

Acute Stroke Management

Your guide to taking charge of your stroke recovery

By the numbers



Over **108,707** new stroke events take place in Canada each year. There are currently over

878,000 people living with the effects of stroke in Canada.

Learn the signs of stroke

Face is it drooping?

Arms can you raise both?

Speech is it slurred or jumbled?

Time to call 9-1-1 right away.

Act **F A S T**. Lifesaving treatment begins the second you call 9-1-1.

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The **Post-Stroke Checklist** can help you plan your discussions with your healthcare team. Heart & Stroke's **Virtual Care Checklist** helps you prepare for your virtual follow up appointments. For more information visit heartandstroke.ca.

For more information on this topic and to check out similar resources on stroke, visit strokebestpractices.ca/resources/patient-resources.

Definition and goal

The goals of acute stroke care are to identify the nature and mechanism of stroke, prevent further stroke complications, promote early recovery, and, in the case of the most severe strokes, provide palliation and end-of-life care. Generally, "acute care" refers to the first days to weeks of inpatient treatment. The person with stroke then transitions from acute care to inpatient or community-based rehabilitation, home (with or without support services), continuing care or palliative care. This acute phase of care is usually considered to have ended either at the time of discharge from the acute stroke unit or 30 days after hospital admission.

Tips for acute stroke management for patients, families and caregivers

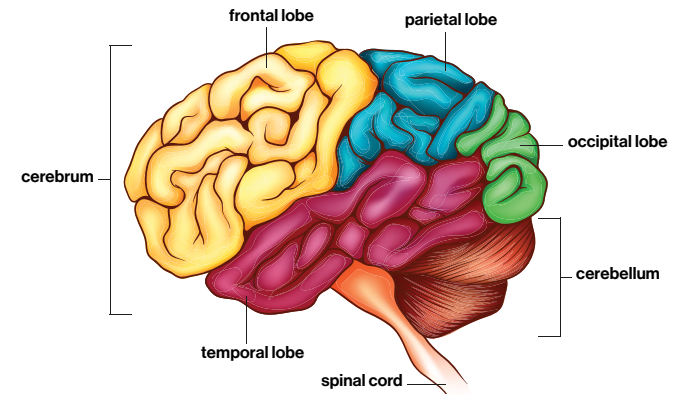
- **Know the FAST signs** of stroke and understand that stroke can happen at any age. If you see FAST signs, call an ambulance without delay.
- **Have medical information** stored somewhere easily accessible such as on fridge, in wallet, on phone/tablet. Helpful information may include: medications, conditions, emergency contacts.
- **Ask questions** about any and all aspects of care and stroke recovery. Asking more than once is okay. It can be a lot of information and can be confusing. You may find a notepad helpful to record information.
- **Advocate** for yourself or your loved one.
- **Build your community** of care by surrounding yourself with people who can support what you need within your recovery. If able, talk to them about what you're going through, how you're feeling, what you need. Caregivers and family are encouraged to learn about stroke and recovery.

Understand what type of stroke you had, and where your stroke occurred.

My type of stroke was:

- Ischemic stroke
- TIA
- Hemorrhagic stroke
- Other: _____

My stroke occurred in the following area(s) of the brain (circle on diagram at right)



It might be helpful to ask your healthcare team what the affected part of the brain is responsible for. People with stroke and their caregivers may find this information helpful in understanding changes that have occurred after a stroke (e.g., physical, cognitive and mental health).

Be informed. Be involved. Take action.

Note: This list represents just some of the key components to be aware of for acute stroke management. Talk to your healthcare team to learn more.

Stroke awareness, recognition and response

Stroke is a medical emergency that can happen at any age. It is important to get to the hospital via ambulance as quickly as possible. Emergency medical response teams are equipped to rapidly transport you safely to the appropriate centre. Some stroke treatments are time dependent.

- ✓ **Action:** Learn the signs and symptoms of stroke. If you see one or more in yourself or another person, call 9-1-1 right away (or your local emergency number). Do not drive yourself or the person with stroke to the hospital.

If possible, note when the signs or symptoms started; you may be asked when the person was 'last seen well'. Have health information (such as medication list) available for the healthcare team.

Emergency department (ED) management

People presenting to the ED with suspected stroke should be assessed to determine diagnosis. Brain imaging, such as a CT scan, should be done as quickly as possible after arriving in hospital. The healthcare team will determine eligibility for appropriate stroke treatments and conduct needed assessments.

- ✓ **Action:** Have emergency contacts ready so hospital staff can contact them on your behalf if needed. Trust yourself about your symptoms and advocate for your needs.

Acute ischemic stroke interventions

If your stroke was caused by a clot, the stroke care team will determine if you are eligible for treatments such as intravenous thrombolysis (clot-busting drugs) or endovascular thrombectomy (procedure to remove the clot from brain vessels).

- ✓ **Action:** Ask what type of stroke you had (was it caused by a clot or a bleed). Discuss your treatment options with the stroke team. If you, your family or caregivers have questions about your treatment plan, ask.

Acute stroke unit care

All efforts should be made to admit people with stroke to a specialized acute stroke unit. Stroke units are staffed by an interdisciplinary expert team committed to excellent stroke care and early access to rehabilitation therapy.

- ✓ **Action:** Be involved in your own care and self-advocate. Ask for training and tools to support your recovery and activities that caregivers and family can provide support with. Keep a list of questions that you want to discuss with your stroke care team. Be aware of your mental health and seek support if needed.

Inpatient prevention of complications following stroke

Sometimes complications can occur following stroke. Individualized care plans help address and reduce the risk of complications such as aspiration pneumonia caused by swallowing problems, and venous thromboembolism (clots in your legs). People with stroke should undergo screening for depression and vascular cognitive impairment.

- ✓ **Action:** Patients, family and caregivers should receive comprehensive information, education and skills training from the stroke care team to actively participate in stroke recovery and prevent complications. It is important to share your feelings and mental health concerns.

Discharge and transition planning

Collaborative transition planning should begin as soon as possible and be ongoing. The plan should reflect your goals, changing needs and progress through recovery. A person may transition from acute care to different settings such as a: rehabilitation unit, alternative level of care, to the community..

- ✓ **Action:** Participate in defining your goals for recovery. Ask questions such as: if you will need rehabilitation (inpatient, outpatient, virtual) and what type, will you be seen in a stroke prevention clinic, if you have any medication changes, how you will get the prescription and who will follow up with you. Ask what resources are available to support you in your recovery.

Palliative and end-of-life care

For people with severe stroke where poor outcomes are likely, palliative care and/or end-of-life care may be important to discuss with your family and the health care team. Discussions should consider individual care needs and goals of care.

- ✓ **Action:** Keep your own advance care directives somewhere easily accessible, and update as needed. Have conversations with loved ones about your values and preferences related to your health care.