Take care of yourself:

Your guide to stroke treatment and prevention

ChristianaCare®

What is a stroke?

Having a stroke, or symptoms of a stroke, can feel scary. Knowing warning signs and your personal risk factors for a stroke can help you know what to expect and prevent a stroke in the future. Use this guide to help you learn more about strokes and what you can do if you or a loved one has a stroke.

What is a stroke?

A stroke happens when a blood vessel in the brain is blocked or bursts. Without blood and the oxygen it carries, part of the brain starts to die. The part of the body controlled by the damaged area of the brain can't work properly.

Brain damage can begin within minutes. That's why it's so important to know the symptoms of stroke and to act fast. Quick treatment can help limit damage to the brain and increase the chance of a full recovery.

Warning signs of stroke

Warning signs of stroke

Warning signs are clues that your brain is not getting enough oxygen. Learning the warning signs helps you recognize when you or a loved one may be having a stroke. You may see only one warning sign, or several at one time.

What are the warning signs of a stroke?

Symptoms of a stroke happen quickly. A stroke may cause:

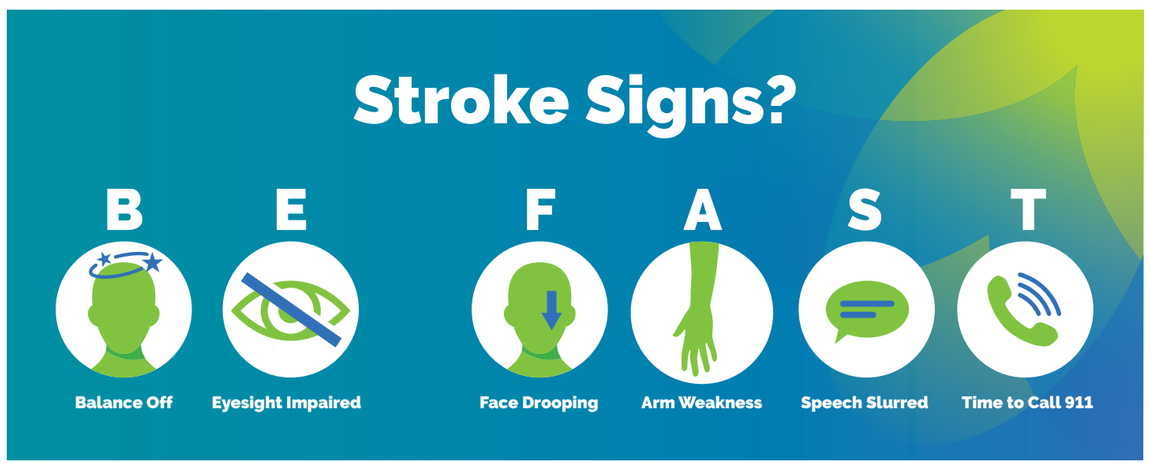
- Sudden numbness, tingling, weakness, or loss of movement in your face, arm, or leg, especially on only one side of your body.
- Sudden vision changes.
- Sudden trouble speaking.
- Sudden confusion or trouble understanding simple statements.
- Sudden problems with walking or balance.
- A sudden, severe headache that is different from past headaches.

The phrase **BE FAST** is a simple way to remember the main symptoms of stroke. These symptoms happen suddenly. Knowing what to look for helps you know when to call for medical help.

BE FAST stands for:

- **B** alance. Sudden trouble with balance and coordination.
- **E** yes. Blurred or double vision or sudden loss of vision.
- **F** ace. Weakness or drooping on one side of the face.
- **A** rm or Leg. Weakness or numbness in an arm or leg.
- **S** peech. Trouble speaking.
- **T** ime to call 911.

It's important to call **9-1-1** for medical help right away if you have stroke symptoms. Quick treatment may save your life. And it may reduce the damage in your brain so that you have fewer problems after the stroke.



Types of strokes

Types of strokes

There are 2 types of strokes.

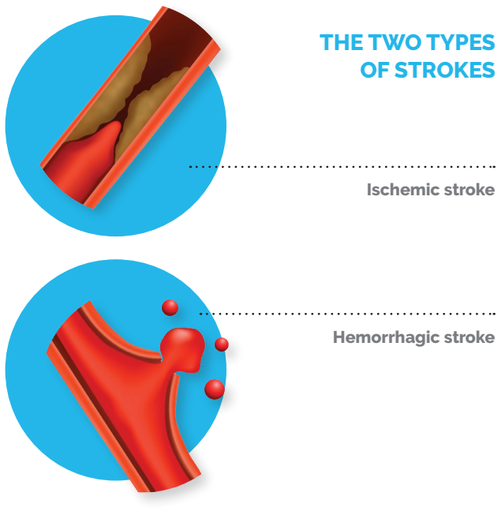
- ☐ Ischemic
- ☐ Hemorrhagic

Ischemic stroke

An ischemic stroke happens when a blood clot blocks a blood vessel in the brain. The clot may form in the blood vessel (thrombotic) or travel from somewhere else in the body (embolic). Causes of a blood clot may include:

- Hardening of the arteries (atherosclerosis). This can be caused by high blood pressure, diabetes, high cholesterol, and/or smoking.
- An abnormal heart rhythm, called atrial fibrillation.

About 8 out of 10 strokes are ischemic strokes. They are the most common type of stroke in older adults.



How is an ischemic stroke treated?

Emergency treatment may be done to restore blood flow to the brain using medicine and/or a procedure. Medicine and a heart-healthy lifestyle can help prevent another stroke. If needed, a stroke rehabilitation ("rehab") program may help you recover and learn ways to adapt to changes caused by a stroke.

Hemorrhagic stroke

A hemorrhagic stroke happens when a weak blood vessel in the brain leaks or bursts. This causes bleeding inside the brain or near the surface of the brain. Hemorrhagic strokes are less common but can be more dangerous.

What causes a hemorrhagic stroke?

Causes of weakened blood vessels in the brain include:

- **A brain aneurysm.** This is a bulging, weak part of a blood vessel. It can put pressure on nerves, or it can bleed or break open.
- **A brain AVM.** This is an abnormal knot of weak blood vessels that some people are born with.
- **Ongoing uncontrolled high blood pressure.** Blood pressure that is too high over the long term increases your risk for stroke.
- **Very high blood pressure.** Very high blood pressure that comes on suddenly is dangerous. It is a medical emergency.

Other causes of a hemorrhagic stroke are blood thinning medicines, called anti-platelets or anticoagulants. These medicines can cause bleeding in the brain. They increase the time it takes for a blood clot to form. Your provider will help you decide if these medicines are safe for you. Do not make any changes to your medicines unless told to do so by your provider.

How is a hemorrhagic stroke treated?

Emergency treatment is done to stop the bleeding and prevent more damage to the brain.

- You may need surgery or a procedure to repair an aneurysm or to remove the blood that has built up inside the brain.
- You may be given medicine to stop the bleeding.
- You may take medicine to manage high blood pressure and prevent other problems, like pain or constipation.

If you have a hemorrhagic stroke, your care team may also:

- Keep your room quiet and dark.
- Limit visitors and stimulation, like television or phone usage.
- Restrict caffeine.
- Place you on bedrest, which means you will stay in your bed until you are safe to move around.

If needed, a stroke rehab program may help you recover and learn ways to adapt to changes caused by a stroke.

If you have symptoms of a stroke, even if they go away, call 9-1-1 right away.

What is a TIA (transient ischemic attack)?

A TIA is when blood flow to a part of your brain is blocked for a short time. A TIA causes stroke symptoms that can last for a few minutes. Unlike a stroke, a TIA doesn't cause lasting brain damage. A TIA is a serious warning sign. It means you are more likely to have a stroke in the future.

Treatment for TIA is focused on preventing a stroke. A heart-healthy lifestyle and medicine can help. This lifestyle includes eating healthy, being active, staying at a healthy weight, and not smoking. You may take medicine to prevent blood clots, lower blood pressure, lower cholesterol, and manage other health problems. Some people have surgery or a procedure to help blood flow better to the brain.

Surgery and other stroke treatment

Surgery and other stroke treatment

When surgery or other treatments are being considered after a stroke, your age, prior overall health, and current condition are major factors in the decision.

Surgery for ischemic stroke

If you have serious blockage in the carotid arteries in your neck, you may need a surgery called a carotid endarterectomy. During this surgery, a surgeon removes plaque buildup in the carotid arteries. The benefits and risks of this surgery must be carefully weighed, because the surgery itself may cause a stroke.

Surgery for hemorrhagic stroke

Treatment for hemorrhagic stroke may include surgery to:

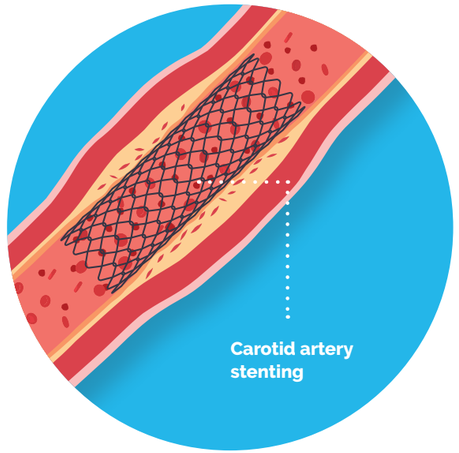
- Drain or remove blood that is in or around the brain.
- Repair a **brain aneurysm**.
  - In an endovascular embolization, soft metal coils or mesh is inserted into the aneurysm to block it off and stop or prevent bleeding.
  - In a craniotomy, a small metal clip is placed around the base of the aneurysm to block it off. This stops the bleeding in the brain.
- Remove or block off abnormally formed blood vessels that have caused bleeding in the brain.

Other Stroke Treatment

Carotid artery stenting

Carotid artery stenting (also called carotid angioplasty and stenting) is sometimes done as an alternative to surgery to prevent stroke.

In this procedure, a provider threads a thin tube called a catheter through an artery in the groin or wrist and up to the carotid artery in your neck. The provider uses a tiny balloon to open up the narrow part of the artery. A stent is placed to keep the artery open.



Thrombectomy

A thrombectomy is a emergent procedure to remove a blood clot and help blood flow normally again.

In this procedure, a provider threads a thin tube called a catheter through a blood vessel in the groin or wrist. The provider then moves the catheter to the brain to remove the clot.

Risk factors for a stroke

Risk factors for a stroke

What puts you at risk for stroke?

Your chances of having a stroke depend on your risk factors. Some risks can be lowered with treatment and a healthy lifestyle. Others can't.

This list includes some of the risk factors for having a stroke. You and your care team can discuss your risk and how to lower it.

Risk factors you can control with treatment

- **Atrial fibrillation.** This type of irregular heartbeat increases the risk of blood clots that could cause a stroke.
- **Atherosclerosis.** Also called hardening of the arteries, this happens when fatty deposits build up inside arteries. It can cause health problems like carotid artery disease or coronary artery disease.
- **Diabetes.** Diabetes results in high blood sugar. Over time, high blood sugar can lead to hardening of the arteries.
- **High blood pressure.** Over time, this damages the walls of the arteries which can lead to hardening of the arteries.
- **High cholesterol.** This can lead to the buildup of fatty deposits in artery walls.
- **Other health problems.** There are many problems that raise the risk of blood clots that could cause a stroke. These include sickle cell disease and blood clotting problems.

Risk factors you can control with a heart-healthy lifestyle

- **Smoking.** Smoking, or even inhaling secondhand smoke, increases your risk of heart attack and stroke.
- **Being overweight.** This makes it more likely that you'll develop high blood pressure, heart problems, and diabetes, which makes a stroke more likely.
- **Drinking too much alcohol.** This means more than 2 drinks a day for men and 1 drink a day for women.
- **Not getting enough physical activity.** If you aren't active, you have a higher risk of health problems that make a stroke more likely.
- **Not eating a heart-healthy diet.** Heart-healthy eating includes vegetables, fruits, nuts, beans, lean meat, fish, and whole grains. Limit things like salt, alcohol, and sugar.
- **Stress.** When you are under stress, your heart rate and blood pressure may be higher. This puts greater strain on your heart and a higher risk of hardening your arteries.

Risk factors you can't control

- **Having had a previous stroke or TIA (transient ischemic attack).**
- **Having a family history of stroke.** Your chances of having a stroke are higher if other people in your family have had one.
- **Being older.** The risk of stroke goes up as you age.
- **Being African American, Hispanic, Alaskan Native, Native American, or South Asian American.**
- **Being female.** Women have a higher risk of stroke than men.
- **Having certain problems during pregnancy.** These include gestational diabetes and high blood pressure.
- **Being post-menopausal.**

Stroke care in the hospital

Your health care team

Your health care team will partner with you to meet your treatment and recovery goals during and after a stroke. Your care team may include:

- **Neurology team.** Your neurology team is a team of providers that specialize in caring for someone that has had a stroke.
- **Hospitalist provider.** Your hospitalist provider specializes in hospital care and works closely with your neurology team.

- **Nurse.** Your nurse will help you with your day-to-day activities, keep you updated on your care, and give you the medicine and care you need during your hospital stay.
- **Patient care technician (PCT).** Your PCT will help you with activities in your day-to-day routine, including bathing, eating meals, and moving around.
- **Physical therapist.** A physical therapist helps with problems with movement, balance, and coordination. They can give you training and exercises to improve walking, getting into and out of bed or a chair, and moving around without losing your balance. They also teach your family members how to help with exercises and how to help you move or walk, if needed.
- **Occupational therapist.** An occupational therapist helps you relearn skills that you lost as a result of your stroke. They may have you do exercises and practice activities so that you can learn to do the things you could before, such as eating, bathing, dressing, writing, or cooking. You may not be able to do these activities the same way as before, so they may teach you new ways to do them.
- **Speech-language therapist.** A speech-language therapist can help you get back your language skills and learn other ways to communicate. They may teach your family members how to improve communication with you as well. They also work with people who have swallowing problems caused by a stroke.
- **Social work, case management, and rehab liaison.** This team works together to help you plan for any help you need when you leave the hospital. This may include rehab, home equipment, information about discharge, insurance, and services in your area for support, counseling, or financial or prescription help.
- **Psychologist.** A psychologist may help you with mental health and wellness after a stroke.

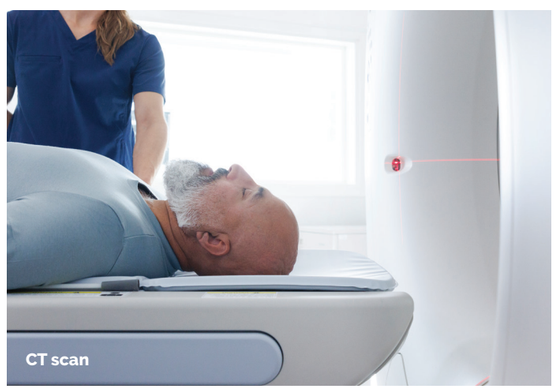
Your care team also includes support from the patient transport team, food & nutrition, pharmacy, imaging, blood collection, language services, and pastoral care.

Tests

You will likely have special tests and monitoring in the hospital. Some of these include:

- **A CT scan.** A CT scan uses X-rays to make pictures of the head. This is usually the first test you will have. It takes about 15 minutes.
- **A CTA scan.** A CTA is a test that uses X-rays for more detailed pictures of the heart and blood vessels that go to your brain and neck.
- **A heart monitor.** This is a small device that you wear. It records your heart rhythm and is used to look for heartbeats that are too fast, too slow, or irregular.
- **Swallow test.** Sometimes, your swallow may be weaker after a stroke. When this happens, food, drinks, or medicine may go into your lungs instead of your stomach. To keep you safe, your nurse or speech therapist will check to see how you swallow to make sure it is safe for you to eat and drink.
- **Video swallow or FEES.** This is a more detailed swallowing test. A camera will take pictures as you chew and swallow to make sure you can safely eat and drink.
- **Carotid ultrasound.** This checks the blood flow in the arteries in your neck. It usually takes about 15 minutes.
- **Cerebral angiogram.** This test looks at the blood vessels and blood flow in your brain. A thin, flexible tube is placed into a blood vessel in your arm or groin. The tube is moved through the blood vessel into your brain. Then, X-Ray dye is used to see the blood vessels on a video screen.
- **MRI of the head.** An MRI of the head is a test that uses a magnetic field and pulses of radio wave energy to make very detailed pictures of your brain. You will lie on a table and the table moves into the MRI machine. The test takes about 30 to 90 minutes.
- **Echocardiogram:** This test, also called an echo, is like an ultrasound of your heart. In the test, a device is moved across your chest or belly. The test takes about 20 minutes.

You may need other testing based on your health and symptoms. If you need any other tests, your care team can help explain them and answer any questions you may have.



CT scan

Carotid ultrasound

Leaving the hospital

Leaving the hospital

Everyone feels differently after a stroke and heals at a different pace. Through your hospital stay, your care team will work together with you to meet your goals and needs.

The best way to get better after a stroke is to start stroke rehab, where a team of health professionals works with you to regain skills you lost as the result of a stroke. Rehab starts while you are in the hospital and can help you to:

- Do as well as you can and be as independent as possible.
- Learn to live with the changes to your brain and body caused by the stroke.
- Adjust to living within your home, family, and community.

After you leave the hospital, you can continue treatment at a rehab center or at home. Your rehab team will give you education and support to help you build new, healthy habits. You'll learn how to manage any other health problems that you might have. You'll also learn how to exercise safely, eat a healthy diet, and quit smoking if you smoke. You'll work with your team to decide what lifestyle choices are best for you.

