

**Patient
Information**


A state of mind

Stroke Discharge Care Plan

This Care Plan is designed for you and your family/carer. It contains information relevant to you and your ongoing treatment following your stroke.

Name: _____

Ward: _____

Information about your stroke:

| | |
|---|--|
| Date you were first admitted to hospital: | |
| Your consultant was: | |

Your health targets are:

| | Your current level | Target level no higher than: |
|----------------|--------------------|------------------------------|
| Blood pressure | | 130/80 |
| Cholesterol | | 4.0 |

Reference No.

GHPI1224_11_24

Department

Stroke

Review due

November 2027

**Patient
Information**

| You have been diagnosed as having had a: | Please tick below ✓ | |
|--|---------------------|----|
| | Yes | No |
| Ischaemic stroke | | |
| Haemorrhagic stroke | | |
| I received thrombolysis | | |
| I received thrombectomy | | |

Medication:

You will be given your list of medications on a separate sheet. Please take these as directed.

Can you also make an appointment to see your GP to arrange repeat prescriptions and to review your health targets.

Continue to reduce your risk of stroke by:

- Taking your medications as directed
- Managing your blood pressure
- Managing your cholesterol
- Controlling diabetes (if appropriate)

Changes to your lifestyle might include:

- Stopping smoking
- Eating a healthy and varied diet
- Making sure you stay at a healthy weight
- Keeping active, doing regular exercise
- Being careful not to drink too much alcohol

Eye health:

- Please consider regular optician reviews

Patient
 Information

You will have support on discharge from:

| | | |
|---------------------------------|-----|----|
| Community Stroke Nurse | | |
| General Practitioner | | |
| | Yes | No |
| Early Supportive Discharge Team | | |

Referrals made:

Please tick ✓

| | Yes | No |
|--|-----|----|
| District Nurse | | |
| Orthoptics (vision assessment) | | |
| You have been referred to Community Stroke Nurse The contact number is 0300 421 7198 | | |
| Your named nurse is: | Yes | No |
| Steve Carpenter | | |
| Sine Clarke | | |
| | | |

Contact information:

| | |
|---|----------------------|
| HASU (ACUC Cheltenham General Hospital) | 0300 422 4343 / 3617 |
| Woodmancote Ward Cheltenham General Hospital | 0300 422 4406 / 4476 |
| Stroke Specialist Nurses | 0300 422 2951 / 4135 |
| Therapy Team | 0300 422 6715 |

Other:

| | |
|-----------------------------------|---|
| Adult Help Desk (Social Services) | 01452 426868 |
| Stroke Association | 0303 3033 100 www.stroke.org.uk |
| Re-Connect Befriending | 0747 999 9919 |

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>