

Preparing for Discharge from the Hospital



Leaving the hospital may seem scary to you and your family because so many things may have changed. When you are ready to leave the hospital, your stroke team will work with you to create a discharge plan. Your recovery from a stroke is not limited to the time you spend in the hospital. The discharge plan will help provide a safe transition out of the hospital and cover all your plans for continued rehabilitation if needed.

Discharge location

Your stroke and rehabilitation team will help you select the right place for you after your discharge from the hospital. There are several different places for you to consider:

Type of facility or service:	What they offer
Inpatient Rehabilitation (IPR)	A separate unit of a hospital that provides hospital-level care for intensive rehabilitation
Subacute rehabilitation (SAR) or a Skilled nursing facility (SNF)	A facility which provides rehabilitation care and skilled nursing services for patients who are not well enough to be discharged home and cannot tolerate the amount of intensive therapy provided by inpatient rehabilitation

Assisted Living Facility	A facility which provides long-term basic nursing care and assistance for people who need help with everyday activities
Home therapy	Therapy provided in the home to those who are well enough to live at home but have difficulty leaving the home
Outpatient therapy	Therapy received at a rehabilitation clinic
Hospice	Services to reduce pain and suffering and increase quality of life. Services include medical, psychological, spiritual, and end-of-life support at home, in a rehabilitation facility, or at a residential hospice facility

When do I need to seek emergency care?

Call 911 immediately if you have any of the following symptoms:

- Sudden numbness or weakness of the face, arm, or leg on one side of the body
- Sudden confusion
- Sudden difficulty talking or understanding
- Sudden loss of vision in one or both eyes
- Sudden trouble with walking, balance, or coordination
- Sudden and severe headache for no known reason
- Worsening chest discomfort
- Worsening shortness of breath
- Other issues that may be immediately life-threatening

If you get to the hospital soon after having symptoms, there may be treatments available that can stop a stroke or reduce the chance of disability.

Who should I call if I have stroke-related questions?

Monday through Friday, 8 am to 5 pm:

- Call the Stroke Clinic Patient Care Line: **(888) 287-1082**

After 5pm, weekends or holidays:

- Call **(734) 936-6267** and ask to speak to the Neurology Resident on call.

When should I call my primary care doctor?

For general medical questions or concerns such as medication refills, blood pressure control, and diabetes management, please call your primary care doctor.

What type of follow-up appointments will I have?

Michigan Medicine Stroke Neurology clinic:

- You will have an appointment at the Stroke Clinic 1-3 months after discharge.
- You will get a notification with the appointment date within 1 week of discharge.
- If you have not received your Stroke Clinic appointment within 1 week of discharge, please call the patient care line at **(888) 287-1082** to schedule your appointment.

Neurosurgery:

- If you had a hemorrhagic stroke or a neurosurgical procedure, you may also have a follow-up appointment in the Neurosurgery Clinic.
- You will get a notification with the appointment date within 1 week of discharge.
- If you have not received this appointment date, please call the neurosurgery patient care line at **(734) 936-7010** to schedule your appointment.

Your doctor (also called Primary Care Provider or PCP):

- You will need to make an appointment with your doctor within 1-2 weeks after discharge.
- If you do not have a doctor, talk to your neurology team about getting one. They can place a referral for you.

Medicine Stroke Bridge Clinic:

- Your neurology team may also refer you to the Medicine Stroke Bridge Clinic to see Dr. Levine.
- If you do not have a PCP, you may receive care through the stroke bridge clinic until you can get an appointment with a new PCP (which can take several months).

Homecare:

- If you meet the conditions for home health services, the homecare agency will call you to schedule a time to come out for a visit.
- If you have not heard from the homecare agency after 24 hours, give them a call. You will find their phone number on the after visit summary (AVS) you received from your nurse at the time of discharge.

Outpatient therapy:

Michigan Medicine rehabilitation (Physical, Occupational, or Speech Language):

- If you received referrals for outpatient therapy through Michigan Medicine, the therapy teams will call you to schedule these appointments.
- If you have not heard from them within 7-days after discharge, you can contact them to schedule the appointments.

Physical and occupational therapy: (734) 936-7070

Speech language pathology: (734) 763-4003

Local rehabilitation facility outside of Michigan Medicine

You will need to hand carry a referral over to the facility which you choose. You can get signed referrals before discharge or receive them from your primary care doctor.

Imaging:

- You may need follow-up imaging such as an MRI or CT scan.
- Most imaging studies are scheduled for you before discharge. You can call the radiology department at (734) 936-4500 to schedule or reschedule your imaging appointment.

What is a mobile cardiac telemetry study?

You may be asked to wear a portable heart monitor at home to look for an abnormal heart rhythm that can cause a stroke or Transient Ischemic Attack (TIA). This is called a **mobile cardiac telemetry study**. These monitors can be used to continuously monitor your heart's electrical activity. It may be placed before discharge or will be mailed to your home within 1 month.

If you have any questions regarding the heart monitor, you can contact the Stroke Neurology clinic patient care line at (888) 287-1082.

How can I successfully monitor my blood pressure at home?

High blood pressure (hypertension) is the leading cause of stroke and TIA. It is also the most important controllable risk factor to prevent another stroke or TIA. Please see the handout "Blood Pressure Management after Ischemic Stroke or TIA" following this chapter for simple steps to help you control your blood pressure and reduce your risk of another stroke or TIA.

Returning to work and driving

Returning to work and driving after a stroke is often a major concern. Be sure to discuss your ability to work and drive with your stroke team before discharge. If you are given restrictions, you can discuss how to safely return to these activities at your follow-up appointment in the Stroke Neurology clinic or with your doctor.

Tips for a successful discharge

- Ensure you have all your personal items with you (glasses, dentures, hearing aids, phone, walker and cane).
- Ask a family member or friend to arrive early to review final discharge instructions with you and your nurse.
- Review your discharge instructions with your nurse. Ask any questions you may have about your care. You can write these questions in the space provided below.

Before discharge, ensure you understand the following:

- Your medications and prescription information
- Signs and symptoms of stroke and when to call 9-1-1
- Allowed activities and restrictions
- Follow-up appointment information

Questions:
