



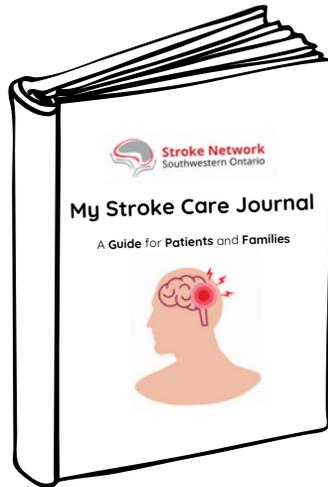
My Stroke Care Journal

A **Guide** for **Patients** and **Families**



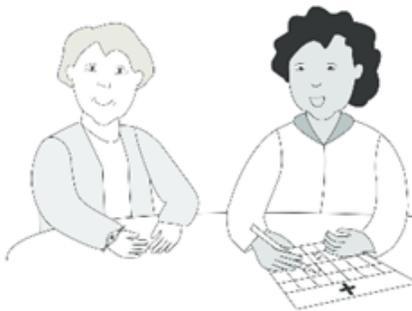
Created by the Southwestern Ontario Stroke Network and
ARTC Brain Crusaders Aphasia Advocacy Group
September 2024

This **journal** is to **help** you **understand stroke** and your **care needs**.



You can:

- **Keep** this **journal**
- **Write** on the **pages**
- **Use** this **journal** through your **stroke journey**



This **journal** can **help** you:

- **Learn** more about your **stroke** and **recovery**
- **Help** you **communicate** with your **health team**
- **Help** with a **stressful time**
- Get you **ready** for **discharge** and **access services** in your **community**

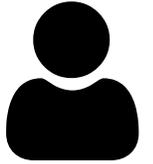
Table of Contents

Title	Page Number
About Me	3 - 10
Chapter 1 - Introduction	11
Chapter 2 - Welcome to the Stroke Unit	12 - 14
Chapter 3 - What is a Stroke?	15
Chapter 4 - Signs and Symptoms of a Stroke	16
Chapter 5 - Medications, Test, and My Healthcare Team	17 - 23
Chapter 6 - My Goals	24 - 26
Chapter 7 - Leaving the Hospital	27 - 32
Chapter 8 - Community Resources	33
Communication Tools	34 - 39
My Notes	40 - 45

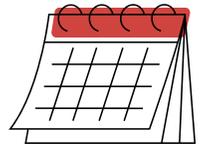
Disclaimer: Images embedded within this module are sourced from Canva, an online graphic design tool in which an annual license has been purchased; in addition to Aphasia Institute downloaded resources and ParticPics©, a searchable database of pictographic images developed by the Aphasia Institute.

About Me

My **name** is _____



My **date of birth** is _____



My **address** is _____



If I **need help**, please **contact**:

Name: _____

Phone Number: _____



Email: _____



Glasses 

Yes

No

Hearing Aids



Yes

No

Right Ear

Left Ear

The **languages I speak** are: _____

I am **interested** in:



Sports



Art



Movies



Games



Music



Reading



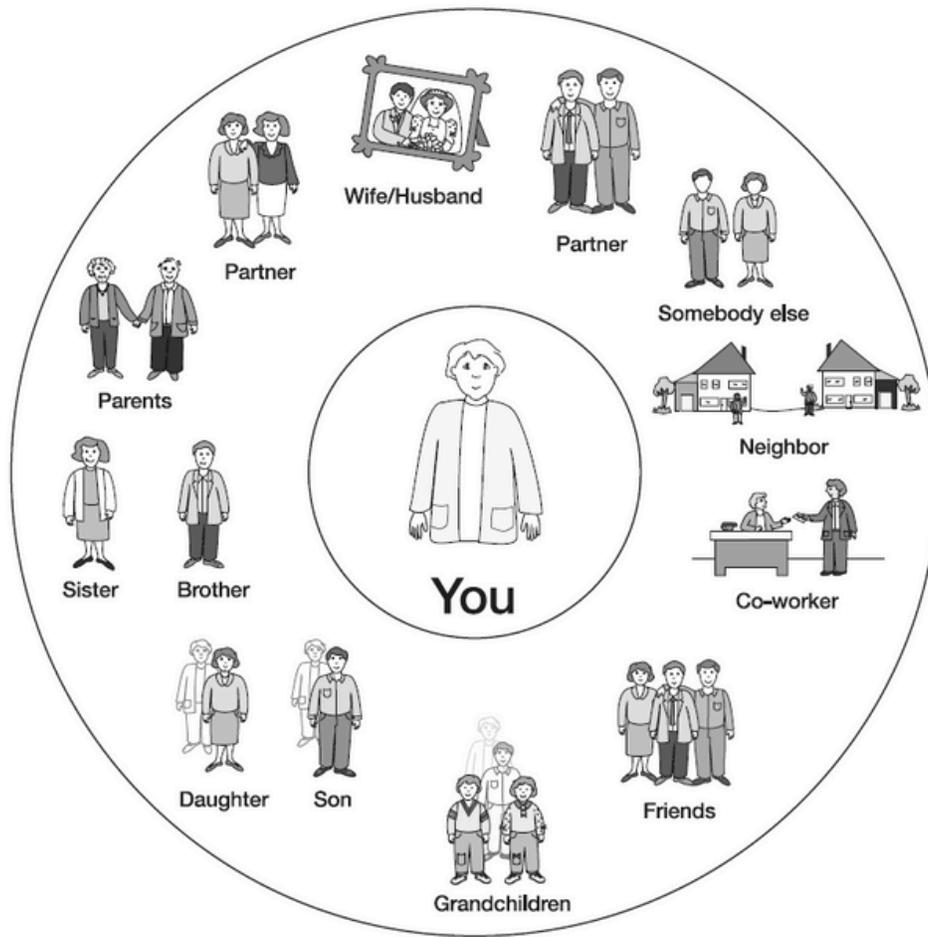
Travel



Cooking

Something Else: _____

My Family



Name

Relationship to Me

1. _____

2. _____

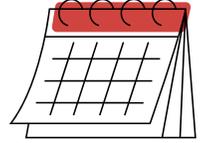
3. _____

4. _____

5. _____

My Stroke

I had **my stroke** on _____



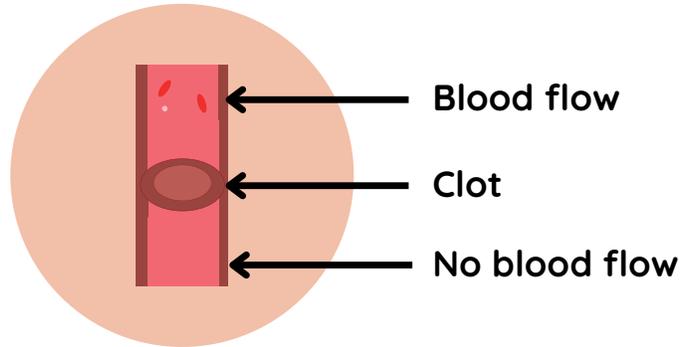
When I had my **stroke**, I was:



Something Else: _____

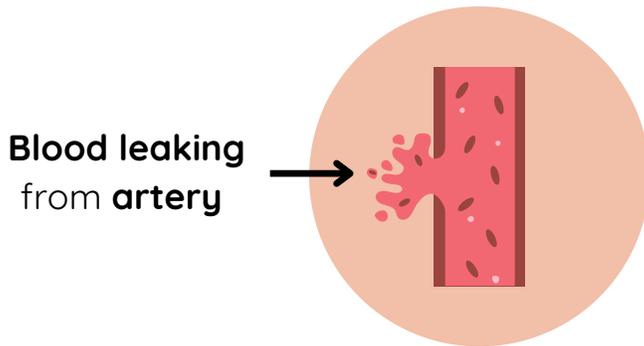
Type of stroke I had:

Ischemic - Clot in the brain that stops blood flow



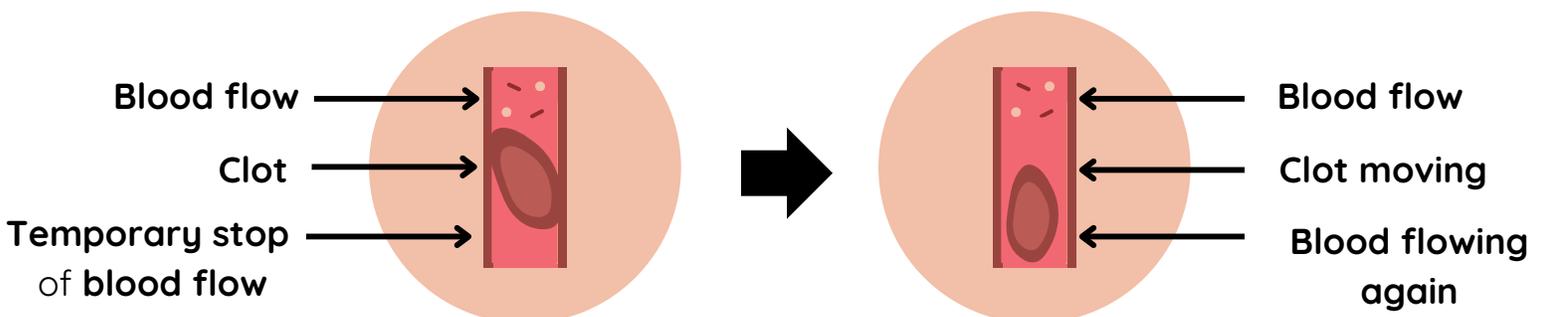
Ischemic Stroke

Hemorrhagic - Bleed in the brain



Hemorrhagic Stroke

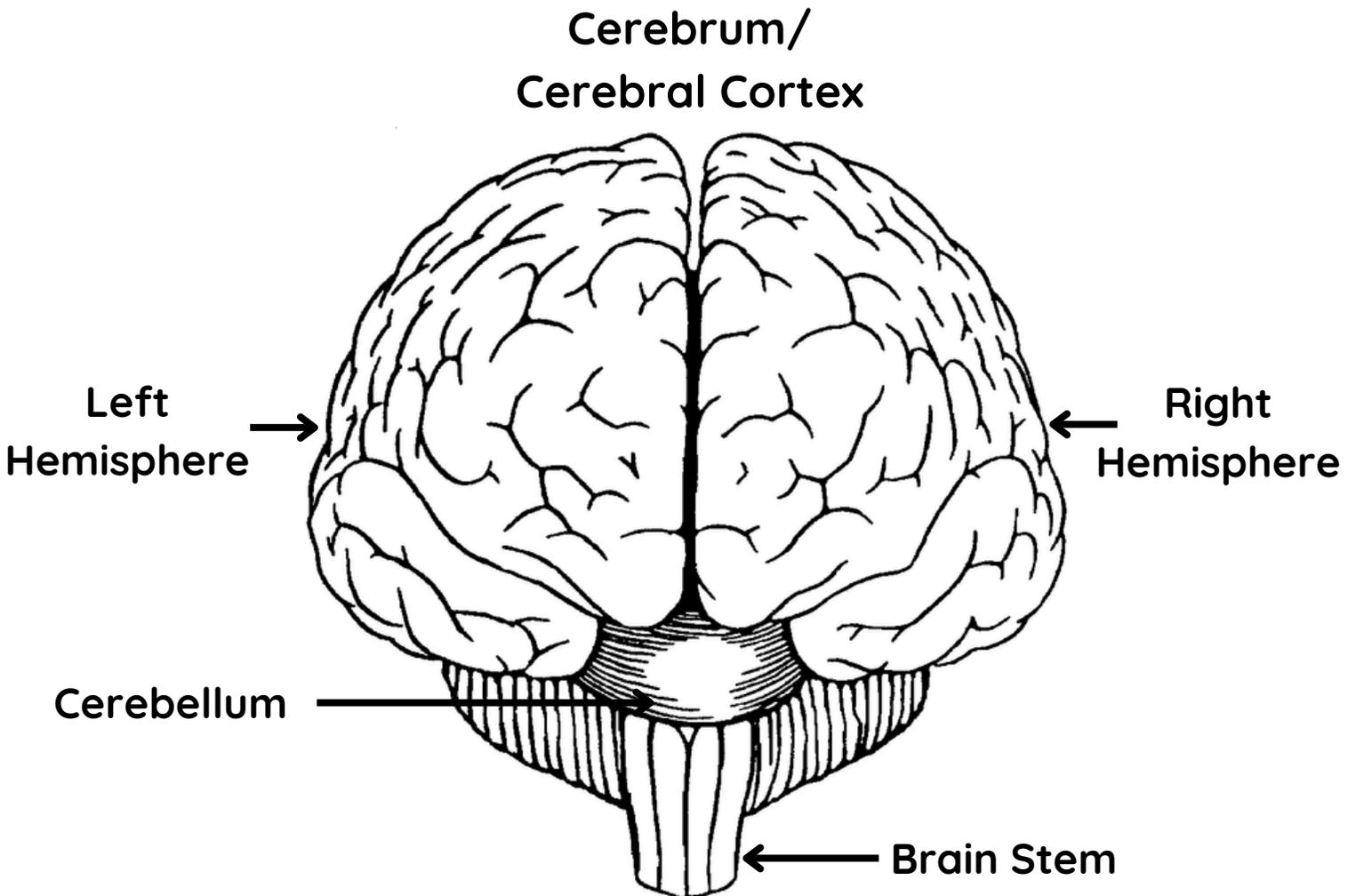
Transient Ischemic Attack - Clot in the brain that temporarily stops blood flow (TIA or Mini Stroke)



Transient Ischemic Attack

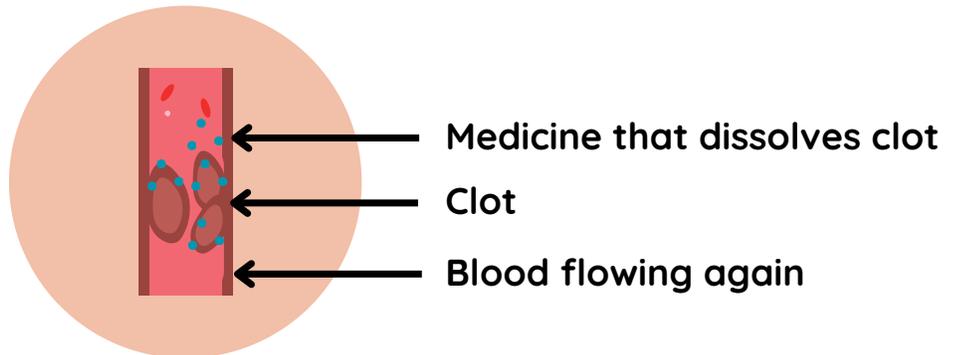
The **location** of my **stroke**:

- Cerebrum/Cerebral Cortex - Surface** of the **brain**
- Right Hemisphere - Right side** of the **brain**
- Left Hemisphere - Left side** of the **brain**
- Brain Stem - Bottom** of the **brain**
- Cerebellum - Back** of the **brain**



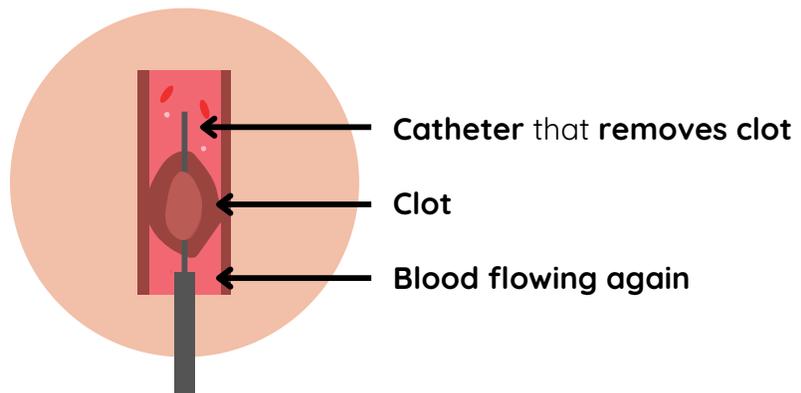
Interventions I had for my **stroke** were:

Thrombolysis - medicine that dissolves blood clots



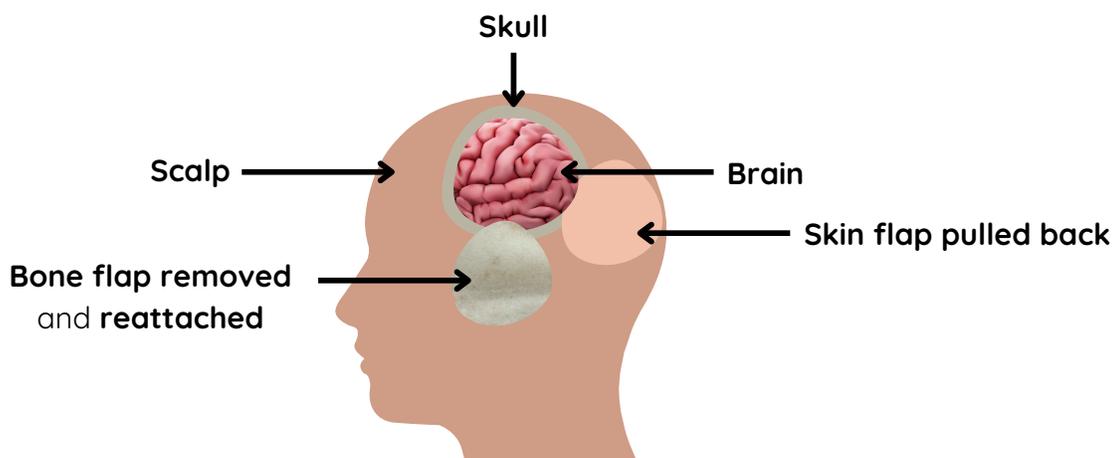
Thrombolysis

Endovascular Thrombectomy - procedure that removes blood clot



Endovascular Thrombectomy

Craniectomy - procedure to relieve pressure in the brain



Craniectomy



Changes after my stroke:

- Mobility**
- Balance/Coordination**
- Strength in:**
 - Arm - Right or Left**
 - Leg - Right or Left**
- Communication**
- Swallowing**
- Vision**
- Something Else:** _____

Chapter 1

Introduction

A **stroke** can be **life changing** and **scary** for **you** and your **family**.



Every stroke is different.

Your **stroke care** will **focus** on:

- **You**
- Your **strengths**
- Your **goals**



Chapter 2

Welcome to the Stroke Unit



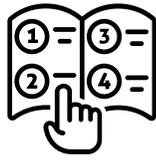
Your **healthcare team** will:

- **Help** with **daily care**
- **Review** your **progress**
- Help **plan** for **next steps**

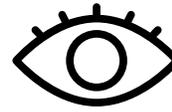
Your **healthcare team** may **assess**:



sleep



following directions



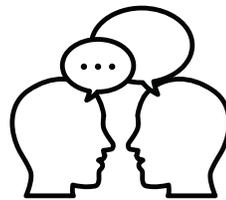
vision



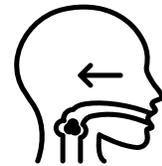
mobility



strength



communication



swallowing

This **information** will show your **healthcare team** how your **brain** and **body** are **recovering**.



You and your **healthcare team** will make a **recovery plan together**.



During your **recovery** you will **work** with the **healthcare team** on:



daily activities



mobility

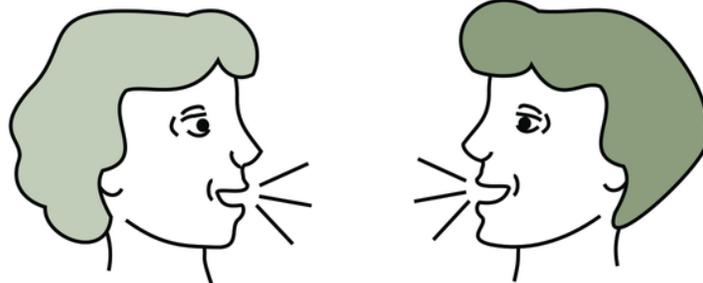


communication



swallowing/eating

Your **healthcare team** will give you **information**
and **answer questions**.



You and your **family** are **involved** in your
stroke recovery journey.

Chapter 3

What is a Stroke?

A **stroke** is a **sudden loss** of **brain function**.



A **stroke** can be caused by **blockage** of **blood flow** to the **brain** or the **rupture** of **blood vessels** in the **brain**.



The **effects** of a **stroke** depend on **where** and **how much** of the **brain** is **affected**.

Chapter 4

Signs and Symptoms of a Stroke

A **stroke** is a medical emergency.

If you **think** you are having a **stroke**, act **F.A.S.T.**

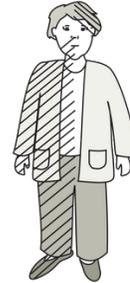
Face

Facial droop



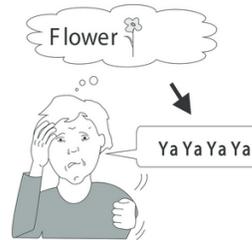
Arms

Weakness on one side of the body



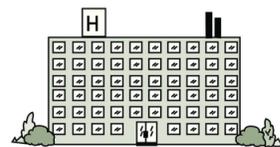
Speech

Communication changes - hard to **speak** or **understand** others.



Time

Time is a **big** difference.
Do **not** wait at home.



Go to the hospital

Hospitals are safe

Chapter 5

Medications, Tests, and My Healthcare Team

Medications



What is this medication for?



Blood Pressure



Blood Clot



Atrial Fibrillation



Plaque



Other

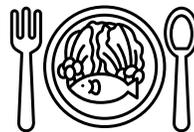
When do I take this medication?



Breakfast



Lunch



Dinner



Bedtime



Other

Are there side effects?



Nausea



Sleepy



Diarrhea



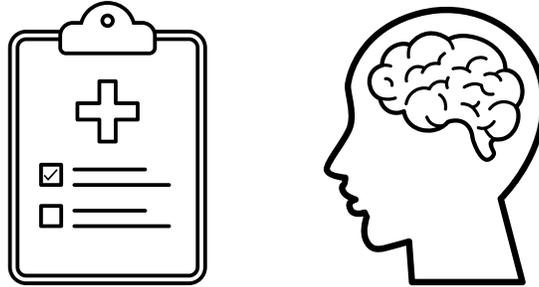
Constipation



Other

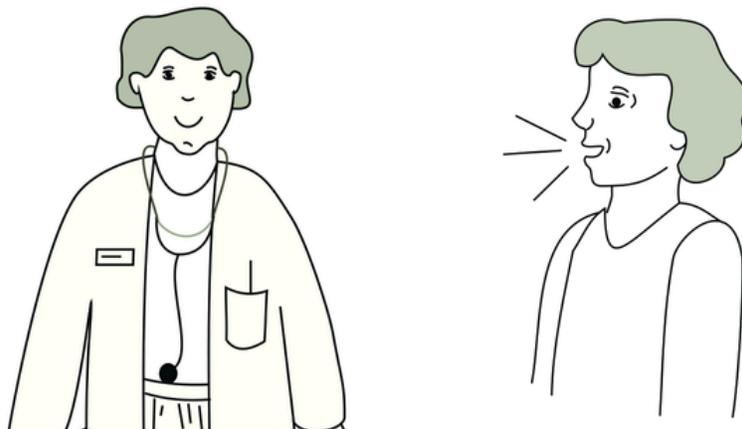
Tests

There are many **tests** that can **help** your **healthcare team** find out what **type** of **stroke** you had and **why** you had the **stroke**.



Each **stroke** is **different**.

Your **healthcare team** will **determine** which **tests** you **need**.



Please **ask** your **nurse** or **doctor** if you have any **questions**.

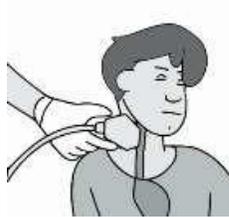
Tests

Blood tests



Checks your **blood** for any **problems** such as **cholesterol** or **blood sugar levels**.

Carotid Doppler



Checks **blood flow** to the **brain**.

Electrocardiogram ECG or EKG



Records the **electrical activity** in your **heart**.

Holter Monitor



Records **heart rhythms** over a **24 to 48 hour** period.

Echocardiogram



Looks at the **structure** and **function** of your **heart**.

Trans-esophageal Echocardiogram (TEE)



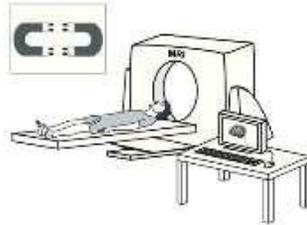
Takes a **picture** of your **heart** and **detects** if your **heart** is **producing blood clots** by inserting a **tube** into the **esophagus**.

Computerized Tomography (CT Scan)



Looks at the **kind of stroke** you have had. It may **show** the **affected area** of the **brain**.

Magnetic Resonance Imaging (MRI)



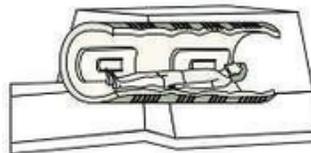
Looks at the **areas** in the **brain** **affected** by your **stroke** in more **detail**.

Computerized Tomography Angiography (CTA)



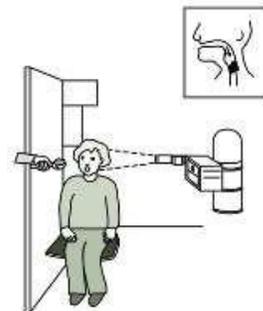
Looks at **blood flow** in the **arteries** of the **brain** to **detect** any **blockage** or **narrowing** in the **arteries**.

Magnetic Resonance Angiography (MRA)



Looks at the **blood flow** in the **arteries** of the **brain**. It can **detect** any **blocking** or **narrowing** of the **arteries**.

Videofluoroscopic Study of Swallowing (VFFS)



Looks at how you **swallow**. The **test** shows if any **food** or **drink** **enters** the **airway** and the **lungs** (**aspiration**).

Modified Barium Study (MBS)

Flexible Endoscopic Evaluation of Swallow (FEES)

My Healthcare Team

Here are **some** of the **members** that may be a **part** of your **team**:



Nurse



Health care aide



Doctor



Speech Language Pathologist



Occupational Therapist



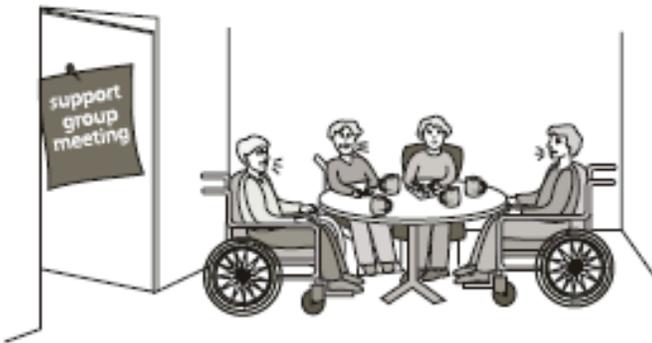
Physiotherapist



Recreational
Therapist



Dietitian



Social Worker



Psychologist / Psychiatrist

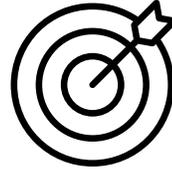


Pharmacist

Chapter 6

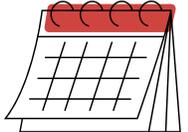
My Goals

Goal #1



I will:

Target Date:



Steps to reach this goal:

1.

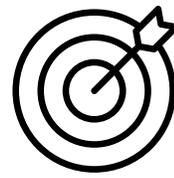
2.

3.

4.

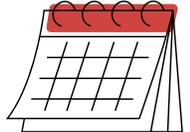
5.

Goal #2



I will:

Target Date: _____



Steps to reach this goal:

1. _____

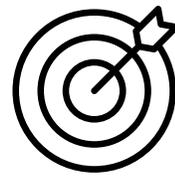
2. _____

3. _____

4. _____

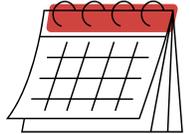
5. _____

Goal #3



I will:

Target Date: _____



Steps to reach this goal:

1. _____

2. _____

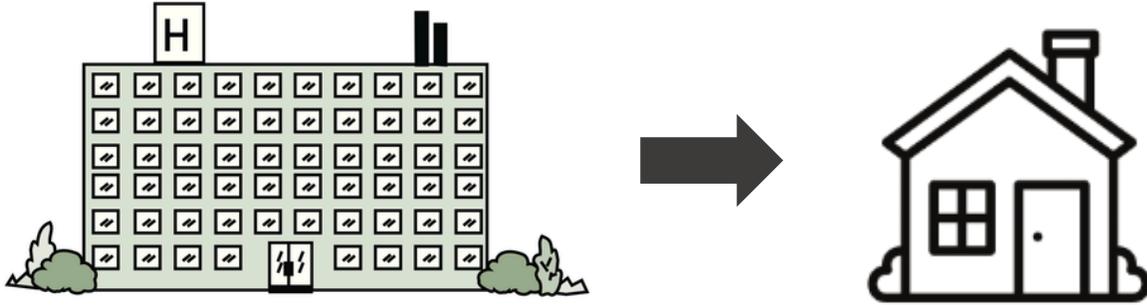
3. _____

4. _____

5. _____

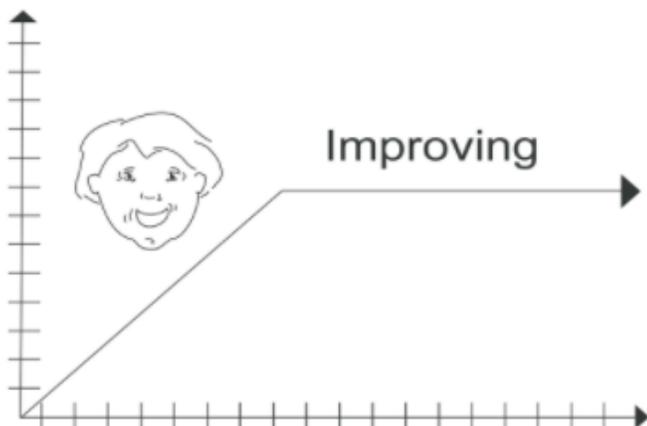
Chapter 7

Leaving the Hospital

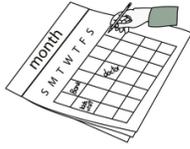


Stroke recovery can:

- Take **time**
- **Affect** your **relationships**
- Be **different** for **everyone**



When you are **leaving** the **hospital** make sure you **ask** about:



Follow up appointments



When to visit your family doctor



Returning to work



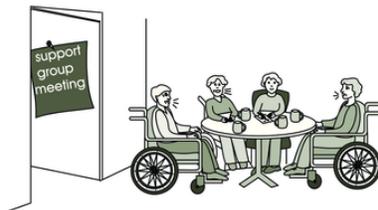
Returning to driving



Equipment or assistive aids required



Accessible transportation



Community support resources

If I have **questions** once I am **home**, **who** can I **contact**?

Name: _____

Phone Number: _____



Email: _____



After you leave the hospital

If you are **experiencing** any **side effects** from the **prescribed medication**, **speak** to your **pharmacist** or **family doctor**.



If you **experience new** or **worsening stroke symptoms** call **911** right away.



9 1 1

Stroke Risk Factors

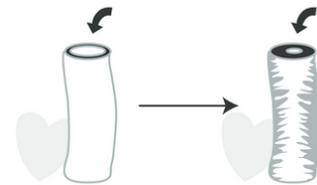
It is **important** to **know** your **risk factors**.
This can **help prevent** a **future stroke**.



Blood Pressure

You can:

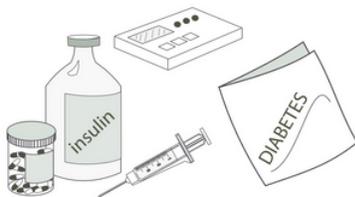
- **Reduce salt intake**
- **Increase exercise**



Cholesterol

You can:

- **Reduce fat**
- Follow a **cardiac** or **cardiac-diabetic diet**



Diabetes

You can:

- **Reduce salt**
- **Diabetic diet**



Smoking/Vaping

You can:

- **Reduce** or **quit smoking**
- Access **smoking cessation resources**

Stroke Risk Factors



Diet

You can:

- Follow a **cardiac** or **cardiac-diabetic diet**



Inactivity

You can:

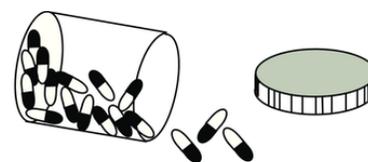
- **Increase exercise**



Alcohol Intake

You can:

- **Reduce alcohol consumption**



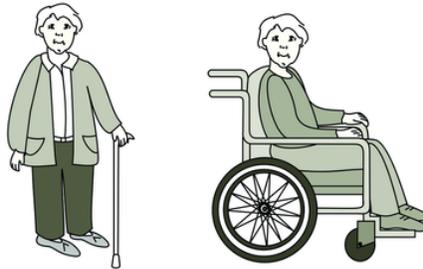
Atrial Fibrillation

You can:

- Take **prescribed blood thinner**

Life After Stroke

Depending on the **effects** of your **stroke**, you may have to **find new ways** to **adapt**.

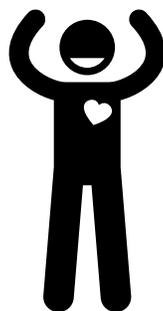


It is **important** for **you** to:

- **actively participate** in your **health decisions**
- gain **confidence**
- **work** towards your **goals**



You are **resilient** and **strong**.



Chapter 8

Community Resources

The **healthline.ca** is a **website** for **Ontario patients** and **providers** to get **accurate** and **current information** about **health services** in their **area**. You can find more **information** about **services** in **Southwestern Ontario** by visiting the below **websites**:

ErieStClairhealthline.ca

Health Services for Erie St Clair - eriestclairhealthline.ca

SouthWesthealthline.ca

Health Services for South West - southwesthealthline.ca

For **additional information**, you can **visit** the **Southwestern Ontario Stroke Network website**:



Home - SW Stroke Network - www.swostroke.ca

Yes



No



?

Wrong Track



A	B	C	D	E	REPEAT
F	G	H	I	J	START AGAIN
K	L	M	N	O	END OF WORD
P	Q	R	S	T	
U	V	W	X	Y	Z
1	2	3	4	5	6
7	8	9	0		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

Emotions



Depressed



Happy



Lonely



Angry



Sad



Confident



Frustrated



Worried



Other

Aphasia Wallet Card

Cut out this **Aphasia Card** and **put** it in your **wallet**.
Use the **card** when **you** are in the **community** to
advocate for **yourself**.



Aphasia

Let's Talk About It

Aphasia is a **language impairment** from a **stroke, brain injury, or brain illness**.

Aphasia **affects** everyone **differently**.

www.artc.ca519-753-1882

I have Aphasia.

My **thinking** and **intelligence** are **intact**.

<input type="checkbox"/> Be patient	Give me a way to respond :
<input type="checkbox"/> Give me time	<input type="checkbox"/> Ask yes or no questions
<input type="checkbox"/> Speak slowly but naturally	<input type="checkbox"/> Give me written choices

I know more than I can say.

Name: _____ Address: _____

Phone: _____

Emergency Contact: _____

My Notes

My Notes