



Stroke Diary



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Just had a stroke?

According to the medical professionals I suffered a
 type of stroke on (yyyyymmdd)
 at (location).

This is my story:

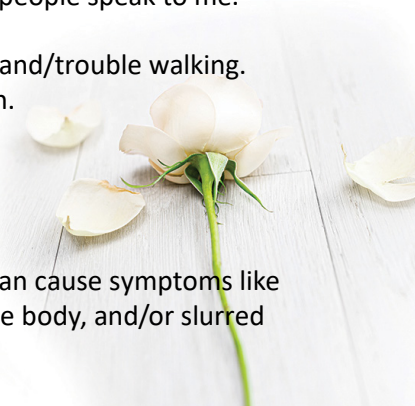
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My first symptoms included: (tick applicable boxes)

- Sudden numbness of my face/arm/leg on the one side of my body.
- Sudden loss/poor vision in my one eye.
- Sudden trouble speaking/understanding when people speak to me.
- Sudden confusion.
- Sudden loss of coordination/balance, dizziness and/trouble walking.
- Sudden severe headache with no known reason.

What is a stroke?

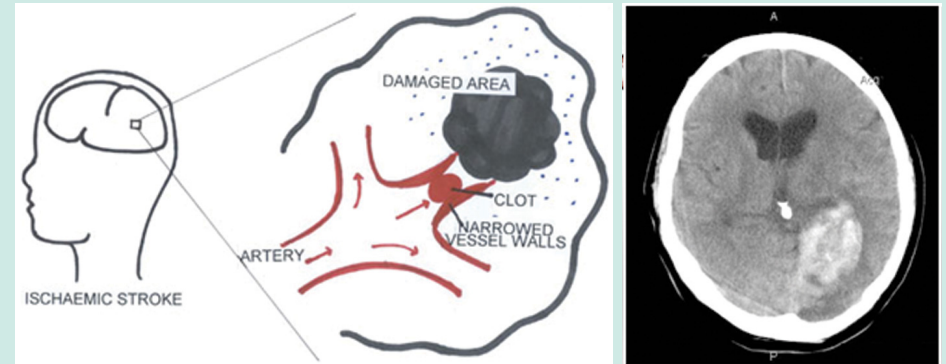
When the blood flow to the brain is impaired this can cause symptoms like weakness in the face and arm on the one side of the body, and/or slurred speech. This is called a stroke.



However, if these symptoms clear up and the patient recovers within 24 hours, the incident is classified as a Transient Ischaemic Attack (TIA). This is regarded as a warning sign for impending strokes.

What caused the stroke?

There are two main types of strokes: **ischemic**, and **hemorrhagic**. Ischemic strokes occur when a blood vessel in the brain becomes blocked and blood flow (which supplies oxygen) is disrupted to areas of the brain. Hemorrhagic strokes occur when blood leaks out of the blood vessel into the brain. This is commonly described as a "brain bleed".



What risk factors do I have?

- Age: Older than 55, your chances double for getting a stroke.
- Family history: Chances are more if a grandparent, parent, sister or brother had a stroke.
- Gender: More common in males than females.
- Prior stroke/ TIA / heart attack: People who had Transient Ischemic Attack are 10x more likely to get a stroke.
- High blood pressure: This is the main cause of strokes especially when uncontrolled.
- Smoking: Nicotine and Carbon Monoxide damage the cardiovascular system and greatly increases the risk of having a stroke.
- Diabetes Mellitus: Many patients with diabetes are also obese, have high

blood pressure and high blood cholesterol.

- Artery disease: Arterial diseases cause built up of plaque narrowing the artery.
- Heart problems: Like atrial fibrillation causes blood to clot that can lead to an emboli getting into the bloodstream. Coronary heart disease, heart failure, enlarged heart, valve diseases and some congenital defects also increases the risk.
- Sickle cell anemia: Due to the red blood cells sickle cell shape, it tends to stick to the blood vessel walls blocking blood flow.
- Cholesterol: High blood cholesterol as well as low HDL (good cholesterol) increase the risk of getting a stroke. This is normally due to a poor diet.
- Being inactive and / or obese increase your risk of having high blood pressure, high cholesterol, diabetes, heart diseases as well as stroke.

I am going to manage my risk factors by:

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What are my chances of having a second stroke?

First strokes usually come in the form of TIA's (Transient ischemic attacks) when the effect lasts for less than 24 hours. These are warning signs. A person who has had a stroke already is at a greater risk of having another. Therefore it is important to know what caused your stroke or what are the risk factors in your life for you to lessen your chance of getting another stroke.

