Stroke Information Booklet

A guide to help you and your loved ones understand stroke, its effects and your recovery

New Hanover Regional Medical Center
Stroke Center
# Table of Contents

- Learning About Stroke ................................................................. 2
- Types of Stroke ............................................................................. 2
- Getting Help Right Away ............................................................. 3
- F.A.S.T ............................................................................................ 3
- Diagnosing Stroke ........................................................................ 4
- Other Useful Tests ....................................................................... 4
- Treatments .................................................................................. 5
- Medications ................................................................................ 6
- Why Did I Have a Stroke? ............................................................. 8
- Managing Risk of Another Stroke ............................................... 8
- Understanding Deficits ............................................................... 10
- Deficits That May Occur As a Result of Stroke ......................... 10
- Language Deficits ...................................................................... 12
- Recovering From a Stroke ........................................................... 12
- Caregivers and Different Types of Therapy ............................... 13
- Planning Your Discharge ............................................................. 13
- Advance Directives & Durable Power of Attorney .................. 14
- Common Stroke Terms ............................................................... 14
- Resources .................................................................................... 15
- Follow-up After Discharge ......................................................... 16
- Notes .......................................................................................... 17
Learning About Stroke

If you or a loved one has had a stroke, it can be a stressful time full of questions and concerns. The specially trained stroke team at New Hanover Regional Medical Center (NHRMC) will support you and work with you to regain as much function as possible after your stroke.

We will explain every step of your care, answer your questions and provide support. We encourage you and your loved ones to ask questions and be involved in the patient’s care.

What is a stroke?
Stroke is a condition where part of the brain dies because it goes without blood for too long.
Strokes can happen when the blood supply to a part of the brain is decreased, because either:

- An artery in the brain is blocked (ischemic)
- An artery in the brain starts bleeding (hemorrhagic)

How do strokes affect people?
The effects of stroke depend on many things, including:

- Which part and how much of the brain is involved
- How quickly the stroke is treated

Some people who have a stroke have no lasting effects. Others lose important brain functions. Stroke is one of the leading causes of death and disability in the United States.

Types of Stroke

Ischemic stroke occurs as a result of a clot that blocks the flow in a vessel which supplies blood to the brain. It accounts for 87 percent of all stroke cases.

Cryptogenic stroke is an ischemic stroke with no apparent cause. This type of stroke occurs 30 to 40 percent of the time. Ongoing testing such as a loop recorder or 30-day monitor may be ordered to help determine the cause.

Hemorrhagic stroke occurs when a weakened blood vessel ruptures in the brain. Blood spills into the brain, damaging tissue and cells.

Transient Ischemic Attack, or TIA, is caused by a temporary clot. Often called a “mini stroke,” these warning strokes should be taken very seriously. Those who experience TIAs are at an increased risk for a stroke in the future.
Getting Help Right Away

F.A.S.T. is an easy way to remember the sudden signs of stroke. When you recognize these signs, call 911 immediately. The sooner a stroke patient gets to the hospital, the sooner they’ll get access to treatment. Fast treatment can make a remarkable difference in a patient’s recovery.

**F.A.S.T.**

**Face drooping:** Does one side of the face droop or is it numb? Ask the person to smile.

**Arm weakness:** Is one arm weak or numb?
Ask the person to raise both arms. Does one arm drift downward?

**Speech difficulty:** Is speech slurred, are they unable to speak, or are they hard to understand?
Ask the person to repeat a simple sentence, like “the sky is blue.” Is the sentence repeated correctly?

**Time to call 911:** If the person shows any of these symptoms, even if the symptoms go away, call 911 and get them to the hospital immediately.

What to do if you think someone is having a stroke:

**Immediately call 911.** Check the time, so you know when the first symptoms appeared. In the early period, ischemic stroke may be treated with a “clotbusting” drug called tissue plasminogen activator, or tPA. This may be given up to four and a half hours of stroke onset, however, administration of tPA will be based on individual risks of complications.
Diagnosing Stroke

The first step in caring for someone with stroke symptoms is to determine whether they are actually experiencing a stroke. Two different tests are often used to help diagnose a stroke:

Diagnostic Cerebral Angiograms

A diagnostic cerebral angiogram provides detailed images of blood vessels in your head and neck. A physician will insert a small catheter through an artery in your groin or wrist to access the blood vessel in the neck. They will then inject contrast dye and with fluoroscopy (X-ray pictures) they can visualize vessels and circulation in real time. This test identifies areas of decreased blood flow from a clot or stenosis (narrowing) that may lead to stroke, or abnormal blood vessels. Arteriograms may be done in the hospital or as an outpatient. Recovery is several hours of bed rest followed by light activity for several days.

