UNDERSTANDING A STROKE
A SELF-MANAGEMENT GUIDE
We’re here for you.

If you’re at risk for a stroke or have had a stroke, the best thing you can do is to make sure you have the support, information and resources you need. Since a stroke can be a scary, sometimes life-changing situation, it’s important to be surrounded by the right medical professionals. We also know that when it comes to your medical care, you have a choice. That’s why Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center remain committed to providing you with the highest quality care. In this guide, you will learn about stroke:

• Risk factors
• Signs and symptoms
• Common side effects
• Treatment (including tests and medications)

We hope this information will help you and your family as you learn about and/or cope with a stroke.

Sincerely,
Your Health Quest Team

Northern Dutchess Hospital
6511 Springbrook Avenue
Rhinebeck, NY 12572
(845) 876-3001

Putnam Hospital Center
670 Stoneleigh Avenue
Carmel, NY 10512
(845) 279-5711

Vassar Brothers Medical Center
45 Reade Place
Poughkeepsie, NY 12601
(845) 454-8500

www.health-quest.org

Some content within this booklet is from the National Stroke Association, please visit stroke.org for stroke education resources.
WHAT IS A STROKE?

A stroke is a “brain attack” that occurs when a blood clot blocks an artery or when a blood vessel breaks. When this happens, blood and oxygen cannot flow to a certain area of the brain. This causes brain cells to die.

WARNING SIGNS AND SYMPTOMS OF A STROKE

Different parts of the brain control different things, such as speech, movement and memory. This means that the signs and symptoms of a stroke depend on the section of the brain where a stroke occurs.

There are, however, certain common signs and symptoms that are indicators that you may be having a stroke. They include:

• Sudden numbness or weakness of the face, arms or legs—especially on one side of the body
• Sudden confusion, trouble speaking or understanding
• Sudden trouble seeing in one or both eyes (this might mean seeing double, only seeing partially or experiencing blindness in one eye)
• Sudden trouble walking, dizziness, loss of balance or coordination
• Sudden severe headache with no known cause

It’s important to take prompt action. If you or someone with you has any of these signs, don’t delay. Call 911 immediately for assistance. It’s also important to note the time when any symptoms first appear. There is an FDA-approved clot-buster medication that may reduce long-term disability for the most common type of a stroke if given within three hours of the first symptom.
There are two types of strokes—ischemic stroke and hemorrhagic stroke. Most strokes that occur—about 85%—are ischemic strokes. The remaining 15% are hemorrhagic strokes.

**Ischemic stroke**

An ischemic stroke occurs when there is a sudden interruption of blood flow to one or more regions of the brain. This happens when a blood clot blocks one or more arteries in the brain, and cuts off the blood supply to the brain cells. A few minutes of oxygen deprivation, called ischemia, is all that it takes to kill millions of brain cells.

There are two types of ischemic strokes:

**Embolic stroke**

Embolic strokes are a type of ischemic stroke that occurs when a blood clot or plaque fragment that has formed somewhere in the body (usually the heart) travels through the bloodstream to the brain. Once in the brain, the clot can travel to a blood vessel that is too small for it to pass through and can become stuck, blocking the vessel.

**Thrombotic stroke**

Thrombotic strokes are a type of ischemic stroke that occurs when a blood clot forms in a blood vessel in the brain or neck and cuts off the blood flow to the brain. This type of stroke can also occur when there is a buildup of fatty deposits, or plaque, inside the blood vessel wall, which causes severe narrowing of the blood vessel (called stenosis).
Hemorrhagic Stroke

Hemorrhagic strokes are less common than ischemic strokes, but they are responsible for more than 30% of all stroke deaths. These strokes are caused by the bursting of a weakened blood vessel. Blood vessels can weaken because of either hypertension (high blood pressure) or because of cerebral aneurysms. Both of these conditions make the vessels more susceptible to breaking.

There are also two types of hemorrhagic strokes:

**Intracerebral hemorrhage**
Intracerebral hemorrhage is the most common type of hemorrhagic stroke. It occurs when a blood vessel inside the brain ruptures and blood leaks into surrounding brain tissue. The most common cause for this type of stroke is hypertension (high blood pressure).

**Subarachnoid hemorrhage**
Subarachnoid hemorrhage is a type of hemorrhagic stroke that occurs when an artery bursts and blood spills into the fluid-filled space surrounding the brain. This type of bleeding causes increased pressure in the brain, resulting in damage to brain cells. The most common cause is a burst aneurysm.
TRANSIENT ISCHEMIC ATTACK (TIA)

WHAT IS A TIA?

