

REAL-LIFE SUPERHEROES: STROKE SURVIVORS & CAREGIVERS



STROKE CARE NETWORK

DISCLOSURES



- Nothing to disclose

OBJECTIVES



Upon completion of this activity, participants will be able to:

- Describe the signs and symptoms of stroke
- Explain how the individual treatment plan, helped, or hindered recovery
- Recommend improvements for stroke providers

QUESTION



If you feel comfortable, could you tell me about those first moments of your stroke onset.

Caregivers what was this experience like for you?

- Did you witness it?
- Did you get a phone call?

QUESTION



What did you do when you realized you were having a stroke?

Caregivers if you witnessed the onset, what did you do when you realized your loved was having a stroke?

QUESTION



What do you remember about your experience at the hospital?

Caregivers how was your experience during hospitalization?

QUESTION



What do you remember about your experience at the hospital?

Caregivers how was your experience during hospitalization?

QUESTION



Did you experience any challenges during discharge?

Caregivers how was the discharge experience for you?

QUESTION



How was life different when you first returned home?

Caregivers how was life different for you?

QUESTION



How have you adapted to those changes after returning home?

Caregivers how have you adapted to these changes after your loved one returned home?

QUESTION



Because of your unique experience, is there any advice you would give to stroke doctors or nurses?

Caregivers What advice would you give stroke doctors or nurses?

THANK YOU!!!



B

Balance
Loss

E

Eyes
Blurry
Loss of
Vision

F

Facial
Droop

A

Arm
Weakness

S

Speech
Difficulty

T

Time To
Call 9-1-1



HealthCare



NORTON
HEALTHCARE

STROKE CARE NETWORK