



Stroke Passport

Patient and Caregiver Guide
to Understanding Stroke

Know the warning signs of stroke.

B



BALANCE
Loss of balance
or dizziness.

E



EYES
Blurred or loss
of vision.

F



FACE
One side of the
face is drooping.

A



ARMS
One arm weak
or numb.

S



SPEECH
Speech difficulty.

T



TIME
CALL 911 IMMEDIATELY AT
ANY SIGN OF STROKE!

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What is a stroke?




A stroke or “brain attack” occurs when blood supply to part of your brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Without oxygen and nutrients brain cells begin to die in minutes.

When blood flow is disrupted during a stroke, normal functions such as speech, movement and memory can be impaired, depending on the location of the stroke and its severity. Patients can experience varying effects from a stroke; such as mild weakness, loss of feeling, difficulty speaking, loss of balance or complete paralysis on one side of the body.

What is a transient ischemic attack (TIA)?

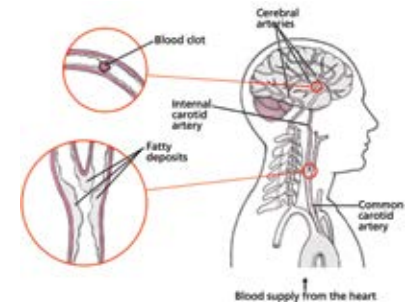
Transient ischemic attacks are brief episodes of stroke symptoms resulting from temporary interruptions of blood flow to the brain. A TIA can last anywhere from a few seconds to 24 hours. Unlike strokes a TIA does not kill brain cells, and therefore, do not result in permanent harm to the brain. However, it can be a **warning sign** of an impending stroke.

Do not ignore any stroke symptoms hoping they will go away. A stroke is a medical emergency. Think BEFAST and seek medical treatment immediately.

B	E	F	A	S	T
BALANCE	EYES	FACE	ARMS	SPEECH	TIME
					
Loss of balance or dizziness.	Blurred or loss of vision.	One side of the face is drooping.	One arm weak or numb.	Speech difficulty.	Call 911 immediately.
Call 911 immediately at any sign of stroke!					

Types of strokes

Ischemic stroke blockage occurs when a blood vessel in the brain develops a clot which cuts off the blood supply to the brain. Ischemic stroke is the most common of stroke type seen. There are different causes of an ischemic stroke. During hospitalization, the experienced stroke team will determine the cause, discuss treatment options, and identify ways to prevent future ischemic strokes from occurring.



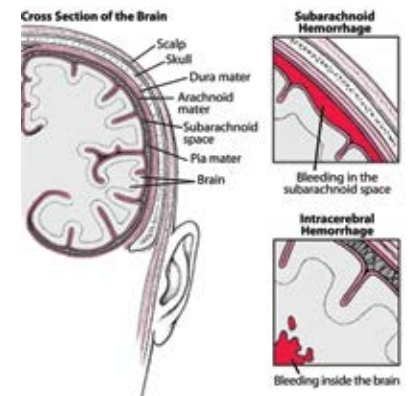
ISCHEMIC STROKE

The cause of my ischemic stroke is:

Hemorrhagic stroke bleeding occurs when a weakened blood vessel in the brain breaks or ruptures. The blood that escapes from the blood vessel can damage surrounding brain tissue.

There are two types of bleeding strokes:

- **Subarachnoid** is when a blood vessel ruptures and bleeds into the space between the brain and the skull. A ruptured aneurysm is the most common cause.
- **Intracerebral** is when a blood vessel bleeds within the brain tissue. High blood pressure is the most common cause. Common symptoms of a hemorrhagic stroke is often associated with sudden severe headache, nausea and vomiting, drowsiness, partial or total loss of consciousness, blurred vision, neck stiffness and/or one-sided weakness.



HEMORRHAGIC STROKE

What causes a blood vessel to burst?

- High blood pressure puts added stress on the blood vessel walls, which can weaken them and make them more likely to burst. It can also speed the build-up of fatty deposits in blood vessels throughout the body. Seventy percent of all hemorrhagic strokes are caused by high blood pressure.
- An aneurysm is a weakness in an artery wall which may balloon out, forming a thin walled bubble that can rupture.
- A vascular malformation (AVM/arteriovenous malformation) is a tangle of thin-walled blood vessels that can break more easily than normal vessels.
- Clotting disorders such as sickle cell anemia or hemophilia, as well as certain blood thinners, may cause an increased tendency to bleed.
- Cigarette smoking, excessive alcohol intake and use of illegal drugs can all increase the risk of hemorrhagic stroke.

My type of hemorrhagic stroke is:

The cause of my hemorrhagic stroke is:

2 Causes of stroke and risk factors



Controllable risk factors for stroke

There are some stroke risk factors that can be controlled or modified with a doctor's help and others that cannot be changed. Knowing these risk factors and creating a personal plan can significantly reduce the risk of stroke.

My personal and modifiable risk factors are:

- High blood pressure (hypertension):** This is the major risk factor for stroke and leading cause of death when left untreated. It can weaken and damage blood vessels in and around the brain, leaving them vulnerable to atherosclerosis (plaque build-up in artery walls) and hemorrhage. Check your blood pressure often and keep your doctor informed.

My blood pressure goal is:

My blood pressure medication is:

- High blood cholesterol:** High levels of low-density lipoprotein (LDL) cholesterol (the "bad" cholesterol) may increase your risk of atherosclerosis. An excess of this can build up on the lining of artery walls, where it can harden and form plaques. High levels of triglycerides, another blood fat, may also increase the risk. Cholesterol levels can be checked with a simple blood test. **Know what your cholesterol levels are and have it checked regularly by your physician. Avoid foods that are high in cholesterol. If you are on medication to reduce your cholesterol take it regularly.**

My LDL cholesterol is:

My Triglycerides level is:

My cholesterol medication is:

- Diabetes and insulin resistance:** Diabetes is a major risk factor for stroke. With diabetes, the body cannot breakdown sugar or process fats efficiently. This is another way plaque is formed in the arteries. Diabetes also interferes with the body's ability to break down blood clots, increasing the risk of ischemic strokes. **Work with your doctor to maintain ideal blood sugars and HgbA1C levels.**

My HgbA1c is:

My medication(s) to help control my blood sugar is/are:

- Atrial fibrillation:** This heart rhythm disorder raises the risk for stroke. The heart's upper chamber quivers instead of beating regularly, which can cause blood to pool and clot. There are different ways AFIB can be treated. **Work with your cardiologist to identify the best treatment options for you. If you are prescribed a blood thinner it is vital that you take it consistently and follow up regularly with your physician.**

My heart rhythm medication is:

My blood thinner is:

- Carotid artery disease /Carotid artery stenosis:** The carotid arteries in the neck supply blood to the brain. Atherosclerosis, fatty deposits that build up on the walls of the artery, can also form on the carotid arteries. This plaque can become unstable and become a cause for ischemic stroke. There are a variety of treatments for carotid artery disease. **Your stroke team will help you identify the best treatment options for you.**

- Blood disorders:** Blood that clots too much or too little can put someone at risk for stroke. This can be caused by an already diagnosed blood disorder or identified by a series of blood tests. **It is important to follow-up with your physician after discharge to establish the appropriate treatment plan for you.**

My blood disorder is:

- **Heart disease:** Heart disease such as congestive heart failure, coronary artery disease, previous heart attacks, heart valve disease, or endocarditis are all risks for an ischemic stroke. **Regular cardiac workups and visits with cardiologist can help reduce your risk. If you are taking any heart medications, it is important to take them as prescribed.**

My heart disease is:

My heart medications are:

- **Patent foramen ovale:** A patent foramen ovale (PFO) is a small opening between the two upper chamber of the heart, the right and left atrium. Normally a thin membrane flap separates these chambers and prevents blood flow between the two chambers. If an opening exists, blood clots can travel from the right to the left atrium and possibly into blood vessels in the brain which can cause a blockage resulting in a stroke.
- **Congenital heart disease:** One or more abnormalities in hearts structure that exists from birth is considered congenital heart disease (CHD). When these defects alter the way blood flows through the heart it can increase the risk for stroke. At times these defects can be fixed with surgery. It is important to work with your cardiologist to identify your treatment options and plan.

My congenital heart disease is:

- **Cigarette smoking:** Smoking causes a higher risk for stroke as smoke causes the arteries in your body to narrow. Nicotine makes the heart work harder by increasing heart rate and blood pressure. Carbon monoxide in cigarette smoke replaces oxygen in your blood, decreasing the amount of oxygen delivered to arteries and tissues including tissues in the brain. **If you smoke, QUIT! Work with your physician on a smoking cessation plan.**

- **Obesity and sedentary lifestyle:** Being overweight increases the chance of developing high blood pressure, heart disease, atherosclerosis and diabetes—all of which increase stroke risk. Increase your activity, eat a healthy diet, and work with your physician to create a safe weight loss plan that is right for you.
- **Oral contraceptives:** birth control pills can increase the risk for blood clots to form in the blood vessels, thus causing a risk for stroke. This risk is especially increased for women who smoke or are over the age of 35. **Your neurologist will help you to identify your risk.**
- **Excessive alcohol intake:** Alcohol decreases the bloods ability to clot. Decreased clotting can increase the risk for a bleeding stroke. **If you drink alcohol, it is important to drink in moderation. If you need help decreasing your alcohol consumption, work with your stroke team to identify a treatment program that is right for you.**
- **Use of illicit drugs:** Cocaine, methamphetamine and intravenous drugs cause drastic changes in the blood pressure and greatly raise the risk of stroke. **If you use illicit drugs, QUIT! Work with your stroke team to identify a substance abuse program that is right for you.**



RISK FACTORS THAT CANNOT BE CONTROLLED

- Race and heredity
- Gender
- Increasing age
- Previous stroke

Statistics show that:

- » People of African or Hispanic descent have a higher risk of disability and death from stroke.
- » Stroke occurs more often in women than men. Women also have a higher mortality during a stroke than men.
- » Strokes can affect people of any age, but risk increases with age.
- » Once a person has had a stroke or TIA, he/she is at a higher risk for having another.

3 Treatment options for stroke patients



The treatment of stroke depends on the type, cause and location in the brain. Treatment of ischemic stroke is different than treatment of hemorrhagic stroke.

Ischemic stroke

Tissue Plasminogen Activator (tPA) also called Alteplase (Activase) and known as “clot buster” medication

This drug must be given within 4.5 hours of the onset of stroke symptoms. tPA will assist in breaking down the clot that is blocking the affected artery, to restore blood flow to the brain. Although tPA is an effective medication for ischemic stroke, a persons risks for bleeding may outweigh the benefit. Each persons individual risks and benefits are evaluated by the stroke team.

Thrombectomy

A wire, thread-like device is inserted through the artery in the groin (area between stomach and upper thigh) to reach the blocked area of the brain. This device is used to open the blocked area or take away the clot.

Carotid Endarterectomy

Carotid arteries are the blood vessels that run along each side of the neck, supplying the brain (carotid arteries) with blood. This surgery removes the plaque blocking a carotid artery and may reduce the risk of ischemic stroke.

CAROTID ARTERY STENT

Another treatment for a blocked carotid artery is called a carotid artery stent. This procedure is performed similarly to a thrombectomy. A wire is inserted into the artery, however, a mesh like device is used and is left behind to keep the blood vessel open.

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Hemorrhagic stroke

Emergency treatment of hemorrhagic stroke focuses on controlling the bleeding and reducing pressure in your brain.

Individuals on blood thinners may be given medications to reverse the effects of the blood thinning medication.

Treating elevated blood pressure is also a very important to reduce the risk of further injury in bleeding strokes.

Sometimes surgery is required to treat the cause of the bleeding or reduce the pressure in the brain.

Craniotomy with drainage

Surgical incision on the skull to drain excess fluid surrounding the brain.

Aneurysm treatment

Bleeding that has been caused by an aneurysm must be repaired to reduced the risk of further bleeding. Depending on the location and the size of the aneurysm will determine the type treatment recommended.

Clipping (Craniotomy for Aneurysm treatment)

Clipping is done with a craniotomy/brain surgery. The neurosurgeon places a tiny clamp at the base of the aneurysm, to stop blood flow to it and keep the aneurysm from bursting. This procedure is done in the operating room under general anesthesia. This requires a small piece of the skull bone to be removed.

Coiling (endovascular embolization)

The Neurointerventionalist guides a catheter through the arteries into the brain and places detachable coils that fill the aneurysm from the inside. This blocks blood flow into the aneurysm and causes blood to clot.

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4 What to expect during hospitalization



Emergency Department

Stroke is a medical emergency. Upon arrival of the Emergency Room, the emergency room physician and stroke team will gather information, perform a physical examination, and run a series of tests to diagnose stroke and its potential cause.

Diagnostic imaging tests

- CT scan (computed tomography)** uses special X-rays to create a picture of the brain, providing information about the type and location of stroke, and the extent of brain injury.
- CT angiogram** uses a dye to enhance the blood vessels in the brain and show areas where blood flow is lacking.
- MRI (magnetic resonance imaging)** uses a magnetic field to produce a three-dimensional image of the brain. This image is sharper and more detailed than a CT scan.
- Carotid Doppler** is an ultrasound of the carotid arteries in the neck to determine blood flow and narrowing of arteries (stenosis) from cholesterol deposits (atherosclerosis).
- Cerebral angiography** uses a special dye to show how the blood flows, looking at the size and location of blockages. Stenting, angioplasty and mechanical clot retrieval can also be performed during this procedure.
- EEG (electroencephalogram)** monitors brain activity if a seizure is suspected.
- Echocardiogram (echo)** is a test that uses high frequency sound waves (ultrasound) to make pictures of your heart. The test is also called echocardiography or diagnostic cardiac ultrasound.
- Transesophageal Echocardiogram (TEE)** is a test that produces pictures of your heart. This is done through a tube that is inserted into your mouth down your throat and into your esophagus. TEE uses high frequency sound waves (ultrasound) to make detailed pictures of your heart and the arteries that lead to and from it.

Stroke unit

A stroke unit is a specialized unit that is staffed with professionals who are experienced in stroke care as well as other brain disorders.

Nurses will monitor the patient's condition, including blood pressure and neurological exams

To prevent complications, nurses may:

- Put special devices on the patient's legs to prevent blood clots while the patient is in bed
- Provide extra fluids through an IV
- Help the patient turn every two hours to help prevent bedsores
- Administer medications to maintain control of blood pressure, blood sugar and temperature (this has been shown to improve outcomes of stroke)

More monitoring may be required depending on the patient's condition.



FOR THE FAMILY

Family and visitors are asked not to give the patient anything to eat or drink until a swallow evaluation is done and a physician has provided orders for upcoming tests.

Because some patients become confused and attempt to get out of bed without help, bed alarms may be used to alert staff when a patient attempts to get up.

Once the patient is out of ICU and in a private room, one family member may be allowed to spend the night. The nurse may ask loved ones to limit the number of visitors and the time spent in the patient's room. Stroke patients tire quickly, and adequate rest is very important to their recovery.

Restoring function

Many stroke survivors do improve and regain strength. The extent of the brain injury, the motivation of the patient and the success of rehabilitation determine the extent and speed of recovery. Stroke rehabilitation programs teach the stroke survivor and family members new skills and coping techniques.

Nurses and therapists will encourage the following:

- Range-of-motion exercises and physical therapy to avoid limb contractures, shoulder pain and blood vessel problems
- Frequent turning, good nutrition and skin care to avoid bedsores
- Bladder and bowel training programs for incontinence
- Swallowing and deep-breathing exercises to keep lungs clear
- Normal self-care activities

The goal of the therapists and nurses is to help the patient regain as much lost function as possible, adapt to these changes and become as independent as possible.

Stroke care team

Physicians: Most stroke survivors are cared for by a team of physicians who specialize in different diseases. A **neurologist** is a physician that specializes in various disorders of the brain and spine, including the treatment of stroke. A **hospitalist** will coordinate and oversees the plan of care during hospitalization.

Nurses keep the physician informed of any changes that affect the patient's progress. They administer medications, perform frequent neurological assessments and monitor vital signs. Nurses also support the patient's daily routine therapies and provide education.

Physical Therapists (PT) use exercises to improve muscle movement, strength and coordination. PTs teach various techniques required for regaining balance, safely moving from bed to chair, and the proper use of mobility devices if needed. Prevention of injuries and falls are the among the highest priority during therapy.

Registered Dietitians Nutritionists (RDN) provide medical nutrition therapy, evidence-based and individualized nutrition plan to help you achieve realistic goals you'll set with the dietitian. RDN's assist with managing the medical condition through a healthy approach to eating and lifestyle. Nutrition counseling can help with management of weight (gain or loss), blood sugars and more.

Occupational Therapists (OT) focus on activities of daily living, such as eating, bathing, dressing, and toileting. They also teach the use of special equipment adapted to their needs.

Speech-Language Pathologists (SLP) evaluate and treat disorders of swallowing, speech, language and thinking skills. These therapists also make dietary recommendations for those with swallowing problems.

Case Manager, care coordinators or rehabilitation coordinators are in charge of the coordination of care after hospitalization. A case manager works with insurance companies and outside facilities such as skilled nursing facilities and rehab centers to set up care for patient. Case Managers communicate with the patient and family members throughout the hospitalization to create a safe discharge plan. They provide resources for home and follow up appointment as well.

Social workers talk with patients and their families about financial issues, home issues or any other concerns that may arise.

Chaplains help patients and their families work through feelings and concerns that can arise after a serious medical event. They also offer spiritual support.

Possible complications following a stroke

Complications can happen as a direct result of injury to the brain after a stroke or because of a change in the ability to move or swallow. Nurses and staff provide continuous monitoring to prevent or identify possible complications early.

CALL, DON'T FALL!

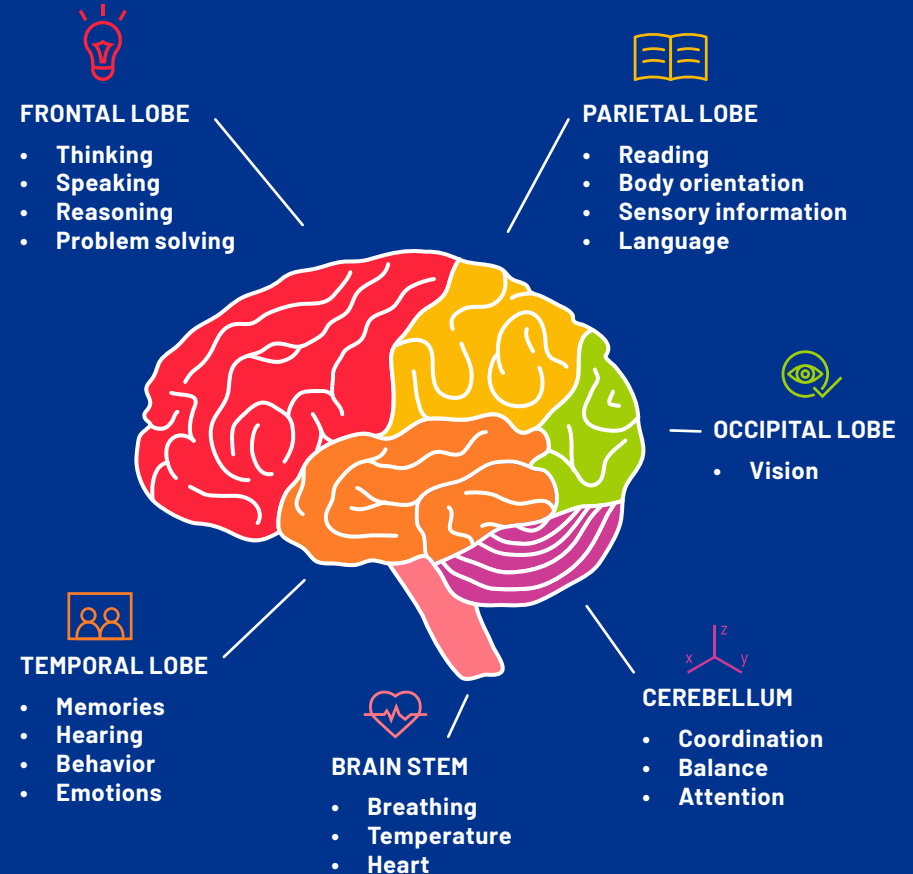
Falling is a very common complication of stroke as patients may experience weakness, lack of coordination and safety awareness.

Identifying risk factors associated with falls of stroke patients is an essential first step to fall prevention. Our stroke care team will develop a safety plan for each patient once these factors have been identified.

PATIENTS ARE ASKED TO:

- Always call for assistance before getting out of bed.
- Use the bed alarms and/or call light if assistance is needed.
- Keep the surroundings clear of clutter.
- Keep all personal belongings within reach.

5 Possible affects of stroke

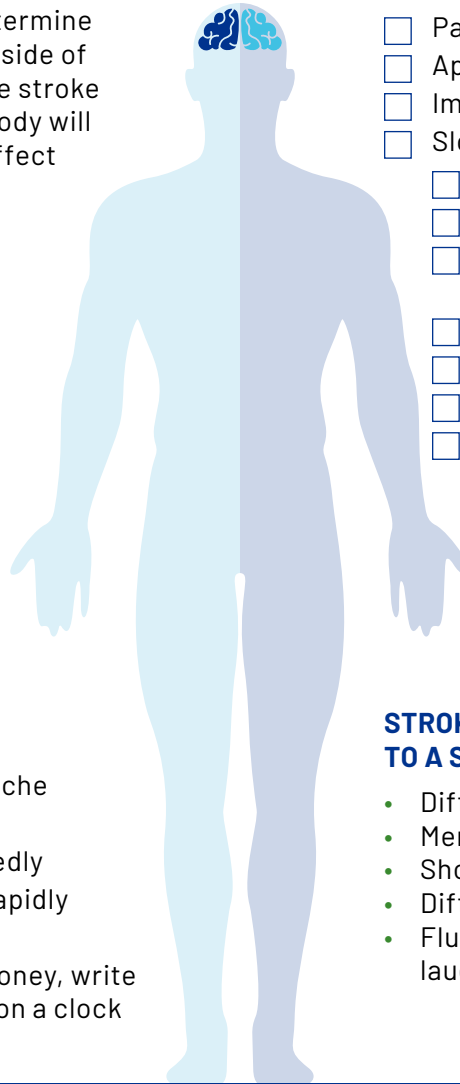


How the brain is affected

The location in the brain where the stroke occurs will determine how the body is affected. If the stroke occurs on the left side of the brain, the right side of the body will be affected. If the stroke occurs on the right side of the brain the left side of the body will be affected. Every stroke is unique but strokes tend to affect people in common ways.

Signs of right-brain damage

- Paralysis or weakness on left side
- Tendency to ignore left side, lean to the left
- Eating from only the right side of the plate or tray
- Getting lost easily
- Impaired judgment and inability to recognize error
- Impaired time/space concepts
- Understanding only the immediate environment
- Inability to follow through with tasks
- Needing single-step directions
- Difficulty seeing
- Impaired hand/eye coordination
- Impaired perception and motor skills
- Inability to tell hot from cold or sharp pain from dull ache
- Inappropriate laughter or crying
- Incessant talking and saying the same things repeatedly
- Impulsiveness, carelessness and performing tasks rapidly
- Impaired reading comprehension
- Inability to do simple math, thought problems, use money, write checks, dial a telephone correctly or recognize time on a clock



Signs of left-brain damage

- Paralysis or weakness on right side
- Aphasia (impaired speech/language)
- Impaired right/left discrimination
- Slow performance, cautiousness
 - Awareness of deficits, causing depression or anxiety
 - Impaired ability to understand language or math
 - Vision issues, such as partial field blindness, or blurry or tunnel vision
- Inappropriate use of “yes” and “no”
- Incoherent speech
- Tendency to repeat actions, words or phrases
- Tendency to repeat a word or sentence just spoken by another person
 - Inability to name objects even though their usage is understood
 - Inappropriate laughter or crying
 - Frequently being misunderstood

STROKE CAN CAUSE OTHER ISSUES THAT ARE NOT RELATED TO A SPECIFIC SIDE OF THE BRAIN, INCLUDING:

- Difficulty guiding and checking one’s own behavior
- Memory deficits
- Short attention span
- Difficulty learning new things
- Fluctuating emotions/mood swings; unexplained anger, laughter, or crying

Cerebellar stroke

The cerebellum controls many of our reflexes and much of our balance and coordination. A stroke in the cerebellum can cause abnormal reflexes of the head and torso, coordination and balance problems, dizziness, or nausea and vomiting.

Brain stem stroke

Strokes that occur in the brain stem are especially devastating. The brain stem is the area of the brain that controls all our involuntary, “life-support” functions, such as breathing, blood pressure and heartbeat. The brain stem also controls eye movements, hearing, speech and swallowing. A brain stem stroke can paralyze one or both sides of the body.

What to expect after a stroke

A stroke can effect a persons ability to perform activities that are a normal part of daily life. Some of these disabilities are obvious and are noticed at the onset of stroke. Other effects may not be noticed until attempting to perform a routine daily activity at home such as using the telephone or cooking.

Stroke and communication

APHASIA (DIFFICULTY WITH LANGUAGE)

Aphasia is what happens when the part of the brain that processes language is injured. This typically occurs by a stroke on the left side of the brain. It may impact the ability to communicate. It can result in word finding difficulties, word substitutions, and/or use of jargon or made-up words. The ability to understand language impacts the ability to receive the intended message. It can also impact the ability to understand simple questions and follow directions.



IMPORTANT TIPS FOR FAMILY MEMBERS

- Allow enough time for your family member to communicate.
- Try not to complete their thoughts/sentences
- To increase verbal expression, discuss your family member's interests and what occurred during the day
- Encourage the use of simple words and short phrases
- Give praise at all attempts to communicate.
- Do not focus attention on errors and avoid criticism
- Use simple yes/no questions to determine what your family member wants, needs, or feels
- Present instructions using simple steps
- Give your family member choices to assist with communication, such as: "Would you like to drink water or juice?"
- Always communicate information in a quiet environment with few distractions.

The speech-language pathologist is an expert trained in speech and language rehabilitation. They utilize various therapeutic tasks and activities to establish strategies that improve functional communication.

Cognitive-linguistic impairment

A cognitive-linguistic impairment is usually caused by a stroke that has occurred on the right side of the brain and affects the way the brain takes in and stores information. The thinking process becomes slower making it harder to stay focused. There may also be trouble remembering things, getting organized, and finding the right words to use when speaking.



IMPORTANT TIPS FOR COGNITION

- Think of the brain as a muscle. Function can be improved by exercising it and keeping it active:
 - » working on puzzles
 - » performing memory tasks
 - » playing memory games
- Write things down
 - » Make lists of the tasks to remember
 - » Keep a to-do list and daily planner
- Store everyday items in the same spot (i.e. a place for keys/wallet) to avoid losing them
- Break down big tasks into smaller pieces so they are easy to accomplish
- Avoid stressful situations, caffeine, alcohol, and nicotine

Cognition problems and other symptoms typically get better with time and therapy.

Stroke and eating

DYSPHAGIA

Dysphagia is difficulty swallowing food and/or liquids. If not addressed, this can lead to aspiration. Aspiration is when food, liquids, or secretions enter the airway or lungs by accident. This can cause serious health problems such as pneumonia. A special diet called a dysphagia diet may be recommended to improve safety when eating or drinking.

Your recommended liquid consistency is:

Thin liquids » Level 0

These are watery liquids such as juice, tea, milk, soda, and broth. You can drink them through a nipple, cup, or straw.



0

Mildly thick » Level 2

These liquids flow off a spoon but more slowly than thinner drinks. They can be sipped or sucked from a straw with some effort. An example is fruit nectar.



2

Moderately thick » Level 3

You can drink these from a cup or sucked from a straw with some effort. These are liquids that may be thick enough to be eaten with a spoon. Examples include honey or a thick milkshake. Their texture is smooth without lumps.



3

Extremely thick » Level 4

These are usually eaten with a spoon. You can't drink them from a cup. An example is pudding.



4

Thickener can be purchased at a pharmacy or online. Follow the instructions listed on the label on how to thicken to the recommended consistency.

Your recommended solid consistency is:

- Regular » Level 7
- Soft and bite size » dysphagia advanced » Level 6
- Minced and moist » dysphagia mechanically altered » Level 5
- Pureed » Level 4
- Liquidized » Level 3

SAFE SWALLOW STRATEGIES TO REDUCE THE RISK OF ASPIRATION

- Sit upright at 90 degrees
- Eat and drink slowly
- Take small, single bites and sips

SIGNS AND SYMPTOMS OF ASPIRATION WHILE EATING AND DRINKING

- Coughing or wheezing during or right after snacks and/or meals
- Excessive saliva
- Shortness of breath or tiredness
- A wet sounding voice during or after



WHEN TO CALL YOUR PROVIDER

- **Difficulty swallowing gets worse**
- **Showing signs/symptoms of dehydration**
- **Showing flu-like symptoms, such as tiredness/lethargy, congestion, fever**
- **Discuss with your doctor or your speech therapist prior to making any changes to the recommended consistency**

6 Rehabilitation and recovery

Rehabilitation will help the stroke patient and family members learn ways to cope. There are different phases and levels of stroke rehabilitation.



PHASE 1: Acute rehabilitation starts in the stroke unit. Physical, occupational and speech therapists will evaluate and treat individual needs and abilities.

PHASE 2: Post-acute rehabilitation continues after discharged from the stroke unit. This depends on the amount of recovery required, the physical needs, and the amount of support available at home. There are many levels of post-acute rehabilitation. These differ as stamina or needs change.

