

## **Stroke Education Tool for the American Heart Association, the Centers for Disease Control and Prevention, and The Joint Commission's, (AHA/CDC/TJC) Performance Measure**

This stroke education tool is intended for hospitals to use as a guide to satisfy the stroke education performance measure for The Joint Commission's (TJC) Primary Stroke Center certification program, American Heart Association's Get With The Guidelines-Stroke (GWTG) program, and the Centers for Disease Control and Prevention (CDC) Paul Coverdell National Acute Stroke Registry. Hospitals should work with their stroke team to customize this tool for their own use.

In satisfying the stroke education measure, the following should be included:

- Information on signs and symptoms of stroke.
- Information on the need to call 911 for signs or symptoms of stroke.
- Information on risk factors for stroke.
- Information on the patient's medications.
- Information on follow-up after discharge from the hospital.

This sample tool provides content that can be used by hospitals to implement their own stroke education documents to give to patients.

### **DISCLAIMER:**

**This sample stroke education tool can be used by health care professionals to comply with the stroke consensus education measure developed by AHA/CDC/TJC. This educational tool is not to be construed as the AHA/CDC/TJC providing medical advice, diagnosis, or treatment, and should only be used in consultation with qualified health professionals who are familiar with the patient's individual medical needs.**

## Stroke Education for the AHA, CDC, and TJC Performance Measure

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### **\_\_\_\_\_ What is a Stroke?**

A stroke occurs when the blood supply to a blood vessel in the brain is blocked or a blood vessel breaks causing brain cells in the blood vessel territory to die. Brain cells do not regenerate. The problems experienced after a stroke like the inability to move one side of the body like before, numbness on one side of the body, speech or visual problems are usually a result of brain cells that have died due to stroke. Persons who have had one stroke are at risk of having another stroke. It is important that you practice secondary prevention of stroke now, and this Stroke education sheet will help you and your family do just that. Please be sure to ask us any questions about this information or any other questions about your health.

### **\_\_\_\_\_ What to look for: Warning signs and symptoms of stroke**

- Sudden numbness or weakness of the face, arm or leg, especially on 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

### **\_\_\_\_\_ What to do if you're having symptoms: Activation of the Emergency Medical System (EMS)**

- Not all the warning signs occur in every stroke. Don't ignore signs of stroke, even if they go away!
- Check the time. When did the first warning sign or symptom start? You or the person who is with you will be asked this important question later. This is very important, because if given within three hours of the start of symptoms, a clot-busting drug can reduce long-term disability for the most common type of stroke.
- If you have one or more stroke symptoms that last more than a few minutes, don't delay! Immediately call 9-1-1 or the emergency medical service (EMS) number so an ambulance (ideally with advanced life support) can quickly be sent for you. Do not drive yourself.
- If you're with someone who may be having stroke symptoms, immediately call 9-1-1 or the EMS. Expect the person to resist going to the hospital. Don't take "no" for an answer because Time Lost is Brain Lost.
- When communicating with EMS or the hospital make sure and use the word "STROKE".

### **\_\_\_\_\_ What you should know: Personal risk factors for stroke**

**What risk factors for stroke can't be changed?**

- **Age** — The chance of having a stroke more than doubles for each decade of life after age 55. While stroke is common among the elderly, a lot of people under 65 also have strokes.

- **Heredity (family history) and race** — Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. African Americans have a much higher risk of death from a stroke than Caucasians. This is partly due to higher rates of high blood pressure and diabetes in this group.
- **Sex (gender)** — Stroke is more common in men than in women. In most age groups, more men than women will have a stroke in a given year. However, more than half of total stroke deaths occur in women. At all ages, more women than men die of stroke. Use of birth control pills and pregnancy pose special stroke risks for women.
- **Prior stroke, TIA or heart attack** — The risk of stroke for someone who has already had one is many times that of a person who has not. Transient ischemic attacks (TIAs) are "warning strokes" that produce stroke-like symptoms but no lasting damage. TIAs are strong predictors of stroke. A person who's had one or more TIAs is almost 10 times more likely to have a stroke than someone of the same age and sex who hasn't. Recognizing and treating TIAs can reduce your risk of a major stroke. If you've had a heart attack, you're at higher risk of having a stroke, too.

— **What stroke risk factors can be changed, treated or controlled?**

- **High blood pressure** — High blood pressure or hypertension is the number one cause of stroke. High blood pressure can damage the small blood vessels of the brain. High blood pressure is the most important controllable risk factor for stroke. Many people believe the effective treatment of high blood pressure is a key reason for the accelerated decline in the death rates for stroke.
- **Cigarette smoking** — Tobacco use in any form, especially cigarette smoking, is very bad for your health. In recent years, studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in cigarette smoke damage the cardiovascular system in many ways. The use of oral contraceptives combined with cigarette smoking greatly increases stroke risk in women.
- **Diabetes mellitus** — Diabetes is a risk factor for stroke. Many people with diabetes also have high blood pressure, high blood cholesterol and are overweight. This increases their risk even more. While diabetes is treatable, the presence of the disease still increases your risk of stroke. Diabetes causes disease of small blood vessels in the brain and can lead to a stroke.
- **Carotid or other artery disease** — The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque build-ups in artery walls) may become blocked by a blood clot. Carotid artery disease is also called carotid artery stenosis. **Peripheral artery disease** is the narrowing of blood vessels carrying blood to leg and arm muscles. It's caused by fatty build-ups of plaque in artery walls. People with peripheral artery disease have a higher risk of carotid artery disease, which raises their risk of stroke. Causes of carotid artery disease are high blood pressure, diabetes, a diet high in fat, high cholesterol and smoking.
- **Atrial fibrillation** — This heart rhythm disorder raises the risk for stroke. The heart's upper chambers quiver instead of beating regularly, which can let the blood pool and clot. If a clot breaks off, enters the bloodstream and lodges in an artery leading to the brain, a stroke results.
- **Other heart disease** — People with coronary heart disease or heart failure have a higher risk of stroke than those with hearts that work normally. Dilated cardiomyopathy (an enlarged heart), heart valve disease and some types of congenital heart defects also raise the risk of stroke.
- **Sickle cell disease** (also called **sickle cell anemia**) — This is a genetic disorder that mainly affects African-American and Hispanic children. "Sickle-shaped" red blood cells are less able to carry oxygen to the body's tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.
- **High blood cholesterol** — People with high blood cholesterol have an increased risk for stroke. High blood cholesterol can be reduced by eating right (avoid fried, fatty foods) and exercising routinely. It may also require medication.
- **Poor diet** — Diets high in saturated fat, trans fat and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. A diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.
- **Physical inactivity and obesity** — Being inactive, obese or both can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke. So go on a brisk walk, take the stairs, and do whatever you can to make your life more active. Try to get at least 30 minutes of moderate physical activity five days of the week, or 20 minutes of vigorous physical activity, three days a week, with your doctor's approval.

\_\_\_\_\_ **What will help make you healthier: Medications prescribed to reduce risk of another stroke**

Medication	Taken for what Risk Factor	Dose	How to take	Prescribing MD	Goal
Drug name	High blood pressure	XX mg	Explain how many pills to take, time of day to take & frequency	Doctor's name.	Keep blood pressure below XXX/XX

\_\_\_\_\_ **What to do after you leave the hospital: Need for follow-up medical care after discharge**

- You need to continue the medications prescribed after you leave the hospital in order to reduce your risk of another stroke or other cardiovascular event. Medications must be taken as prescribed by your doctor in order for them to be effective in reducing your risk of another stroke.
- The medicines are most effective when they help you reach the goal of lowering each of your risk factors. Therefore, the doses of these medicines will likely need to be adjusted in order for them to be effective, based on blood tests and other measurements made by your doctor after you leave the hospital. Don't stop your medications without speaking to your physician first.
- It is important that you receive regular medical care after you leave the hospital, since this is how the doctors can measure the effectiveness of the treatments and make sure your medicine are adjusted properly.
- Make sure you have a plan for which doctor(s) you will see and when to see them after you leave the hospital and be sure to have your list of medications with you for all doctor visits.

\_\_\_\_\_ You have an appointment with Dr. \_\_\_\_\_ on \_\_\_\_\_

**OR**

\_\_\_\_\_ Call Dr. \_\_\_\_\_ and schedule an appointment within \_\_\_\_\_

- ✓ Doses of medicines may need to be adjusted in order for them to be effective
- ✓ Blood tests and other measurements may be needed
- ✓ Regular medical care after this hospitalization is important to help prevent another stroke in the future

This stroke education information has been reviewed with me and/or my family

\_\_\_\_\_  
Signature of Patient / Family

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Nurse / Case Manger

\_\_\_\_\_  
Date

**Educational Materials Used**

*Circle all that apply:*

**Booklet   Handout   Video**

**Other:** \_\_\_\_\_