There are 4 different options for rehab services based on your needs.

1. **Inpatient acute rehab.** This type of therapy is for people who need an intensive, team approach to rehab. It includes at least 2 rehab services (physical, occupational, and/or speech therapy). You must be able to participate in rehab at least 3 hours a day to go to this type of rehab.
2. **Inpatient subacute rehab.** This type of therapy is for people who can only participate in 1 to 2 hours of therapy each day and need more care than what can be provided at home.
3. **Home care rehab.** This type of therapy is for people who are not able to leave their home for outpatient therapy. Home care rehab is typically 2 to 3 times each week, for 30 to 45 minutes per session.
4. **Outpatient rehab.** This type of therapy is for people who can return home after a hospital stay, and can also safely leave the house for a rehab visit.

If your provider hasn't already suggested it, ask if stroke rehab is right for you.

Care after a stroke

Care after a stroke

Caring for yourself or a loved one after a stroke can feel overwhelming. It can be helpful to know what to expect, what you can do to prevent another stroke, and how to keep yourself safe.

What kinds of problems can people have after a stroke?

The problems you have after a stroke depend on what part of your brain was affected and how much damage the stroke caused. People who have had a stroke may have:

- **Problems with movement and sensation.** You may have pain, numbness, or tingling in your arms and legs; muscle stiffness or spasms; weakness; and trouble with walking and moving. You may have problems with your sense of touch or how well you feel hot and cold, trouble swallowing and eating, and trouble going to the bathroom.
- **Problems with vision.** You may have problems seeing in some or all of the normal areas of vision.
- **Problems with not being aware of one side of your body.**
- **Problems with speech and language.** You may not be able to understand written or spoken language, read or write, or express your thoughts. You may also have problems with memory and learning.
- **Problems swallowing.** You may not be able to feel food on one or both sides of your mouth. You may also have problems chewing or making enough saliva. Or you may have other problems that make it harder to eat and increase your risk of choking or breathing in food or liquids (aspiration).
- **Emotional problems.** A stroke can cause feelings of fear, anxiety, anger, sadness, depression, and grief, both for survivors of a stroke and their loved ones.
- **Problems with memory and reasoning.** You may not be able to think clearly. The stroke may cause you to act differently than you did before the stroke. You may also have problems with learning and memory, especially short-term memory.

These problems are common after a stroke. They sometimes improve over time. Your care team can also help you find new ways of doing things that work for you.

Preventing future stroke

How can you help prevent another stroke?

After a stroke, you are more likely to have another stroke. You can give yourself some control and peace of mind by following your plan to lower your risk of having another stroke. Taking your medicine safely, managing health problems, living a heart healthy lifestyle, and participating in stroke rehab all help you prevent another stroke.

Take your medicines safely

Take your medicines safely

You may need to take medicines to help prevent another stroke. Be sure to take your medicines exactly as prescribed. And don't stop taking them unless your provider tells you to. If you stop taking your medicines, you can increase your risk of having another stroke.

Some of the medicines your provider may prescribe include:

- Aspirin or some other blood thinner to prevent blood clots.
- Statins and other medicines to lower cholesterol.
- Blood pressure medicines to lower blood pressure.

How do you take blood thinner medicine safely at home?

1. **Take your medications exactly as prescribed.**
2. **Know the signs of bleeding.**

Call 911 or other emergency services right away if you have:

- A sudden, severe headache that is different from past headaches. (It may be a sign of bleeding in the brain.)

Call your doctor now or seek immediate medical care if you have any abnormal bleeding, such as:

- Coughing up blood.
- Vomiting blood or what looks like coffee grounds.
- Stools that are black and look like tar or have streaks of blood.
- A nosebleed that doesn't stop quickly.
- Blood in your urine.
- Vaginal bleeding that is different (heavier, more frequent, at a different time of the month) than what you are used to.
- New bruises or blood spots under your skin without a known cause. (With shots, bruising is normal around an injection site.)

If you are injured, apply pressure to stop bleeding. It will take longer than you are used to for the bleeding to stop. If you can't get the bleeding to stop, call your doctor.

