Stroke signs that mean call 911

Call 911 for sudden changes in balance, vision, strength or speech, even if they pass. Tell the dispatcher what changed and the last time the person was known to be well.

The CDC estimates that more than 795,000 people have a stroke in the United States each year. Nearly one in four of those strokes happens in someone who has had a previous stroke. A stroke occurs when a clot blocks blood flow to part of the brain or a blood vessel bleeds in or around the brain. Brain cells can be injured within minutes. Call 911 for sudden symptoms and report the last time the person was known to be well.

Two main types of stroke and a related emergency

Transient ischemic attack (TIA)

A transient ischemic attack (TIA) can cause brief stroke-like symptoms. Call 911 immediately, even if the symptoms disappear; it is not possible to distinguish a TIA from a stroke at home.

Ischemic stroke

When the arteries supplying blood to the brain become narrow or blocked, this is called an ischemic stroke. Ischemic strokes are typically caused by blood clots inside the brain, but this term can refer to any severe reduction in the brain's blood flow.

Hemorrhagic stroke

When an artery in the brain breaks open or leaks blood, it is called a hemorrhagic stroke. The blood creates pressure in the skull and swells the brain, damaging brain tissues and cells.

While there is no way to know whether or not a person will have a stroke, there are risk factors that indicate the likelihood. Some of these, like genetics, age, gender, and ethnicity are out of our control. Patients who suffer from high blood pressure, high cholesterol, heart disease, diabetes, obesity, or above normal weight, as well as those who have already suffered strokes in the past, are at a higher risk of future strokes. To reduce the risk of having a stroke, patients can avoid smoking or drinking too much alcohol, eat a balanced diet, and exercise regularly.

Stroke treatment is possible, however, time is an important factor in getting help. Receiving medical attention sooner makes a successful recovery much more likely, which is why it's important to know the warning signs of a stroke, including how they differ depending on a person's gender.

Early signs of stroke come on quickly and can include:

- Weakness or numbness in the face, arms, or legs — typically on one side of the body
- Confusion, trouble speaking, or lack of comprehension
- Impaired vision in one or both eyes
- Severe headache without cause
- Trouble walking, loss of balance, or dizziness

Anyone can experience the above stroke symptoms, or any stroke symptoms for that matter, but some manifest more often in women than men, or vice-versa.

Signs of a stroke in women more often include:

- Vomiting/nausea
- Hallucination
- Pain
- General weakness
- Trouble breathing

- Fainting or losing consciousness
- Seizures
- Sudden behavior changes

Signs of a stroke in men more often include:

- Dropping on one side of the face or an uneven smile
- Slurred speech, difficulty speaking, and difficulty understanding speech
- Arm or muscle weakness on one side of the body

What Are The Possible Complications From Having A Stroke?

Recovery after stroke varies. The location and extent of the injury, other medical needs, access to rehabilitation and help available after discharge all affect the plan. Ask the team which changes it is measuring for this person.

There are many complications that can result from experiencing a stroke, including:

- Localized paralysis
- Difficulty eating or speaking
- Memory or comprehension problems
- Emotional changes, mood instability, extremity, intractability
- Pain
- Compromised ability for self-care

What To Expect From Stroke Recovery

Stroke recovery requires an interdisciplinary team of physicians, nurses, neurologists and therapists who create care plans tailored to the needs of individual patients.

Care plans may include:

- Brain monitoring (onsite EEG and CT scanning)
- Onsite surgical removal of hardware
- Patient/family education regarding brain injury, stages of recovery, and the patient's specific care plan
- Special precautions to prevent deep vein thrombosis, stress ulcers, aspiration, infection, wounds, and falls
- An environment supporting neurological recovery
- Respiratory therapy, including ventilator weaning and tracheostomy management
- Cardiac monitoring, including telemetry
- Nutritional assessment and support
- Rehabilitation, including physical, occupational, and speech therapies
- Bowel and bladder training
- Financial planning for extended care
- Professional caregiver referrals

Ask what daily activity the person hopes to regain and what help it takes today. The care team can use that goal when planning movement, self-care, swallowing and communication therapy.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

On the Road to Recovery after a Stroke

The person became ill and was found unconscious at home. Emergency assessment identified an embolic stroke, brain swelling, seizures and an infection.

Physicians stabilized the patient' condition, and he was transferred to the treating hospital for therapy and stroke rehabilitation. He was completely dependent on his team of caregivers for all his needs when he first arrived. The stroke had severely impaired his mobility, but right away he was placed in the early mobility program, designed to get patients up and out of bed. The patient was also disoriented and was having difficulty with comprehension and problem-solving skills, as a result of the damage to his brain.

A multidisciplinary team consisting of physicians, nurses, and physical, speech, and occupational therapists worked together to help the patient on his journey to recovery. With his wife at his side providing support, a positive outlook, and motivation, the patient began to make progress quickly and eagerly participated in all his therapy sessions.

By the time he was discharged from the treating hospital, the patient was walking with minimal assistance and a rolling walker. He was also well on his way to regaining his independence, able to perform his tasks of daily living with minimal to no assistance, and his cognition and communication skills had improved significantly as well

For a person recovering from stroke, the safe starting time and intensity of rehabilitation depend on medical stability and an assessment of what they can tolerate.

Speech-language, physical and occupational therapists can address different effects of a stroke. The plan should bring their recommendations together with nursing and medical care, taking account of the person's abilities and goals.

Resources:

The National Heart, Lung, and Blood Institute describes stroke, the difference between blockage and bleeding, and why a sudden neurological change is an emergency. https://www.nhlbi.nih.gov/health/stroke

The CDC explains the types of stroke, including ischemic stroke and hemorrhagic stroke, and the importance of immediate assessment for symptoms that resolve. https://www.cdc.gov/stroke/about/index.html

Patient information — https://www.cdc.gov/stroke/signs-symptoms/index.html

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.