



Welcome to the Stroke Unit: 4C

Cape Breton Regional Hospital

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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Designed by: Nova Scotia Health Library Services

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To be reviewed December 2027 or sooner, if needed.



Welcome to the Stroke Unit: 4C

- You or your loved one have had a stroke and are being cared for by the Acute Stroke Service on the Stroke Unit: 4C.
- The Stroke Unit has 30 beds. There are 13 beds for people who have had a new stroke. The goal of the Stroke Unit is to help you heal and get ready for the next stage of your recovery.
- Over the next few days, you will be checked by members of your health care team. Please read this pamphlet and refer to it as needed. Ask a member of your health care team if you have questions about your hospital stay or care plan.

What is a stroke?

- An acute stroke happens when a blood vessel in the brain suddenly shrinks or is blocked, stopping blood flow. This keeps the brain tissue from getting oxygen and nutrients, which causes the brain cells to die.

Blood may be blocked by:

A thrombus

- › A blood clot in or on the wall of a blood vessel. This stops blood from moving through a vessel in your brain.

- During this stressful time, it is important to take care of yourself. To help stay healthy:
 - › Get enough rest
 - › Make time for things you enjoy
 - › Eat healthy foods
 - › Stay active

Contacts

Cape Breton Regional Hospital

- › Patient switchboard: 902-564-5566
- › Administrative switchboard: 902-567-8000

Stroke Unit: 4C

- › Phone: 902-567-7857

Patient Relations

- › Phone (toll-free): 1-844-884-4177
- › Email: EZpatientrelations@nshealth.ca

Language Services (interpreters)

- › Phone (toll-free): 1-866-874-3972

Hearing & Speech Nova Scotia

- › www.hearingandspeech.ca

Depression

- It is common to become depressed when you are injured or sick. It is important to know the signs of depression. Talk with a health care provider as soon as you can if you or your loved one have any of the following signs of depression:
 - › Trouble focusing
 - › Trouble sleeping
 - › Weight loss
 - › Less energy
 - › Feeling irritable
 - › Feeling hopeless or helpless
 - › Feeling isolated
 - › Losing interest in things you enjoy

If you think that you or your loved one may be depressed, please talk to a member of your health care team.

Caregiver stress

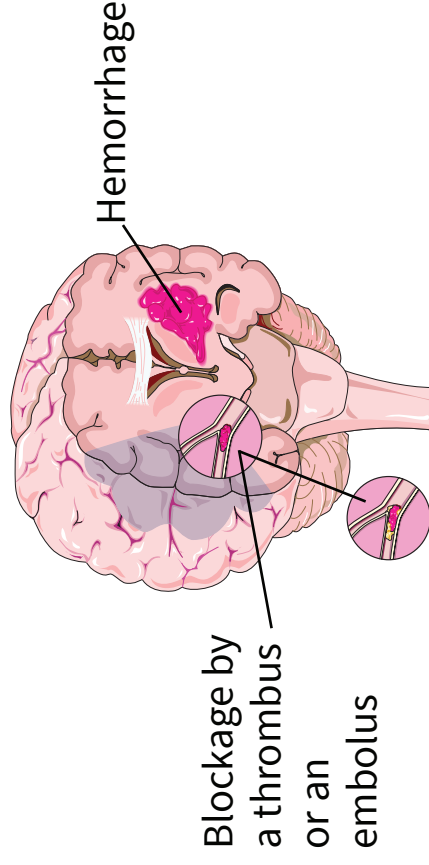
- When your loved one is hurt or sick, you may feel:
 - › Worried
 - › Scared
 - › Sad
 - › Frustrated

An embolus

- › A blood clot in your heart or in a large blood vessel in your body. The clot breaks off and moves to a blood vessel in your brain, blocking blood flow.

A hemorrhage

- › This is when a blood vessel breaks. It causes bleeding in or around your brain.



What will happen on the Stroke Unit?

- Staff on the Stroke Unit have experience working with stroke patients. Treatment on the unit may include:
 - › Rapid (very fast) assessment and diagnosis
 - › Finding the risk factors that may have caused your stroke
 - › Preventing complications
 - › Preventing a future stroke
 - › Early rehabilitation (rehab)

- During your first few days on the unit, you will be checked by your health care team. They will take your vital signs (like temperature, blood pressure, heart rate, pulse, and breathing).
- Your health care team will also check to see if you can:
 - › Swallow
 - › Talk and understand what is being said to you
 - › Move
 - › Bathe, groom, and dress yourself
 - › Go to the washroom
- You will stay on the Stroke Unit during the early stage of your stroke. Your essential care partners are an important part of your recovery. Essential care partners are the people you have chosen to help you (like your family, friends, or other loved ones).
- We will work with you, your essential care partners, and other community or support programs to make a safe discharge plan that is right for you.
- The Acute Stroke Service team does rounds on Tuesdays at 1:30 p.m. They will review and talk with you about your care plan at this time.
- Social workers can help with:
 - › Coping with your sickness
 - › Finding and setting up supports you may need after your sickness
 - › Making a discharge plan that is right for you
 - › Guiding you through the health care system

Discharge plan

- A discharge plan includes steps to help you become independent enough to be discharged from the hospital. Discharge planning starts as soon as you are admitted to the hospital.
- Your health care team will work with you and your essential care partners to make a discharge plan based on your needs. You and your essential care partners may meet with members of the Acute Stroke Service to work on your discharge plan.
- When you are discharged, you may go:
 - › home (with or without extra help).
 - › home (with outpatient appointments for speech, physiotherapy, and occupational therapy).
 - › to a hospital closer to your home.
 - › to a rehab unit for more therapy.
 - › to a long-term care facility (like a nursing home).

Continuing Care Coordinator

- Continuing Care provides programs and services for people who need help with their daily activities at home. They may meet with you to find out the level of care you need.

Stroke Coordinator

- The stroke coordinator helps you get the best possible treatment by:
 - › Collecting stroke data
 - › Keeping up acute stroke policies and protocols
 - › Teaching staff
 - › Helping to fix stroke care problems within the health care system
 - › Following testing and medical care of Acute Stroke Service patients

Social Worker

- The social worker works with you, your essential care partners, and your health care team to make a safe discharge plan. They will make sure you have the right supports and access to any resources (like community programs and services) you may need at home.

- You will be discharged home from the Acute Stroke Service after:
 - › you have been checked by stroke health care providers.
 - › you have had diagnostic tests (like a CT scan, an MRI, a carotid Doppler ultrasound, an echocardiogram, a Holter monitor exam).
- Some health care providers will keep working with you after your discharge, if needed.
- If you do not live in Sydney, you may be sent to your local hospital when you are discharged.

If you have any questions, please call:

Stroke Coordinator

- › Phone: 902-567-6291

Who is on my Acute Stroke Service team?

Every person is different and may need different health care providers. Your team may include:

Doctor

- The doctor manages your care and your daily medical needs during your stay.

Neurologist

- A neurologist is a doctor with special training to treat the brain, spinal cord, nerves, and muscles.

Nurses

- Nurses treat wounds, give you medication, and check your vital signs. They can help you bathe, dress, and go to the washroom, if needed.

Pharmacist

- Pharmacists manage your medications.

Occupational Therapist (OT)

- The OT helps you with activities of daily living (like bathing, dressing, cooking, going to the washroom). They can also find equipment to help you with these activities at home after you are discharged.

Physiotherapist (PT)

- The PT makes a treatment program for you to help with your mobility (movement), strength, and balance.

Rehabilitation (Rehab) Assistant

- The Rehab Assistant works with the OT and the PT to help you improve your fitness, strength, and mobility.

Dietitian

- The dietitian monitors the food you are eating and may suggest changes to help improve your health and manage diseases (like high blood pressure, diabetes). They also help to check if you can swallow safely.

Speech-Language Pathologist (SLP)

- An SLP helps you with your ability to communicate. They:
 - › check the muscles needed for talking.
 - › check your ability to talk and understand words.
 - › check your cognitive skills (like thinking, remembering, problem solving, judging).
 - › work with the dietitian to make sure you are eating and swallowing safely.

Communication Disorders Technician (CDT)

- The CDT works with the SLP to help improve your communication.