Appropriate lifestyle changes are crucial. Physical activity for at least 30 minutes a day and managing your weight and cholesterol will reduce your chances of suffering a second stroke. Reducing alcohol intake to one drink a day is advised. Stop smoking and manage your sugar constantly in the case of diabetes.

If you suspect that you are having a stroke, rush for medical attention. The quicker you receive treatment the better, best when within 3 hours after the onset of your symptoms.

Remember:

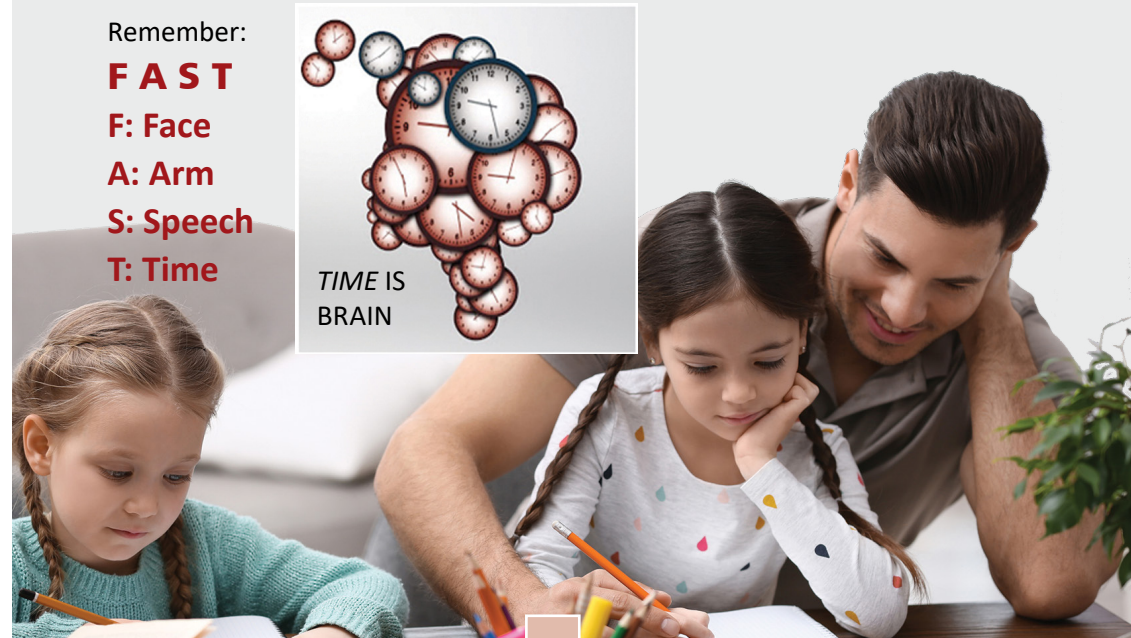
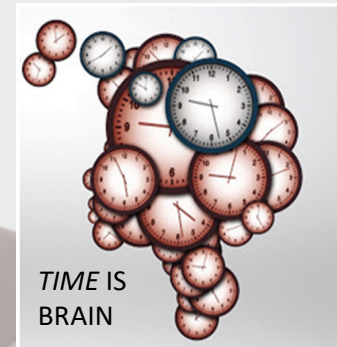
F A S T

F: Face

A: Arm

S: Speech

T: Time



Deborah's story

Left side of the body

Deborah had a stroke yesterday. She feels weak in her left arm and left leg as if the limbs are too heavy to move. She is propped up in a sitting position by the medical personnel.

She doesn't seem to notice if anyone is standing on her left side. The nurse mentions that the therapists said she might have unilateral spatial neglect.

Deborah seems to be confused and not sure what happened, where she is and why she is in hospital.

She talks to visitors and seems to understand what is said.

It takes a lot of effort, but the professional staff is assisted by the therapists to get Deborah into a chair. She feels as though she doesn't have any balance. They mention how important it is to position Deborah correctly in the bed and in the chair to prevent shoulder subluxation and pain.

John's story

Right side of the body

John had a stroke yesterday. The right side of his face is drooping, and his right arm and leg feel very weak.

John is struggling to talk and find the right words but seems to understand when you talk to him. He is unaware of the food that is still on his beard.

He struggled to drink his medication and coughed a lot. The speech therapist assessed him and is worried about aspiration. They have ordered 'thick and easy' now and he is only allowed to drink thickened liquids.