During rehabilitation, to help improve independence, individuals work on:

- **Activities of daily living:** eating, toileting, bathing and dressing
- **Mobility skills:** self-propelling a wheelchair, walking or learning how to transfer from one place to another
- **Communication skills:** talking, writing and reading
- **Cognitive skills:** including memory, concentration, problem-solving and organization
- **Social skills:** interacting with others at home and within the community
- **Psychological issues:** improving coping skills and overcoming depression, if present
- **Independent living skills:** including meal preparation and money management
- **Education:** training in managing medical needs, such as medications and diabetes
- **Caregiver collaborating:** to adapt to lifestyle changes and transition to going home
- **Swallowing management**
- **Vocational training:** work-related skills
- **Pain management:** medicines and alternative methods of managing pain



When rehabilitation is not recommended

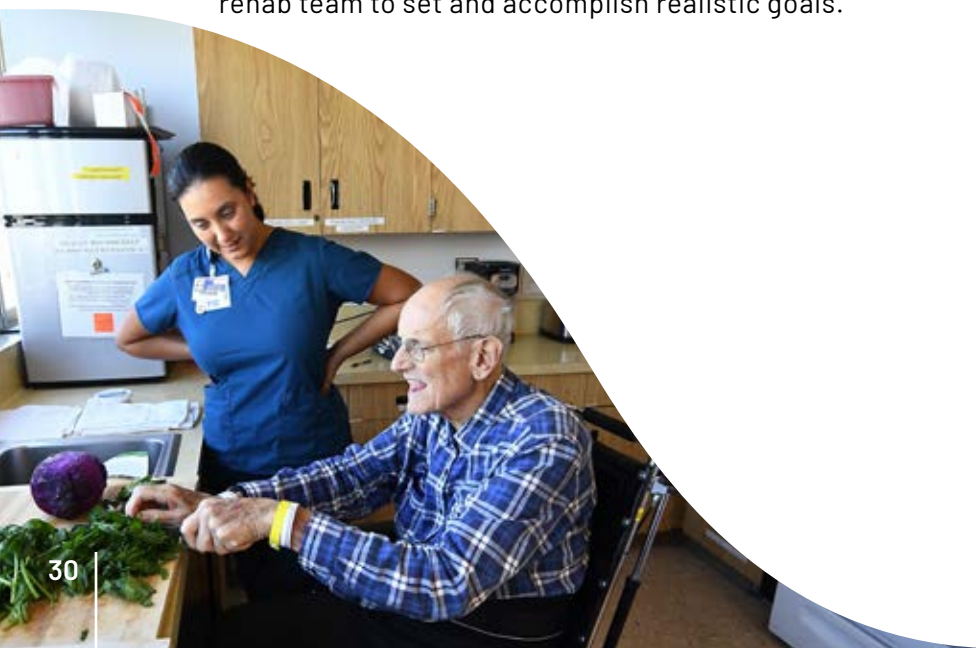
Some families and stroke survivors may be disappointed if the doctor does not recommend acute rehabilitation. However, a person's energy level may not allow them to actively participate in three hours of therapy a day. It is important to remember that this is not the only chance to participate in acute rehabilitation. People who are too weak or who tire too quickly may recover enough to enter rehabilitation later.

When going home isn't an option

The doctor may advise a move from the hospital to another facility that will meet the individual's needs either temporarily or permanently. It is important that the family and stroke survivor choose a living place that is safe and supports continued recovery. A social worker or care coordinator will help identify the level of post-stroke rehabilitation care needed and provide information about places available in the area.

Setting goals for rehabilitation

Goals depend on the effects of the stroke and what the person was able to do before the stroke. Goals need to be realistic and match the person's interests. The individual and family need to discuss what they want to achieve. They should work together with the rehab team to set and accomplish realistic goals.



Your rehabilitation program

Your rehabilitation program for continued recovery is selected below.

SETTING	FREQUENCY	BEST FOR
<input type="checkbox"/> Acute (inpatient) care and rehabilitation hospital Hospital or special rehab unit of a hospital Provide 24-hour medical care and a full range of rehab resources	Several hours each day (most demanding)	Survivors who have many medical issues and may develop problems without continued medical treatment
<input type="checkbox"/> Sub-acute facility Rehab center, rehab unit of a hospital, short-term skilled nursing facility, long-term skilled nursing home, skilled nursing unit in a hospital Provide daily nursing care and a fairly wide range of rehab services	Less demanding than acute programs but continue for longer periods of time	Survivors who have serious disabilities but are unable to handle the demands of acute programs in a hospital
<input type="checkbox"/> Skilled care facility Nursing home, skilled nursing facility One or more treatment areas	2-3 days per week	Survivors who have their medical problems under control but still need 24-hour nursing care
<input type="checkbox"/> Outpatient facility Doctor's office, outpatient center of a hospital, other outpatient centers, and some adult day centers One or more treatment areas	2-3 days per week	Survivors who have their medical problems under control enough to live in their own homes and can travel to get their treatment
<input type="checkbox"/> Home health agency Setting: In the home Provide specific rehab services in one or more treatment areas	As needed	Survivors who live at home but are unable to travel to get their treatment

Rehabilitation

Phone number

Ambulation assistive devices

Ambulation assistive devices, such as a walker or cane, can help during recovery and safety when walking.

The ambulation assistive device you will require is selected below:



- Front wheel walker:**
Decent strength of both arms,
including grip strength



- Single point cane:**
Overall good standing and
walking balance



- Hemiwalker:**
Nonfunctional affected arm,
some strength in affected leg

- No assistive device:**
Close to baseline, minor deficits.
May have cognitive deficits

Therapies needed

The types of therapy you will require are:

- Physical therapy
- Occupational therapy
- Speech therapy

Physical therapy

- Most recovery occurs in the first three months after a stroke, though recovery can continue thereafter.
- Research has shown immediate high-intensity therapy leads to improved stroke recovery outcomes.
- When not in therapy, continue exercises as instructed.
- Home exercise program will be personalized by the therapist.
- Emphasizing functional activities during everyday life will help stroke recovery.

Examples include:

- » Picking up a glass of water versus a bicep curl
 - » Walking versus leg exercises
 - » Opening a refrigerator door versus scapular retraction
- Additional resources for therapy can be found at Stroke.org.



FAMILY AND CAREGIVER IMPORTANCE DURING MOBILITY

- If the stroke survivor is unsteady at home, the caregiver will want to stand close-by on the weaker side
- For stairs, whether the stroke survivor is stepping up or down, the caregiver will want to be on the steps below with a staggered stance
- Consider buying a gait belt for increased safety

Occupational therapy

Hemiparesis is muscle weakness or inability to move one side of the body. This can involve the arm, leg, or both after a stroke, usually on the opposite side of where the stroke occurred in the brain.

ARM WEAKNESS/PARALYSIS

- Protection and positioning of the recovering arm are important and lessen the chances of injury to the joints, tendons, and muscles.
- Prop the arm on a pillow when in bed and sitting in a chair.
- If weakness persists, speak to the doctor for a referral to outpatient Occupational Therapy.

Hemiparesthesia is the absence or loss of feeling on one side of the body, usually on the opposite side of where the stroke occurred in the brain.

IMPORTANT SAFETY STRATEGIES

- Test temperature of water or objects with unaffected hand first
- Be aware of where the recovering arm is during movement and activity
- Avoid tasks that require using a high amount of heat, such as cooking on a stove top
- Do not use sharp objects
- Assess the safety of the environment visually before beginning a task
- Check skin periodically for redness, discoloration, temperature, or breakdown
- Avoid being in the same position for a long period of time. While sitting, make sure to shift weight every 30 minutes. While lying in bed, change positions every 1-2 hours.

One-sided neglect is a lack of awareness of the effected side of the body.

Often those who have experienced a stroke in the right side of the brain pay less or no attention to the left side. This condition can affect safety and make self-care tasks difficult.



WAYS TO IMPROVE AWARENESS OF THE NEGLECTED SIDE

Left side neglect

- Family/friends can position themselves on the middle or right side of the body during conversations
- Family members can place objects on the middle or right side of the body during meals, grooming or hygiene tasks
- Place commode on right side of the body to ensure safety during toileting

Right side neglect

- Family/friends can position themselves on the middle or left side of the body during conversations
- Family members can place objects on the middle or left side of the body during meals, grooming or hygiene tasks
- Place commode on left side of the body to ensure safety during toileting

Fine motor skills are skills which require handling objects using the small muscles of the fingers, hand, and forearm.

Gross motor skills are skills which require whole body movements using the large muscles of the body.

- Difficulties with either motor skills can effect daily self-care tasks, such as feeding yourself, grooming, hygiene, or dressing that requires fine and gross motor skills



WAYS TO IMPROVE FINE AND GROSS MOTOR SKILLS

- Practice repeating some of the following actions:
 - » Picking up pennies and placing in cup or piggy bank
 - » Untwisting cap from toothpaste tube,
 - » Buttoning your shirt or pants
 - » Throwing a softball,
 - » Putting away plastic dishes in the cabinets,
 - » Doing laundry
- Speak to the doctor for a referral to outpatient Occupational Therapy

Equipment recommendations:

Additional notes from your Physical/Occupational Therapist(s):

7

Living at home after a stroke



Stroke survivors who have suffered from a small stroke with minor residual effects may be able to return home with only a few changes to their lives. People who have had a severe stroke face much more significant challenges.

Returning home

Going home depends on many factors.

- Can the person care for himself? Does he/she need help with dressing, eating, walking, bathing or driving?
- Will the person follow medical advice? It is important to take all medication and follow all instructions provided by the doctors and therapists.
- Is a caregiver needed? Is someone available to help when necessary? After a stroke, a person may need assistance around the clock.
- Can the person move around and communicate?
- Would the person feel isolated or be at risk in an emergency?
- Can the home be adapted to meet the person's needs?

Driving

It is not unusual for stroke survivors to want to drive but it may not be safe. A doctor must always be consulted prior to resuming driving after a stroke. Rehabilitation therapies can help stroke patients learn what changes have occurred that will affect their driving abilities. Retesting may be needed to ensure safety.

Safety

Safety after a stroke is a priority. Below is a list of preventative measures that can help to improve a stroke survivors safety in the home.

- Remove throw rugs
- Install handrails
- Place motion-sensitive lights in halls and bathrooms
- Potentially dangerous activities such as bathing or cooking may require assistance

Emergency preparation

- Install and test smoke and carbon monoxide routinely. Have a fire escape plan and practice fire drills.
- Post emergency phone numbers by the phones.
- Place emergency items near the bed: phone, flashlight, medications, mobility aids.
- Arrange for a family member or friend to check on the stroke survivor.
- Post on the refrigerator a written list of the medicines the person takes, including the dosage, schedule and purpose of each medication.

Accessibility and independence

After a stroke, the stroke survivor must be able to move freely at home. The home should be modified to ensure as much independence as possible.

- Install ramps
- Rearrange furniture to allow ease of movement if walker or wheelchair is required
- Install grab bars
- Install transfer benches
- Place frequently used items withing easy reach

Assistive devices

After a stroke, assistive devices may be required to help normal daily activities.

- Special eating utensils
- Plate guards
- Cups with sip lids
- Long-handled brushes/sponges
- Slip-proof shoes
- Simple clothing with nylon fasteners instead of buttons
- Long-handled shoehorns
- A board that fits over the arms of a wheelchair may be helpful with eating and writing.

In-home or outpatient therapies

Continuing the rehabilitation process is an important part of stroke recovery. This can be done in the outpatient or in-home setting

- **Outpatient therapy** is designed for people who can travel from their home to a clinic where they receive physical therapy, occupational therapy and/or speech therapy.
- **In-home** therapists and caregivers come to the patient's home if the person is unable to travel to appointments. They can provide physical, occupational and speech therapy or nursing care several times a week. The care coordinators will help the patient determine whether insurance will pay for these services and other options for community living, such as an adult family home or hiring in-home caregivers.

8 Preventing another stroke



Medications

The medications you may be taking are identified below.

Antiplatelets prevent blood platelets from sticking together and forming clots. These include:

- Aspirin
 - Plavix (Clopidogrel)
 - Aggrenox (Aspirin-dipyridamole)
- These medications can have side effects, including bleeding. **Call the doctor right away if you have severe stomach pain, bloody vomit or vomit that looks like coffee grounds, blood in stools or urine, severe dizziness or drowsiness, ringing in the ears, severe headache, difficulty breathing or chest pain.**

Read all instructions carefully. Talk with your caregiver and pharmacist to review further side effects and warnings for each of these medications.

Talk with your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins and herbal products.

Anticoagulants decrease clot formation in people who have atrial fibrillation or who do not respond to other antiplatelet drugs. These include:

- Warfarin (Coumadin)
 - Eliquis (Apixaban)
 - Xarelto (Rivaroxaban)
 - Pradaxa (Dabigatran)
 - Savaysa (Edoxaban)
- Follow the doctor's instructions carefully for any all medication. Some medications require regular blood tests.
- Before taking any prescribed or over-the-counter medicines, vitamins, herbal dietary supplements, sleeping pills or antibiotics, talk with your doctor! They may interact with your medication and your dose may need to be adjusted (especially warfarin).
 - **It is important to receive regular medical care. Don't stop your medications without speaking to your doctor first.**

- If you are on warfarin, carefully follow your doctor's dietary instructions. This medicine works best when you eat about the same amount of vitamin K in your food each day. Some foods that have a high amount of vitamin K are broccoli, brussels sprouts, cabbage and green leafy vegetables, such as spinach and salad greens. Avoid cranberry juice and cranberry products.



OTHER CAUTIONS IF YOU ARE TAKING AN ANTICOAGULANT

- **Avoid alcohol. Alcohol can increase the risk of bleeding.**
- **Watch for bleeding from your gums or nose, or in your urine or stools.**
- **Use a soft washcloth on your skin and a soft toothbrush to brush your teeth. Doing this can keep your skin and gums from bleeding.**
- **Before dental cleanings and other procedures, tell the dentist and other care providers that you take blood-thinning medicine.**
- **If you shave, use an electric shaver. Avoid sharp objects.**
- **If you need to blow your nose, blow it gently. Avoid picking your nose.**
- **Consult your physician before playing contact sports.**
- **Carry an emergency ID card with you.**
- **Call the doctor right away if your urine turns pink or red; your stools turn red, dark brown or black; your gums bleed; or you have a bad headache or stomach pain that doesn't go away.**
- **Call your doctor if you think you are pregnant or plan to become pregnant.**
- **Call your doctor if you have an accident of any kind.**
- **Read instructions carefully and talk with your doctor and pharmacist to review further warnings and side effects.**
- **Your nurse will give you written instructions on any of your medications.**
- **For information about the MedicAlert bracelet, you may contact the MedicAlert Foundation at MedicAlert.org or 888-633-4298.**

Cholesterol-reducing medications are frequently ordered to prevent further plaque build-up in the arteries (atherosclerosis). Review all drug interactions, warnings and side effects with your doctor and pharmacist. If side effects occur, notify your provider. Avoid eating grapefruit or drinking grapefruit juice while taking statins.

These medications include:

- Atorvastatin (Lipitor)
- Fluvastatin (Lescol, Lescol XL)
- Lovastatin (Mevacor, Altoprev)
- Pravastatin (Pravachol)
- Rosuvastatin (Crestor)
- Simvastatin (Zocor)
- Pitavastatin (Livalo)

Blood pressure medications help keep blood pressure within normal range and reduce your risk of stroke. **If you have high blood pressure, check your blood pressure regularly and track the readings along with the date and time you took them.** Review these readings with your doctor. Take medications exactly as prescribed by the doctor and report any side effects. Following these directions is critical to help decrease your risk of another stroke.

