

Patient & Family Stroke Education





Scan the QR code to visit the Roper St. Francis Stroke Program website and access videos and stroke information.

Roper Hospital

316 Calhoun Street Charleston, SC 29401

Roper St. Francis Berkeley Hospital

100 Callen Blvd., Summerville, SC 29486

Bon Secours St. Francis Hospital

2095 Henry Tecklenburg Dr., Charleston, SC 29414

Moncks Corner Medical Plaza

730 Stony Landing Rd., Moncks Corner, SC 29461

Roper St. Francis Mount Pleasant Hospital

3500 17 N., Mount Pleasant, SC 29466

Roper Northwoods ER

7832 Rivers Ave., North Charleston. SC 29406

All Locations have 24 Hour Emergency Rooms

rsfh.com/stroke

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WHAT IS A STROKE?

A stroke (sometimes called a “brain attack”) happens when blood flow to an area of the brain is interrupted, causing brain cells to die. If not treated early, permanent brain damage can occur. There are two kinds of stroke, ischemic (blood flow blocked) and hemorrhagic (bleeding into the brain).

STROKE SIGNS & SYMPTOMS

Signs and symptoms depend on which part of your brain is injured and what damage the stroke has caused. One or more of the following may appear minutes or hours after a stroke and get worse quickly:

Quick or sudden onset:

- Weakness and/or numbness of the face, arm or leg on one side
- Slurred speech
- Trouble talking or making sense of what others are saying to you
- Vertigo (room spinning)
- Blurred vision, double vision or vision loss
- Severe headache with severe nausea and vomiting

Know the B.E. F.A.S.T. test to recognize the signs of a stroke:

B = Balance – Watch for a sudden loss of balance.

E = Eyes – Check for sudden side vision loss, blurred vision or double vision.

F = Face – Ask the person to smile. Drooping on one side of the mouth or face is a sign of a stroke.

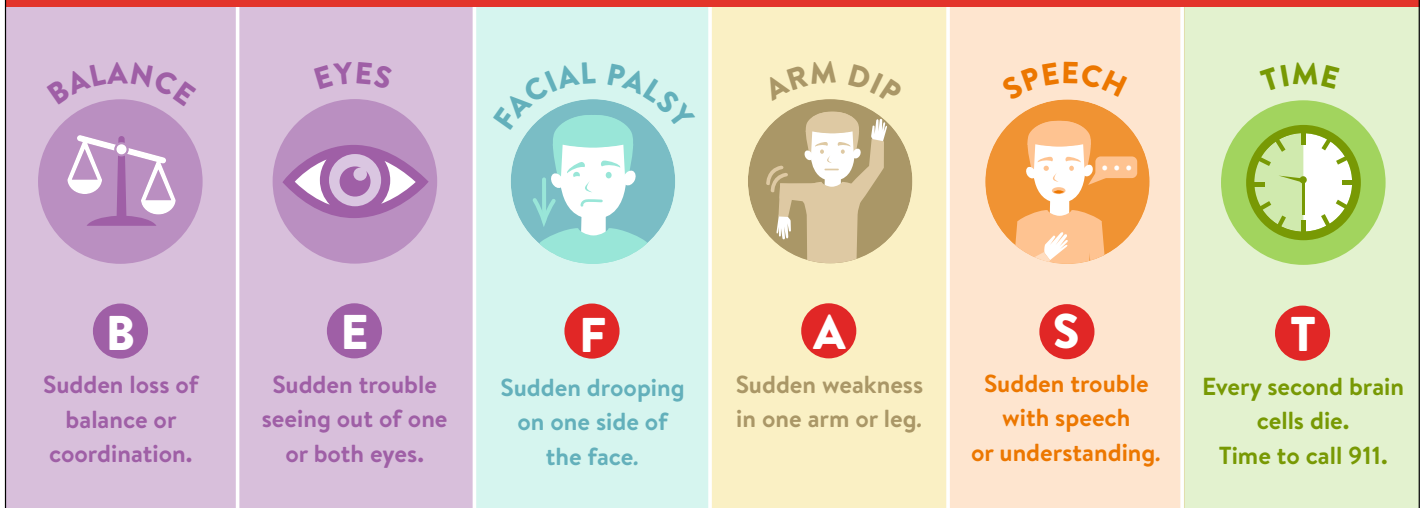
A = Arms – Ask the person to raise both arms. One arm that slowly comes back down or cannot be raised is a sign of a stroke.

S = Speech – Ask the person to repeat a simple sentence that you say first. Speech that is slurred or sounds strange is a sign of a stroke.

T = Time – Call 911 if you see any of these signs. This is an emergency.

To spot a stroke, **BE FAST.**

Every second counts. Know the signs.



WHAT SHOULD I DO?

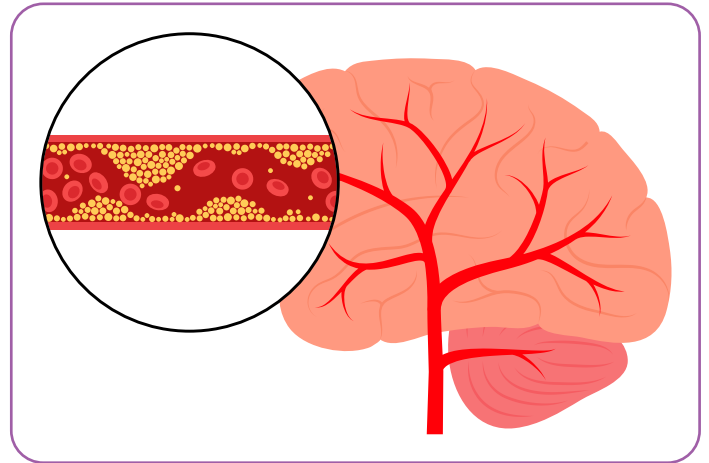
- **Call 911** immediately or have someone else call for any sign(s) of a stroke.
- **Get to a hospital** immediately.
- **Do NOT** take an aspirin.
- **Do NOT** drive yourself.
- **Go to the hospital even if you feel better in a few minutes or hours.**

You may have had a transient ischemic attack or “warning stroke.”

Transient ischemic attacks place you at risk for a large or major stroke.

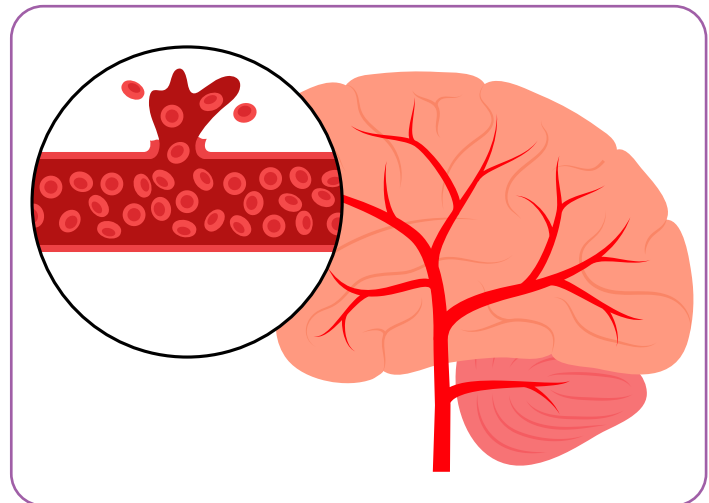
ISCHEMIC STROKE

An ischemic stroke occurs when blood is suddenly blocked and cannot flow to your brain. The blockage may be caused by a blood clot or plaque buildup (or both) that gets stuck in an artery. When oxygen cannot reach an area of the brain, tissue in that area may get damaged. The damage to an area of the brain causes loss of body functions controlled by that area.



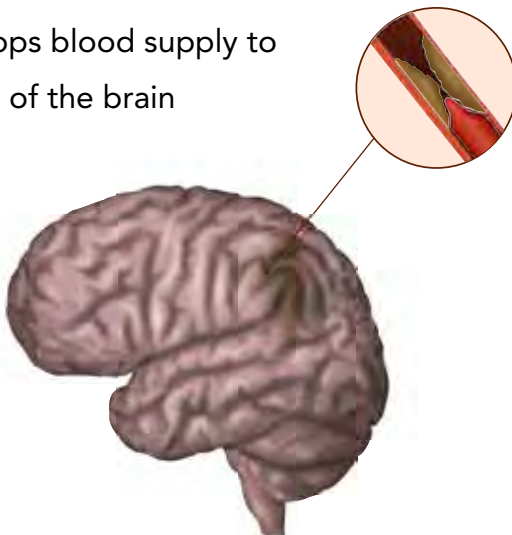
HEMORRHAGIC STROKE

What is a hemorrhagic stroke? A hemorrhagic stroke happens when a blood vessel in your brain bursts. This may occur if the blood pressure is not controlled/too high, or it can occur if the artery in the brain is weakened. Blood flows out of the vessel and damages brain tissue.



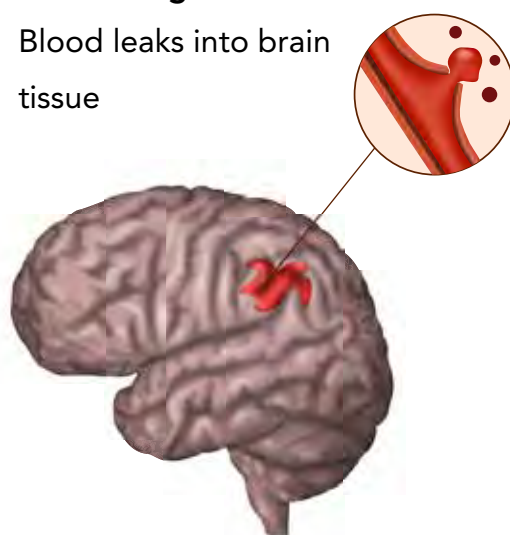
Ischemic Stroke

Clot stops blood supply to an area of the brain



Hemorrhagic Stroke

Blood leaks into brain tissue



WHAT IS A TRANSIENT ISCHEMIC ATTACK (TIA)?

A TIA is more accurately characterized as a “warning stroke” – a warning you should take seriously. This is caused by a blockage of blood flow in an artery. The only difference between an ischemic stroke and TIA is that the blockage is temporary with a TIA. Transient ischemic attack symptoms usually resolve within 24 hours but may only last a few minutes. They do not cause permanent injury to the brain, unlike a stroke.



HOW IS AN ISCHEMIC STROKE TREATED?

Medications may include:

Thrombolytics, such as tPA (Alteplase), can help break apart clots. You may have received this medication emergently in the hospital. This medication makes it more likely for you to bleed or bruise.

Antiplatelets, such as aspirin and Plavix (clopidogrel), help prevent blood clots. Take this medicine exactly as directed. These medicines make it more likely for you to bleed or bruise. If you are told to take aspirin or Plavix (clopidogrel), do not take other non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen, Aleve, or anything else with aspirin in it. Tylenol (acetaminophen) is ok to take for pain or fever.

Anticoagulants, or blood thinners, also help prevent clots. Examples of anticoagulants include Coumadin (warfarin), Eliquis (apixaban), Xarelto (rivaroxaban), and Pradaxa (dabigatran).

- Watch for bleeding from your gums or nose. Use a soft toothbrush. Watch for blood in your urine and bowel movements. Use a soft washcloth. If you shave, use an electric razor. Avoid activities that can cause bruising or bleeding.

- Tell your healthcare providers, including dentists, about all medications you take. Many medications cannot be used with anticoagulants. Do not start or stop any medicines unless your healthcare provider tells you to do so. Wear a bracelet or necklace that says you take this medication.
- Coumadin (warfarin) may require regular blood tests so your healthcare provider can decide how much medicine you need. Other anticoagulants (Eliquis, Xarelto, Pradaxa) do not require regular blood tests and should be taken exactly as directed. Tell your healthcare provider immediately if you forget to take medicine or take too much.

Statins such as Lipitor (atorvastatin) and Crestor (rosuvastatin), may be added to your medication list. There is evidence that adding a statin after a TIA or stroke can decrease your risk of another stroke even if you don't have high cholesterol.

HOW IS A HEMORRHAGIC STROKE TREATED?

Medications to help lower your blood pressure may be given through an IV. You may also need medication to decrease pain, reduce brain pressure, or prevent seizures.

Surgery might be necessary to stop the bleeding or remove blood that has leaked out of the blood vessels. Several options are available. Your doctor will discuss these with you if necessary.

ADDITIONAL TREATMENTS AFTER AN ISCHEMIC OR HEMORRHAGIC STROKE

You may be given medicine to treat high cholesterol, high blood pressure, diabetes, cardiac conditions, etc., depending on the cause (s) of your stroke and the risk factors you have for stroke.

You will meet other care team members who will address your post-stroke needs, including:

Physical, Occupational and Speech Therapy (PT/OT/SLP)

A physical therapist teaches exercises to help your movement and strength and decrease pain. An occupational therapist teaches you skills to help with your daily activities. A speech pathologist teaches you ways to improve your speech, swallowing, understanding and communication skills.

Case Management/Discharge Planning

These team members work with your healthcare team to help your family work through the healthcare system. You may have other needs after you are discharged from the hospital. If you go home, you may need outpatient therapy. You may need inpatient rehabilitation or skilled nursing if you cannot go home.

Stroke Nurse Navigator

This team member will be vital in bridging the gap between the inpatient setting and after you are discharged. They will assist with stroke education and answer questions regarding your care, medications, follow-up care, etc.

HOW IS A STROKE DIAGNOSED?

Your healthcare provider will ask about your symptoms and when they started. They will ask if you have any medical conditions. You may need any of the following:

A CT or MRI of the brain may show where the stroke happened and any damage you have.

Imaging of the blood vessels (CT angiogram of the head and neck, MR angiogram of the head and neck or carotid ultrasound) to look for narrowing or blockage of arteries going to the brain.

An echocardiogram uses sound waves to take pictures of your heart's chambers, valves, walls and blood vessels.

A blood draw for lab work

WHAT INCREASES MY RISK FOR A STROKE?

Risk factors you cannot change:

- Age 55 or older
- Female or African-American
- Family history of stroke
- History of prior stroke or Transient Ischemic Attack

Risk factors you can change (check those that apply to you):

- ☐ Atrial Fibrillation
- ☐ Coronary Artery Disease
- ☐ Diabetes (High blood sugar)
- ☐ Heart failure
- ☐ Hypertension (High blood pressure)
- ☐ Hyperlipidemia (High cholesterol)
- ☐ Peripheral Vascular Disease
- ☐ Untreated sleep apnea

Atypical risk factors include:

- ☐ Autoimmune disorder
- ☐ B12 deficiency
- ☐ Clotting disorder
- ☐ Hormone replacement
- ☐ Migraine with aura
- ☐ Sickle cell disease

HOW CAN I DECREASE MY RISK FOR A STROKE?

- **Take your medicine as directed.**
 - Do not stop taking your medications unless told to do so by your doctor.
- **Follow up with your primary care doctor.**
 - Check your blood pressure and blood sugar levels as directed.
 - Write down your questions, so you remember to ask during your visit and get refills on prescriptions.
 - Keep a record and bring it to your follow-up visit. There is a place to record this in the back of the book.
 - Ideal blood pressure should be less than 130/80.