3. **Tell your providers and dentist about all the medicines you take.**
   - Keep an updated list of medicines with you.
   - Give your list of medicines to every provider and dentist who treats you.
   - Don't take aspirin and other pain relievers, such as ibuprofen (for example, Motrin®), unless your provider tells you to take them.
   - Store your medicine the right way. A few medicines must be stored in their original containers, so they don't spoil. If your medicine label has this instruction, then don't use a pillbox for that medicine.
   - Check with your provider or pharmacist before you start or stop taking any other medicines. These include prescription medicines, over-the-counter medicines, vitamins, and herbal products.
   - If possible, fill all of your prescriptions at the same pharmacy. This helps your pharmacist make sure all of your medicines are safe to take together.
   - Talk to your provider about what to do if you miss a dose of your blood thinner.
4. **Talk to your doctors about surgeries and tests.**

   Talk with your provider about whether you need to stop taking your blood thinner for a short time before any surgery or procedure. Your provider will tell you when it is safe to start taking your medicine again.
5. **Prevent falls and injuries.**

If you have a high risk of falling, make these changes in your life to prevent falls:

- Wear slippers or shoes that have nonskid soles.
- Use a cane or walker if you need one.
- Put things within easy reach.
- Keep a cordless phone and a flashlight with new batteries by your bed.

Make these changes in your home to prevent falls:

- Remove raised doorway thresholds, throw rugs, and clutter.
- Rearrange furniture and electrical cords to keep them out of walking paths.
- Keep stairways, porches, and outside walkways well lit. Use night-lights in hallways and bathrooms.
- Install sturdy handrails on stairways. Install grab handles and nonskid mats inside and outside your shower or tub and near the toilet.
- Add extra light switches if needed or use remote switches, such as sound-activated switches, on lights by doors and near your bed.
- Repair loose carpet or raised areas in the floor that may cause you to trip.
- Use shower chairs and bath benches.
- Use nonskid floor wax. Wipe up spills right away, especially on ceramic tile floors.
- If you live in an area that gets snow and ice in the winter, have a family member or friend sprinkle salt or sand on steps and sidewalks.

To prevent injuries, be careful with your activities:

- Choose activities that have a lower risk of injury, such as swimming and walking. Try to avoid activities or sports that put you at risk of injury. But if you take part in activities that carry a risk of falling or injury, be as safe as possible and wear protective equipment, such as helmets.
- Always wear a seatbelt when in a vehicle.
- Be extra careful when you work with sharp tools or power tools, such as saws.
- Use an electric razor, not a razor blade.
- Use waxed dental floss and a toothbrush with soft bristles.
- When you work outside, wear clothing that protects you, such as gloves, shoes, and long sleeves.

Manage other health problems

Manage other health problems

You can also help lower your chance of having another stroke by managing other health problems you may have. Problems that increase your risk of having another stroke include:

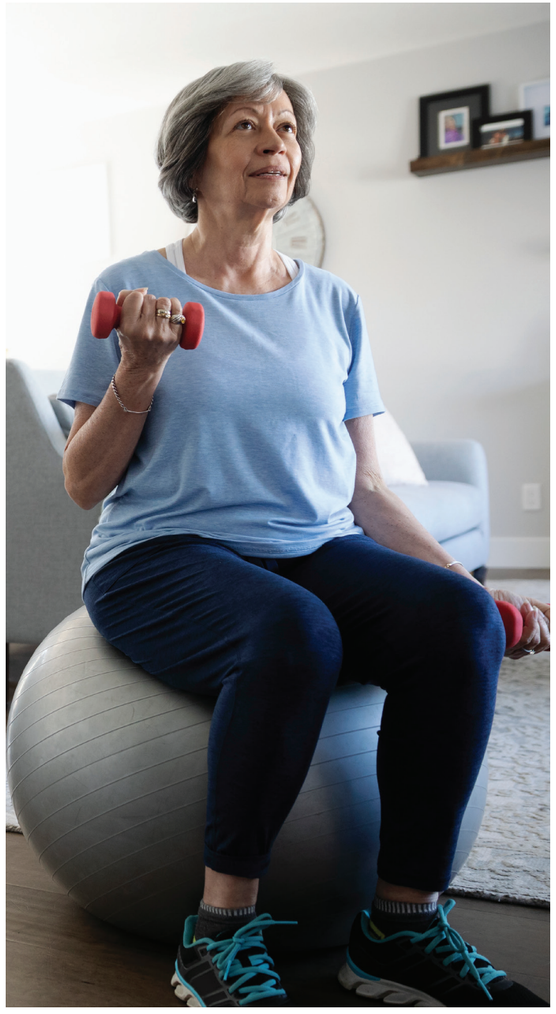
- Atrial fibrillation (a type of irregular heart beat).
- Carotid artery disease.
- Diabetes.
- High blood pressure.
- High cholesterol.

