

# Welcome to the Integrated **STROKE UNIT**

This package includes both  
acute and rehab care information to  
help you recover following a stroke.



If you or your family/caregiver have any  
questions please go to your nursing station and  
don't be afraid to ask your question.



Brockville  
General Hospital

# Welcome

## to the Integrated Stroke Unit (ISU)

The integrated stroke unit has staff dedicated to the care of stroke patients. The Stroke Unit provides both acute and rehab care following a stroke. You will remain on the unit for both your acute and rehab stay.

The stroke team on the ISU has special training in stroke care. Your care team includes: doctors, nurses, physiotherapists, occupational therapists, speech-language therapists, rehabilitation assistants, social workers, registered dietitians, and pharmacists and personal support partners.

We know communication can be challenging for some patients following a stroke. The team will work with you and your family/ caregiver to determine who is your support person to ensure they are included in communication.

### What can I expect during my stay?

In the weeks ahead, the stroke team will be using this booklet to provide you with education material relevant to your recovery. Additional information may be added when required.

After you arrive on the Stroke Unit, the care team will begin working with you on activities that are focused on getting you better. These activities include therapy sessions and **ADLs** “activities of daily living”.

### To support these activities, it is very important to bring the following items from home:

Glasses  
Hearing aids  
Comfortable clothing for exercising  
Supportive shoes (e.g. lace-up or Velcro) and socks  
Dentures  
Toothbrush  
Toothpaste/ mouthwash  
Comb/brush  
Razor/Electric Shaver  
Nail clippers  
Unscented deodorant

.....  
***For everyone’s health and comfort, BGH is a scent-free environment. Please do not bring or wear perfumes, scented body lotions or scented flowers.***



## **Remember, your stroke team is here for you!**

If you have any questions about your care, ask any member of the stroke team.

### **How long will I be in the Integrated Stroke Unit?**

Each person's stroke is unique and each person's recovery time will be different. Preparing for your discharge begins on the first day. How long you stay in the Stroke Unit is based on your individual goals, progress, care needs and the type of supports you will need at the time of discharge.

Information about your discharge plans will be discussed with you during your stay in the ISU.

The care team meets daily in the acute phase of your stay to review your progress and goals. The acute stay in the ISU is typically between 3 to 5 days. During this time, the Stroke Team will work with you to plan for the next steps of your recovery. Together we will determine if you require further rehabilitation, either in the hospital, or in your home with home care services. If you are from Perth Smiths Falls District Hospital and require further in hospital rehabilitation you will be transferred back to your home hospital.

### **Day 1 & 2**

You will meet your stroke team, be oriented to the unit, and have testing. Your hospitalist will review these results with you. We will get you moving as much as possible to begin the therapy process. You will get your own Stroke Binder that contains information on stroke, individualized exercises/activities, and community resources.

### **Day 3**

Using standard assessment tools, we will determine how long you will need to stay on the ISU and begin to plan for your discharge (rehab, home, community).

### **Ongoing**

You will be asked to take part in daily activities that will help you gain back your independence. Your stroke team together with you and your family/caregiver will develop goals. This will include lunch and dinner in the dining room.

---

# Your Stroke Care Team

Your Stroke Care Team on the Integrated Stroke Unit (A2) works together to help you achieve your highest level of independence possible.

---

**Families & Caregivers.** The team knows that family\* is important (\*as identified by the patient, does not necessarily mean a blood relative). The team will request to know who you want present for care planning. If you are unable to communicate with the team will seek impute from your Power of Attorney (POA) or Substitute Decision Maker (SDM).

**Hospitalist** The hospitalist is a doctor who will look after you while you are on the ISU. Hospitalists work as a team, so you may have more than one doctor caring for you. Hospitalists assess you, manage your medical condition and direct your care.

**Nurse (RN, RPN)** During your stay, nurses will continuously assess your condition and provide the medications and treatments you require. Nurses also support the therapists to help you to do as much for your self as possible. They will work with you on your activities of daily living (ADLs), such as bathing, dressing and toileting.

**Occupational Therapist (OT)** The Occupational Therapists help you to become as safe and independent as possible with your ADLs to help you achieve your goals. Following your stroke, they will review your thinking skills, perception, and how to move in your everyday life. OTs will also work with you to determine what equipment and support you will need in the future.

**Patient Flow Coordinator (PFC)** The PFC can help patients and their family/caregiver look at options for discharge destinations. The team will consult the PFC only if needed.

