

McLaren Print System Order

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2900 Collins Rd
Lansing, MI 48910

Brochures
Quantity: 500
Paragon Dept No: 21600
Dept Name: Neuro Trauma
Company Number:

Order Total Price: 59.00

Item Number: MNM-28
Item Description: Stroke/TIA Personal Risk Reduction Plan
Revision Date: 09/2023
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: SS, Black

Call 911 immediately for any symptoms of stroke:

- Sudden numbness or weakness of your face, arm or leg
- Sudden confusion, trouble speaking or understanding speech
- Sudden trouble seeing in one eye or the eye is off to one side
- Sudden severe headache (worst headache of your life) and remarkably different from other headaches
- Sudden trouble walking, dizziness, loss of balance or coordination

Don't Drive, Don't Delay. Call 911. Don't Arrive at a Hospital within 90 minutes of start of symptoms!

Controlling Risk Factors for Stroke. (Nurse to complete this section)

These risk factors raise the chances of another stroke or a heart attack. This is my personal plan to control them:

The type of stroke I had was Ischemic Hemorrhagic Transient Ischemic Attack (also known as TIA)

High Cholesterol My LDL level is _____ Goal is less than 70. LDL is the "bad" cholesterol and is the reason for taking _____ cholesterol reducing medication.

Hypertension or High Blood Pressure. A common blood pressure (BP) for the elderly was _____ BP goal is less than 130/80. I am taking _____ to control my BP.

Diabetes My Hgb A1C is _____ Hgb A1C measures how well my blood sugar is being controlled. A1C goal for non-diabetics is less than 5.6. Diabetic A1C goal is less than 7.

Atrial Fibrillation is an irregular heart rhythm that may cause blood clots to form in my heart. Clots that travel to the brain, cause stroke, to the heart's blood vessels, cause heart attack. The antiarrhythmic medication _____ reduces my risk of stroke and heart attack.

Antiplatelet medication is used to reduce the tendency for platelets to clump or blood clots to form in my arteries. Taking _____ reduces my risk of stroke and heart attack.

Sleep Apnea Treatment of sleep apnea is important to reduce risk for stroke and heart attack. Follow up with physician to obtain treatment (generally Continuous Positive Airway Pressure (CPAP)) and use routinely.

Smoking Cessation Patient has smoked or used tobacco products in the last 12 months. _____ has been prescribed to aid your smoking cessation effort.

Signature of Nurse _____ Date _____ Time _____

Self-Care Risk Reduction Steps (Patient to complete this section). I realize that my decisions and behavior have a significant positive impact on my long term health. These are the steps I will take toward improving my health.

Quit Smoking I understand smoking increases my risk for stroke & heart attack, whether inhaled or not.

I do not smoke. I have been instructed on the importance of avoiding second hand smoke.

Yes, I have been instructed to stop smoking. Michigan Tobacco Quitline 1-800-734-8389. For more online resources, visit michigan.gov/tobacco click on "Information for Consumers" and "To Quit Tobacco". For tobacco cessation classes at McLaren, call 1-800-248-6777 or go to www.mclaren.org/tobacco

Avoid excessive alcohol intake

I understand to limit alcohol intake, if I must drink, no more than 2 drinks per day. One alcoholic drink equals 12 ounces of beer, 8 ounces of malt liquor, 4 ounces of wine or 1 ounce of hard liquor.

Eat a Heart Healthy or Mediterranean Diet (low in fat/cholesterol and low in sodium)

Yes, I have received counseling and a copy of how to maintain a heart healthy or Mediterranean diet.

Exercise regularly

I understand that including moderate-intensity exercise (e.g. brisk walks, bicycle ride, swim or yard work) for at least 30 minutes, 3 - 4 days a week, is beneficial in preventing recurrent stroke & heart attack.

Learn about Stroke

I have received and read the stroke/TIA education material provided.

I received instruction on the signs and symptoms of stroke and understand the importance of dialing 911.

I will talk with my doctor if I experience any medication side effects and before stopping any medication.

Follow up with my physician

I will make a follow-up appointment and see a primary care physician. I understand the importance of receiving regular medical care to prevent stroke or heart attack.

Signature of Patient _____ Date _____ Time _____ Signature of Responsible Party _____ Date _____ Time _____

Spec Info: