

STROKE WARNING SIGNS

You may notice changes such as:

- Sudden numbness or weakness of the face, arm or leg, especially one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

If you are with someone and are unsure, **3 EASY TO REMEMBER** things you can have them do:

- **Smile** (look for one-sided facial weakness)
- **Raise both arms out in front** (look for them to be raised at the same height)
- **Speak a simple sentence** (listen for slurring)

**THE ABOVE SYMPTOMS ARE A
MEDICAL EMERGENCY**

CALL 911 IMMEDIATELY

- It is important that a family member is present at the emergency department
- Take all medications or a list of medications to the emergency department

- You must know **WHEN THE SYMPTOMS STARTED**

TIME IS OF THE ESSENCE



- If you are a candidate for tissue plasminogen activator (t-PA) therapy, you have 3 hours from onset of symptoms to get to the emergency department

-Studies have shown that t-PA can improve the outcome of a stroke

WHAT TO EXPECT AT THE EMERGENCY DEPARTMENT

- Blood will be drawn and sent to the lab. At the same time, your nurse will start an intravenous line (IV). The IV allows medications to be administered. Some medications can only be given through an IV.
- An ECG will be performed to look at your heart's rhythm. An abnormal heart rhythm could be the cause of your symptoms.
- A Cat-Scan will be performed. This image of your brain allows medical providers to see if there is any bleeding or other abnormalities.
- **If** there is bleeding, you will not receive t-PA.
- The emergency department physician will talk with a neurologist about the results of your blood work, ECG and Cat-Scan.
- Either the emergency department physician or the neurologist will explain the results to you. You will also be told the risks and benefits associated with your options.
- **Ask questions if you don't understand.**
- **If** it is determined that there is bleeding, you will not be sent home

IF YOU ARE SENT HOME

- You may have had what is known as a transient ischemic attack (TIA). Your symptoms may have gone away on their own.
- Be aware that these TIAs are considered “ministrokes” and may provide a warning that you may have a stroke in the near future
- Don’t be afraid to ask about a “second opinion”

SELECTED RISK FACTORS

- Having a TIA increases your risk for a stroke by 10 times
Heart Disease is the number 1 risk factor for a stroke
- High Blood Pressure. A BP that is consistently higher than 135/85 increases your risk by 6 times
- Elevated Cholesterol increases your risk.
- Having Diabetes Mellitus increases your risk.

REDUCE YOUR RISK FACTORS

- Standard treatment for stroke prevention is one aspirin a day (either 81mg or 325mg)
- Take all of your medications as directed.
- Control your blood pressure. Do not skip your heart or blood pressure medications.
- Manage your diabetes.
- Do not smoke
- Eat right

Enjoy your healthy lifestyle



References

Washington State Department of Health
www.doh.wa.gov/Publicat/2005_news

American Stroke Association
www.strokeassociation.org

National Stroke Association
www.stroke.org

STROKE EDUCATION

A TEACHING TOOL TO HELP UNDERSTAND YOUR EMERGENCY DEPARTMENT VISIT



Patient Education Brochure
M. Rene Spielmann
Gonzaga, University