**Personal Support Partners (PSPs)** PSWs help provide care to any person who require personal assistance with activities of daily living (ADL). They may also provide additional care as delegated by a Registered Health Professional as needed and when it can be performed safely and within Provincial legislation. For example PSPs can assist person(s) feeding, lifts and transfers, bathing, skin care, oral hygiene, and toileting.



## Your Stroke Care Team continued

---

**Pharmacist** While you are a patient on the ISU, the pharmacist ensures that you are receiving medications in a safe manner. They do this by reviewing your medications and making sure the dose is right for you.

**Physiatrist** (also known as physical medicine and rehabilitation physician). The physiatrist specializes in non-surgical care for conditions – such as neuromuscular disorders including stroke (nerve, muscle, and bone). The consulting Physiatrist who specializes in stroke recovery will help provide recommendations for your inpatient rehabilitation to help support the best possible outcome.

**Physiotherapist (PT)** The physiotherapist will help you to achieve your highest level of independence possible. They support you as you recover from your stroke through the use of exercises specific to you. These exercises help you regain strength, coordination, balance and movement.

### **Rehabilitation Assistant (OTA, PTA)**

Rehabilitation Assistants work with you on programs given by your Occupational Therapist and Physiotherapist to help you in your recovery journey. They will assist you with ADLs, movement, exercise, problem-solving and thinking.

**Registered Dietitian (RD)** A Registered Dietitian may become involved in your care while you are on the ISU. Registered Dietitian's review nutritional status and recommend a special diet to ensure your nutritional needs are met while you are here.



## Your Stroke Care Team continued

**Social Work** Your social worker provides a wide range of support and services to you and your family/caregiver to help you cope with any challenges you may face after a stroke. This includes helping you and your family/caregiver cope with illness and life stressors, assess your mood, providing community resources & supports, and advocating for you in the hospital during your stay.



**South East LHIN—Home and Community Care Coordinator** (formerly CCAC) The Home and Community Care Coordinator works with you and your healthcare team to determine what home care services are available after you return home based on your needs.

**Speech Language Pathologist (SLP)** While you are in the hospital, the SLP may assess your speaking, understanding, reading, and writing skills, and provide therapy in those areas as needed. They may also assess your swallowing and recommend specific swallowing strategies and safe liquid and food textures.





# YOUR ROLE IN STROKE RECOVERY

**This is your stroke learning package.** Much of this information may be new to you, please feel free to ask any of the stroke unit staff questions about your stroke. This binder is yours to keep and take home with you.

In the acute phase your stroke team will check in with you daily. If you remain in hospital for your rehabilitation you will have a scheduled time for **Rehab Rounds**. The frequency of these meetings will be discussed with you and written on your wipe board in your room. This meeting is meant for you and your family/caregiver to meet with our consulting physiatrist and to ask questions about your recovery. Topics such as your goals and length of stay will be discussed at this meeting. Your family/caregiver is encouraged to attend with you if you would like.

**Dining Room** In order to support your recovery the team will assist you in having your Lunch and Dinner in the dinning hall. Your care team will talk with you about how to make this possible. Mealtime is therapeutic and enjoyable and provides a key social activity in an inclusive environment.

**Breakfast** (in room) 8:00-8:30

**Lunch** (In dining room) 12:00-12:30

**Dinner** (in dining room) 4:45-5:15

**Please use this checklist to track your learning from the written materials and from the education you receive from staff.**

- ☐ Orientation to the Integrated Stroke Unit
- ☐ Review your red stroke binder
- ☐ Review your rehab exercises
- ☐ Create your rehabilitation goals

**It is important for me to be able to:**  
*(begin to think of what your goals are for your stroke recovery)*

---

---

---

---

---

---

---

---

---

---



## YOUR ROLE IN RECOVERY continued

### Learning about Stroke

- ☐ Types of stroke
- ☐ What type of stroke did I have?

---

---

---

---

---

### How to prevent another stroke

(check all of the risk factors that apply to you)

- ☐ Controlling blood pressure
- ☐ Controlling cholesterol
- ☐ Learn how to manage Atrial Fibrillation
- ☐ Weight Management
- ☐ Healthy Diet/ Reducing salt
- ☐ Exercise
- ☐ Controlling diabetes
- ☐ Smoking/Vaping Cessation
- ☐ Lower Alcohol use/avoid recreational drugs
- ☐ Stress management

### My stroke Prevention Medications

Names:

- ☐ Antiplatelet/Anticoagulant

- ☐ Statins

- ☐ Antihypertensive

- ☐ Anti- Diabetic Agents

### My Notes:

---

---

---

---

---

---

---

---

---

---





## YOUR ROLE IN RECOVERY continued

### Activities of Daily Living (ADLs) and Safety after a Stroke

- ☐ Bowel/bladder function and re-training
- ☐ Nutrition—special diets and swallowing
- ☐ The importance of mouth care
- ☐ The importance of rest
- ☐ Preventing shoulder pain
- ☐ How to correctly position your body  
when in a bed or in a chair
- ☐ How to prevent falls
- ☐ How to avoid pressure spots on your  
skin
- ☐ How to manage deficits in perception  
and cognition

#### ***My Notes:***



---

## MOOD FOLLOWING STROKE

Following a stroke, people are at risk for mood changes or depression. People who have had a stroke are at higher risk for developing depression. Family members caring for loved ones who have had a stroke are also at risk.

---

If you or a family/caregiver notice a change in your mood while in the hospital, talk to one of the stroke team members about your concerns. There is more information about mood in the **“Your Stroke Journey”** book included in your patient information binder.

During your stay, your **Social Worker** will help you complete a screening to assess your mood and discuss coping strategies.

If you or a family/caregiver notice a change in your mood after you are discharged home, please complete this self-screening tool on the next page.

Once you have completed the screening tool, make an appointment with your family doctor to talk to them about your score. Be sure to take the depression self-screening tool with you to your appointment.



# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

## DEPRESSION SELF SCREENING

### TOOL (PATIENT)

Over the last 2 weeks, how often have you been bothered by the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF OF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep or staying asleep, or	0	1	2	3
4. Feeling tired down or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a	0	1	2	3
7. Trouble concentrating on things, such as read-	0	1	2	3
8. Moving/speaking noticeably slower or very	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself	0	1	2	3
<b>COLUMNS TOTAL:</b>				
<b>ADD COLUMNS TOGETHER FOR TOTAL SCORE:</b>				
10. If you have checked off any problems listed above, how difficult have these problems made it for your to do your work, take care of tasks at home, or get along with other people?	Not difficult at all			
	Somewhat difficult			
	Very difficult			
	Extremely difficult			

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational great from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

# Peers Fostering Hope

Supported by the BGH Volunteer Association

Brockville General Hospital has a **Peer Stroke Support** program that has been providing knowledge, experience, and emotional support to patients in Stroke Rehabilitation since July 2017. With the help of Liz Rogers (Volunteer Services), peers who are survivors of stroke come to the Integrate Stroke Unit to provide support to patients and families.



*"I would have found this support helpful when I was in the hospital. I enjoy being able to help others! Patients have been so appreciative."*  
-Linda Weese (Peer Stroke Support Volunteer)

*Enhancing the lives of persons with stroke and their caregiver*

The social worker will talk to you about involving peer stroke support in your recovery journey.



Brockville  
General Hospital

# HOW CAN I HELP?

## A Stroke Recovery Guide for Families & Caregivers

After a family member, friend or significant other has a stroke, many families and friends are unsure of how to help the patient. This guide includes recommendations for family and friends.

### Build a positive healing environment

- Bring clothes and personal care items from home (see pg. 2)
- Until the patient's swallowing is assessed, it is important that patients do not drink or eat to prevent choking/pneumonia. Check with the nurse before bringing in food/drink.
- Bring in familiar photos (pets, family, etc.). Please label the photos so that staff can use them in therapy.
- Support nursing staff by assisting your loved one with basic care (washing hands and face, combing hair, mouth care).
- Encourage other family and friends to visit for short periods; just being there is supportive.
- Celebrate progress, no matter how small.
- When possible, take your family member for a walk/ride around the unit. Make sure to ask your nurse before hand.

People who have suffered a stroke are at higher risk for depression. If you notice a change in your loved one's mood, let the doctors or nurses know.

### Some things not to say

- It could be worse
- Try harder
- Why are you so sad

***\*If you don't know what to say, acknowledge that and provide empathy\****

### Some things to say/do

- Take time to listen
- Put yourself in their shoes
- Encourage the expression of emotions
- Identify and encourage activities that might be enjoyable or rewarding.



## HOW CAN I HELP continued

### Respect Rest

- Encourage rest between therapies as needed.
- Have your loved one wear headphones if noise is a problem.

### Decrease Boredom:

**Bring in cards, puzzles, games, newspapers and books or whatever your loved one is interested in.**

### Communication Strategies

- Use short, simple sentences and an expressive voice.
- Encourage any type of communication (speech, gestures, writing, pointing etc.)
- Write down keywords or topics, so that you can both see them together.
- Ask yes or no questions (phrasing from general to specific)
- Asking one question at a time.
- Asking fixed choice questions such as, “Do you want water or coffee?”
- Giving him/her sufficient time to respond.

### Orientation

- Discuss the date/where they are and why
- Discuss current events/things of interest
- Have regular conversations like you normally would

### Hand/Arm Stimulation

- Mentally “practice” movements that are still too difficult to complete.
- If you are willing to practice therapeutic movement, attend a session with the therapist to learn how.





---

## HOW CAN I HELP continued

---

### Stimulate the ‘neglected’ side

- Sit on the weak side when visiting your family member
- Bring their attention to the weak arm if it is hanging by their side or in an awkward position in bed
- Adjust the position of their arms and legs to place in good position
- Encourage them to try to move the weak arm/hand
- Ask them to identify all items on their meal tray

### Shoulder protection

- Support the shoulder on the patient’s weak side—don’t leave it hanging
- **Never pull on the weak arm when helping the person to move**
- Look at positioning information provided by the therapy team and set your loved one up as outlined.

### Assisting with therapy

Talk to your loved one about attending their therapy—you are always welcome if your loved one would like you there.

Promote self-care. Find out what your family member can do alone or with little help (e.g. feeding, brushing teeth and hair).

Avoid doing things for them that they can do on their own, even if it takes a long time.

Mouth Care is very important to prevent pneumonia. Help your loved one brush their teeth before and after meals and before bed.

Encourage your family member to practice what is being learned in therapy.

Let the stroke team know your loved one’s hobbies and interests to help us with their therapy.

**Celebrate progress, no matter how small!**

## ADDITIONAL PATIENT INFORMATION continued

### PATIENT SAFETY CHECK LIST

Ensure you and your caregiver(s) have reviewed all necessary information during your stay.

Things I need to know or do to ensure a safe transition home	✓ Patient	✓ Healthcare Provider
I have reviewed the following information:		
I know when I am going home (or to by discharge location)		
I or my family have made arrangements for transportation.		
I know how to make my home ready for my return home.		
I have a list of my medications, with dosages.		
I know when and how to take my medication.		
I know what type of help I need to take my medications correctly.		
I know what to eat and what not to eat.		
I know how to make the food consistencies that have been recommended (ex. Thickened liquids, minced, etc.)		
I know what activity level is right for me.		
I know what type of help I need with walking around the house, on stairs and outside.		
I have the right aid for mobility (ex. Walker, cane, etc.)		
I know what type of help I need in the kitchen to make meals safely.		
I know what type of help I need with bathing and going to the toilet, and who can help me.		
I have the right equipment for bathing and toileting.		
I know what care services I will get, when they will start, and their contact numbers.		
I know what appointments with specialists have been booked for me and I have their contact numbers.		
I know what outpatient services I need to attend.		
I know when to follow-up with my family doctor.		
I know symptoms I should watch for and when I should dial 911 vs calling a physician right away.		
I know what my driving restrictions are and how I am going to manage getting to where I need to go.		



# ADDITIONAL PATIENT INFORMATION

## Recommendations: Equipment Vendors

Your team will help you decide what equipment you need for a safe transition home. The following are potential equipment vendors in and around the area. **Note** that the stroke team will work with you and the LHIN Care Coordinator to determine what equipment can be rented for your for a period of time at the time of discharge.

BROCKVILLE	
<b>Pharma Save</b> 173 King St. W. Brockville ON, K6N 3R6 (613) 345-3030	<b>2Care4 Home Medical</b> 163 Ormond Street, Unit H Brockville, ON, K6V 2L2 (613) 342-4646
SMITH FALLS	
<b>2Care 4 Medical Limited</b> 88 Cornelia St. West, Unit F Smiths Falls, ON, K7A 5K9 (613) 284-1058	<b>MEDChair Ltd.</b> P.O. Box 546, 260 Lombard St. Hwy 15 S Smiths Falls, ON, K7A 5B8 (613) 283-5700/ 1-866-303-1023
PERTH	
<b>Mobility Care Co.</b> 1 Harris St. South Perth, ON, K7H 2X8 (613) 264-2969/1-866-264-2969	
PRESCOTT	
<b>Seaway Valley Pharmacy</b> 254 King St. W. Prescott, ON (613) 925-4233	
KEMPTVILLE	
<b>TLC Medical Supply</b> 104 Maley St. Kemptville, ON, K0G 1J0 (613) 258-3344	





**Achieving Excellence Together**

brockvillegeneralhospital.ca | 613-345-5649

Grateful acknowledgement to the Peterborough Regional Health Centre  
*Integrated Stroke Unit* for permission to adapt reproduce this booklet.