

CHAPTER 1—WHERE TO BEGIN?

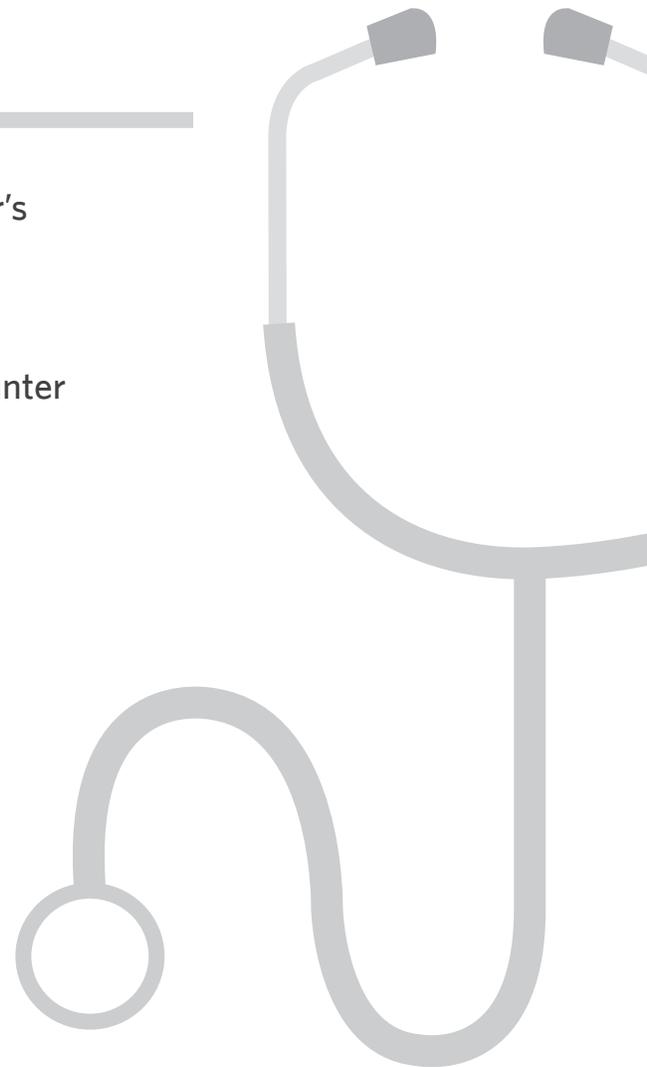
Your loved one has just survived a stroke. A great deal of information will be coming at you at once. Focus on the stroke survivor's immediate needs. This section outlines important things to note during a hospital stay.

MEDICAL HISTORY

Provide the healthcare team with the stroke survivor's medical information:

- History of previous stroke(s).
- Current medications (including over-the-counter medications, supplements and vitamins).
- Past surgeries.
- Allergies.
- Family medical history.
- Health insurance.

If you do not know this information, have someone go to the stroke survivor's home and retrieve all medications. Find a Medication Tracker Template in Appendix A.



COMMUNICATE WITH HEALTHCARE PROFESSIONALS



Communicating with healthcare professionals is essential. If the stroke survivor cannot advocate for himself/herself, be sure to find out whether there is a designated medical power of attorney (MPOA). If not, make sure there is someone available to advocate for the stroke survivor.

MEDICAL POWER OF ATTORNEY—AUTHORIZING DECISION-MAKING

WHAT IS AN MPOA?*

An MPOA designates a person to make healthcare decisions for the stroke survivor if he/she is unable to do so for him/herself. (See Appendix B for a printable MPOA Form.) An MPOA document provides the specified person the authority to make decisions and fulfill the stroke survivor's wishes. This document gives the designated representative legal authority, which eases the flow of information between the healthcare professionals and the care team. It is necessary to have an MPOA if your loved one becomes unable to make his/her own medical decisions.

TAKE NOTES

Write down questions and concerns as you think of them. If they are written down, you will be less likely to forget to ask these questions when meeting with healthcare professionals.

Take notes or record meetings to confidently relay information to other family members, friends or healthcare professionals. Recording meetings with healthcare professionals avoids miscommunication.

Keep the stroke survivor involved in decision making as much as he/she is able.

**This guide does not replace legal council. Consult with a lawyer for all questions and/or concerns.*

QUESTIONS TO ASK

Here are some important questions to ask at the hospital:

- What caused the stroke?
- What type of stroke was it?
- Where in the brain did it occur?
- What types of challenges are typical after this type of stroke?
- What kinds of tests have already been done?

(See Appendix C for a printable version of Questions to Ask Healthcare Professionals.)

Ask for explanations. If you feel a test is needed and has not been run yet, ask the healthcare professionals about it and to explain why it hasn't been done.

Ask for copies of test results for future doctor appointments. Many hospitals can provide this information on a CD or will email your doctor directly. Having copies of the test results, such as the stroke survivor's CAT scan (computerized axial tomography), will come in handy when working with different healthcare professionals.

Be aware that healthcare professionals may not have answers to every question, especially those that start with "why." Try to be patient and trust that everyone is giving it their best.

Holding your loved one's hands during tests and procedures is an easy way to be supportive.

IMPORTANT CALLS

Stroke is an emergency and things happen quickly. Once a diagnosis has been made, you may need to make important calls to:

- Your employer.
- The stroke survivor's employer.
- Other family members.
- The stroke survivor's primary care provider, family doctor or other healthcare professionals currently treating your loved one.
- A neighbor or friend to make arrangements for children or pets.

After making these important calls, come up with a way to regularly update people. Setting up a personal blog, mass emails or a phone tree will save you time and energy. Lotsa Helping Hands and CarePages are great resources for this and can be found at www.stroke.org/care.

When discussing critical issues, having a meeting with friends and family may be necessary.

IMMEDIATE NEEDS

There are a variety of issues that may impact the stroke survivor’s immediate recovery. Take note of any issues concerning the stroke survivor’s immediate needs. The following chart lists some common concerns, why they are important and what you can do about them.

Immediate Post-Stroke Concerns

Atrial fibrillation (Afib)	Afib is a condition many people have but may not be aware of. Afib is an irregular rapid heartbeat, and specific medications can be taken to manage it.
Breathing	It is often helpful to request an “incentive spirometer,” which is a device that helps stroke survivors practice breathing and improve lung functioning.
Balance	After a stroke, the area of a stroke survivor’s brain that controls balance may be damaged. Make sure your loved one has assistance when moving and going about their daily activities (e.g., going to the bathroom).
Cognition (thinking) and emotions	It is often more difficult to diagnose and measure cognitive and emotional conditions. It is not uncommon for a stroke survivor to have feelings of depression, shock, confusion and/or anxiety after such a life-altering event. These changes are very common. Pay attention to how the stroke survivor is coping.
Deep venous thrombosis (DVT)	DVT (blood clots in the legs, pelvis and/or arms) can cause swelling and pain. Not all stroke survivors experience DVT, but be aware of the possibility.
Dehydration	Stroke survivors can become dehydrated during hospitalization. Monitor the stroke survivor’s fluid intake.

<p>Diabetes</p>	<p>Diabetes increases a stroke survivor's risk of having another stroke. Get the stroke survivor tested for diabetes. If he/she is found to have diabetes, medication and changes in diet and lifestyle are usually recommended.</p>
<p>Dietary restrictions and allergies</p>	<p>Discuss any dietary restrictions and/or allergies with a nutritionist or nurse because diet can affect some medications.</p>
<p>Digestive issues</p>	<p>After a meal, be aware that many stroke survivors experience digestive issues such as incontinence, gas, constipation, vomiting and diarrhea. Ask a healthcare professional how to manage these symptoms.</p>
<p>Eating</p>	<p>Your attentiveness during meal times is important in helping prevent further complications. Some stroke survivors have issues swallowing and can choke easily. Lifting the cover off the plate and cutting food may be difficult if there is upper limb weakness or paralysis. Hospital kitchen staff only deliver the food; they do not stay to make sure these issues are resolved. You will want someone present who is aware of these issues and can assist the stroke survivor.</p>
<p>Hypertension (high blood pressure)</p>	<p>Hypertension is a major risk factor for stroke. A blood pressure reading of 140/90 indicates hypertension. Medications can help a stroke survivor manage their blood pressure.</p>
<p>Muscle weakness</p>	<p>Paralysis and weakness in arms and legs may make it difficult for a stroke survivor to move around freely. For management of muscle weakness and paralysis see Chapters 3 and 6.</p>

<p>Seizures</p>	<p>Seizures may last seconds or minutes, but loss of bladder or bowel control and tongue biting can accompany the convulsions. See Chapter 6 for what to do if someone is having a seizure.</p>
<p>Skin and pressure ulcers (bed sores)</p>	<p>Skin and pressure ulcers may not be an immediate concern, but if your loved one is in the hospital for an extended period of time, make sure he/she is moved regularly to prevent skin wounds.</p>
<p>Speech/aphasia</p>	<p>Many stroke survivors struggle with speech-related issues post-stroke. Aphasia is an impairment of language that results from brain damage. Aphasia affects a stroke survivor’s ability to use and comprehend words/numbers. You may need to adapt how you communicate with the stroke survivor. Management tips are available in Chapter 6.</p>
<p>Swallowing/dysphagia</p>	<p>Just like with breathing, some stroke survivors have difficulty swallowing. If not diagnosed, dysphagia may result in aspiration (when food or liquid gets caught in the lungs) pneumonia, dehydration or malnutrition. Ask a healthcare professional to assess this.</p>
<p>Vision/hearing issues</p>	<p>Vision and/or hearing issues may be an indication of other medical issues, so it is good to pay attention to the stroke survivor’s vision and hearing and report concerns to a healthcare professional.</p>

Watch and listen to National Stroke Association's *iHOPE: Depression and Other Emotional Issues Post-Stroke* webinar as well as the accompanying *Ask the Experts* session at www.stroke.org/ihope.

SELF-CARE FOR THE CAREGIVER

You may be spending many hours or days at the hospital, depending on the health of your loved one. While this may be a stressful time, taking care of yourself will enable you to provide better care for your loved one. Remember to:

- **EAT AND NOURISH YOURSELF.**
- **REST, NAP AND SHOWER**—See whether the hospital has an area for your use.
- **EXERCISE**—Go for a walk to relieve stress and clear your mind.
- **JOURNAL**—Write down your thoughts, feelings and concerns (for information on the benefits of keeping a journal, visit www.carepartnersresource.com).