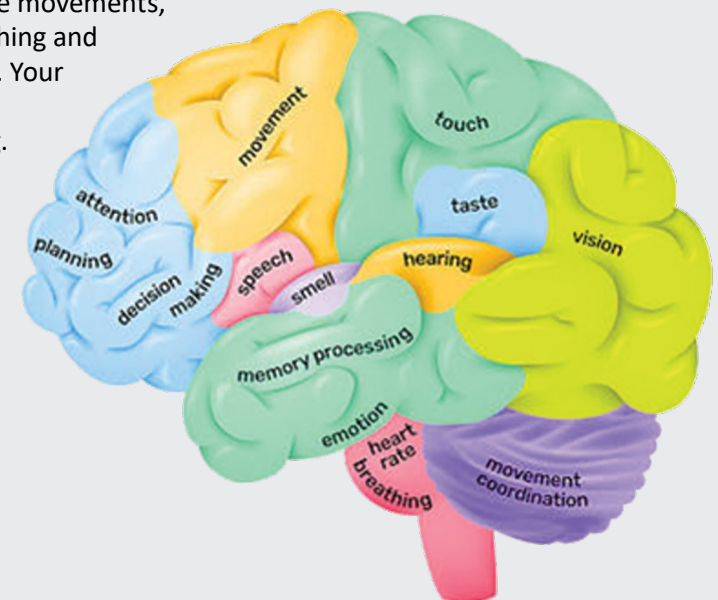
Doctor asked the physiotherapist to do chest physiotherapy and start getting him sitting in a chair for longer periods. He just wants to lie in bed and sleep. He feels irritated with all the blood tests and scans and wants to go home. Doctor said they must make sure he is medically stable before any decisions can be made regarding further management.

Why are Deborah and John different?

Up to now you should understand that a part of Deborah and John's brains are not functioning as it should. Every stroke is different and everybody's journey to recovery is unique.

Your brain can be compared to a company. In any company there is different people doing different types of work and communicating with each other, to at the end bring forth a product or service. In the same sense there are different areas in the brain responsible for different types of bodily functions including a sense of feeling, movement, emotion, cognition, personality, speech production etc. These areas are in constant communication with each other. If one area is not functioning optimally, it hinders the whole message going to the body. The functions less struggled with, are functions that don't require a lot of input from the affected area in your brain.

The left side of the brain is responsible for the right side of the body's movement and feeling whilst the right side of the brain controls the left side's functions. The brainstem (base of the brain) connects to the spinal cord and control for e.g. eye movements, swallowing, breathing and how alert you are. Your cerebellum (small brain) controls e.g. your balance and coordination. The part of the body affected by the stroke determine the patient's symptoms.

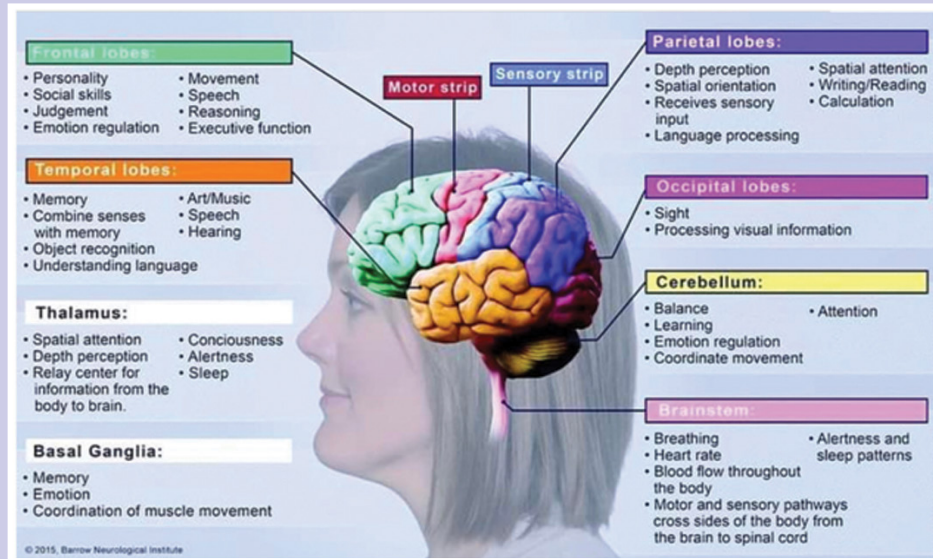


According to my CT scan/MRI scan my brain was affected in the following areas:

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This means that although I might not realise it, I may have difficulty with the following:

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I am mainly frustrated with my ability to:

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Speech

There are many possible sources of speech difficulties: muscle weakness causing speech distortions, poor breath control causing weak volume, difficulties finding and/or planning the correct words, or having difficulties understanding what others are saying. Your speech therapist will guide you through the process to try and establish a type of communication with your relatives, friends and the community. Frustration is a normal response to this breakdown in communication but exploring and finding ways to express what you experience will lessen the burden.

Swallowing

Swallowing functions might be affected due to a loss of sensation in the mouth and/or a loss of mouth and throat muscle strength. Your ability to maintain adequate sitting balance will also have an impact on your ability to swallow foods and liquids safely. Your speech therapist will evaluate you and assist in selecting food consistencies and liquids that is safe for you to swallow. If you are unable to swallow food or liquids safely, or if you cannot eat or drink enough, alternative methods of feeding (e.g. through a feeding tube) will be considered. This will be discussed with you and your family should it be needed.

Sensation

Your sense of feeling might be lessened, lost, or hypersensitive when someone touches your affected side. You might not know where your affected body parts are without looking. You might even forget that the affected side of your body exists. It is crucial, especially in the early days of recovery, for your visitors to sit, talk and touch you on the affected side. This will make

you more aware of your surroundings. If the loss of feeling persists, it is important to take it into consideration when doing daily activities e.g. when cooking or climbing into a bath. If you are hypersensitive the occupational therapist will assist you with desensitizing techniques.

Movement

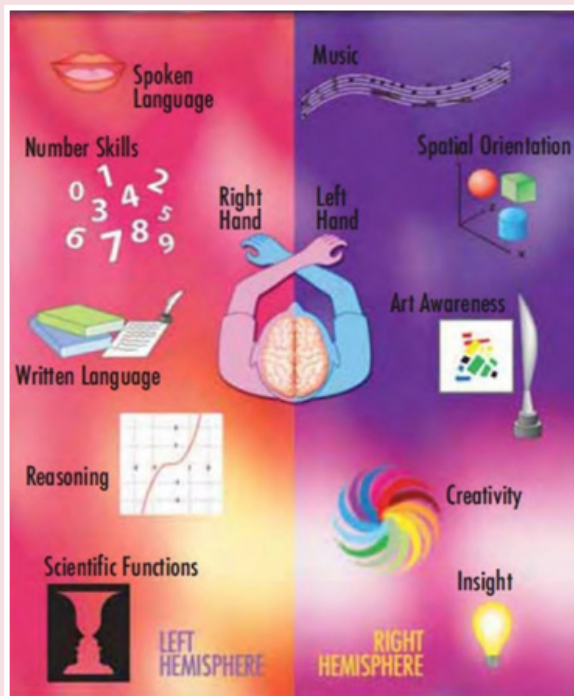
Movement is a very complex integration between what your brain plans and wants to achieve, and what your body is telling your brain about your movement.

Movement needs to be planned, initiated (started), executed, controlled, adapted and evaluated. E.g. when

picking up a glass you have to start the movement with your hand, move straight to the glass, pick it up, control the movement not to spill,

adapt to the shape, weight and size of the glass and afterwards evaluate if you were successful or not, and what can better the movement. Your brain does this automatically, but when affected the movement is altered at one or more of these areas mentioned.

For these reasons it is difficult and sometimes impossible for a person who had a stroke to walk as the affected side struggles to plan, start, execute, adapt and evaluate what he/she did. Sometimes your brain will start to try and cope with a loss of movement by increasing your tone (muscle readiness) in your affected areas. This can hinder movement. Tone is only controlled when active movement is adequate. Your physiotherapist will assist you to improve movement and mobility that is altered to help you to achieve your potential and goals.



Your occupational therapist will assist you to cope with activities of daily living or teach a family member or care giver to assist you. According to your ability, potential progress and needs, you will then cope with washing and dressing yourself, eating and or preparing a meal, handling a telephone, handling money/finances, writing/communicating, return to the community, driving and in time return to work.

Personality and emotional changes

If you have had a stroke affecting areas of the brain that is responsible for controlling behavior, you might handle situations differently and act differently. Some stroke victims are more aggressive, more emotional others more caring and others only more passive.

The experience itself can also change you as you grow with this new situation. It is not uncommon to develop depression after having a stroke. Emotional changes might also be changes associated with the body trying to cope with having had the stroke. It is not unusual to be treated with anti-depressants for 6 months to a year - while your body learns to cope with the stroke. It is advisable to see a psychologist or counselor to help assist you through this period. Your family and care givers will also benefit from a debriefing session.

Other emotional changes might include unexplained anxiety, having less inhibition, less control over becoming over emotional, mood swings and self-centered behaviour.

Cognition

Your brain has areas that are responsible for short term memory, long term memory and learning. If these areas are affected you might struggle to remember family member names, or what day it is today, where you are, what you are doing here and what has happened to you. If you struggle with these issues your occupational therapist will assist you. Having your name, the time, day, month, year and place displayed by your bedside will also assist you. Pictures of family members, friends, pets, your house and workplace may also be displayed.

Vision

The stroke may affect the area responsible for your vision or the eye movements. Some people suffer from diplopia/double vision, others move their heads in order to look in a specific direction. Another person might be seeing spots or only half of the picture. This often leads to an uncertainty of where the middle of your body is. This does improve to a degree with the proper training techniques. Others might be able to adapt to it with cognitive learning.

What happens after having a stroke?

Acute hospital

You will or you have been treated medically.

- The doctors will ensure that you get enough fluids to keep you from dehydrating.
- You may get oxygen or other forms of treatment if you are having difficulty breathing.
- You will not receive aspirin immediately as tests need to be done to make sure it won't cause more bleeding.
- Your swallowing ability will be tested before getting things to eat and drink.
- It is important that the doctors do not lower your blood pressure too much as the brain still needs oxygen and more of it.

As soon as possible the doctor will decide to assign therapists to help you recover. This can happen as early as in the ICU. There are mainly three types of therapists: A Physiotherapist will help you with gross movement like turning, sitting, walking and using your arm as well as functional activities like climbing stairs. An Occupational Therapist is concerned with your activities of daily living including eating, washing, dressing, work related activities and your cognitive (thinking) ability. A Speech Therapist will assess your swallowing, your communication ability, speech and understanding. A Psychologist may also be asked to help you and your spouse and / or family to cope through this time.

This is my story in the acute setting

I was treated at

by doctor(s)

I started with therapy on

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I have achieved the following:

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I had support from:

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Rehabilitation centre

On admission:

Pretty's story **Left side of her body**

Pretty had to wait for authorization before she was admitted to the rehabilitation unit. She has weakness in her left arm and wants to walk but can't mobilize without a therapist. She moves around in a wheelchair and needs to be reminded not to get up without assistance. She fell this morning when wanting to go to the toilet alone.

When sitting in the wheelchair her body falls to the left side and she doesn't seem to notice when her left arm hangs off the wheelchair table provided. She has pain in her left shoulder.

Pretty needs to be reminded to tend to her left side of her body and look to the left side. She needs assistance when showering and dressing for her own safety. Her catheter was removed but she often doesn't make it to the toilet in time. Her family brings nappies to the rehabilitation centre when coming to visit. She can have basic conversations with her family but is easily distracted. Everyone is very concerned about her recovery. Pretty is very emotional and misses her home.

Paul's story **Right side of his body**

Paul started rehabilitation. His family was invited to the first family meeting and unsure what to expect.

His right arm seems lame, but he can move it with effort. His right leg is also weak (hemiparesis) but he has started to walk with assistance. His therapist is considering getting an assisting splint for his right foot to assist with the way he is walking. His face is still drooping, and he struggles to express himself (aphasia). He doesn't like taking oral medication because he coughs often when swallowing (dysphasia). His girlfriend is more relieved since the drip has been removed as he is taking in enough fluids drinking carbonated water. He wants the flavoured type, but doctor said his sugar doesn't allow any sweet drinks.

His girlfriend asked his son to attend the family meeting with her. She feels overwhelmed and is unsure what will happen over the next few weeks. She worries how they will cope at home. His employer gave documents that the doctor has to sign.

The doctor will decide when you are medically stable to refer you to a rehabilitation centre. After having a stroke, the first three months is crucial for treatment. Thereafter improvements will still be made but at a slower pace. In this time and thereafter it is crucial to use your medication as the doctor prescribed it. Generic version is not advisable without your doctor's consent as not all generic products are suitable for all patients. Consult your doctor if you are in doubt.

George's story **Left side of his body**

George is planning an outing to the barber shop with his therapist before his discharge. They want to see how he copes in a community environment with assistance of one person.

He still forgets to pay attention to his left side when walking through passages and has plenty of bruises to show for it. His physiotherapist said he should continue with his balance exercises to help him improve more.

