

LIFESTYLE CHANGES TO REDUCE STROKE / TIA RISK

If you smoke, STOP – smoking doubles your risk for stroke. Avoid secondhand smoke.
If you don't drink, don't start. Alcohol does not promote brain recovery.
If you must drink alcohol do so in moderation – no more than one drink per day
One drink is defined as 1.5 oz of hard liquor, 4 oz of wine or 12 oz of beer
High blood pressure is the leading cause of stroke. Work with your doctor to control it. Notify your physician if your blood pressure is greater than 140/90.
Your LDL cholesterol was _____. Your LDL cholesterol goal is less than 100 mg/dl.
Include exercise in your daily routine. Check with your primary physician regarding exercise restrictions.
 exercise 30 minutes a day, 3 to 5 times per week
 Weight loss and exercise are indicated

WHAT TO WATCH FOR

Call 911 immediately if you have any new stroke/TIA like symptoms:
Sudden numbness or weakness of face, arm or leg
Sudden confusion or trouble speaking or understanding speech
Sudden trouble seeing in one or both eyes
Sudden trouble walking, dizziness or loss of balance or coordination
Sudden severe headache with no known cause

SPECIAL INSTRUCTIONS Other written instructions (specify)

Resources:

Bloomington Hospital Stroke Survivor Support Group - Contact Heather Hudson LSW (812) 353-9818

American Stroke Association - 1-888-4-Stroke to talk with a stroke survivor or family caregiver, find a support group in your area or receive free educational information or their website ASA.org

Free Smoking Cessation Classes - call (812) 353-5811 for more information

If you have questions regarding your discharge instructions, please call 353-6821 and ask to speak to the Patient Care Director. In case of emergency, call 911.

Physical and cognitive rehabilitation is important to maximize recovery after a stroke. Maximum recovery occurs within the first three months; however, continued recovery can occur up to and beyond one year from the stroke onset.

STROKE EDUCATION

Please bring this form to your next doctor's appointment

I have been given the stroke education packet and instruction booklet. I understand these instructions and I have had ample opportunity to have my questions answered.

Yes No

Patient-Last Name, First Name, Middle Initial M F _____
Age

Admission Number _____ _____ Patient/Responsible Party Signature _____
Date Birth Date Date

Physician Name

Patient Identification _____ _____ _____
Medical Record Number RN Signature Date