In addition to ischemic and hemorrhagic strokes, there is something called a TIA or transient ischemic attack (TIA). TIAs are “mini strokes” that occur when a blood vessel in the brain becomes blocked for a short period of time, slowing or stopping the flow of blood to a section of the brain. TIAs generate stroke-like symptoms that last less than 24 hours before disappearing and do not generally cause permanent brain damage.

WHAT CAUSES A TIA?

TIAs are usually caused by one of three things:

• Low blood flow in a major artery carrying blood to the brain
• A blood clot in another part of the body (like the heart) that breaks off, travels to the brain and blocks a blood vessel
• The narrowing of a smaller blood vessel in the brain; usually caused by plaque (a fatty substance) buildup
WHAT ARE THE SYMPTOMS OF A TIA?

Symptoms of a TIA are very similar to those of a stroke. Someone having a TIA may experience one or more of the following symptoms:

- Slurred speech or blurry vision
- Sudden numbness or weakness of the face, arms or legs—especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one of both eyes (this might mean seeing double, only seeing partially or experiencing blindness in one eye)
- Sudden trouble walking, dizziness, loss of balance, or coordination

As with a stroke, if you or someone with you has one or more of these symptoms, even if it is only for a short period of time, don’t delay! Call 911 to have an ambulance sent. Prompt attention is key.
TIA MANAGEMENT

TIAs are a serious sign of stroke. Up to 40% of all people who experience a TIA will go on to have an actual stroke. In fact, risk for a stroke is especially high in the first few days after a TIA:

- 5% of people will have a stroke within two days of a TIA
- 10 to 15% of people will have a stroke within three months after a TIA. Because of this, it’s especially important to manage a TIA—proper attention can help prevent a future stroke. Depending on the exact cause of the TIA, the medication and therapy used to manage a TIA will be a bit different. Here are a few ways your healthcare professional may suggest to help control your health after a TIA:
  - Lifestyle changes such as diet and exercise
  - Drugs to treat high blood pressure, high cholesterol or heart disease
  - Carotid Endarterectomy Surgery—if a TIA is caused by blockage in the main (carotid artery) in the neck, surgeries may be required to open the artery and prevent a stroke
PREVENTION AND RISK FACTORS OF A STROKE

PREVENTING A STROKE

Anyone can have a stroke. But there are certain risk factors that can increase the chances of one. Fortunately, many of these risk factors are controllable and many strokes can be prevented. That's why it's important to manage personal risk. It's also helpful to know how to recognize and respond to a stroke's signs and symptoms. For a complete, comprehensive list of risk factors associated with a stroke, visit stroke.org.

Know your blood pressure (hypertension)
High blood pressure is a major risk factor if left untreated. Have your blood pressure checked yearly by a doctor, at health fairs, local pharmacies or supermarkets, or with an automatic blood pressure machine.

Stop smoking
Smoking doubles the risk of a stroke. It damages blood vessel walls, speeds up artery clogging, raises blood pressure and makes the heart work harder.

Be on the lookout for atrial fibrillation (Afib)
Afib is an abnormal heartbeat that can increase a stroke risk by 500%. Afib can cause blood to pool in the heart and may form a clot causing a stroke. A doctor must diagnose and treat Afib. If you have Afib, contact your physician to discuss prevention plans.

Control alcohol use
Alcohol use has been linked to strokes in many studies. Most doctors recommend not drinking or drinking only in moderation—no more than two drinks each day.

Treat circulation problems
Fatty deposits can block arteries carrying blood to the brain and lead to a stroke. Other problems such as sickle cell disease or severe anemia should be treated.
Control diabetes
Many people with diabetes have health problems, some of which can potentially increase the risk of a stroke. Your doctor and dietitian can work with you to manage your diabetes and associated health concerns.

Know your cholesterol levels
Cholesterol is a fatty substance in blood that is made by the body. It also comes in food. Since high cholesterol levels can clog arteries and cause a stroke, you should see your doctor if your total cholesterol level is more than 200.

Manage exercise/diet
Keeping fit and healthy can decrease your risk of a stroke. That’s why it’s a good idea to exercise five times a week and to maintain a diet that is low in calories, salt, saturated and trans fats and cholesterol. You should also try to eat five servings of fruits and vegetables daily.

Talk to a healthcare professional about the risks of a stroke and how to prevent a stroke. You may be able to reduce your risk of a stroke by making some changes in your daily life.

For a list of all risk factors, visit stroke.org.
RISK FACTORS

There are two types of risk factors that may put you at risk of a stroke. Some of these risk factors are controllable and some are uncontrollable.

Controllable

Controllable risk factors fall into two sub-categories—lifestyle risk factors and medical risk factors.

Lifestyle activities that put you at risk of a stroke include:

• Alcohol use
• Physical inactivity
• Tobacco use and smoking

Pre-existing medical conditions that put you at risk for a stroke include:

• Atherosclerosis
• Atrial fibrillation
• Circulation problems
• Diabetes
• High blood pressure
• High cholesterol
• Obesity

Lifestyle risk factors can be changed, while medical risk factors can be treated. Both of these controllable risk factors can be managed best by working with your doctor.
Uncontrollable

Uncontrollable risk factors include:

• Age
• Family history
• Gender
• Previous strokes or transient ischemic attack (TIA)
• Race

Uncontrollable risk factors often cannot be changed or treated. Talk to your provider for advice and suggestions on how to best manage these risk factors.
EFFECTS OF A STROKE

The effects of a stroke depend on where in the brain the stroke happens—right side or left side—and how much damage has been caused. A stroke can have physical and emotional effects on a person both during the initial recovery period and once you are back at home.

A stroke can change how a person:

- Maintains balance
- Talks and communicates
- Understands what people say
- Swallows
- Remembers
- Regulates his or her emotions

**The effects of a stroke can be severe.** If you or a loved one has experienced a stroke, or may be at risk for a stroke, consult your doctor to make sure that you maintain a healthy treatment or prevention plan.
**EFFECTS OF A STROKE**

**RIGHT VS. LEFT BRAIN INJURY**

**Right brain**

The right side of the brain controls how the opposite (left) side of the body moves and feels. The right side is in charge of how artistic we are, including musical and creative talents.

A stroke that injures the right side of the brain can include:

- Paralyzed left side of body
- Spatial-perceptual deficits
- Quick, impulsive behavior
- Memory deficits

**Left brain**

The left side of the brain controls how the opposite (right) side of the body moves and feels. The left side of the brain is also responsible for how we process scientific problems, understand what we read and how we hear what other people say, our number skills (such as adding and subtracting) and our reasoning abilities as well as other mental attributes.

An injury on the left side of brain can lead to:

- Paralyzed right side of body
- Speech and language deficits
- Slow, cautious behavior
- Memory deficits

If you or a loved one are experiencing any physical symptoms of stroke, consult your doctor immediately.
BEHAVIORAL CHANGES OF A STROKE

DEALING WITH EMOTIONAL CHANGES

After surviving a stroke, you and your family may feel as if you're on an emotional roller coaster. This is normal. Shortly after the stroke, survivors and families begin to understand their personal losses and go through a grieving process, much like those who have experienced death. Stroke survivors should expect to feel a range of emotions and it’s normal to grieve what he or she has lost. These emotional changes can be difficult for both patients and caregivers to face—a stroke can cause many changes in a person’s behavior, some of which result in the patient’s seeming like a different person. This is normal but it helps to have an idea of what some common occurrences include. Anxiety and depression are two common emotional effects faced by survivors.

Anxiety
Anxiety, an overwhelming sense of worry or fear, is common in survivors of a stroke. Some symptoms of anxiety include:

- Ongoing worry, fear, restlessness and irritability that won’t go away
- Low energy
- Poor concentration
- Muscle tension
- Feeling panicky and out of breath
- Rapid heartbeat
- Shaking
- Headache
- Feeling nauseous
Depression

Depression can take hold in the hospital, during rehabilitation, or even at home. Symptoms of depression include:

- Feeling sad or “empty” most of the time
- Loss of interest or pleasure in ordinary activities
- Fatigue or feeling “slowed down”
- Sudden trouble sleeping or oversleeping
- Sudden loss of appetite or weight gain
- Being unable to concentrate, remember or make decisions as before
- Feelings of worthlessness or helplessness
- Feelings of guilt
- Ongoing thoughts of death or suicide, suicide planning or attempts
- A sudden change in how easily one is annoyed
- Crying frequently

Pseudobulbar Affect (PBA)

Some survivors of a stroke suffer from Pseudobulbar Affect. This is a condition in which the survivor of a stroke has difficulty controlling his or her emotions.
Once you have had a stroke, your physician may suggest rehabilitation options in different facilities: a hospital, a sub-acute care unit (a bridge between the hospital and your home), one of our many outpatient centers or a long-term care facility.