If you have any of these health problems, you can manage them with a healthy lifestyle along with medicine.

If you think you may have a problem with alcohol or drug use, talk to your care team. This includes prescription medicines and illegal drugs. Your health care team can help you figure out what type of treatment is best for you.

Have a heart-healthy lifestyle

- **Eat heart-healthy foods.** These include vegetables, fruits, nuts, beans, lean meat, fish, and whole grains. Limit salt and sugar.
- **Be active.** Ask your provider what type and level of activity is safe for you.
- **Stay at a healthy weight.** Lose weight if you need to. Managing your weight will help you keep your heart and body healthy.
- **Limit alcohol to 2 drinks a day for men and 1 drink a day for women.**
- **Seek help for mental health if you are feeling stressed, sad, hopeless, depressed, anxious, or grief.**
- **Do not smoke or allow others to smoke around you.** If you need help quitting, talk to your provider about stop-smoking programs and medicines.



Quit Smoking

Smoking can cause major health problems or make existing problems worse. Quitting lowers your risk of stroke, even for people who have smoked for a long time. Quitting and staying smoke-free can be hard. Here are tips to help you succeed.

Know your smoking triggers

Knowing what situations trigger your desire to smoke can help you avoid these situations and stay smoke-free. Look at where and when you smoke and come up with other choices.

For example, if you smoke after a meal, try:

- Taking a walk.
- Calling a friend.

How will you feel when you quit?

Chances are you will experience withdrawal symptoms for a few weeks. These may include:

- Craving for nicotine.
- Difficulty thinking clearly.
- Tingling in your arms or legs.
- Hunger.
- Coughing.
- Upset stomach.

Symptoms will get better over time, but there are other nicotine products that can help you while you're quitting. Talk to your care team to find out what options may work for you.

Reward yourself for success

Making a healthy lifestyle change deserves rewards. Treat yourself for meeting regular goals such as the first day, week and month that you have stayed smoke-free. These can be small rewards, such as new clothes or a special dinner or sports event.

Exercise

One of the best strategies to help you quit and stay smoke-free is to increase your daily activity.

Why quit?

If you continue to smoke, there is a 1 out of 2 chance that you will die earlier because of smoking. Smokers, on average, die 13 to 14 years sooner than people like them who are not smokers. The sooner you quit, the more you reduce your risks for serious health problems like stroke, heart disease, and cancer.

Get support

Quitting smoking can be tough, but you don't have to go through it alone. There are resources and programs that can help you stop smoking for good. Talk to your care team to get local options to help you quit.

Mental health and wellness after a stroke

Mental health and wellness after a stroke

It is common to feel sad about changes caused by a stroke. Sometimes injury to the brain from a stroke can cause depression. Taking care of your feelings and mental health is just as important as taking care of your physical health.

If you are feeling sad, hopeless, empty, or have lost interest or pleasure in doing things you normally enjoy, let your care team know right away. They can help connect you to treatment options, which can help you feel better.

Tell your care team if you have any symptoms of depression, which may include:

- Low mood or energy most of the day nearly every day.
- Loss of interest in doing things you normally enjoy.
- Change in appetite.
- Sleeping more or less than normal.
- Feeling slow, down, or agitated.
- Feelings of worthlessness or guilt.
- Trouble concentrating or thinking.

Tell your care team if you have any symptoms of anxiety, which may include:

- Short, intense episodes of panic.
- Trembling, twitching, or shaking.
- A feeling of fullness in the throat or chest.
- Breathlessness or a rapid heartbeat.
- Lightheadedness or dizziness.
- Sweaty or cold, clammy hands.
- Feeling jumpy.
- Muscle tension, aches, or soreness.
- Extreme tiredness.
- Sleep problems, such as not being able to fall asleep or stay asleep, early waking, or not feeling rested when you wake up.
- Feeling grouchy or on edge.
- Worrying too much.
- Fearing that something bad will happen.
- Not being able to concentrate. You may feel like your mind goes blank.

Treatment options

Different options for treatment may include:

- Counseling or talk therapy.
- Psychotherapy.
- Medicines for depression.

Other things that may help include:

- Support groups.
- Relaxation and stress management.
- Exercise.
- Healthy eating.
- Setting goals.
- Spending time doing things you enjoy.

Work with your health care team to find the best treatment for you. It may take a few tries, and it can take several weeks for the medicine and therapy to start working. Try to be patient and keep following your treatment plan.