He is not confused anymore but still has problem solving difficulties and struggles to recall recent activities. John will return home with his daughter and her husband. They live in an apartment on the second floor. He manages well climbing the stairs using the new railing his son-in-law installed. The therapists suggested this after his first weekend pass-out. George wasn't known as the

Jenny's story **Right side of her body**

Jenny is going home soon. She planned to give a party for the friends she made at the rehabilitation centre. Her therapists helped her to bake cupcakes and savoury muffins for the staff. She was able to push the muffin pan down with her right arm while pouring in the mixture. She felt very embarrassed when she messed half of the mix on the floor, but her occupational therapist said she should be patient as she used to be right handed and only now started to learn to use her left hand as the dominant hand.

When she stands on her right foot, she struggles to control her balance and stresses when her foot pulls funny (spasticity). Her physiotherapist encouraged her to take weight on the leg and do her tone inhibiting exercises.

The orthotist helped her to get a wheelchair through her medical aid.

emotional type but recently he cries and gets anxious whenever he thinks about returning home.

His daughter is concerned that he will get depressed as he can't play golf anymore. He wants to start driving as soon as he gets home but his doctor said he needs to improve his paper scores with the therapists before he can go for the driving test. Doctor booked him off work for another 3 months before he can be reassessed by the occupational therapist. Recommendations will then be made regarding return to work.

They fitted a proper wheelchair cushion and wheelchair tray onto the chair. The therapist started training her care taker to help her with the transfer board into and out of a taxi. The care taker used to work with an elderly lady but is unsure if she will cope helping Jenny at home full day. She struggles to understand Jenny's broken speech and gestures. The family is very concerned about Jenny living alone with a care taker, but Jenny did not want to move into a frail care facility. The social worker is helping the family to look for another care taker that can work shifts with the trained care giver.

Depending on your age and the severity of the stroke you suffered, you will be admitted to the rehabilitation hospital for approximately 6 weeks to 3 months. You will receive daily therapy from the multidisciplinary team. As soon as you are ready and medically stable you will be allowed to go home for a day or two over a weekend to start reintegrating you in your own environment. Family meetings during this time are crucial to assist in the rehabilitation process. Approximately two weeks prior to the discharge date, family/care giver training should be done and the discharge destination (home or to a care unit) should be finalised.



This is my story in the rehabilitation unit:

I was admitted on
to..... hospital.

I felt frustrated with my ability to
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My goals are to:
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I am monitoring my progress:

Date:	I achieved:

I feel empowered by:
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Upon discharge:

I was discharged on the (yy/mm/dd).

I received a home exercise program to help me to:

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Medically I needed to remember to:

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I had the following assistive devices:

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Upon discharge I went to stay:

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Upon discharge I had follow up appointments with:

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Out-patient treatment

After discharge from the rehabilitation hospital your need for out-patient therapy will be assessed and if needed referrals will be done. On out-patient basis you will have to consult with your therapist if you qualify to apply for Prescribed Minimal Benefits (PMB) from your health insurance company. As long as you show significant improvement and have specific goals to attain in therapy, therapy should continue. If not you will receive a maintenance program and will only be followed up by your therapists as needed.

Solomon's story
Left side of his body

Solomon was discharged home with his wife. He went for his follow-up with the therapists and doctor and is coping well at home.

His regular therapy sessions helped him regain confidence and he passed his driving assessment. He is now walking fast enough with his ankle-foot orthosis to cross a road safely and his spasticity in his arm was managed well at the out-patient Botox Clinic (Botulinum toxin injections) and constraint induced therapy.

His employer asked and payed for a formal Vocational Assessment with the occupational therapist. After the assessment the doctor confirmed that he is fit to return to work.



Kate's story
Right side of her body

Kate misses her friends from the rehabilitation centre but soon made new friends at the out-patient department. She feels less conscious about her communication challenges when they all laugh together about their word finding challenges. Her friends and family understand her fairly well.

She doesn't have difficulty maneuvering her wheelchair at their house as it is more accessible now that they moved the furniture around and added the ramp at the back door.

She uses her right hand when showering but still gets tired quickly. She wants to shower without assistance and without the commode now and can step into the shower alone. One of Kate's friends suggested a shower chair, but she will talk to her therapist first about the best options.

Some days Kate feels depressed as she can't perform the leisure activities that she used to do. Her friends started to scrapbook with her to help her learn to enjoy new activities.

This is my story

I have been a stroke survivor for :

I want to be able to:

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To get there I need to:

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My diary

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