These medications include:

- Beta blockers

- ACE inhibitors

- Calcium channel blockers

- Angiotensin 2 Receptor blockers

- Alpha blocker

- Alpha 2 Receptor blockers

- Diuretics

- Vasodilators

- Central agonists

- Peripheral adrenergic inhibitors

Insulin/oral agents for diabetes provide strict control of blood sugars and help reduce the risk of stroke. **If you have diabetes, you need to check your blood sugar several times each day with a glucose monitor. Write down your blood sugar level each time for your doctor to review with you.**

Your diabetes medication(s):

Lifestyle changes

You can do many things to get heart and blood vessels in better shape, even after a stroke. Below are some lifestyle changes that you will be important to you:

- Lose weight
- Decrease stress
- Control blood pressure
- Follow a healthy diet to improve cholesterol, blood pressure and weight
- Take medication properly as prescribed by your doctor
- Get regular checkups. Have your blood pressure and cholesterol routinely checked
- Stop smoking or using tobacco use
- Limit alcohol consumption
- If you have diabetes, follow your doctor's instructions for managing the disease
- Increase activity

Exercise

Regular, moderate-intensity exercise can lower your risk of stroke, heart attack, high blood pressure, high cholesterol, obesity and diabetes. Follow your doctor's advice about exercise.

Find activities you enjoy, such as walking, jogging, bicycling, yoga, swimming, dancing, aerobics, stair-climbing, yard work or home exercising.

My activity goal is:

Managing blood pressure

High blood pressure has been called the "silent killer" because it often has no symptoms. When blood pressure is consistently high, it may cause a stroke, heart attack, heart failure or kidney failure.

Blood pressure greater than 140 over 90 is considered high. It may require lifestyle modifications or medications to reduce the risk of cardiovascular disease. Your doctor can help you with this. Please use the monthly blood pressure logs at the end of this booklet to keep track of your blood pressure.

My blood pressure goal is:



TIPS TO IMPROVE YOUR BLOOD PRESSURE:

- **Limit foods that are high in sodium and eat more fruits and vegetables.**
- **Drink alcohol in moderation.**
- **Maintain a healthy weight.**
- **Increase physical activity.**
- **Take medication if prescribed, even when you feel fine. Do not abruptly stop taking your medications unless your doctor instructs you to do so.**
- **Monitor blood pressure routinely at home. Record the readings to take with you to the doctor's office.**
- **Quit smoking and any tobacco use.**
- **Avoid sitting or standing up quickly while on blood pressure medications.**

Quit smoking

Stopping smoking is one of the single most important things you can do for your health. It is especially important if you have already had a stroke, since smoking may worsen the condition or cause other health problems. If you have questions about quitting smoking, please ask.

Decrease Cholesterol

A simple blood test will tell you what your cholesterol numbers are. "Total cholesterol" shows the following levels:

- LDL (bad cholesterol) at high levels increases the risk of stroke and heart attack.
- HDL (good cholesterol) lowers the risk of heart attack and stroke. HDL can be raised by quitting smoking, losing weight and exercising.
- Triglycerides (blood fats) come from food and provide energy. As we get older and gain weight, our cholesterol and triglycerides tend to rise. High triglycerides have a direct relationship with higher stroke risk.

My cholesterol level is:

Shopping skills and label reading

Starting in your kitchen, check the labels of canned and frozen items. To calculate the sodium, note the serving size: if you normally eat twice the amount indicated, then multiply the sodium milligrams (by two). Look for other forms of sodium like sodium benzoate or monosodium glutamate (MSG).

Read the labels and choose foods within your sodium budget.

- Check items marked "no salt added", "low salt" or "low sodium"
- Shop with lists of "foods to buy" and "foods to avoid"
- Look for ways to adapt your favorite foods to low sodium versions

Sodium content descriptions (as noted on product labels)

- Sodium free or "no sodium" - less than 5 mg of sodium
- Very low sodium - 35 mg or less of sodium
- Low sodium - 140 mg or fewer of sodium
- Reduced or less sodium - at least 25% less sodium than the regular product
- Check servings per container and serving size (1/2 cup or 1/4 cup)



TIPS TO REDUCE YOUR CHOLESTEROL:

- Concentrate on adding colorful vegetables and fruits.
- Cut down on saturated fats, salt, dairy cholesterol and calories.
- For healthy eating advice related to both high cholesterol and high blood pressure, visit the National Heart, Lung and Blood Institute website at nhlbi.nih.gov and search for *Therapeutic Lifestyle Changes and DASH diet*.



WAYS TO LOWER YOUR SODIUM

- Stop adding salt during cooking or at the table
- Track your sodium intake and stay within your "budget"
- Identify sodium content from product labels
- Learn how to make safe choices when eating out (refer to Healthy Heart Habits Food Guide)
- Use salt substitute products only if approved by your doctor.

*Recommended by the American Heart Association.

Eating out on a low sodium diet

Plan to make healthy choices.

CHOOSING THE RESTAURANT:

- Go where food is made to order; avoid buffet-style or fast food
- Ethnic foods (Asian, Mexican, Italian) are often high in sodium

ORDERING FROM THE MENU:

- Ask that your meal be prepared with low salt (or no salt)
- Order foods grilled, baked or broiled, without sauces or gravies
- Order salad dressing on the side, use vinegar and oil (or bring your own)

IF YOU MUST EAT AT FAST FOOD RESTAURANTS OR DELI, CHOOSE:

- A hamburger or grilled chicken sandwich, without condiments
- Fresh turkey or chicken instead of processed meats and cheeses
- Use mustard and mayonnaise very sparingly (add these yourself)

REFER TO THE FOOD GUIDE ON PAGES 60-61.

9 Coping with your feelings



A new diagnosis of stroke can be overwhelming. It is common to feel anxious or depressed while adjusting to life changes. It is important for both the stroke survivor and the primary caregiver to take care of themselves.

- Ask for help when needed
- Take breaks and rest periods
- Join a stroke support group
- Participate in activities and social events

Strategies for the stroke survivor

Mental: Take control by learning the facts about stroke and doing things at your own pace

Emotional and Spiritual: Reach out to others for support, share your feelings and fears with someone you trust; prayer and meditation

Physical: Be involved in your treatment plan; and maintain a sense of balance in your diet, activity and rest

Strategies for the caregiver

- Gain additional information on caring for a stroke survivor
- Visit [Stroke.org/en/help-and-support/for-family-caregivers/caregiver-resources](https://www.stroke.org/en/help-and-support/for-family-caregivers/caregiver-resources)
- Talk with someone who understands
- Call the Stroke Family Warmline at 888-4-STROKE
- Ask for help
- Write down the most difficult tasks to complete and ask people to assist you
- Consider professional healthcare and services
- Visit AARP's Care Provider Locator at [Aarp.org](https://www.aarp.org/care-provider-locator)
- Visit [ElderCare.gov](https://www.eldercare.gov) or call 800-677-1116
- Use the National Respite Care Locator at [ArchRespice.org](https://www.archrespice.org).

Community resources for the caregiver

Adult family homes: supervised care provided in a licensed private home

Meal programs: ready-to-reheat meals brought to the home

Home health aides: personal care assistants who help in the home a few hours a week

Adult day care: professional supervision of adults in a social setting

Homemaker assistant: supervised, trained people who help with housework

Respite care: people who come to the home for a short time to relieve caregivers

10 Resources

Information and support

Academy of Nutrition and Dietetics

eatright.org

American Association of Heart Failure Nurses

Aahfn.org

American Diabetes Association

Diabetes.org

800-342-2383

American Heart Association

Heart.org

800-242-8721

American Stroke Association

Stroke.org

888-4-STROKE (888-478- 7653)

Heart Failure Society of American

AboutHF.org

Providence Little Company of Mary

Health Resource Center

Providence.org/SouthBay

888-HEALING (888-432-5464)

Medication Management Clinic

310-303-5358

Outpatient Nutrition Program

310-540-7676

Diabetes Self Management Education Program

310-303-5358

Support groups

Caregivers, family members and friends of individuals recovering from stroke or traumatic brain injury are invited to attend.

Providence Little Company of Mary Rehab Centre

1300 W 7th St., San Pedro,

Every Monday from 2 – 3:30 PM

DeMucci Educational Center
Room A

- Valerie Johnson, PsyD
310-832-3311 x6954
- Dan Sherman, PhD
310-832-3311 x6954

First Wednesday from 2 – 3:30 PM

DeMucci Educational Center

- Linda Gonzalez-Valle
310-832-3311

11 Glossary

Agnosia: inability to recognize objects or people

Aphasia: inability to use language and communicate

Expressive aphasia: inability to speak or write

Global aphasia: inability to speak or understand language

Receptive aphasia: inability to understand language

Aspiration: choking; result of dysphagia, and occurs when food, liquids, or secretions enter the airway or lungs by accident

Ataxia: impaired voluntary movement or coordination

Case manger: communicates with patients and family members throughout hospitalization to create a safe discharge plan. They coordinate care after hospitalization such as: working with insurance companies and outside facilities (ie. skilled nursing facilities and rehab centers)

to set up care and/or follow up appointments, and provide after discharge resources.

Contralateral: affects the opposite side of the body

Diplopia: double vision

Dysphagia: difficulty or inability to swallow food and/or liquids

Hemianopia: loss of half of the visual field

Homonymous hemianopia: loss of both right visual fields or both left visual fields

Hemiparesis: weakness to one side of body

Hemiplegia: paralysis to one side of body

Hypoxia: inadequate oxygen supply

Infarction: damage or death of tissue

Ipsilateral: affecting the same side of the body

Ischemia: insufficient blood flow

Neglect: lack of awareness to one side of body or limb

Nystagmus: involuntary, rhythmic movement of the eyes

Occupational Therapists (OTs): health care professionals who specialize in rehabilitating patients to perform activities of daily living

Physical Therapists (PTs): movement experts who assist in restoring function, improve mobility, relieve pain, and rehabilitate patients with temporary or permanent disabilities

Ptosis: drooping eyelid

Spasticity: unusual tightness or stiffness of muscle

Speech-Language Pathologist (SLP): expert trained in speech and language rehabilitation by working closely with patients through various therapeutic tasks/activities and by establishing strategies to improve functional communication

Thrombolysis: dissolving of a blood clot

12

Control your blood pressure

Monitoring your blood pressure is essential to preventing another stroke. Use this chart and monthly logs to track your blood pressure. Share these logs with your doctor as you follow up with him or her. Consult your doctor immediately if you're ever in the red.

BLOOD PRESSURE LEVEL	SYSTOLIC (UPPER NUMBER)		DIASTOLIC (LOWER NUMBER)
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or Higher	or	90 or Higher
Hypertensive Crisis	Higher than 180	and/or	Higher than 120

Consult your doctor immediately!

Blood Pressure Log

DAY	TIME	BLOOD PRESSURE		TIME	BLOOD PRESSURE	
	AM	SYSTOLIC	DIASTOLIC	PM	SYSTOLIC	DIASTOLIC
00	8:37 am	127	83	8:02	125	80
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Blood Pressure Log

DAY	TIME	BLOOD PRESSURE		TIME	BLOOD PRESSURE	
	AM	SYSTOLIC	DIASTOLIC	PM	SYSTOLIC	DIASTOLIC
00	8:37 am	127	83	8:02	125	80
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Healthy Heart Habits Food Guide

What HIGH-SALT foods to avoid when shopping or dining out

Tear off and fold. Keep this with you when shopping. “Low-salt foods to buy” on reverse.

Salts: Light salt, sea salt, all seasoning salts (garlic, celery, onion)

Seasonings: Seasoning and coating mixes, meat tenderizer, monosodium glutamate (MSG)

Soups: Bouillon, canned soups, broth (unless low salt), canned/packaged gravy

Vegetables: Canned, salted vegetables, frozen vegetables with sauce, instant potatoes, sauerkraut

Meats and meat substitutes: Regular peanut butter (Skippy, Jif, etc); canned fish (sardines, salmon, regular tuna); canned meat; sausage; hot dogs – all types (beef, pork, chicken, turkey, Polish, knockwurst); sandwich meats (bologna, salami, pastrami, olive loaf); cured meats (bacon, corned beef, ham, jerky)

Frozen dinners and entrees: Pot pies, pizza, casseroles, TV dinners, pancakes, etc

Condiments: Catsup, canned salsa, all salad dressings (unless low sodium), sauerkraut

Sauces/marinades: Barbecue, chili soy teriyaki, miso, Worcestershire, gravies

Snacks: Salted crackers, nuts, pretzels, chips, pork rinds, olives, pickles (all kinds)

Breads, cereals, grains, starches: Prepared mixes (pancake, waffle, muffin, corn bread, biscuit), instant cooked cereals, rice, pasta, stuffing, packaged potato mixes

Drinks: Canned tomato/vegetable juice (unless unsalted), athletic drinks (like Gatorade)

Sweets: cake or pie crust mix, instant pudding, store-bought pies, cakes, muffins

Dairy products: Buttermilk, processed “American” style cheeses, salted butter or margarine (in excess of 1 tbsp)

Cooking ingredients: Baking Soda, baking powder (use low sodium), self-rising flour



*Contain fairly high amounts of fat and/or calories.

Cooking ingredients: low-sodium baking powder, yeast, cornstarch, tapioca, wine, unsalted bread crumbs, Panko bread crumbs, fresh onions, celery, tomatoes, carrots, garlic, shallots

Fats/oils* (use small amounts): Olive, canola, corn, peanut, safflower, sunflower and soybean oils. Up to 1 tsp per day: soft margarine, mayonnaise, butter, low sodium salad dressing or mayonnaise, soft unsalted margarine, unsalted butter

Sweets: Sherbet, frozen yogurt, light ice cream, Jell-O, graham/animal crackers, fig bars, ginger snaps

Snacks (unsalted only): Pretzels, popcorn, nuts*, chips*, crackers*, matzo, Melba toast, plain Ry-Krisp

Drinks (unsalted only): Pretzels, popcorn, nuts*, chips*, crackers*, matzo, Melba toast, plain Ry-Krisp

Condiments/seasonings: Fresh or dried herbs, salt-free herb seasonings, spices, ginger, onion, garlic, pepper, cilantro, parsley, lemon, lime, pepper sauce (such as Tabasco), low sodium salad dressings, vinegars (avoid seasoned rice vinegar), regular mustard, fresh salsa, low sodium catsup (up to 1 tbsp per day)

Breads, cereals, grains: Rice, pasta, potatoes, polenta, couscous (no mixes), yeast bread or rolls, pita bread, taco shells, corn tortillas, low salt flour

Vegetables: Fresh or frozen (without sauce), canned (unsalted)

Fruits: Fresh, frozen, canned, dried

Frozen dinners/entrees: Less than 600mg sodium per serving (check labels)

Meats and high protein: Natural/unsalted peanut butter*, tofu; dried beans, peas, lentils, canned beans (low salt); fish, fresh or frozen (not breaded); canned tuna/salmon, rinsed or unsalted; chicken or turkey; lean cuts of beef, veal, pork, lamb (fresh/frozen); eggs

Soups: Low salt, canned (check labels); homemade

Bouillon/broth: Low sodium, canned or dry

Sauces: Tomato paste; low salt tomato or spaghetti sauce

Healthy Heart Habits Food Guide

What LOW-SALT foods to buy when shopping or dining out

Tear off and fold. Keep this with you when shopping. “High-salt foods to avoid” on reverse.



OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

OUR CORE VALUES

Compassion, Dignity, Justice, Excellence, Integrity.

OUR VISION

Health for a Better World

OUR PROMISE

Know me, care for me, ease my way

providence.org/services/stroke-services



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-311-9127(TTY: 711)。