Caring for a loved one after a stroke

Caring for a loved one after a stroke

Taking care of a loved one who has had a stroke can be difficult for many reasons. You may be afraid that your loved one will have another stroke or will not be able to accept or overcome disabilities. You may worry that you are not prepared to care for someone who has just had a stroke. Or you may have your own health concerns that make it hard for you to care for another person. You may also become depressed over losing the lifestyle that you previously enjoyed with your loved one.

Before your loved one returns home, the rehab team will train you or other family members to help with therapy. You may learn to help your loved one get up from a chair or bed, get dressed, get to the bathroom, eat, and do other activities.

If you have your own health concerns that prevent you from being able to help, you may need in-home help, or your loved one may need to go to a nursing home or assisted-living facility. But even if you can't provide physical help, your love and support are still key to your loved one's recovery.

Your rehab team can provide more information about local community resources, such as in-home help. They may be able to offer advice about insurance coverage as well.

Here are ways that you can help with your loved one's recovery:

- Give support and encouragement for taking part in the rehab program.
- Visit and talk with your loved one often. Encourage your loved one to do activities, such as playing a game with you. Keep in touch with your loved one's friends as much as you can and encourage them to visit.
- Participate in educational programs and attend rehab sessions as much as possible.
- Help your loved one learn and practice new skills.
- Find out what your loved one can do independently or needs help with. Avoid doing things for your loved one that he or she is able to do without help.
- Provide transportation until they can drive again.

You will also need to take care of your own well-being.

- Eat well, get enough rest, and take time to do things that you enjoy.
- Make sure that you do not ignore your own health while you are caring for your loved one.
- Do not try to do everything yourself. Ask other family members and friends to help. Find out if you qualify for adult day care or for home health care visits to help with rehab.
- Locate a support group to attend. Your local stroke center can help you find information on stroke support groups. You can also check with the rehab team for ideas and help.

Making your home safe

Making your home safe

You may get advice from the stroke rehab team about what changes might be needed. Here are some examples.

- Set up a bedroom that does not require climbing stairs. Be sure the bathroom is on the same floor.
- Move throw rugs and furniture that could cause falls.
- Remove clutter or other items from stairs and walkways.
- Make sure that the lighting is good.
- Make lamps or light switches easy to reach and access.
- Put grab bars and seats in tubs and showers.
- Put grab bars around the toilet and create enough space to transfer on and off safely.

Stroke Community Resources

After a stroke, you may have to make changes to your lifestyle, home, work, and relationships. Changes you make will depend on how the stroke affected your ability to function. There are a lot of resources available to help you make these changes and recover from a stroke. In addition to inpatient or outpatient rehab, some resources include:

- **Respite care.** This type of care provides short-term relief for primary caregivers. It can be arranged for hours or up to several days or weeks. Care can be provided at home, in a health care facility or at an adult day program.
- **Adult day programs.** These are "drop-off" sites where a person who doesn't need one-on-one attention can stay during the day. This service is usually offered during working hours. Meals, personal care services, and social activities are provided.
- **Mental health care.** This can include counseling/talk therapy, psychotherapy, or medicine to help improve how you are feeling.
- **Driving services.** If you or your loved one are no longer able to drive after a stroke, some community programs offer transportation to those enrolled in the program.
- **Private pay aid services.** For those who return home and need more help than friends and family can provide, aid services are available.
- **Support groups.** These are available for people who have had a stroke, as well as their loved ones or caregivers.
- **Palliative care.** This is different from care to cure or treat your health problems. Its goal is to improve the quality of your life.
- **Hospice care.** This care provides social, personal, and medical services for people who are near the end of life and who wish to spend their remaining time at home or in an environment less formal than a hospital or nursing home.

Some of these resources are private pay and some may be supported by your insurance company or state funding. For other resources in your area, check with your care team.

You can do it. We can help.

Life after a stroke is not always easy. Setting goals for yourself and working closely with your support system and health care team can help you learn new skills and live a healthy life. Please ask your care team if you have any questions.

Scan the QR code to explore and download the ChristianaCare Stroke Resource Guide to learn more about stroke support groups, resources, and programs in your area.

ChristianaCare
PO Box 1668
Wilmington, DE 19899

800-693-CARE (2273)
ChristianaCare.org/stroke

Christiana Care is a private, not-for-profit regional health care system and relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about how you can support our mission, please visit christianacare.org/donors.

EA22-0532

ChristianaCare®