The goal of stroke rehabilitation is to restore as much independence as possible by improving physical, mental and emotional functions. At Health Quest, we aim to provide all the support you need.

Stroke rehabilitation options will depend on several factors, including ability to tolerate intensity of rehabilitation (hours/stamina), degree of disability, available funding, insurance coverage and where you live.

**MEDICATION TO HELP REDUCE THE RISK OF ANOTHER STROKE**

Once you have been discharged, your doctor will prescribe a number of medications to help manage your health conditions and reduce your risk of a stroke. It’s important that you take these medications every day (and as they were prescribed) for them to work.

The following medications may help reduce the risk of a second stroke:

- Blood pressure medications
- Cholesterol medications
- Diabetes medications
- Antiplatelet medications (to decrease clot formation)
MEDICATION TIPS

Taking medication every day may not feel natural to you, especially if you haven’t taken it in the past. Here are some medication tips to help you get used to taking your medication:

• **Have a routine**—take your medications at the same time every day and use reminders or a pill box to help stay on track

• **Take medications as directed**—certain medications work best when they are taken with others and some need to be taken alone, so be sure to take all your medications the way your physician prescribed

• **Plan ahead**—be sure to refill your prescriptions before you run out and always make sure to bring them when you travel

• **Never change your dosage or skip a medication**—always check with your doctor before making any changes to the way you take your medication (so if you miss a pill, don’t take two when it’s time for your next dose)

• **Ask your doctor about side effects**—if you think your medication is causing side effects or problems, talk to your doctor—he or she may have suggestions about changing medications or the dose

• **Always carry an up-to-date list of all your medications**—show your list of medications (including over-the-counter medications, vitamins and supplements) to your physician at every visit. Use the chart on the next page to track them

• **Difficulty taking pills**—if you have difficulty swallowing pills, discuss it with your doctor

• **Paying for medications**—if you need help paying for medications, talk with your doctor, nurse, case manager and/or pharmacist for assistance
Keeping track of your medications can be challenging. This chart will help you keep a current list:

<table>
<thead>
<tr>
<th>NAME OF MEDICINE</th>
<th>COLOR</th>
<th>WHAT'S IT FOR</th>
<th>DOSE</th>
<th>HOW OFTEN AND WHAT TIME</th>
<th>PRESCRIBING DOCTOR</th>
<th>SPECIAL INSTRUCTIONS</th>
<th>REFILL DATE</th>
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LEAVING THE HOSPITAL

HOSPITAL CARE

The Health Quest dedicated stroke centers at Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center are committed to providing the Hudson Valley with the highest level of care in the diagnosis and rehabilitation of patients who have had a stroke.

The team includes physicians, neurologists, RN's, dietitians, physical therapists, occupational therapists, speech therapists and case managers throughout the Health Quest family of hospitals and healthcare providers. We can help you through this difficult time by providing you with the healthcare professionals that meet your personal needs.

What happens after receiving care for a stroke?

Before you leave the hospital, be sure to set up appointments with your healthcare professional. It is very important that you keep in close contact with your physician and continue the treatment that was started in the hospital.

Discharge planning

Discharge planning is the process of preparing you to leave the hospital. During your hospital stay, you will meet with your healthcare case manager to determine your personal needs. Discharge planning can include:

- Making sure you have a safe place to live after discharge
- Deciding what care, assistance or special equipment you will need
- Arranging for more rehabilitation services or for other services in the home
- Choosing the healthcare provider who will monitor your health and medical needs
- Determining the caregivers who will provide daily care, supervision and home assistance
- Determining which community services may be helpful now or after some time, including meal delivery, volunteer rides to the rehab center, visitor programs and caregiver relief programs
REHABILITATION HEALTHCARE TEAM

During your rehabilitation and recovery the Health Quest Rehabilitation Services Department’s skilled team members are dedicated to helping you heal and return to your normal lifestyle.

Services delivered during rehabilitation may include physical, occupational, speech and language therapies, therapeutic recreation, and specialty medical or psychological services.