- **Eat a variety of healthy foods.**

See information on how to improve your diet on pages 18 – 22

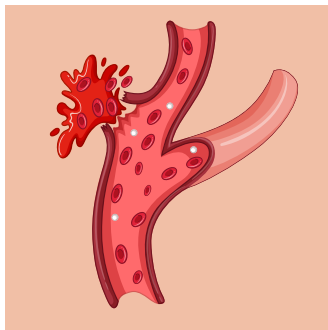
- Exercise regularly. The recommendation for adults is 150 minutes of moderate-intensity aerobic activity. Examples include brisk walking, water aerobics, dancing, gardening, tennis and biking.
 - Spend less time sitting. Get up and move every 30 minutes of sitting.
 - Please consult your doctor before beginning any exercise program.
- **Maintain a healthy weight.**

Ask your healthcare provider:

 - How much should I weigh?
 - How do I create a weight loss plan if I am overweight?
 - What exercise plan should I follow?
- **Limit or do not drink alcohol.**
 - Limit alcohol to 2 drinks per day if you are a man, 1 drink per day if you are a woman. (A drink of alcohol is 12 ounces of beer, 5 ounces of wine, or 1½ ounces of liquor.)
- **Do not smoke cigarettes or use drugs.**
 - Ask your healthcare provider for information if you need help quitting.
- **Look for ways to decrease stress.**

HOW CAN HAVING HIGH BLOOD PRESSURE CAUSE A STROKE?

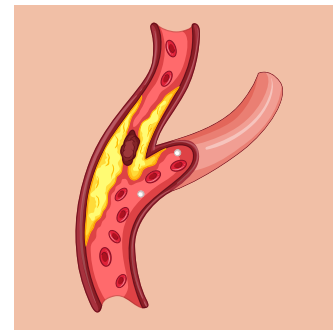
- Uncontrolled blood pressure is the “silent killer.”
- Many people don’t know they have it.
- Reduce your blood pressure by eating a healthy diet, exercising regularly, managing stress, avoiding smoking, taking medications as prescribed and limiting alcohol intake



Vessel Break



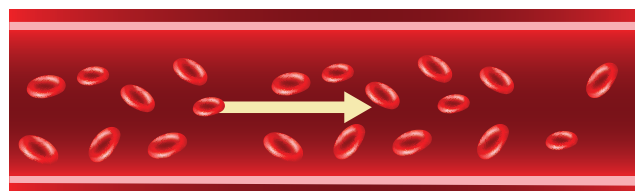
Vessel Clot



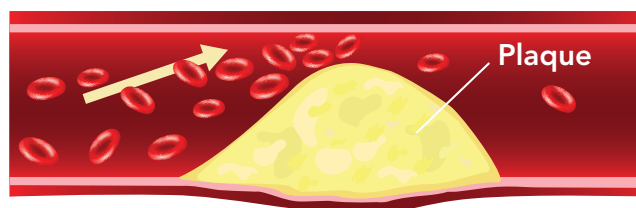
Vessel Thicken

WHY DOES CHOLESTEROL MATTER?

Having too much of the bad kind of cholesterol (LDL) or not enough of the good kind of cholesterol (HDL) increases the risk cholesterol will slowly build up in the inner walls of the arteries that feed the heart and the brain.



Healthy Artery



Blocked Artery

CHANGES THAT HAPPEN AFTER A STROKE

The brain controls everything we do (eating, breathing, thinking).

Changes after a stroke can depend on the injured area of the brain.

Some common side effects of stroke are:

Fatigue

- This is the most common symptom (as many as 70% will experience).

Depression

- As many as 1/3 of people experience depression.

Cognitive Challenges

- Having trouble learning new information
- Mixing up details
- Difficulty with judgment or problem-solving
- Remembering only a short span of time

Anxiety

- Many people worry, "When will this happen again?" This is most common in young stroke survivors and women.

Behavior changes

- Some experience personality changes, use improper language or actions and become more emotional, frustrated or angry.

Communication changes

- Aphasia – difficulty getting words out or understanding the words
- Dysarthria – slurred speech

Weakness or paralysis

- Difficulty swallowing

Changes in vision and perception

HOW THE BRAIN IS AFFECTED



HOME SAFETY MEASURES

- Turn the water heater temperature down a little
- Prevent falls
 - Remove items like scatter rugs and clutter from pathways and stairs.
 - Light halls and stairs.
 - Put in grab bars next to tubs and toilets and non-slip strips in tubs and showers.
 - Wear non-skid footwear
- Make sure doorways are wide enough for a wheelchair or walker if needed. You may also need to install threshold ramps.

QUESTIONS OR CONCERNS

Call 911 if:

- You have a seizure.
- You feel lightheaded, short of breath OR have chest pain.
- You have weakness or numbness in your face, arm, or leg.
- You are confused and have problems speaking or understanding speech.
- You have a severe headache.
- You have a sudden loss of balance or coordination.
- You have sudden double vision or vision loss.

Call your health care provider for immediate care if:

- You are bleeding from your rectum or nose.
- Your arm or leg feels warm, tender and painful. It may look swollen and red.

Call your healthcare provider if:

- Your blood pressure is higher or lower than you were told it should be.
- You have questions or concerns about your condition or care.

OUTPATIENT PHYSICAL, OCCUPATIONAL & SPEECH THERAPY SERVICES

Downtown Charleston

Roper Hospital

316 Calhoun St., Charleston, SC 29401

(843) 724-2870

Free Valet Parking

Mount Pleasant

Roper Hospital

Roper St. Francis Mount Pleasant Hospital

3500 Hwy. 17 North, Mount Pleasant, SC 29466

(843) 606-7605

Summerville

Roper St. Francis Berkeley Hospital

300 Callen Blvd., Ste. 310, Summerville, SC 29486

(854) 529-3190

West Ashley

Bon Secours St. Francis Hospital

2095 Henry Tecklenburg Dr., Charleston, SC 29414

(843) 402-2014

To make an appointment, please call our outpatient Rehab scheduling office at (843) 402-1637.



Stroke Recovery Research Center

at the Medical University of South Carolina

The Stroke Recovery Research Center is a Center of Biomedical Research Excellence (COBRE) in Stroke Recovery at MUSC.



Participate in Stroke Recovery Research

Advancing Research

The state-of-the-art resources of the Stroke Recovery Research Center (SRRRC) support the development of new treatments to improve current interventions in stroke rehabilitation. The Center's research is guided by a shared mission of investigating methods to improve outcomes and increase quality of life for individuals following a stroke.

Our resources address deficits in stroke survivors including:

arm and hand function, walking, balance, strength training, depression, fatigue, aphasia, visual neglect, memory, cognition, and sensation.



Contact: Holly Boggan

843-792-1728 or BogganHL@musc.edu

Participation is always voluntary. There is no cost to the participant, and neither a doctor's order or insurance is required to participate in stroke recovery research.

STROKE SUPPORT GROUPS

Charleston & North Charleston

- **Roper Rehabilitation Hospital Stroke Support Group**

When: Third Tuesday of every month at 4pm

Location: Roper Hospital – 3rd floor Roper Rehab

Contact: Katie Hall, kaitlyn.hall@rsfh.com or call (843) 720-8349

– In person events on hold, monthly virtual events

- **Young Stroke Survivors Support Group**

When: Second Tuesday of every month at 630pm

Location: Bon Secours St. Francis Hospital in West Ashley

Contact: Alyssa Chesnutt, hydar@musc.edu or call (843) 792-8171

– In person event on hold

- **Lowcountry Stroke Support group**

When: Third Thursday of every month 5:15 to 6:15pm

Location: Encompass Health Rehabilitation Hospital

Contacts: Christy Yatagan, Christy.yatagan@encompasshealth.com

or call (843) 820-7679 or Rick Shideler, Richard.shideler@gmail.com

(803) 517-9871

lowcountrystrokesupportgroup.blogspot.com

Online Support Groups

- Supportnetwork.heart.org

- Stroke.org/en/stroke-support-group-finder

– Enter your zip code at this website to find local support groups if you live outside of the Charleston area

- Facebook group: Josh Hutchison, hutchis@musc.edu

www.facebook.com/groups/YoungStrokeSCharleston

CARES THERAPY CLINIC

*Empowering Health Professions Students
and Creating Impact in Community*

The CARES Therapy Clinic at the Medical University of South Carolina is a student-run organization that provides health care services, including physical therapy, occupational therapy, and speech therapy, to uninsured and underinsured patients in the greater Charleston, SC area.

SERVICES AVAILABLE BY APPOINTMENT

OCCUPATIONAL THERAPY

In-person

Tuesday and Wednesday from 6:00 p.m. to 8:00 p.m.
158 Ashley Avenue, Charleston, SC 29425

Telehealth

Monday from 6:00 p.m. to 8:00 p.m. via Zoom

PHYSICAL THERAPY

In-person

Tuesday and Wednesday from 6:00 p.m. to 8:00 p.m.
158 Ashley Avenue, Charleston, SC 29425

SPEECH THERAPY

In-person

Tuesday and Wednesday from 6:00 p.m. to 8:00 p.m.
158 Ashley Avenue, Charleston, SC 29425



TO REFER A PATIENT

Phone: 843-792-2829

Fax: 843-792-2829

Email: cares-clinic@musc.edu





American Heart Association.
Healthy for Good™

BLUE & PURPLE

blackberries
blueberries
black currants
dates
eggplants
grapes
plums
prunes
purple figs
raisins

RED & PINK

beets
cherries
cranberries
pink grapefruit
pomegranates
radicchio
red radishes
red apples
red grapes
red peppers
red potatoes
rhubarbs
strawberries
tomatoes
watermelons

EAT MORE COLOR

The best way to get all of the vitamins, minerals and nutrients you need is to eat a variety of colorful fruits and veggies.
Add color to your plate each day with the five main color groups.

GREEN

artichokes
asparagus
avocados
bok choy
broccoli
Brussels sprouts
celery
collard greens
cucumbers
green beans
green cabbage
green grapes
green onions
green peppers
kale
kiwis
leeks
limes
mustard greens
okra
pears
peas
romaine lettuce
snow peas
spinach
sugar snap peas
watercress
zucchini

ORANGE & YELLOW

acorn squash
butternut squash
apricots
cantaloupes
carrots
corn
grapefruit
lemons
mangoes
nectarines
oranges
orange peppers
papayas
peaches
pineapples
pumpkins
summer squash
sweet potatoes
tangerines
yams
yellow apples
yellow peppers
yellow squash

WHITE

bananas
cauliflower
garlic
Jerusalem
artichokes
mushrooms
onions
potatoes
parsnips
shallots

EAT SMART

MOVE MORE

BE WELL

heart.org/HealthyForGood

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American Heart Association®

Healthy for Good™



REASONS TO ADD COLOR

Colorful, delicious and nutritious foods help keep our bodies and minds healthier, longer.

1.

Lots of the Good

Fruits and vegetables provide many beneficial nutrients. Add fruits and vegetables to meals and snacks for a nutritional power boost.



2.

Less of the Bad

Fruits and vegetables are typically free of trans fat, saturated fat and sodium. Load up!

3.

Won't Weigh You Down

Fruits and vegetables are low in calories. They fill you up thanks to the fiber and water they contain, which can help manage your weight.



4.

Super Flexible Super Foods

All forms of fruits and vegetables — fresh, frozen, canned and dried — can be part of a healthy diet. They are among the most versatile, convenient and affordable foods you can eat. Choose those with little or no added salt or sugar.

5.

A Whole Body Health Boost

A healthy eating plan full of fruits and vegetables can help lower your risk of many serious and chronic health conditions, including heart disease, obesity, high blood pressure, diabetes and some types of cancer. They're also essential to your everyday health.



EAT SMART

MOVE MORE

BE WELL

heart.org/HealthyForGood

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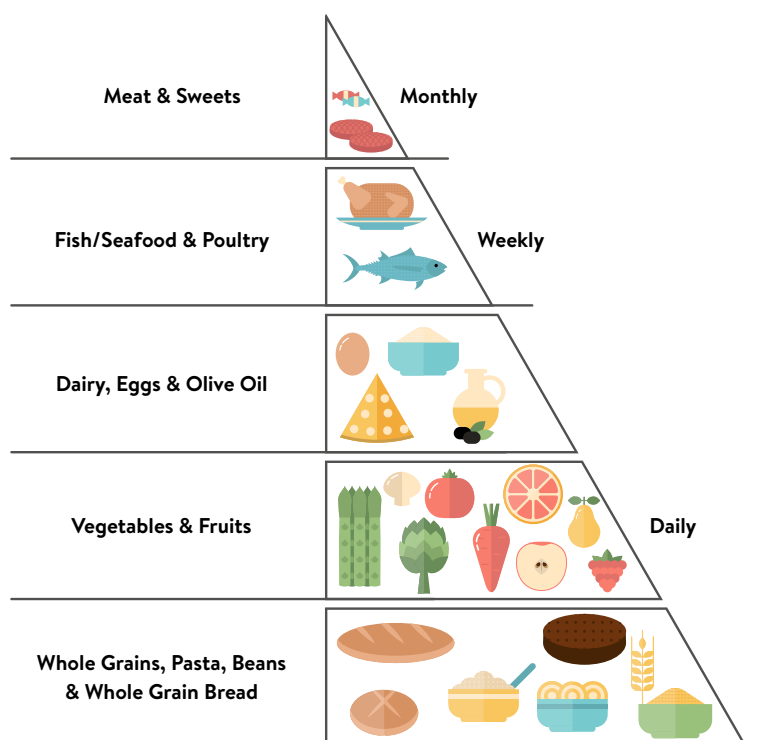
DIET

**Disclaimer: if you are diabetic, please follow your dietician or physician's recommendations for diet.*

Lifestyle factors are important for preventing a second stroke. Low-salt and Mediterranean diets are recommended to reduce the risk of stroke.

Mediterranean Diet:

- Plenty of fruits, vegetables, whole grains, potatoes, beans, nuts and seeds
- Olive oil as primary fat source
- Dairy products, eggs, fish and poultry in low to moderate amounts
- Limit added sugars, sodium, highly processed foods, refined carbohydrates, saturated fats or processed meats



DASH Diet:

The DASH diet is a healthy-eating plan designed to help treat or prevent high blood pressure. DASH stands for Dietary Approaches to Stop Hypertension (high blood pressure).

- Keep sodium to less than 2300mg a day.



Adding Soluble Fiber to Lower Your Cholesterol

Advice from the National Lipid Association Clinician's Lifestyle Modification Toolbox

What is Dietary Soluble Fiber?

Soluble fiber is a type of fiber found in plant foods. Because it is not absorbed in the intestine, soluble fiber can bind cholesterol in the intestine and remove it from the body. Eating 5 to 10 grams of soluble fiber a day can help lower total and LDL-cholesterol by 5 to 11 points, and sometimes more. To eat at least 5 to 10 grams of soluble fiber a day, choose many foods with 1 to 3 grams of soluble fiber each day. Be sure to drink more water when you increase your fiber intake.



Foods High in Soluble Fiber

Whole grains with 1 to 2 grams of soluble fiber in just ½ cup are cooked barley, oatmeal, oat bran, and quinoa.

Lean protein foods with 1 to 3 grams of soluble fiber per ½ cup include beans, like black-eyed peas; chick peas; and black, kidney, lima, navy, pinto, and soy beans.

Healthy fats with 1 or more grams of soluble fiber are 2 tbsp avocado, 1 tbsp whole chia seeds, and 2 tbsp ground flax seeds.



Vegetables with 1 or more grams of soluble fiber per ½ cup cooked or 1 cup raw are broccoli, Brussels sprouts, cabbage, carrots, green beans, okra, onions, parsnips, and turnips.

Starchy vegetables like sweet potatoes and green peas have 1 gram or more soluble fiber in ½ cup.

Fruits with 1 or more grams of soluble fiber are a medium apple, banana, guava, orange, peach, or pear; 2 apricots or plums; ½ mango; ¼ cup figs or dried apricots or 3 prunes; and 1 cup of raspberries, blackberries, or strawberries.



Eating Foods Rich in Soluble Fiber is Easy

For example, to eat at least 10 grams of soluble fiber in a day, try:

Breakfast with 1 cup cooked oatmeal with berries and 2 tbsp ground flax (3 grams)

Lunch with 1 cup chili made with beans and a pear for dessert (4 grams)

Snack with ½ cup raw carrots and ¼ cup hummus (2 grams)

Dinner that has 1 cup of steamed cabbage, broccoli, carrots and/or green beans (2 grams)

Once you get started, you'll see that **eating foods high in soluble fiber** is a delicious way to lower your LDL-C. **A natural fiber supplement** like psyllium, a plant seed powder, can also be taken. Start with a small dose mixed with water then slowly increase the dose, taking as directed. **Drink extra water as you increase your daily fiber intake.** Fluid needs vary, but 9 to 12 cups of fluid a day are recommended for most healthy people.

A registered dietitian nutritionist (RDN) can help you make a heart-healthy meal plan that works best for your lifestyle and support you in your nutrition journey. Talk with an RDN for the answers to your nutrition questions.

This information is provided as part of the *Clinician's Lifestyle Modification Toolbox* courtesy of the National Lipid Association.

LIFE'S SIMPLE 7



Stop Smoking

Cigarette smokers have a higher risk of developing cardiovascular disease. If you smoke, quitting is the best thing you can do for your health.



Eat Better

A healthy diet is one of your best weapons for fighting cardiovascular disease. When you eat a heart-healthy diet, you improve your chances for feeling good and staying healthy – for life!



Get Active

Living an active life is one of the most rewarding gifts you can give yourself and those you love. Simply put, daily physical activity increases your length and quality of life.



Lose Weight

When you shed extra fat and unnecessary pounds, you reduce the burden on your heart, lungs, blood vessels and skeleton. You give yourself the gift of active living, you lower your blood pressure and you help yourself feel better, too.



Manage Blood Pressure

High blood pressure is a major risk factor for heart disease and stroke. When your blood pressure stays within healthy ranges, you reduce the strain on your heart, arteries, and kidneys which keeps you healthier longer.



Control Cholesterol

High cholesterol contributes to plaque, which can clog arteries and lead to heart disease and stroke. When you control your cholesterol, you are giving your arteries their best chance to remain clear of blockages.



Reduce Blood Sugar

Most of the food we eat is turned into glucose (or blood sugar) that our bodies use for energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves.

To learn more visit, playbook.heart.org/lifes-simple-7

SOUTH CAROLINA TOBACCO QUITLINE

South Carolinians have access to a range of tobacco treatment services through the SC Tobacco Quitline, the only statewide evidence-based telephone cessation program.

What is the SC Tobacco Quitline?

- A free comprehensive tobacco treatment service featuring phone and Web Coach® counseling.
- A one-on-one approach to cessation counseling, where each caller is assigned to a personal Quit Coach® who works with the participant throughout the quitting process.
- A program that is science-based and has been clinically proven to help participants quit smoking and stay quit for the long-term.

When are services available?

- 8 to 3 a.m., seven days a week for all inbound callers.
- After the initial call, participants work with their Quit Coaches to schedule subsequent sessions as needed. The Quit Coach will then call the participant at agreed-upon times and dates. Participants are free to call between scheduled sessions if they need extra support.

Who can call the SC Tobacco Quitline?

- Any S.C. resident age 13 and older.
- All callers are eligible for a one-call counseling session.
- More comprehensive services and multi-call sessions are available for those in most need of cessation help—smokers with no health insurance, pregnant women, Medicaid members, and court-appointed youth.
- The Quitline will also direct callers to local cessation resources, as available, and to the services provided under their private or public health plan (which includes Medicare).

What is the provider fax referral program?

- The Quitline's fax referral program has ready access and tools that healthcare providers can use to refer their pa-tients to the Quitline. The fax referral form can be downloaded at www.scdhec.gov/quitforkeeps.
- Through the fax referral program, smokers and tobacco chewers no longer have to take the often difficult first step of calling the Quitline. Instead, when talking with their healthcare provider, patients can agree to have the Quitline call them directly.
- With patient approval and signature, the doctor, nurse or other clinic staff member completes the DHEC 1042 fax referral form and simply faxes the form directly to the Quitline. The Quitline then makes a proactive, direct call to the patient and offers enrollment in services.

Visit scdhec.gov or call (800) QUIT-NOW

POST-STROKE CHECKLIST (PSC): For Survivors and Caregivers



Many stroke survivors live with problems that could be treated but aren't, because they never tell their doctor about those problems. Fill out this checklist and use it to talk with your doctor about problems you might be having. Read each item and circle the most correct answer.

1. RECURRENT STROKE PREVENTION Since your stroke, have you made lifestyle changes to prevent another stroke?	Do you monitor your blood pressure? Never 1-2 x/Month 1-2 x/Week Always (at least daily)
	Do you take medication(s) as prescribed? Never 1-2 x/Month 1-2 x/Week Always
	If overweight, have you lost weight? No Yes N/A
	Do you exercise regularly? Never 1-2 x/Month 1-2 x/Week Always (at least daily)
	Have you stopped smoking? No Yes N/A
2. ACTIVITIES OF DAILY LIVING Since your stroke, is it harder to:	Dress? Always 1-2 x/Week 1-2 x/Month Never
	Bathe? Always 1-2 x/Week 1-2 x/Month Never
	Eat or prepare meals? Always 1-2 x/Week 1-2 x/Month Never
	Go outside? Always 1-2 x/Week 1-2 x/Month Never
3. MOBILITY AND MOVEMENT Since your stroke, is it harder to:	Walk? Always 1-2 x/Week 1-2 x/Month Never
	Move between bed and chair? Always 1-2 x/Week 1-2 x/Month Never
	Do you fall more easily? Always 1-2 x/Week 1-2 x/Month Never
	Get in and out of a car? Always 1-2 x/Week 1-2 x/Month Never
	Balance? Always 1-2 x/Week 1-2 x/Month Never
4. SPASTICITY OR TIGHTNESS Since your stroke, do you have more stiffness in your:	Arms? Always 1-2 x/Week 1-2 x/Month Never
	Hands? Always 1-2 x/Week 1-2 x/Month Never
	Legs? Always 1-2 x/Week 1-2 x/Month Never

COMPLETED BY: ☐ Stroke Survivor ☐ Caregiver

5. PAIN Since your stroke	Do you have any new pain?	Always	1-2 x/Week	1-2 x/Month	Never
	Do you have pain more often?	Always	1-2 x/Week	1-2 x/Month	Never
	Is your pain more severe?	Always	1-2 x/Week	1-2 x/Month	Never
6. INCONTINENCE Since your stroke, are you having trouble controlling your:	Bowels?	Always	1-2 x/Week	1-2 x/Month	Never
	Bladder?	Always	1-2 x/Week	1-2 x/Month	Never
7. COMMUNICATION Since your stroke, are you having trouble:	Communicating with others?	Always	1-2 x/Week	1-2 x/Month	Never
	Speaking?	Always	1-2 x/Week	1-2 x/Month	Never
	Reading?	Always	1-2 x/Week	1-2 x/Month	Never
	Using numbers?	Always	1-2 x/Week	1-2 x/Month	Never
8. MOOD Since your stroke, are you feeling:	Anxious?	Always	1-2 x/Week	1-2 x/Month	Never
	Moody or having mismatched and/or unstable emotions?	Always	1-2 x/Week	1-2 x/Month	Never
	Depressed?	Always	1-2 x/Week	1-2 x/Month	Never
	Like a different person? Has your behavior changed?	Always	1-2 x/Week	1-2 x/Month	Never
9. COGNITION Since your stroke, is it harder to:	Think?	Always	1-2 x/Week	1-2 x/Month	Never
	Concentrate?	Always	1-2 x/Week	1-2 x/Month	Never
	Remember things?	Always	1-2 x/Week	1-2 x/Month	Never
10. LIFE AFTER STROKE Since your stroke, is it harder to:	Work?	Always	1-2 x/Week	1-2 x/Month	Never
	Participate in social and leisure activities or hobbies?	Always	1-2 x/Week	1-2 x/Month	Never
11. SEXUALITY Since your stroke, are you unhappy with:	Your sexual and intimate relationship?	Always	1-2 x/Week	1-2 x/Month	Never
	Your sexual functioning?	Always	1-2 x/Week	1-2 x/Month	Never
12. RELATIONSHIP WITH FAMILY	Have your relationships with your family or friends become more difficult or stressed since your stroke?	Always	1-2 x/Week	1-2 x/Month	Never

COMPLETED BY: ☐ Stroke Survivor ☐ Caregiver

QUESTIONS FOR YOUR CARE TEAM

Understanding What Happened

☐ What caused the stroke/transient ischemic attack (TIA)?

What Happens Next

☐ Could this happen again?

☐ How can I lower the chance of another stroke?

☐ What can I expect during recovery?

☐ What can I eat after a stroke?

☐ Can I exercise after a stroke?

☐ How do I know if I need to call 911?

APPOINTMENT TRACKER

Appointment	Date & Time	Name	Phone Number

QUESTIONS FOR YOUR CARE TEAM

Living Arrangements

- ☐ How can I make my home safer?
- ☐ What things will I need help with?
- ☐ What kind of equipment and supplies will I need?

Resources

- ☐ Is a stroke support group available in my community?
- ☐ What other help is available?

Name	Specialty	Phone Number

NOTES:

MEDICATION TRACKER

Medications	Dosage	Dose & Times	Why are you taking this medication?	How does this medication make you feel?	Date of Next Refill
SAMPLE Lisinopril	20mg	1 pill at 8 a.m.	Blood Pressure	Tired	10/14

BLOOD PRESSURE TRACKER

Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure
Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure
Date	Blood Pressure	Date	Blood Pressure	Date	Blood Pressure

BLOOD SUGAR TRACKER

Date & Time	Blood Sugar	Date & Time	Blood Sugar	Date & Time	Blood Sugar
Date & Time	Blood Sugar	Date & Time	Blood Sugar	Date & Time	Blood Sugar
Date & Time	Blood Sugar	Date & Time	Blood Sugar	Date & Time	Blood Sugar