Computerized Tomography (CT)

A CT scanner is a doughnut-shaped, precise imaging machine and is the first test performed to see if the stroke symptoms are caused by bleeding or a clot. Patients lie on a table in the middle of the machine. The machine takes very detailed pictures of a patient’s head. It can look at bones, brain, fluid-filled spaces and blood vessels.

Magnetic Resonance Imaging (MRI)

MRI is a type of imaging test that uses strong magnetic and radio waves to take pictures of the inside of your body.

Other Useful Tests

Carotid Duplex

A carotid duplex is an ultrasound test that checks the carotid arteries for signs of plaque or obstructed blood flow. This ultrasound is painless and does not take much time to complete. If a blockage is found, additional testing or procedures may be needed.

Computerized Tomography Angiogram (CTA)

A CT Angiogram images the large blood vessels of the head and neck and may show blockages of those vessels.
Echocardiogram (Echo)
An echocardiogram uses sound waves (ultrasound) to produce moving pictures of your heart. It is also known as an echo. An echo looks at how well your heart works. The doctor may look at size of the heart, how the blood flows and how well the heart pumps. In most cases, it is performed by applying an ultrasound probe to the chest.
In special cases, it may be done internally by inserting the probe into the esophagus (food pipe). This is called a transesophageal echocardiogram (TEE). It uses the same ultrasound waves as a traditional echocardiogram, but a TEE gives a closer and clearer picture of the heart.

Magnetic Resonance Angiography (MRA)
MRA is an imaging test that uses strong magnetic and radio waves to take pictures of the blood vessels. Both MRI and MRA show detailed pictures of the brain and help show where damage to the brain might be located. If the patient is unable to have a MRI or MRA performed, a second CT scan may be performed.

Loop Recorder Implantation
An implantable loop recorder, or ILR, is a heart recording device that is implanted underneath the chest skin. It has several uses. The most common ones include looking for causes of fainting, palpitations, very fast or slow heartbeats, and hidden rhythms that can cause strokes. The device works as an electrocardiogram (ECG), continuously picking up electrical signals from your heart. An implantable loop recorder can record heart rhythm for up to three years.

Treatments
Depending on the type of stroke, a physician may prescribe the following. These are commonly used to treat and prevent future strokes.

Tissue Plasminogen Activator (Alteplase®)
The main treatment for acute ischemic stroke is the FDA approved, clot-busting drug Tissue Plasminogen Activator (tPA), which must be administered within a 4 ½ hour window from the onset of stroke symptoms, but only if certain criteria are met. It is administered by IV and breaks up a clot that may be blocking blood flow to the brain. Before it is administered, a CT scan is performed to detect the possibility of a blood clot or any bleeding within the brain. If given promptly, tPA can significantly reduce the effects of stroke and reduce permanent disability. Therefore it is extremely important that anyone experiencing signs and symptoms of stroke call 911 right away.

Thrombectomy
Thrombectomy is a treatment for ischemic stroke. It is the physical removal of a blood clot from a blocked artery in the brain. To restore blood flow to the brain, a trained doctor removes the blood clot using a special retrieval and/or suction device. The device is inserted through an artery in the arm or groin. A thrombectomy is usually performed after a patient receives tPA. This treatment greatly reduces the chances of death and disability from stroke if performed within 24 hours of the onset of stroke symptoms.
# Medications

Please bring all medications in their original bottles to doctor’s appointments

<table>
<thead>
<tr>
<th>How does this drug work?</th>
<th>How is this drug best taken?</th>
<th>What are some side effects of this drug?</th>
</tr>
</thead>
</table>
| **Clopidogrel (Plavix®) & Aspirin** | • Stops platelets from getting sticky and clumping.  
• Used alone or together | • To gain the most benefit, do not miss doses.  
• Take this drug at the same time every day.  
• Take with food if it causes an upset stomach.  
• There are certain medications to avoid taking with Plavix, as they may make it less effective and/or increase the risk of bleeding. These medications include (unless prescribed by your doctor) aspirin, ibuprofen (Motrin), and proton pump inhibitors (Omeprazole). If you take any of these medications, please contact your doctor or pharmacist to be sure it is safe to take with Plavix. |
| | • Itching  
• Bleeding  
• Bruising  
• Nose bleed |

**Do not stop taking your Plavix or Aspirin without speaking to your doctor first**

| Warfarin (Coumadin®) | • Warfarin changes the body’s clotting system. It thins the blood to slow clots from forming.  
• It is used to prevent strokes in patients with irregular heart rhythms or who are more prone to clots.  
• You will need frequent blood work to determine dosing when taking this medication. | • Take as prescribed, even if you are feeling better.  
• Take this drug at the same time of day.  
• To gain the most benefit, do not miss doses and don’t double up.  
• Keep your use of vitamin K the same from day to day. Talk with your doctor. Do not make changes in your normal diet.  
• Take with or without food. Take with food if it causes an upset stomach.  
• Do not stop taking unless you consult your physician. |
| | | • Bleeding  
• Bruising  
• Headache  
• Upset stomach or vomiting (Small meals, good mouth care, sucking on hard, sugar-free candy or chewing sugar-free gum may help.) |

**When do I need to call my doctor?**

• If you think there was an overdose, call 911 immediately.  
• A fall or crash where you hit your head. Talk with your doctor, even if you feel fine.  
• Swelling, warmth or pain in the leg or arm  
• Change in ability to think clearly and with logic  
• Very bad headache  
• Very upset stomach or throwing up  
• Very bad back or belly pain  
• Black, tarry, or bloody stools  
• Blood in the urine  
• Coughing or throwing up blood  
• Any major bruising or abnormal bleeding

**Other Blood Thinners**

• Includes Rivaroxaban (Xarelto®), Apixaban (Eliquis®), Dabigatran (Pradaxa®) and Edoxaban (Savaysa®)  
• Used to prevent strokes in patients with irregular heart rhythms  
• Please see handout provided by the hospital pharmacist for information on these medications.
Statins are drugs that decrease LDL or “bad” cholesterol. Statins block the production of cholesterol in your liver and also help remove bad cholesterol from your blood. They can also help stabilize the lining of blood vessels which can help prevent future strokes and even heart attacks. Several statins are currently on the market. Some examples include: Simvastatin (Zocor®), Lovastatin (Mevacor®), Pravastatin (Pravachol®) and Atorvastatin (Lipitor®).

- Lovastatin should be taken with food.
- Simvastatin, Lovastatin, and Fluvastatin should be taken at night because this is when the most cholesterol is made.
- Don’t take without talking to your doctor about the potential side effects.
- Don’t stop taking without talking to your doctor.

Stomach upset
Headache
Muscle aches
Why Did I Have a Stroke?
Multiple factors increase the risk of stroke. Risk factors you can control through changes in your lifestyle include high blood pressure, diabetes, high cholesterol, heart disease, obesity, smoking and alcohol use. Unfortunately, factors like age, gender, ethnicity and family history can’t be changed.

Managing Risk of Another Stroke
Studies show that up to 80 percent of strokes can be prevented. Knowing and managing your controllable risk factors is your best protection against stroke.

High Blood Pressure (Hypertension)
High blood pressure is diagnosed when three consecutive blood pressure readings are greater than 140/90. People with diabetes or kidney disease should aim for blood pressure readings less than 130/80. High blood pressure is the number one risk factor for stroke due to injury of blood vessel walls. Plaque may form within the blood vessels of the brain, which can lead to stroke. If you have high blood pressure:

- Always take your blood pressure medications as prescribed by your doctor.
- Keep all blood pressure checkups and remember the goal set by your provider.
- Remember that weight loss, regular exercise and quitting smoking all help manage blood pressure and prevent stroke.

Permissive Hypertension
While you are having an ischemic stroke your providers may allow for a higher blood pressure reading, even as high as 220/120. This is done to allow blood flow past the blockage to the injured area in the brain. Your medications may not be given as expected in the first 24 hours, allowing higher blood pressure readings than you may be used to. Your readings will be carefully monitored, and once you are discharged your team will review your medications and new blood pressure goal.

Diabetes
People with diabetes are two to four times more likely to experience stroke than those without diabetes. Diabetes affects the body’s entire circulatory system. If you have diabetes:

- Keep all appointments with your doctor and know what your blood sugar value goals are.
- Always take your diabetes medications as prescribed by your provider.
- Include your family in your care and comply with any dietary recommendations.
- Ask questions and seek out opportunities to learn more about your condition.

Prior Stroke or Transient Ischemic Attack (TIA)
If you have already had a TIA (mini stroke), it is a warning sign that you may be at high risk for stroke. If you have already had a stroke in the past, it also increases your risk to have another. Be sure to see your doctor regularly for close monitoring and instructions.

High Cholesterol
After a stroke, in addition to lifestyle changes, you will likely be started on a cholesterol lowering medication, known as a statin. Do not stop taking this medication without talking to your doctor.
Heart Disease
If you have been diagnosed with heart disease or had a heart attack, you are at increased risk for stroke. Because plaque has built up in the vessels of your heart, the vessels in the brain may also have plaque buildup. Be sure to see your doctor regularly for close monitoring.
Stroke risk is also increased if you have:
- Atrial fibrillation (A-fib)
- Previous valve repair or replacement
- Abnormal clotting

Obesity
Obese persons are at increased risk to develop high blood pressure, high cholesterol, heart disease and diabetes—all of which can lead to stroke.
If you are overweight:
- Talk with your doctor about an appropriate diet and exercise plan to lose weight.
- Set measurable goals and record your progress.
- Find a support system to help you stay on track, including working out with a friend or workout partner.

Tobacco Use and Smoking
Quitting is the single most important thing you can do. It is important to stop smoking and avoid secondhand smoke. After quitting, your symptoms of cough, shortness of breath and wheezing will most likely improve.
If you need help quitting, New Hanover Regional Medical Center offers a free class to help you quit smoking.
Call 910.264.9200 for more information and a schedule of classes.
More information on quitting tobacco can also be found at:
- Smokefree.gov
- quitlinenc.com
- quitnow.net
- 1-800-quitnow

Alcohol or Drug Use
Alcohol abuse can increase your risk of stroke. For those who drink alcohol, it’s best to limit one’s number of drinks to no more than two drinks per day for men and no more than one drink per day for non-pregnant women. If you feel you are unable to limit your alcohol intake, please talk with your doctor, nurse or social worker. A drink consists of:
- 12 ounces of beer
- 5 ounces of wine
- 1½ ounces of liquor
Drugs that are abused, including cocaine, amphetamines and heroin, have been associated with an increased risk of stroke. If you use drugs, please talk with your doctor, nurse or social worker. Help through substance abuse treatment programs is available.
Understanding Deficits

Brain Regions and Functions

The brain is separated into areas that control specific functions of the body. When an area of the brain is damaged by stroke, functions controlled in that area may be affected.

Right Brain

Generally, the effects of stroke depend on the area of brain tissue affected. One side of the brain controls the opposite side of the body. For example, if the stroke occurs in the brain’s right side, the left side of the body will be affected, which could produce the following:

- Neglect or denial of body, particularly left side
- Paralysis and/or numbness on the left side of the body
- Vision problems
- Speech difficulty

Left Brain

If the stroke occurs in the left side of the brain, the right side of the body will be affected, producing some or all of the following:

- Speech/language problems
- Paralysis and/or numbness on the right side of the body

Brainstem Stroke is a stroke in the brainstem that can cause impairments in vital functions such as heartbeat, breathing, swallowing and blood pressure. Symptoms with a brainstem stroke may also include:

- Visual changes and vertigo
- Dizziness or imbalance
- Decreased level of consciousness

Cerebellar Strokes affect muscle movements, posture and balance. Symptoms may also include:

- Vomiting
- Headache
- Vertigo

Deficits That May Occur As a Result of Stroke

Cognitive (thought process) changes may include being unable to:

- Recognize family, friends or familiar places
- Remember how to do daily activities like eating, bathing or dressing
- Remember things like your birthday, the date or where you are
- Follow easy commands
- Remember routine activities like paying bills and appointments
Emotional changes
After a stroke, people often experience emotional and behavioral changes. Injury from a stroke may make a person forgetful, careless, irritable or confused. Stroke survivors may also feel anxiety, anger or depression. Discuss any emotional or behavioral changes with your provider.

Motor (movement) deficits
After stroke, many movement and coordination problems may occur, including weakness or being unable to move specific parts of the body such as arms, legs and muscles in the face.

Neglect: Neglect involves ignoring the side of the body that has been affected by stroke.

Ataxia: Ataxia involves problems with coordination, movement and balance. Physical Therapy can be used to help improve these functions.

Apraxia: This means being unable to do simple, learned actions or gestures. For example, you want to perform the actions but you cannot do them because the part of the brain that controls action is affected. This may include the following problems:
- You are not able to make facial movements like licking of lips, whistling, winking or sticking out your tongue
- You are not able to copy or draw simple figures or shapes
- You are not able to perform movements with your legs, such as shuffling steps or stepping over objects
- You are not able to use tools correctly
- You are not able to do exact movements with hands or fingers
- You are not able to imitate movements or follow an order

Sensory (seeing and feeling) Deficits
Sensory deficits usually appear on one side of the body. This can include:
- Decreased sense of touch
- Numbness
- Tingling
- Inability to feel hot or cold
- Blurred vision or loss of vision in one or both eyes

Occupational therapy can help patients safely adjust to their surroundings.

Call the National Suicide Prevention Lifeline at 1.800.273.8255 if you are experiencing suicidal thoughts or feelings.
Language Deficits

Language is much more than words. It involves our ability to recognize and use words and sentences. Much of this capability resides in the left hemisphere of the brain. When a person has a stroke or other injury that affects the left side of the brain, it typically disrupts their ability to use language.

Aphasia: A stroke that affects the left side of the brain may lead to aphasia, an impairment that makes it difficult to use language. People with aphasia:

- May be disrupted in their ability to use language in ordinary circumstances
- May have difficulty communicating in daily activities
- May have difficulty communicating at home, in social situations or at work
- May feel isolated and frustrated

Dysarthria: Dysarthria is the term used when a person loses the ability to control his or her mouth and throat to form speech. People who have dysarthria can understand language they just can’t form words clearly. People with dysarthria might:

- Speak very softly or in a whisper
- Speak too quickly, too slowly or mumble
- Sound hoarse, nasal or breathy when they talk
- Drool or have trouble controlling their saliva
- Have trouble chewing or swallowing
- Find that their face droops to one side
- Slur their speech and sound as though they are drunk

Dysphagia: This is difficulty with swallowing and can lead to problems with eating, drinking and taking medication. A “swallow evaluation” may be done during the hospital stay to confirm proper swallowing. If a person is at risk for aspiration, they should not be fed or given oral medications until proper swallowing is confirmed by a Speech Language Pathologist (SLP).

Recovering From a Stroke

Scientists used to think that when a part of the brain was damaged, there was no way to recover what was lost. Recent research suggests, however, that the brain can recover from stroke to some degree.

Full recovery from stroke depends on many factors, including:

- Severity of the stroke
- Age
- What part of the brain was damaged
- What other medical problems the person has
- Whether the person was sick before the stroke happened
- How soon the person was treated following the stroke

During recovery, people work to regain some of the abilities they lost. Even though a part of their brain was damaged by stroke, their brain can relearn how to do some of the things it used to do. It’s important to continue your course of rehabilitation.
Caregivers and Different Types of Therapy
Family members can help a loved one who has had a stroke by providing encouragement, celebrating improvements and letting them do as much as possible independently. Caregivers and other family and friends can reassure stroke survivors that they are still a valued, important part of the family.

Your rehabilitation team of occupational therapists, physical therapists and speech therapists will help you improve your independence and safety to help you get back to the following:

- Bathing
- Balance
- Communicating *(talking and listening)*
- Dressing yourself
- Feeding yourself
- Swallowing
- Using the bathroom
- Walking
- Getting back to your favorite activities

If you are depressed because you had a stroke, a provider can talk to you about the way you feel about the stroke. They may prescribe medications to help treat your depression.

Planning Your Discharge
Once you are ready to leave the hospital, there are many options. Hospital staff and case managers will help find the right choice for you.

Home
If deficits from your stroke do not significantly impede your daily life, you will be discharged to your home. If you have mild to significant deficits requiring therapy, home therapy may be arranged.

Acute Rehabilitation Facility
Acute rehabilitation is an inpatient program where you stay for a certain period of time to help you get stronger and work on getting back to daily life. You must be able to do three to four hours of therapy per day to be a part of this program. The NHRMC Rehabilitation Hospital is a nationally recognized acute inpatient rehabilitation program offering comprehensive inpatient rehabilitation to stroke patients in an innovative setting designed to help patients achieve independence and mobility in different environments. Not all patients will be eligible.

Extended Care Facilities
If you are not able to participate in the frequent therapy sessions required for acute rehab, an extended care facility may be more suitable for your needs. These types of facilities are inpatient and can provide therapy as you need it.

Palliative Care
Palliative care is available to promote pain relief and comfort for end-of-life conditions.
Advance Directives & Durable Power of Attorney

Advance directives are written, legal documents that allow you to express the kind of care you want or do not want if you are ever unable to speak for yourself. It is important to document your wishes before a medical crisis occurs. The Spiritual Care Department staff is trained to discuss advance directives with you and your loved ones. If you are interested in discussing our options, please let your care team know.

More information and access to advance directive forms are available by visiting www.nhrmc.org/patients/care-decisions

Common Stroke Terms

Activities of Daily Living (ADLs): tasks that are done on a daily basis such as dressing, bathing and eating

Ambulation: walking or gait

Anticoagulants: medicine that thins the blood and prevents the formation of blood clots

Antiplatelets: medicine that prevents platelets from sticking together which prevents the formation of blood clots

Aphasia: the inability to express and/or understand language

Aspiration: when food or fluids are inhaled into the lungs instead going down the esophagus, which increases the risk for infections in the lungs

Ataxia: difficulty with coordination, movement and balance

Atrial Fibrillation (Afib): an irregular heartbeat that increases the risk of forming a clot which can then lead to stroke

Carotid Arteries: the main arteries on each side of the neck that supply the brain with blood, which may become blocked with plaque, increasing the risk for stroke

Carotid Endarterectomy: a surgery that removes the plaque built up in the carotid arteries

Cognition: the ability to think

Deficits: the loss of mental or physical function

Depression: feeling of sadness which may develop in response to a stroke or may be caused by brain damage from the stroke

Dysarthria: a condition characterized by slurred or slow speech, in which a person has difficulty controlling or coordinating the muscles used for speaking, or has a weakness of those muscles

Dysphagia: difficulty swallowing or the inability to swallow

Embolism: a blood clot that forms, breaks off, and travels usually to the brain or lungs

Hemiparesis: weakness of the arm, leg or both on one side of the body

Hemiplegia: paralysis of the arm, leg, or both on one side of the body

Thrombus: a blood clot
Resources

Stroke Resources
American Stroke Association
www.strokeassociation.org
1.888.4.STROKE

National Stroke Association
www.stroke.org
1.800.STROKES

NHRMC Stroke Support Groups
The group provides a forum for stroke survivors, their
caregivers, and family members to discuss changes they
are dealing with following a stroke and to obtain
additional education about strokes and stroke
prevention. More information on the meeting can be
found by visiting https://www.nhrmc.org/support.groups.

Agencies on Aging
Brunswick Senior Resources
1513 N Howe St Suite #1, Southport, NC 28461
910.754.2300

Cape Fear Council of Governments
1480 Harbour Drive, Wilmington, NC 28401
910.395.4553
Serving Brunswick, Columbus, New Hanover,
and Pender Counties

Center for Independent Living
NC Statewide Independent Living Council
505 Oberlin Road, Suite 206, Raleigh, NC 27605
919.835.3636

Columbus County Department of Aging
827 Washington St, Whiteville, NC 28472
910.640.6602

Disability Resource Center
5041 New Center Drive, Suite 210, Wilmington NC 28403
910.815.6618

Eastern Carolina Council Area Agency on Aging
233 Middle Street, 3rd Floor, P.O. Box 1717,
New Bern, NC 28560
252.638.3185
Serving Duplin and Onslow Counties

Lumber River Area Agency on Aging
30 CJ Walker Road, Pembroke, NC 28372
910.618.5533
Serving Bladen County

Meals On Wheels
www.mealsonwheelsamerica.org
1.888.998.6325

Mid-Carolina Area Agency on Aging
130 Gillespie Street, P.O. Drawer 1510,
Fayetteville, NC 28302
910.323.4191
Serving Sampson County

New Hanover County Senior Resource Center
2222 South College Road, Wilmington, NC 28403
910.798.6400

Pender Adult Services Inc
901 S Walker St, Burgaw, NC 28425
910.259.9119

Diabetes
American Diabetes Association
www.diabetes.org
800.232.3472

Healthy Eating
American Dietetic Association
www.eatright.org

Cooking Light
www.cookinglight.com

Mental Health and Substance Abuse Resources
Trillium Health Resources Office
www.trilliumhealthresources.org
Phone: 866.998.2597
Crisis Line: 877.685.2415

Veterans Affairs
Wilmington NC VA Health Care Center
1705 Gardner Rd, Wilmington, NC 28405
https://www.fayettevillenc.va.gov/locations/
WilmingtonHCC.asp
910.343.5300
Follow-Up After Discharge

Appointments: 


Stroke Rehabilitation: 


Questions for your doctor: 


Test Results: 


