out of money because of your addiction.
- You have no time for anything other than your addiction



MUSC Health offers outpatient treatment programs at the MUSC Health Institute of Psychiatry. To schedule an appointment, call 843-792-9162

Where to find more information:

- National Institute on Drug Abuse: www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov 1-800-662-HELP
- The National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL

You Can Quit!

Tobacco Products Patient Education

Do you want to quit?

- Nicotine is a powerful addiction.
- Quitting is hard but do not give up!
- Many people try 2-3 times before they quit for good.
- Each time you try to quit, the more likely you will be to succeed.

Good reasons for quitting

- You will live longer and healthier.
- You will lower your risk of heart and lung disease and cancer.
- You can save money

Tips to help you quit using tobacco products (These tips will help you quit and quit for good)

1. **Get ready** – Set a quit date and stick to it. Get rid of all tobacco products and ashtrays. Review your past attempts to stop. Ask yourself what worked and what did not.
2. **Get support** – Tell your family, friends and coworkers you are quitting and you want their support, ask them not to smoke, chew or dip around you.
3. **Learn new skills and behaviors** – Change your routine if necessary. Use oral substitutes such as sunflower seeds, sugarless gum, hard candy, carrot or celery sticks. Try to lower your stress level. Drink a lot of water. Do something fun to reward your efforts.
4. **Ask your doctor if medicine will help you quit using tobacco products** – If the doctor prescribes a medicine, take it as instructed.
5. **Prepare yourself for relapse or difficult situations** – Do not drink alcohol. Eat a healthy diet and stay active.

MUSC Health Resources

- MUSC Health Four Week Quit Smoking Class, call 843-792-1414 to register
- Individual and Group Counseling, call Cindy Carter, PhD at 843-792-9101

Community Resources

- Quit for Keeps – South Carolina toll free number is 1-877-44U-QUIT (1-877-448-7848)
- American Lung Association – 1-800-548-8252 or www.lungusa.org
- Navy Hospital – 843-743-7199 (only for TRICARE Prime participants)
- Charleston Air Force Base – 843-963-4007 (only for active duty and their dependents, retired active duty and their dependents and activated reserves)

South Carolina Stroke Support Groups

CHARLESTON

Young Stroke Survivors Support Group (ONLINE)
facebook.com/groups/YoungStrokesCharleston

Young Stroke Survivors Support Group
2nd Tuesday of each month at 6:30 PM
These meetings alternate between "get-together" meetings at area restaurants and "learning" meetings at St. Francis Hospital in West Ashley, please contact Alyssa to learn where the next meeting will be held.
Alyssa Chesnutt: hydar@musc.edu | 843-792-8171

Encompass Health Stroke Support Group
3rd Tuesday of each month at 4:00 PM
Contact Julia Martens at: Julia.martens@encompasshealth.com
or Briana Tucker at: Briana.tucker@encompasshealth.com

Roper Rehabilitation Stroke Support Group
3rd Tuesday of each month at 4:00 PM
Roper Rehab – 3rd Floor Roper Hospital
Contact Katie Hall at: Kaitlyn.Hall@rsfh.com

Aphasia Support Group
Last Wednesday of each month (time and locations vary).
Please contact Anna Doyle for more information.
doylean@musc.edu | 843-792-3678

Beaufort

Living Well After Stroke – Beaufort
990 Ribaut Rd
Beaufort, SC 29902
Contact Richard Craner 843-522-5898
Meets 3rd Thursday of every month 11:30 – 12:30 pm
Beaufort Memorial Hospital Administrative Center

Bluffton

Coastal Carolina Stroke Survivor Support Group
75 Baylor Dr
Bluffton, SC 29910
Contact Brittany Patnaude 843-784-8096
Meets 2nd Wednesday of each Month 3:00 pm – 5:00 pm
Bluffton Medical Campus

Florence

Encompass Health Rehab of Florence Stroke Support Group
Meets weekly on Thursdays at 3:30 pm at Encompass Health Rehab Hospital of Florence
Contact: Tori Wagner 843-679-9000

Preferred contact is by email: Tori.wagner@encompasshealth.com

Stroke Survivors Support Group Florence

Meets on the 3rd Thursday of every month 4:00 – 5:00 pm

Pavilion Conference Center at McLeod Regional Medical Center

Contact: JoAnn Alexander, RN 843-777-8988

Preferred contact is by email: joann.alexander@mcleodhealth.org

GREENWOOD

Self-Directions Stroke Support Group at Optimum Life Center

Classroom When: Every 2nd Tuesday from 12-1p.m.

Location: 115 Academy Ave

Greenwood, SC 29646

Contact: (864)-725-5551

Marion

MUSC Marion CVA Peer Support Group

Meets Last Thursday of each month 6:00 pm – 7:00 p.m

Classroom A MUSC Marion Medical Center

Contact: Mrs. Catherine Stromberg CCC-SLP 843-431-2630

Chs259@muscd.edu (preferred contact method is email)

MYRTLE BEACH

Grand Strand Health: Stroke Support Group at Healthfinders in

Coastal Grand Mall When: Every 2nd Tuesday from 2-4p.m.

Location: 2000 Coastal Grand Circle,

Suite 520 Myrtle Beach, SC 29577

Contact: Grand Strand Medical Center Classes & Events Registration: (843)-839-9933

Contact: Heather James, MSN (843) 692-1528

Heather.James@hcahealthcare.com

Preferred Contact Method: Email

Orangeburg

Orangeburg Stroke Support Group

3000 St Matthews Rd

Orangeburg, SC 29118

Meets 2nd Wednesday of every month 10:30am-11:30am

In the Healthplex at The Regional Medical Center of Orangeburg

Contact Mrs. Sherry Davis, BSN 803-395-4014

Alternate Contact Mrs. Sheri Hughes, BSN 803-395-2258

Sumter

Overcomers – Sumter Stroke Support Group

1305 Loring Mill Rd

Sumter, SC 29150

Meets 2nd Thursday of every month at 6:00 pm

Alice Drive Baptist Church Library Room 119

Contact Wayne Hunter 803-464-3003

Mjhunter26@ftc-i.net

Contact: email RCPPrograms@prismahealth.org

ROCK HILL

HealthSouth Rehabilitation Hospital of Rock Hill

When: Every 3rd Thursday

at 11 am Location: 1795

Dr. Frank Gaston Blvd

Rock Hill, SC 29732

Contact: Michele Hambley at 803-326-3543 or michelle.hambley@healthsouth.com

SPARTANBURG

SC Brain Injury Alliance

When: Every 2nd

Tuesday 6:45-9pm

Location: 601 Webber

Rd

Contact: 864-560-6364

SUMMERVILLE

Summerville Medical Center: Stroke Support Group (Caregivers Welcome)

When: Every 2nd Tuesday from

6-7:30p.m. Location: Cardiac

Rehab Contact: Call 843-847-

4177

Caring for the Caregiver: Respite Care

What is Respite?

Respite is a service that provides a much needed break for parents and caregivers of family members with special needs. There are a variety of respite programs in South Carolina provided by various organizations, and respite is sometimes included in services provided by a Medicaid Waiver, DDSN services, mental health services or private providers.

RESPITE PROGRAMS IN SOUTH CAROLINA

Respite provided through a wavier:

Usually one-on-one care provided by individuals trained to work with those who have special needs. This service can be provided at your home, or a Respite Provider may take your child out to do activities. The main sources of respite for children in S.C. are South Carolina Department of Disabilities and Special Needs County Boards and Community Long Term Care, both of which may have waiting lists.

SC Access

Guide to available resources for older adults, people with disabilities, their family members and caregivers in South Carolina.

website: GetCareSC.com

Family Arranged Respite:

Provided through Service Coordination from South Carolina Department of Disabilities and Special Needs County Boards. Your family member will need to meet their eligibility requirements and receive service coordination (sometimes called Targeted Case Management or TCM).

Community Long Term Care:

Community Long Term Care (CLTC) offers programs to help individuals who want to live at home, need assistance with their care, and are Medicaid eligible. CLTC can help individuals remain at home and avoid unnecessary or premature nursing home placement. For this program, caregivers must be in the home while their loved one receives services. Locations across all of S.C.

Central Office: 803-898-2590

SC Voucher Program:

Vouchers for respite care are available to qualifying family caregivers who provide most of the care for someone with disabilities, chronic health conditions, age related challenges or other special needs. The voucher program is operated by the SC Respite Coalition. The Coalition is committed to providing financial assistance to family caregivers so that they can take a much needed break from their caregiving role.

email: respite@screspitecoalition.org

phone: 1-866-345-6786

Family Caregiver Support Programs:

-Option One: Grandparents over 55 raising grandchildren 18 and under may be able to receive funding to hire respite providers.

-Option Two: No matter YOUR age, the care receiver must be 60+

Note: They will handle Alzheimer's respite funds for any caregiver of a dementia patient.

To find your local Family Caregiver Support Program, call 1(800)868-9095

Trident Area Agency on Aging

Assistance for rides, shopping, meal preparation, bill paying, medication management, housekeeping, grooming, dressing, and walking.

phone: 843-554-2275

The Lieutenant Governor's Office on Aging

This is the chief advocate in South Carolina for seniors and adults with disabilities. The Lieutenant Governor's Office on Aging, through a grant from the United States Administration on Aging in partnership with the South Carolina Respite Coalition and Family Connection of South Carolina, has developed a Lifespan Respite Care Program State Plan.

phone: 803-734-9900

toll free. 1-800-868-9095.

South Carolina Respite Coalition

This organization provides information about respite to families and professionals, strives to increase awareness among family members, policy makers and the community and ultimately increase respite all over the state. The coalition works to increase awareness of the needs of families within the faith community and brings people together from different faiths to assist them in providing respite for those in need of a break within their own faith communities.

rachal@screspitecoalition.org

Toll Free: (866) 345-6786

Columbia Area: (803) 935-5027

Respite Care Charleston

www.respitecarecharleston.org

Phone: 843-647-7405

Churches Currently Providing Respite Co-Ops

Charleston Harbor Bible Church - Charleston, SC
Meets last Saturday of the month from 5:30-9pm
Contact: Peggy Carr (843)224-1817

Mt. Moriah Missionary Baptist Church - Charleston, SC
Meets last Friday of the month from 6:30-9:30pm
Contact: Meagan (843)556-5010

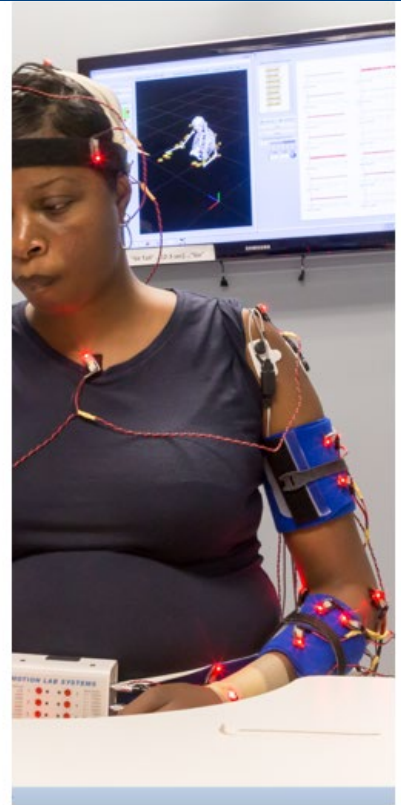
Crowfield Baptist Church - Goose Creek, SC
3rd Friday of the month from 6-9pm
Contact: Angie Beard (843)821-6579 or (843)708-0859

Charleston Area Meals on Wheels Program

<p>The Programs:</p> <p><u>Meals on Wheels</u> Primarily provides nutritious meals, a quick safety check and much-needed human connection to homebound seniors. In some communities, additional services that keep seniors healthy and safe are also offered, like pet food delivery, senior center meal programs, and more. Each local program works with its own community's needs and resources to provide a community-specific solution.</p> <p>Meals on Wheels serve all areas of the lowcountry.</p>	<p>Please Contact:</p> <p>Charleston Area Seniors 843-722-4127 email: casc@charlestonareaseniors.com</p> <p>Trident Area Agency on Aging 843-554-2275 email: info@tridentaaa.org</p> <p><i>A home visit and assessment must be completed before service.</i></p>  <p>Meals on Wheels of Charleston helps seniors maintain an independent lifestyle in their homes for as long as possible.</p> <p>charlestonareaseniors.org</p> <p>www.tridentaaa.org</p>
<p><u>Emergency Food Services/ Charleston Food Pantry</u> Emergency food is available to anyone regardless of age. Each client household receives enough food for one month. Clients must complete a brief application before receiving a box of food.</p> <p>Pantries are a great place for both information and referral for other needs that the centers do not meet.</p> <p>CASC maintains an Emergency Food Pantry located at 259 Meeting Street in downtown Charleston</p>	

STROKE RECOVERY RESEARCH CENTER

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



Advancing Research

The state-of-the-art resources of the Stroke Recovery Research Center (SRRC) support the development of new treatments to improve current interventions in stroke rehabilitation. The Center's research is guided by a shared mission of investigating methods to improve outcomes and increase quality of life for individuals following a stroke.

Research Opportunities for Stroke Survivors

The Stroke Recovery Research Center currently supports 30 studies. To speak to someone about the opportunities available as a stroke recovery research participant, call **843-792-1589**, or visit www.SCresearch.org to learn more about individual studies.

Participation is always voluntary, there is no cost to the participant, and neither a doctor's order or insurance coverage is required to participate in stroke recovery research.

The research center resources address the following:

- Walking, balance, strength
- Arm and hand function
- Voice and Swallowing disorders
- Sensation
- Depression
- Visual Neglect

77 President Street
Charleston, SC 29425

843-792-1589

musc.edu/srrc

stroke-recovery@musc.edu

NO ONE UNDERSTANDS LIKE SOMEONE WHO'S BEEN THERE.

Join today for FREE!

supportnetwork.heart.org/registration/MUSC

Do you have a story to share? Maybe some words of encouragement that could make a difference in someone's life? Or perhaps you're searching for guidance, advice or a shoulder to lean on as you navigate through a difficult time. The SUPPORT NETWORK is a far-reaching online community made up of people just like you: survivors, caregivers, family members and friends whose lives have been changed by cardiovascular disease or stroke. These are people who are seeking to share experiences, offer guidance, and provide support to one another during challenging times.

Signing up is free, easy and secure

- No membership fees, ever
- Intuitive, user-friendly; only basic computer skills required
- Forums to share your healthcare experience or provide support to another human being
- Your personal information will never be disclosed or compromised
- Monthly Q+A sessions with respected healthcare professionals
- Excellent resource for reliable, credible information

American Heart Association

1-800-AHA-USA-1 (1-800-242-8721)

SupportNetwork@heart.org

Recovering from a cardiovascular event or managing a chronic condition can be challenging and emotionally draining. Take comfort in knowing you've got somewhere to turn for the support you need.



**American
Heart
Association®**

For more information about stroke please contact

Stroke Program Coordinators

1. **Christina Blake** at 843-792-6084
2. **Emily Davis** at 843-792 -7713
3. **Marrissa Cobiella** at 843-792-5280

- **American Stroke Association** at 1-800-478-7653.
For a free one year subscription to “Stroke Connection Magazine”, call the number above or subscribe online at www.strokeassociation.org
- **The American Heart Association** at 1-800-242-8721
- **National Stroke Association** at 1-800-STROKES (1-800-787-6537)



Goal Setting

The template below will help you set achievable goals aimed towards improving your health. Bring this worksheet to your stroke follow up appointment so you and your provider can work together to achieve your goals. A good idea is to share your goals with family and friends to build a support team. For help or ideas, ask your MUSC care team- YOU CAN DO THIS!!

What is my goal?	What steps do I need to take to get to my goal? How will I know I've made progress?	What and who can help me reach my goal? What might keep me from reaching my goal?	Why is this goal important to me?	How long will it take me to achieve this goal?
Goal #1				
Goal #2				
Goal #3				

You can take charge of your own health. You can start by keeping track of important information and sharing it with your health care team.

Blood Pressure Log

Date	AM	PM	Notes

Blood Sugar Log

Date	Breakfast	Lunch	Dinner	Notes

MEDICATION LIST

Patient Name:

Pharmacy Name:

PRESCRIBED MEDICATION:				
MEDICATION NAME(s)	PURPOSE	DOSAGE	FREQUENCY	SIDE EFFECTS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
NON-PRESCRIPTION MEDICATION:				

Stroke Warning Signs

Sudden loss of balance

Sudden loss of vision in one or both eyes

Sudden uneven facial expression

Sudden arm or leg weakness

Sudden slurred speech, trouble talking, or confusion

Sudden severe headache

Call 911 immediately if you experience any of these warning signs!

TIME IS BRAIN

What to Do If You Fall Victim to Stroke Symptoms

If you have one or more stroke symptoms that last more than a few minutes act as follows:

Call 911 or the Emergency medical service (EMS) immediately so an ambulance can be sent for you.

Notice the time. You will later be asked when the first warning sign started. This can be crucial information for appropriate treatment.

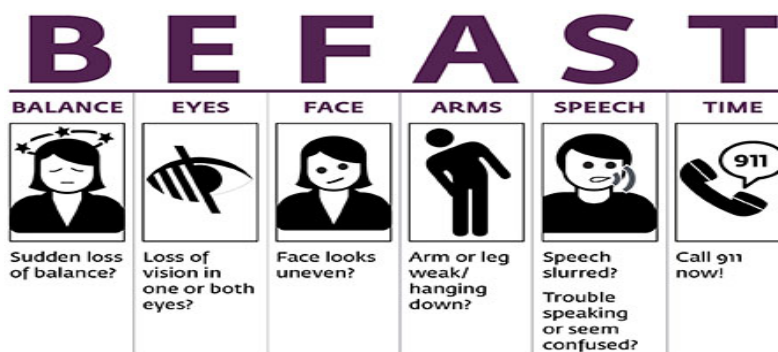
What Should a Bystander Do?

Because stroke injures the brain, a victim of stroke may not be able to identify what is happening to him/her. To a bystander, the stroke victim may seem confused, unaware, lose the ability to speak, lose the ability to move a leg or arm on one side, or experience facial paralysis on one side. The best chance the person may have is if someone around him/her recognizes the warning signs and acts quickly.

Immediately call 911

Expect the person to protest (denial is common), but don't take "no" for an answer.

Notice the time. Keep track of when you noticed the first warning sign. This can be crucial information for appropriate treatment



NOTES

Want to write down a name? Have a question you don't want to forget? Was there a significant event you'd like to write down? Write it here!