



## ISCHEMIC STROKE TEACHING CHECKLIST

- |                                     |                                      |                                      |                              |
|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------|
| <input type="checkbox"/> Chesley    | <input type="checkbox"/> Lion's Head | <input type="checkbox"/> Southampton | <input type="checkbox"/> HDH |
| <input type="checkbox"/> Durham     | <input type="checkbox"/> Markdale    | <input type="checkbox"/> Tobermory   |                              |
| <input type="checkbox"/> Kincardine | <input type="checkbox"/> Meaford     | <input type="checkbox"/> Wiarton     |                              |
| <input type="checkbox"/> Walkerton  | <input type="checkbox"/> Owen Sound  |                                      |                              |

PATIENT ID \_\_\_\_\_

Resources: Heart and Stroke Foundation Booklet "Let's Talk about Stroke"  
Education Materials given to Patient/Family: Yes   
Community Resources for Stroke Survivors and Their Families

For more information/resources, contact the District Stroke Centre at (519) 376-2121, Ext. #2920

<b>LEARNING GOALS:</b> Patient Shows Understanding	<b>COMMENTS</b> (i.e. patient / family understanding)	<b>FAMILY MEMBER PRESENT</b> (NAME)	DATE	INITIAL
<b>What is stroke? Effects of Stroke</b> (Pages 2-10)				
<b>Stroke Treatment and Rehabilitation</b> (Pages 10-16)				
<b>Coming Home from Hospital</b> (Pages 13-16)				
<b>Medications</b> (Pages 19-21)				
<b>Preventing Another Stroke</b> (Pages 22-26)				
<b>Aphasia</b> (Pages 27-30)				
<b>Swallowing and Eating</b> (Pages 31-33)				
<b>Devices/Home Modifications/Recreation</b> (Pages 34-36; 58)				
<b>Incontinence</b> (Page 37)				
<b>Pain and Mobility</b> (Page 38)				
<b>Fatigue</b> (Page 41)				
<b>Memory and Problem-Solving</b> (Page 42)				
<b>Emotional Issues/Stroke Caregiver/Sexual Intimacy</b> (Pages 46-52)				
<b>Stroke in Younger Adults</b> (Page 54)				
<b>Driving</b> (Page 55)				
<b>My Stroke Diary</b> (Page 61)				

Patient unable to comprehend teaching: \_\_\_\_\_ (Signature)

<b>MODIFIABLE RISK FACTORS</b>	<input type="checkbox"/> HYPERTENSION*	* INDICATES SIGNIFICANT RISK FACTOR FOR STROKE
	<input type="checkbox"/> DIABETES*	
	<input type="checkbox"/> CURRENT SMOKER	
	<input type="checkbox"/> SMOKER ON THE PATCH	
	<input type="checkbox"/> SUBSTANCE ABUSE	
	<input type="checkbox"/> HYPERLIPIDEMIA	
	<input type="checkbox"/> FAILED ANTIPLATELET THERAPY (ALREADY TAKING ASA)	
	<input type="checkbox"/> POSTMENOPAUSAL HRT	
	<input type="checkbox"/> WEIGHT (BMI >25)	
	<input type="checkbox"/> PHYSICAL ACTIVITY	
<input type="checkbox"/> WHIPLASH/MANIPULATION		

RISK FACTORS	PLAN
1.  <input type="checkbox"/> Met Goal	Readiness for change:
2.  <input type="checkbox"/> Met Goal	Readiness for change:
3.  <input type="checkbox"/> Met Goal	Readiness for change:
4.  <input type="checkbox"/> Met Goal	Readiness for change:
5.  <input type="checkbox"/> Met Goal	Readiness for change:
6.  <input type="checkbox"/> Met Goal	Readiness for change:
Signature: _____ Date: _____	

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