**Physical therapy**

Physical therapy (PT) helps restore physical functioning and skills, like walking and range of motion. It also addresses issues such as partial or one-sided paralysis, faulty balance and foot drop.

**Occupational therapy**

Occupational therapy (OT) involves re-learning the skills needed for everyday living including eating, going to the bathroom, dressing and taking care of yourself.
Speech therapy

As a result of a stroke, you may have problems communicating, thinking or swallowing. Speech-language therapy will involve techniques to reduce and compensate for these problems.

Two conditions, dysarthria and aphasia, can cause speech problems.

- **With dysarthria,** a person is no longer able to pronounce speech sound properly because of weakness or trouble controlling the face and mouth muscles

- **With aphasia,** a person thinks clearly but is unable to process language to either talk or understand others

Speech and language therapists also work with memory loss and other “thinking” problems brought about by a stroke. A Health Quest speech pathology therapist can teach you and your family ways to help you with these problems.

CAREGIVERS

During the recovery process, you may experience several physical and emotional changes. To help get through this difficult time, in addition to your medical professionals, you will need the help and support of those around you.

Share the following information with the people who will be helping with your recovery. It will be as helpful to them as it will for you.
Suggestions for Caregivers

As a caregiver, you may become so preoccupied with caring for your loved one that you might forget to take care of your own needs. To help minimize this, try to encourage as much independence as possible. Try to allow your loved one to make decisions. Support their participation in leisure activities (and make sure you find time for your own activities). Don’t be shy about asking for help from other people when you need it. Not every stroke survivor requires full-time help—so check with your loved one’s doctor or rehabilitation therapist to determine whether it’s ok to leave your loved one alone.

There are also certain things that you can do as a caregiver to help cope with the changes your loved one is experiencing and to help with the recovery process. You can:

• Understand what happens during recovery and rehabilitation
• Ask and get answers for any questions you may have about your loved one’s health
• Take care of yourself and make sure to take occasional breaks from caregiving by asking other relatives, friends, neighbors and community volunteers for help
• Seek support from community resources—your discharge planner can provide information on stroke survivor and caregiver support groups

Finally, as a caregiver, there are things you can do that can be integral in helping to reduce the risk of another stroke:

• Help your loved one follow treatment recommendations (including strict adherence to prescribed medications)
• Support the recommended lifestyle changes, including diet and exercise goals
• Make sure your loved one makes and keeps all scheduled medical appointments
MY PERSONAL HEALTH RECORD

Name: _______________________

___________________________

Date of birth: ________________

Home phone: ________________

Cell phone: ________________

Email: ______________________

EMERGENCY CONTACT(S)

Name: ______________________

Phone: ______________________

Name: ______________________

Phone: ______________________

ADVANCE DIRECTIVES I HAVE

☐ Healthcare Proxy
Proxy’s name:

___________________________

Telephone number(s):

___________________________

☐ Other: ______________________

___________________________

___________________________

MY HEALTH CONDITIONS:

☐ Arthritis
☐ Diabetes
☐ Cancer
☐ Stroke
☐ Seizures
☐ Lung problems
☐ Heart problems
☐ High blood pressure
☐ Kidney problems
☐ Liver problems
☐ Joint replacement
☐ Contact lenses
☐ Dentures/partials
☐ Lens implant (eye)
☐ Pacemaker (heart)
☐ Defibrillator (heart)
☐ Hearing aid
☐ Other:

___________________________
MY DOCTOR AND PHARMACY

Doctor’s name:
________________________________________

Doctor’s phone number:
________________________________________

Pharmacy’s name:
________________________________________

Pharmacy’s phone number:
________________________________________

Rehab center:
________________________________________

Physical therapist:
________________________________________

________________________________________

Other doctors (specialists):
________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

VACCINATION DATES

Flu: ________________________________

Pneumonia: __________________________

MMR: ________________________________

Tetanus/diphtheria: ____________________

Always:

✓ Keep this copy with you

✓ Keep insurance cards with you

✓ Give this copy to your doctor to be checked and updated

✓ Use the same pharmacy if you can
Guidelines for Stroke Patients

Discuss and fill out this chart with your doctor or nurse.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Goal</th>
<th>How Often</th>
<th>Why It Is Important</th>
<th>My Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Optimal less than 120/80¹</td>
<td>Every visit</td>
<td>High blood pressure can cause kidney damage and strokes</td>
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<td></td>
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<tr>
<td>Overweight</td>
<td>Healthy weight</td>
<td>Every visit</td>
<td>Healthy weight reduces risk</td>
<td></td>
<td></td>
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<tr>
<td>Tobacco Use</td>
<td>No tobacco use</td>
<td>Every visit</td>
<td>Quitting lowers your risk of premature death</td>
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<tr>
<td>Cholesterol</td>
<td>Less than 200</td>
<td>Every year (more often if needed)</td>
<td>It is used to estimate your risk of developing heart disease</td>
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<tr>
<td>LDL “Bad” Low-Density Lipids</td>
<td>Less than 70² (stroke patients)</td>
<td>Every year (more often if needed)</td>
<td>It checks for “bad” cholesterol. High LDL can cause heart disease and stroke</td>
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<tr>
<td>HDL “Good” High-Density Lipids</td>
<td>Greater than 40</td>
<td>Every year (more often if needed)</td>
<td>It checks for “good” cholesterol. HDL helps keep “bad” cholesterol from building up in the arteries</td>
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<tr>
<td>Triglycerides</td>
<td>Less than 150</td>
<td>Every year (more often if needed)</td>
<td>It's a form of fat in your blood that can raise your risk of heart disease</td>
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<tr>
<td>Blood sugar</td>
<td>Less than 100</td>
<td>Every 3 years (more often if needed)</td>
<td>It checks sugar level in the blood</td>
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<td>Hemoglobin A1c (for those with diabetes)</td>
<td>Less than 7.0</td>
<td>Every 3–6 months</td>
<td>It checks for control of blood glucose levels over the past 3–6 months</td>
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¹ If you are being treated for hypertension and/or diabetes, the treatment goal is less than 130/80.
² Further reduction to less than 70 may be reasonable. Talk with your healthcare provider.
LOCATION DIRECTORY

NORTHERN DUTCHESS HOSPITAL REHABILITATION LOCATIONS:

Physical Therapy:

Inpatient Physical Therapy—Paul Rosenthal Acute Rehabilitation Center at NDH
6511 Springbrook Avenue, Rhinebeck, NY 12572.................................(845) 871-4313

Outpatient Physical Therapy (Rhinebeck)—NDH
6511 Springbrook Avenue, Rhinebeck, NY 12572 ...............................(845) 871-3427

Outpatient Physical Therapy (Hyde Park)—NDH Hyde Park Physical Medicine
11 Crum Elbow Road, Hyde Park, NY 12538 ........................................... (845) 229-2899

Inpatient Physical Therapy at Thompson House Sub-Acute Rehabilitation Unit
at Northern Dutchess Residential Healthcare Facility
6525 Springbrook Avenue, Rhinebeck, NY 12572.................................(845) 871-3714

Occupational Therapy:

Paul Rosenthal Acute Rehabilitation Center at NDH
6511 Springbrook Avenue, Rhinebeck, NY 12572.................................(845) 871-4313

Outpatient Occupational Therapy (Rhinebeck)—NDH
6511 Springbrook Avenue, Rhinebeck, NY 12572.................................(845) 871-3427

Outpatient Occupational Therapy (Hyde Park)—NDH Hyde Park Physical Medicine
11 Crum Elbow Road, Hyde Park, NY 12538 ........................................... (845) 229-2899

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NORTHERN DUTCHESS HOSPITAL REHABILITATION LOCATIONS (CONTINUED):

Speech Therapy:

Inpatient Speech Therapy—Paul Rosenthal Acute Rehabilitation Center at NDH
6511 Springbrook Avenue, Rhinebeck, NY 12572 ...........................................(845) 871-4313

Outpatient Speech Therapy (Rhinebeck)—NDH
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at Northern Dutchess Residential Healthcare Facility
6525 Springbrook Avenue, Rhinebeck, NY 12572 .......................................(845) 871-3714

PUTNAM HOSPITAL CENTER REHABILITATION LOCATIONS:

Physical Therapy:

Inpatient Physical Therapy at PHC Rehabilitation Services
670 Stoneleigh Avenue, Carmel, NY 10512 .................................................(845) 279-5711 ext 4203

Outpatient Physical Therapy at PHC Rehabilitation Services
664 Stoneleigh Avenue, Suite 203, Carmel, NY 10512 ..............................(845) 279-1785

Outpatient Physical Therapy (Yorktown Heights)—PHC Jefferson Valley Rehabilitation Services
Jefferson Valley Professional Building
2985 Navajo Street, Yorktown Heights, NY 10598 ........................................(914) 248-5425

Outpatient Physical Therapy (Pawling)—PHC Pawling Rehabilitation Services
551 Route 22, Pawling, NY 12564 ...............................................................(845) 855-7300

Outpatient Physical Therapy (Bedford Hills)—PHC Katonah Rehabilitation Services
160 Harris Road, Bedford Hills, NY 10507 .................................................(914) 242-1823
PUTNAM HOSPITAL CENTER REHABILITATION LOCATIONS (CONTINUED):

**Occupational Therapy:**

Outpatient Occupational Therapy (Carmel)—PHC
664 Stoneleigh Avenue, Suite 101, Carmel, NY 10512 .................................................. (845) 279-5711 ext 2474/ext 2475

Outpatient Occupational Therapy (Yorktown Heights)—PHC Jefferson Valley Rehabilitation Services
Jefferson Valley Professional Building
2985 Navajo Street, Yorktown Heights, NY 10598 .......................................................... (914) 248-5425

Outpatient Occupational Therapy (Pawling)—PHC Pawling Rehabilitation Services
551 Route 22, Pawling, NY 12564 ............................................................................. (845) 855-7300

Outpatient Occupational Therapy (Bedford Hills)—PHC Katonah Rehabilitation Services
160 Harris Road, Bedford Hills, NY 10507 ................................................................. (914) 242-1823

**Speech Therapy:**

Inpatient Speech Therapy and Outpatient Speech Therapy at
PHC Rehabilitation Services
664 Stoneleigh Avenue, Suite 101, Carmel, NY 10512 .................................................. (845) 279-5711 ext 2474/ext 2475

Outpatient Speech Therapy (Yorktown Heights)—PHC Jefferson Valley Rehabilitation Services
Jefferson Valley Professional Building
2985 Navajo Street, Yorktown Heights, NY 10598 .......................................................... (914) 248-5425

Outpatient Speech Therapy (Pawling)—PHC Pawling Rehabilitation Services
551 Route 22, Pawling, NY 12564 ............................................................................. (845) 855-7300

Outpatient Speech Therapy (Bedford Hills)—PHC Katonah Rehabilitation Services
160 Harris Road, Bedford Hills, NY 10507 ................................................................. (914) 242-1823
VASSAR BROTHERS MEDICAL CENTER REHABILITATION LOCATIONS:

Physical Therapy:
Inpatient Physical Therapy at VBMC
45 Reade Place, Poughkeepsie, NY 12601.................................(845) 437-3036

Outpatient Physical Therapy (Poughkeepsie)—Vassar Brothers Center for Speech and Physical Rehabilitation
21 Reade Place, Suite 2000, Poughkeepsie, NY 12601......................(845) 483-7391

Outpatient Physical Therapy (Fishkill)—Vassar Brothers Rehabilitation Services at Vassar Brothers Medical Mall
200 Westage Business Center Drive, Suite 311, Fishkill, NY 12524...(845) 838-8191

Occupational Therapy:
Inpatient Occupational Therapy at VBMC
45 Reade Place, Poughkeepsie, NY 12601..........................................(845) 437-3060

Outpatient Occupational Therapy (Poughkeepsie)—Vassar Brothers Center for Speech and Physical Rehabilitation
21 Reade Place, Suite 2000, Poughkeepsie, NY 12601......................(845) 483-7391

Outpatient Occupational Therapy (Fishkill)—Vassar Brothers Rehabilitation Services at Vassar Brothers Medical Mall
200 Westage Business Center Drive, Suite 311, Fishkill, NY 12524....(845) 838-8191

Speech Therapy:
Inpatient Speech Therapy and Outpatient Speech Therapy at VBMC
45 Reade Place, Poughkeepsie, NY 12601..........................................(845) 483-6381

Outpatient Speech Therapy (Poughkeepsie)—Vassar Brothers Center for Speech and Physical Rehabilitation
21 Reade Place, Suite 2000, Poughkeepsie, NY 12601......................(845) 483-7391

Outpatient Speech Therapy (Fishkill)—Vassar Brothers Rehabilitation Services at Vassar Brothers Medical Mall
200 Westage Business Center Drive, Suite 311, Fishkill, NY 12524 ......(845) 838-8191
ADDITIONAL STROKE RESOURCES

American Diabetes Association: ................................................................. (845) 473-4523

American Heart Association: ................................................................. (845) 485-4703

American Stroke Association—
A Division of American Heart Association: .............................................. (888) 4STROKE (478-7653)
   www.strokeassociation.org

Brain Aneurysm Foundation: ................................................................. (888) BRAIN02 (272-4602)
   www.bafound.org

Brain Attack Coalition: ........................................................................... (301) 496-5751
   www.stroke-site.org

Children's Hemiplegia and Stroke Association (CHASA): ................. (817) 492-4325
   www.chasa.org

Dutchess County Resources:

   Dutchess County Association of Senior Citizens: .......................... (845) 473-1265
   Dutchess County Department for the Aging: .................................... (845) 486-2555
   Dutchess County Mental Health Association: ................................. (845) 473-2500
   Dutchess County United Way Information Line: ............................... (845) 473-1500
   Dutchess Lighthouse (for the blind and visually impaired): .............. (845) 473-2660
   Dutchess Outreach (emergency food): .............................................. (845) 454-3792

   Family Partnership Center: ............................................................... (845) 452-1110

   Hazel K. Goddess Fund for Stroke Research in Women: .................. (212) 713-6789
      www.thegoddessfund.org

   Jewish Services to the Elderly: .......................................................... (845) 471-9817

   Medicaid Information: ...................................................................... (845) 486-3340
Medicare Information: ................................................................. (845) 442-8430

National Aphasia Association: ......................................................... (800) 922-4622
  www.aphasia.org

National Stroke Association: .......................................................... (800) STROKES (787-6537)
  www.stroke.org

Putnam County Resources:

  Mental Health Association in Putnam County: ......................... (845) 278-7600
  Putnam County Office for the Aging: ....................................... (845) 808-1700
  United Way of Westchester and Putnam: ............................... (914) 997-6700
  Stroke Support Group at Vassar Brothers Medical Center: ....... (845) 483-6319
  Tobacco Cessation—NYS Smokers’ Quit-Line: ....................... (866) 697-8487
  Volunteer Caregivers: ............................................................... (845) 454-9530
RESOURCES

RANGE OF SUPPORT AND SERVICES

Northern Dutchess Hospital, Putnam Hospital Center and Vassar Brothers Medical Center have each been designated by the NY State Department of Health as a Stroke Center. They each have specialized staff and diagnostic equipment necessary to make a swift and accurate diagnosis of a stroke, and to begin treatment with clot-busting medications (when indicated).

In addition, Vassar Brothers Medical Center has earned the Advanced Certification as a Primary Stroke center by The Joint Commission, and it is the only hospital in the region where the Stroke Center has received the Joint Commission’s Gold Seal of Approval™. Having a stroke or being at risk for a stroke is never easy to face. Fortunately, Health Quest provides a range of support and services for both patients and caregivers as you make your way through this difficult situation. Never hesitate to call us with any questions, concerns or advice.
# My Stroke Management Guide

## Keeping Track of My Health

### Green Zone
- **Green Zone: Low Risk**
  - No numbness, tingling or weakness of your arms and legs
  - No changes in thinking, speaking or vision
  - No changes to your face, smile or tongue

### Yellow Zone
- **Yellow Zone: Caution**
  - Changes in the clarity of your thinking
  - Nosebleeds
  - Sudden nausea or vomiting
  - New dizziness, unsteadiness or falls with no other known cause

### Red Zone
- **Red Zone: Medical emergency**
  - **Face**: Smile. Does one side of the face droop? If you are with someone you suspect is having a stroke, ask him/her to smile.
  - **Arms**: Does one arm drift downward when raised? If you are with someone you suspect is having a stroke, ask him/her to raise both arms.
  - **Speech**: Does speech slur when speaking? If you are with someone you suspect is having a stroke, ask him/her to repeat a simple phrase.
  - **Time**: If you observe any of these signs, call 911 immediately.

### Green Zone Means
- Your symptoms are under control, continue taking all medications as ordered, and keep your doctor’s appointments.

### Yellow Zone Means
- You need to call your doctor. You may need to be seen in the office. If you are unable to reach your physician, please go to the emergency room.
- Please call your physician:
  - Name
  - Number
  - Appointment
  - Instructions

### Red Zone Means
- Call 911 immediately.

## If You Are Going into the Yellow Zone, Call Your Healthcare Provider.

## If You Have Any of the Following Symptoms, Act F.A.S.T. and Call 911 Immediately: