

**STROKE - TIA
DISCHARGE INSTRUCTIONS**

DIET:

- You may resume your usual diet low fat / low cholesterol diet
 No added salt diet
 Follow swallowing plan / guidelines recommended by Speech Therapist
 Other: _____



Call 911 Immediately if you experience any of the Stroke Warning Signs:

- **Sudden weakness or numbness on one side of your body.**
- **Sudden dimness, loss of vision or double vision.**
- **Difficulty speaking or understanding speech.**
- **Sudden severe headache**
- **Loss of balance or dizziness.**

ACTIVITY:

- _____ *Outpatient Speech Therapy: _____
 _____ *Home Health Care: _____
 May return to work/school on: _____ *Outpatient Physical Therapy: _____
 NO driving until approved by your doctor: *Outpatient Occupational Therapy: _____
 _____ _____

Pain level at discharge: _____ *Call (417) 820-2135 if not contacted by St. John's PT/OT/ST



STOP SMOKING AND/OR DO NOT ALLOW ANYONE TO SMOKE IN YOUR HOUSE OR CAR

If you need help to stop smoking, call (417) 820-3400 or the Health Information Team at (800) 909-TEAM or 888-8888.

Teaching materials [] _____

MEDICATIONS: See Discharge Medication Sheet for more information

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Coumadin | <input type="checkbox"/> Aspirin |
| <input type="checkbox"/> Teaching Sheet Given | <input type="checkbox"/> Teaching Sheet Given |
| <input type="checkbox"/> Aggrenox | <input type="checkbox"/> Ticlid |
| <input type="checkbox"/> Teaching Sheet Given | <input type="checkbox"/> Teaching Sheet Given |
| <input type="checkbox"/> Plavix | |
| <input type="checkbox"/> Teaching Sheet Given | |

****Take medication as directed, never stop taking medication unless advised by a physician**

FOLLOW-UP APPOINTMENTS:

- | | | |
|-----------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Thomas Habiger, M.D. | <input type="checkbox"/> Michael H. Luzecky, M.D. | <input type="checkbox"/> Ling Li, M.D. |
| <input type="checkbox"/> Jenifer Zhai, M.D. | <input type="checkbox"/> Tim Frederick, M.D. | <input type="checkbox"/> Timothy Young, M.D. |

Date / Time: _____

1965 S. Fremont, Suite 2800, Springfield, MO 65804 (417) 820-9123

() Other Physician appointment: _____

() Other Physician appointment: _____

() Lab appointment _____

SPECIAL INSTRUCTION:

Stroke Education completed / written materials provided by: Stroke Educator Discharge Nurse

I Have received instruction and copies of the above and understand what I am to do following discharge.

Patient Signature

Family Signature

Date of Instruction

Nurse Signature

DISCHARGED TO:

- Home
 Other facility/ HHC
Name: _____

DISCHARGE DATE:

TIME:

DISCHARGE NURSE: