

UCI Health

Understanding stroke:

A guide for patients and families



Use this book as a resource to support your care.

You don't have to go through this journey alone.

Join one of our stroke support groups to connect with others who understand what you're going through, share experiences and find encouragement.

Call **866-STROKE-3** for more information about our stroke support groups and stroke prevention classes.



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What is a stroke?

Stroke is the **leading cause of serious, long-term disability** in the United States.

A stroke is a **medical emergency**. It happens when the blood flow to part of your brain is stopped or reduced.

Without blood, brain cells don't get the oxygen **they need, and they start to die**. This can cause problems with movement, speech, vision, memory, or other functions – sometimes permanently.

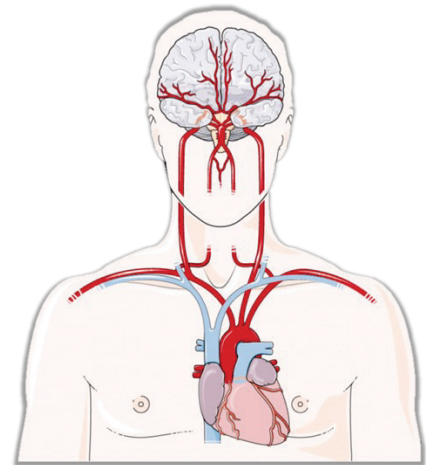
There are two main kinds of stroke: **ischemic** stroke and **hemorrhagic** stroke.

Ischemic stroke

An ischemic stroke happens when a blood vessel in or leading to the brain is **blocked**. When a clot blocks blood flow, the brain can't get the oxygen it needs. This blockage is usually caused by:

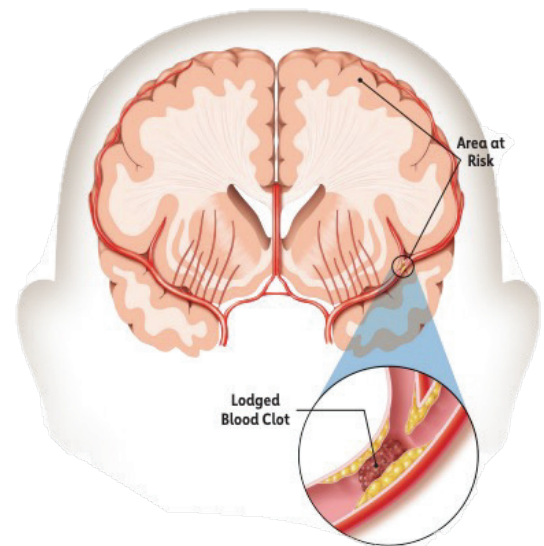
- **Atherosclerosis** – Fatty deposits (plaque) build up inside blood vessels, making them narrow.
- **Blood clots** – A clot can form in a blood vessel in the brain (**thrombotic stroke**) or travel from another part of the body, often the heart, to the brain (**embolic stroke**).
- **Transient ischemic attack (TIA)** – A TIA, often called a “mini-stroke,” happens when blood flow to the brain is temporarily blocked and then spontaneously resumes. Symptoms typically last a few minutes but no more than 24 hours and completely resolve.

Even though TIAs don't cause permanent brain damage, they are a **serious warning** because people with TIAs are much more likely to have a stroke in the near future. Always call 911 right away.

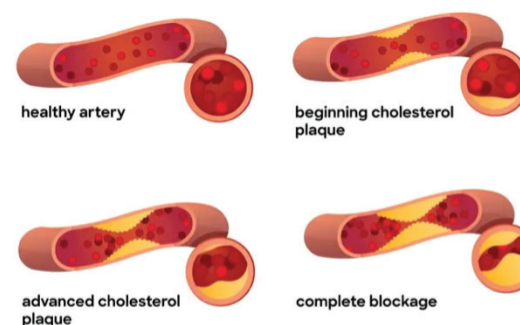


Source: Smart Servier

Blood travels from the heart to the brain through blood vessels. A stroke happens when these vessels are blocked or broken, and the brain does not get the blood it needs.



Source: Disabled World



Source: Baylor Scott & White Health

Hemorrhagic stroke

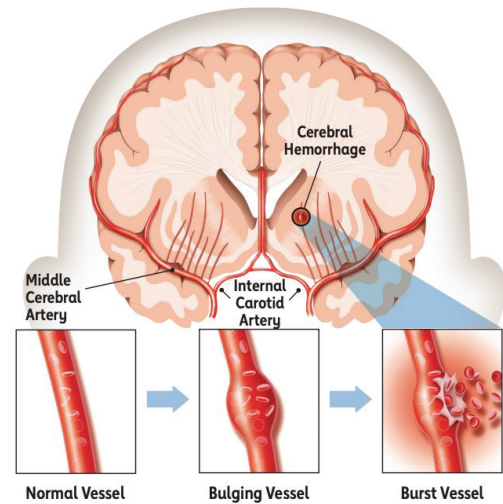
A hemorrhagic stroke happens when a blood vessel in the brain **bursts** and bleeds into or around the brain. This extra blood can put dangerous pressure on brain tissue. There are two main kinds:

Intracerebral Hemorrhage (ICH)

Bleeding into the brain

ICH is most commonly caused by **high blood pressure**, but also by other conditions such as **cerebral amyloid angiopathy (CAA)**.

CAA happens when a protein called beta amyloid builds up in the walls of the brain's blood vessels, making them weaker. This can increase the chance of bleeding. CAA-related hemorrhages are more common in people 70 years and older who do not have a diagnosis of high blood pressure.



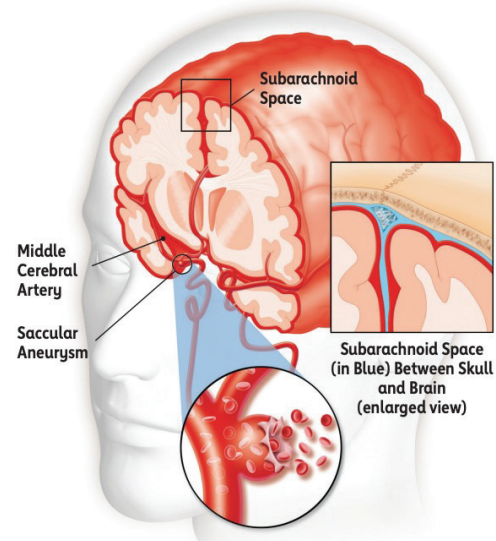
Source: MastishK

Subarachnoid Hemorrhage (SAH)

Bleeding around the brain

It is often caused by **bursting** of an **aneurysm** (a weak, bulging spot in a blood vessel).

Aneurysms can develop over time when a blood vessel wall becomes weak. High blood pressure, aging, family history and smoking can all make blood vessels weaker and increase the chance of an aneurysm forming.



Source: MastishK

Shapes of aneurysms



Berry / Saccular Aneurysm

Source: Consulting Radiologists



Fusiform / Nonsaccular Aneurysm







Source: Consulting Radiologists

Key takeaway: Know the types of stroke.

Knowing your type of stroke helps you understand why it happened, what your symptoms mean, how it can be treated and what you can do to help prevent a recurrent stroke.

BEFAST for stroke symptoms

Stroke symptoms happen **suddenly** and need **immediate attention**.
Use **BEFAST** to remember the warning signs and call 911 immediately:

	B	Balance	Sudden trouble walking, dizziness or loss of balance.
	E	Eyes	Sudden trouble seeing in one or both eyes.
	F	Face	Sudden facial droop, numbness, or sudden severe headache.
	A	Arms	Sudden arm or leg weakness or numbness.
	S	Speech	Sudden confusion, trouble speaking, or slurred speech.
	T	Time	Time to call 911!



Calling 911 right away is the fastest way to get help. Paramedics can begin care on the way, alert the stroke team before you arrive and take you to the right hospital for treatment. Not all hospitals can treat stroke, so calling 911 makes sure you get to the right place as quickly as possible.

Key takeaway: Don't drive. Call 911 for stroke.

Every minute counts. If you notice even one sign of a stroke, **call 911 immediately**. Do **not** wait to see if it goes away. Quick treatment can save your life and reduce disability. **Time is brain.**

How is a stroke diagnosed?

The stroke team works quickly to find out what kind of stroke you are having. This is important because the treatments for ischemic and hemorrhagic stroke are very different.

You may have one of the following:

- **CT scan** — Uses X-rays and a computer to take pictures of the brain. This is usually the first test and can show bleeding.
- **CTA (CT angiography)** — A CT scan with dye injected into your bloodstream to look closely at the blood vessels.
- **MRI** — Uses radio waves and magnets to make detailed pictures of the brain and neck.
- **Diagnostic cerebral angiogram** — A special test done in a procedure room by a neuro-interventional doctor. A thin tube (catheter) is placed into a blood vessel, usually in the leg or wrist, and dye is injected to show the brain's blood vessels on X-ray. This gives very detailed pictures to help doctors find blockages, narrowing or aneurysms.



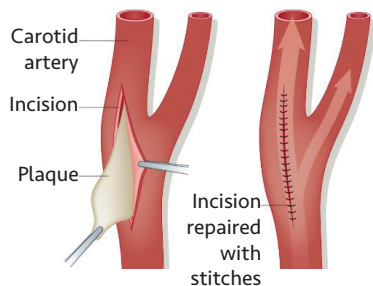
Key takeaway: Tests help get to the right treatment.

Stroke is an emergency. The faster the right tests are performed, the sooner your team can find the cause of your stroke and begin the best treatment.

Treatments to help reduce risk of an ischemic stroke

Sometimes surgery or special procedures are needed to keep blood vessels open and reduce the risk of a first or another ischemic stroke. Not everyone is a candidate, so your doctor will decide if one of these is right for you.

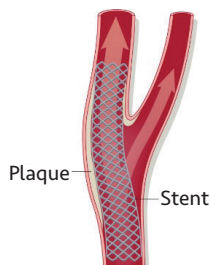
Carotid endarterectomy (CEA)



Source: *Nature Reviews Cardiology*

Surgery to clean out fatty plaque from the carotid artery (the main blood vessel in the neck that supplies the brain).

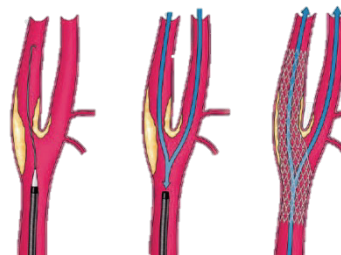
Carotid artery stenting (CAS)



Source: *Nature Reviews Cardiology*

A non-surgical procedure where a small tube (stent) is placed in the carotid artery to keep it open.

Transcarotid artery revascularization (TCAR)



Source: *St. Clair Health*

A less invasive procedure that also uses a stent to open the carotid artery and improve blood flow.

Potential emergency treatments after a stroke has happened

When you come to the hospital with stroke symptoms, your doctors will quickly check your medical history, symptoms and order scans or lab tests. They use this information to figure out what type of stroke you may be having (or if it is not a stroke). Then they decide which treatments are safest and most helpful.

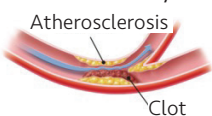
Some patients may need to stay in the Intensive Care Unit (ICU) after a stroke. Our modern ICUs are designed to provide close monitoring and specialized care to help you recover safely.

Ischemic (clotting) stroke emergency treatment

If your doctors determine that your stroke is caused by a blocked blood vessel (ischemic stroke), and you meet certain criteria, the emergency treatments may include:

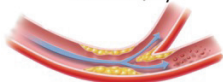
Thrombolytic (clot-busting medication)

Before Thrombolytic



A medicine given through the vein to break up blood clots and restore blood flow.

After Thrombolytic



Source: *American Stroke Association*

Thrombectomy (clot removal)



A procedure using a device inserted through a blood vessel to remove a clot and reopen blood flow in the brain.

Source: *Cleveland Clinic*

Hemorrhagic (bleeding) stroke emergency treatment

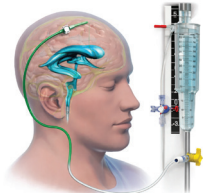
If your doctors determine that you are having a hemorrhagic stroke, treatment will depend on the cause. Not every treatment is right for every person. Emergency treatments for hemorrhagic stroke may include:

Medical management



Medicine may be started to help control blood pressure or reduce swelling in the brain

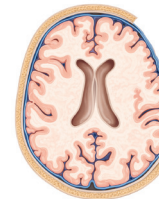
External ventricular drain



Source: Neutrify

A small tube placed in the brain to drain fluid and reduce pressure

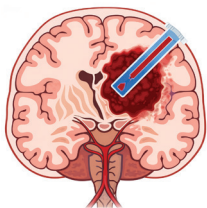
Craniectomy



Source: NEJM Group

Surgery to remove part of the skull to relieve dangerous pressure in the brain

Hematoma evacuation



Source: Dr. Rao's Hospital

Open or minimally invasive surgery to remove blood that has pooled in the brain

Aneurysm coiling



Source: Dr. Amit Sahu

A non-surgical procedure where tiny coils are placed inside the aneurysm to block it off and prevent bleeding

Aneurysm clipping



Source: Dr. Amit Sahu

Surgery to place a tiny clip at the base of an aneurysm to prevent more bleeding

Ongoing stroke research at UCI Health

At UCI Health, we are always working to find better ways to treat and prevent stroke. Our doctors and researchers study treatment and recovery programs to improve the lives of stroke survivors. You may be invited to take part in a research study. Participation is always your choice.

Want to learn more? Ask your stroke care team or call **866-STROKE-3** for information about clinical trials.

Notes

Key takeaway: Stroke treatment is a balance between risks and benefits.

Remember: Stroke is an emergency! Each stroke is different. Your doctors will explain which treatment is safest and most effective for you.

What factors increase the risk for stroke?

A stroke happens when blood flow to the brain is blocked or when a blood vessel bursts. Some health conditions and lifestyle habits can make blood vessels weaker, making stroke more likely. These are called **stroke risk factors**. The good news? Many of them can be managed or treated.

High blood pressure – the number one risk factor for stroke

High blood pressure, also called **hypertension**, is the most important risk factor for both ischemic and hemorrhagic strokes. It can damage blood vessels, making them more likely to clog or burst.

- **Goal** – keep blood pressure in a healthy range recommended by your doctor.
- **Management** – your doctor may suggest lifestyle changes, medicine, or both.

Below is a table showing how the American Heart Association defines blood pressure based on ranges.

Blood pressure category	Systolic mm Hg (top/upper number)		Diastolic mm Hg (bottom/lower number)
Normal	Less than 120	and	Less than 80
Elevated	120-129	and	Less than 80
Stage 1 hypertension (high blood pressure)	130-139	or	80-89
Stage 2 hypertension (high blood pressure)	140 or higher	or	90 or higher
Severe hypertension (if you don't have symptoms*, call your health care professional)	Higher than 180	and/or	Higher than 120
Hypertensive emergency (If you have any of these symptoms, call 911)	Higher than 180	and/or	Higher than 120

*symptoms: chest pain, shortness of breath, back pain, numbness, weakness, change in vision or difficulty speaking

Lifestyle changes that can help lower blood pressure:

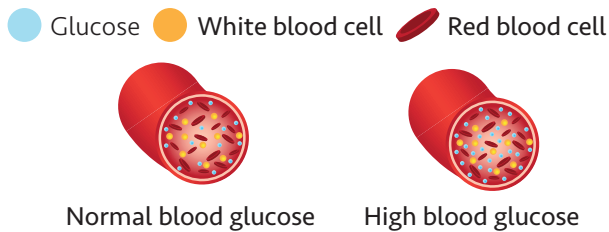
- Eat less salt and choose a heart-healthy diet
- Be physically active most days
- Manage stress
- Limit alcohol
- Keep a healthy weight

You may also follow the **Dietary Approaches to Stop Hypertension (DASH)** diet, which is designed to lower blood pressure. It includes:

- Eating plenty of fruits and vegetables
- Choosing low-fat or fat-free dairy products
- Eating more whole grains, beans and lentils
- Choosing fish, poultry and nuts instead of red meat
- Reducing salt (sodium) in cooking and packaged foods

Diabetes mellitus

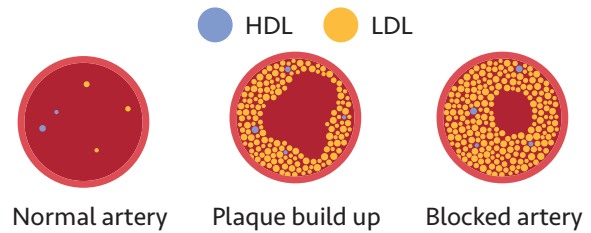
High blood sugar (glucose) can damage blood vessels and change the pattern of how your blood forms clots and therefore raise stroke risk.



- **Goal:** Keep your **A1c** (a blood test showing average blood sugar) at or below 7%, or as recommended by your doctor.
- **Management:** Healthy eating, exercise, medicine and regular check-ups.

High cholesterol

Too much cholesterol can lead to fatty buildup (plaque) in your arteries, which may block blood flow to the brain.



- **Goal:** Keeping your LDL (“bad” cholesterol) low and your HDL (“good” cholesterol) high can help lower your risk of heart disease and stroke.
- **Management:** Physical activity and, if prescribed, cholesterol-lowering medicine

You may also follow the **Therapeutic Lifestyle Changes (TLC)** diet, which is designed to improve heart and brain health by lowering cholesterol. It includes:

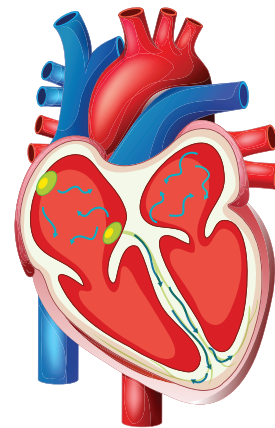
- Eating more fruits, vegetables and whole grains
- Choosing lean proteins like chicken, turkey and fish
- Limiting foods high in saturated fat (like fatty meats, butter, fried foods)
- Using healthy fats like olive oil and nuts in small amounts
- Limiting sweets and processed foods

Instead of	Try
Whole milk, cheese, yogurt and ice cream	Skim milk, low-fat cheese, non-fat yogurt, low-fat ice cream
Fatty, marbled beef and pork	Chicken, fish and seafood
Poultry with skin	Poultry without skin
Butter, stick margarine or solid shortening	Reduced-fat, whipped or liquid spreads
Coconut oil, palm oil	Liquid vegetable oils: corn, canola, olive, soybean and safflower oils
Chips, crackers, snack foods	Raw or unsalted nuts and seeds or nut butters; hummus with vegetables; avocado on toast

Atrial fibrillation (AFib)

AFib is an irregular heartbeat that can cause blood to pool in the heart and form clots, which can travel to the brain and cause a stroke.

- **Signs:** Irregular or fast heartbeat, fluttering in the chest, dizziness, shortness of breath or chest pain
- **Management:** Your doctor may prescribe blood-thinning medicine (anticoagulants) to lower stroke risk.



Smoking

Smoking damages blood vessels and increases plaque buildup.

- **Management:** Quitting smoking lowers stroke risk at any age. It's never too late to stop.
- **Resources to quit smoking:**
 - Orange County Health Care Agency
866-NEW-LUNG
 - Kick It California | **800-300-8086**
 - CDC | **800-QUIT-NOW**



Substance abuse

Using certain recreational drugs or substances can raise your risk of stroke. Some of these include:

- **Methamphetamine or cocaine** – can cause sudden spikes in blood pressure and damage blood vessels and heart tissue, increasing the risk of both ischemic and hemorrhagic strokes.
- **Other recreational stimulants** or certain “street drugs” – can make blood vessels spasm or clot.
- **Heavy alcohol use** – drinking too much over time can increase blood pressure, weaken your heart and raise stroke risk.
- **Management** – if substance use is part of your history, please talk openly with your doctor so they can help you reduce that risk as part of your stroke prevention plan.

Low physical activity

Being active helps control blood pressure, cholesterol, weight and blood sugar.

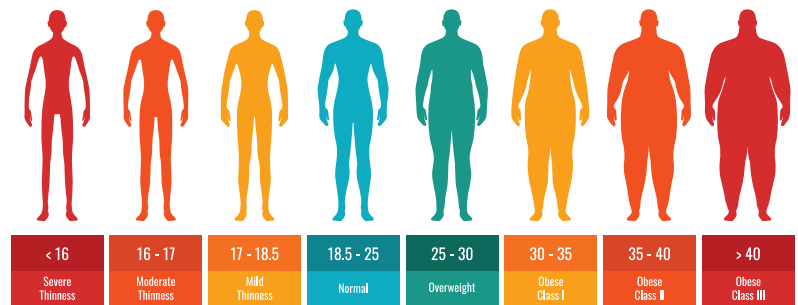
- **Management:** Aim for at least 150 minutes of moderate activity each week (like brisk walking, swimming or biking).
- You may spread this throughout the week, such as doing 30 minutes of exercise five times a week.
- Find something you like.



Obesity

A body mass index (BMI) of 30 or higher raises stroke risk.

- **Management:** Healthy eating, daily movement and gradual, steady weight loss



Key takeaway: Manage your risk factors and join our stroke prevention class.

Stroke risk isn't just about one thing — it's about the combination of your health, habits and treatments. **Managing even one risk factor can make a big difference.** Work with your healthcare team to create a plan that's right for you.

Join our online stroke prevention classes and take charge of your health.

These are free to attend. You'll have the chance to talk about your own risk factors and learn simple ways to help prevent another stroke from stroke experts or other survivors. Call **866-STROKE-3** to learn more or to sign up.



What do I need to know about recovery?

Recovering from a stroke takes time, patience and practice – but it **is** possible to make progress. The main way you improve is through **rehabilitation** or “rehab” for short.

How your brain heals

Your brain has an amazing skill called **neuroplasticity**. This means it can “rewire” itself after an injury. If one part of the brain is damaged by stroke, other parts can learn to take over some of the work. Rehab helps your brain make these new connections so you can move, talk, think and live more independently again.

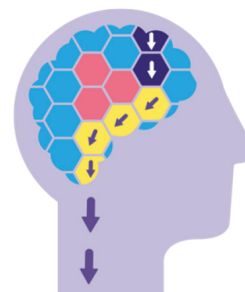


1. Signals go from one cell to another forming a connection in the brain.



Source: Stroke Association

2. When a stroke kills brain cells, it damages the connection.



3. Brain cells can sometimes form new connections, and start sending signals again.

Your rehab team will work with you to:

- Keep the skills you already have.
- Slow down any loss of abilities.
- Improve or restore movement, speech and thinking.
- Teach you new ways to do everyday things.
- Help you stay active and independent.

Where rehab can happen

Rehab often starts in the hospital, sometimes within a day or two after your stroke. It continues after you leave – at home, in outpatient clinics or in special rehab centers.

- **Hospital (acute care)** – right after your stroke
- **Inpatient rehab or skilled nursing facility** – if you need daily therapy and nursing care
- **At home or outpatient clinic** – if you can safely live at home while continuing therapy

Your rehab team

You'll have a team of specialists to guide and encourage you.

Physical therapist (PT)

- Helps you build strength, balance and endurance
- Teaches you safe ways to move in bed, stand, walk and get around
- Shows you how to use equipment like walkers, canes or wheelchairs

Occupational therapist (OT)

- Helps you use your arms and hands better
- Teaches you how to do daily activities like dressing, bathing, cooking and eating
- Suggests tools and home changes to make life easier and safer

Speech-language pathologist (SLP)

- Helps you speak clearly, understand words and improve memory and thinking skills
- Works with you on safe swallowing, so you can eat and drink without choking

Case manager

- Helps coordinate your care and discharge planning
- Works with your doctors and therapy team to decide the safest place for you to go after the hospital
- Helps arrange rehab, home health or equipment you may need at home

Social worker

- Supports you and your family with adjusting after a stroke
- Connects you with community resources, financial assistance and support programs
- Provides counseling and guidance to help you cope emotionally with recovery

Key takeaway: Your effort in rehab affects your recovery.

Rehabilitation is how the brain relearns and rewires itself after a stroke. With therapy, practice and support, your brain can build new pathways to help you move, talk, think and live more independently. Recovery takes time, but every step you practice helps your brain heal.

What changes can happen after a stroke?

The brain controls how we move, feel, think and behave. A stroke can affect any of these abilities based on where it's located.

Frontal lobe

- Inhibition
- Judgment
- Movement
- Personality
- Problem solving

Temporal lobe

- Hearing
- Memory
- Understanding language

Parietal lobe

- Reading and writing
- Sense of smell
- Sense of touch



Source: Shirley Ryan AbilityLab

Occipital lobe

- Vision

Cerebellum

- Balance
- Coordination

Brain stem

- Alertness
- Breathing
- Consciousness
- Swallowing

Possible effects of stroke

- **Weakness on one side of the body** (hemiparesis) or loss of movement on one side (hemiplegia)
- **Loss of feeling** on one side of the body
- **Aphasia:** trouble speaking or understanding language
- **Dysphagia:** trouble swallowing
- **Changes in vision,** sometimes losing part of the visual field
- **One-side neglect,** when a person ignores or forgets one side of their body
- **Balance and coordination problems**
- **Mood changes,** such as loss of emotional control or rapid mood swings
- **Cognitive changes,** such as memory problems, poor judgment or trouble solving problems
- **Behavior or personality changes,** including inappropriate words or actions

Post-stroke depression

After a stroke, your emotions may change. You might respond one way at first and then weeks later feel very different. Some people feel understandable sadness, while others remain surprisingly cheerful. These changes can happen because of the stroke itself and how it affects the brain.

Depression is **very common** after a stroke but often overlooked. It can be overwhelming and affect both survivors and caregivers.

Depression may lead to:

- Not taking medicines as prescribed
- Lack of motivation to do therapy or exercise
- Trouble eating or sleeping
- Irritability with family or friends

The good news is that depression **can be treated**. Treatment may include talking with a counselor (individual or group), antidepressant medicines and support groups for survivors and caregivers.

The stroke caregiver

People who help stroke survivors are called **caregivers**. Everyone who provides help — whether it's a spouse, child, family member or friend — is a caregiver. Often, one person provides most of the care, and this can be a big change for both the survivor and the caregiver.

Caregivers may have many different roles, such as:

- Helping with personal care (bathing, dressing, eating) and transportation
- Preparing meals and doing housework
- Managing finances or household bills
- Reminding about or giving medicines
- Providing emotional support and encouragement

Caring for someone after a stroke can be rewarding, but it can also be stressful. Sometimes a survivor's needs may be too much. It's important for caregivers to know they also need care and rest.

Community resources

If you need extra help, talk to your doctor about available resources. Some options include: adult day care programs (safe daytime care and activities for stroke survivors), meal programs (nutritious meals delivered to the home), home health aide services (trained helpers who provide care at home). For more information, see the resources section at the end of this booklet.

What should I discuss with my care team?

My health & safety

1. Understanding my stroke

What kind of stroke do I have?

What caused my stroke?

What stroke risk factors do I have?

2. My medicines

- I know the names of my medicines.
- I know what each medicine is for.
- I know when and how to take them.
- I know the side effects to watch for.
- I have a way to get my medicines.

Notes

Only take the medicines prescribed for you, and be sure to tell your doctors about everything you are taking. The medicines after a stroke depend on the cause and your personal risk factors. Here are examples of medicines:

- **Angiotensin receptor blocker (ARB):** Treats high blood pressure by relaxing blood vessels. *Examples: valsartan, losartan*
- **ACE inhibitor:** Treats high blood pressure by relaxing blood vessels and lowering strain on the heart. *Examples: lisinopril, enalapril*
- **Beta blocker:** Treats high blood pressure and heart problems by slowing the heart rate and opening blood vessels. *Examples: metoprolol, carvedilol*
- **Diuretic (“water pill”):** Treats high blood pressure by helping get rid of extra fluid. *Examples: furosemide, hydrochlorothiazide*
- **Anticoagulant (“blood thinner”):** Prevents blood clots that can lead to stroke. *Examples: warfarin, apixaban*
- **Anti-platelet (“blood thinner”):** Prevents platelets in the blood from clumping together and forming clots. *Examples: aspirin, clopidogrel, ticagrelor*
- **Anti-depressant:** Helps improve mood and treat depression after stroke. *Examples: fluoxetine, sertraline*
- **Cholesterol-lowering medicine (statin):** Lowers cholesterol to help prevent blockage. *Examples: atorvastatin, rosuvastatin*
- **Blood sugar medicine:** Controls blood sugar for those with diabetes to reduce damage to blood vessels and lower stroke risk. *Examples: metformin, insulin*

3. Lifestyle changes

- Eat a heart-healthy, low-salt diet.
- Exercise or walk safely every day.
- Quit smoking (if I smoke).
- Limit alcohol.
- Maintain a healthy weight.

4. Safety at home

- My home is set up to prevent falls (clear walkways, rugs secured, good lighting).
- I have equipment I need (walker, cane, grab bars, shower chair, wheelchair).

My support & recovery

5. My support system

- I know who will help me at home with daily activities (meals, bathing, dressing).
- I know who to call if I need help or if I feel unsafe.

6. My appointments

Seeing a doctor after leaving is important. Work with your case manager for this information.

- I have a follow-up appointment with my primary doctor or know what number to call.

- I have a follow-up with my stroke doctor or know what number to call.

- I have dates and times for an upcoming stroke support group.

7. My rehab plan

- I know which therapies I need (circle all that apply):

Physical therapy
Occupational therapy
Speech therapy

- I know where my therapy will take place.
- I know how often I will go

8. Emergency awareness

- I know the warning signs of stroke (BEFAST):

B stands for... _____

E stands for... _____

F stands for... _____

A stands for... _____

S stands for... _____

T stands for... _____

- I know to call 911 immediately if I notice any of these signs

MyChart

- I or a family member have signed up for **MyChart** to view medical records and communicate with my stroke team.

Notes

What resources do I have?

Stroke resources & support

Here are trusted resources to help you — including follow-up care, rehab services, caregiver programs and community support.

UCI Health hospitals

UCI Health — Orange

*Joint Commission–Designated
Comprehensive Stroke Center*

Call for help with follow-up appointments, support groups, educational classes, clinical research trials and stroke educational materials.

Phone: 866-STROKE-3 (888-546-5271)

Website: ucihealth.org/stroke

UCI Health — Los Alamitos

*DNV-GL–Designated Comprehensive
Stroke Center*

Call for stroke follow-up appointments, classes, research trials and educational materials.

Phone: 562-799-3248

UCI Health — Lakewood

*DNV-GL–Designated Comprehensive
Stroke Center*

Call for stroke follow-up appointments, classes, research trials and educational materials.

Phone: 562-272-6450

or 562-531-2550 ext. 6450

UCI Health — Fountain Valley

*Joint Commission–Designated
Thrombectomy-Capable Stroke Center*

Phone: 714-966-7200

UCI Health — Irvine

Phone: 866-STROKE-3 | (888-546-5271)

UCI Health — Placentia Linda

Phone: 714-993-2000

UCI Health rehab centers

UCI Health — Orange

Brain injury rehabilitation services

Comprehensive support for individuals with neurologic injuries such as stroke.

Phone: 714-456-5571

Website: ucihealth.org/medical-services/treatments/brain-injury-rehabilitation

UCI Health — Orange

Outpatient rehab services

Physical, occupational, and speech therapy to restore independence, confidence, and quality of life.

Phone: 714-456-5571

Website: ucihealth.org/medical-services/specialties/rehabilitation-services

UCI Health — Orange

Inpatient rehab services

The Acute Rehabilitation Unit (ARU) helps patients regain abilities and adapt after a stroke.

Phone: 714-456-6923

Website: ucihealth.org/medical-services/programs/acute-rehab-unit

UCI Health Family Health Centers

Anaheim

High-quality, affordable care for the community

300 W. Carl Karcher Way,
Anaheim, CA 92801

Phone: 657-282-6356

Santa Ana

High-quality, affordable care for the community

800 N. Main St,
Santa Ana, CA 92701

Phone: 657-282-6355

Caregiver and community support

Caregiver Resource Center OC

Respite care, consultations, planning and support groups. Emergency funds and multilingual services available.

Phone: 800-543-8312 or 714-446-5030

Website: caregiveroc.org

Encompass Health Rehabilitation Hospital of Tustin

Rehabilitation programs, support groups and education

15120 Kensington Park Drive,
Tustin, CA 92782

Phone: 714-832-9200

Website: encompasshealth.com/locations/tustin-rehab

OC Health Care Agency – Alcohol & Substance Use Services

Website: ohealthinfo.com/services-programs/mental-health-crisis-recovery/alcohol-substance-use-services

Phone: 800-723-8641

Acacia Adult Day Services

Daytime medical and social support for adults living at home. Staff speak English, Spanish, Vietnamese, Korean, Chinese and Tagalog.

Phone: 714-530-1566

Website: acacia-services.org

Meals on Wheels

Delivers meals and wellness programs to help seniors live independently at home.

Phone: (Orange County) 714-220-0224

(Long Beach) 562-439-5000 ext. 1

Website: mealsonwheelsoc.org

Stroke Support Association of Long Beach

Website: strokesupportassoc.org

National health and education organizations

American Stroke Association

Phone: 888-4-STROKE

Website: stroke.org/en

Aphasia Center of California

Phone: 510-336-0112

Website: aphasiacenter.net

National Aphasia Association

Provides access to research, education, rehabilitation and advocacy for people with aphasia and their caregivers.

Website: aphasia.org

American Diabetes Association

Resources on diabetes, healthy living and risk management.

Website: diabetes.org

Services for older adults and in-home help

Orange County Office on Aging

Information and support for older adults, caregivers and persons with disabilities.

Multilingual services available.

Phone: 714-480-6450 or 800-510-2020

Website: officeonaging.ocgov.com

In-Home Supportive Services (IHSS)

Helps with daily activities like cooking, cleaning, shopping, laundry and personal care. Services are based on financial eligibility.

Phone: 714-825-3000







Website: ssa.ocgov.com

Key takeaway: You are not alone.

These programs and services are here to support you and your family after a stroke.

When it comes to **STROKE**, **BEFAST**, call 911

ANY of these **SIGNS** could mean a **STROKE**.

	B	Balance	Sudden trouble walking, dizziness or loss of balance.
	E	Eyes	Sudden trouble seeing in one or both eyes.
	F	Face	Sudden facial droop, numbness, or sudden severe headache.
	A	Arms	Sudden arm or leg weakness or numbness.
	S	Speech	Sudden confusion, trouble speaking, or slurred speech.
	T	Time	Time to call 911!