



Bermuda Hospitals Board

LEARN HOW TO RECOGNISE STROKE



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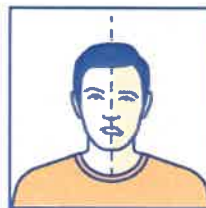
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BALANCE

LOSS OF BALANCE,
HEADACHE
OR DIZZINESS

EYES

BLURRED VISION

FACE

ONE SIDE OF THE
FACE IS DROOPING

ARMS

ARM OR LEG
WEAKNESS

SPEECH

SPEECH DIFFICULTY

TIME

TIME TO CALL
FOR AMBULANCE
IMMEDIATELY

PREVENTION



KEEP YOUR
BLOOD PRESSURE LOW



LOWER
YOUR CHOLESTEROL



EAT HEALTHY FOOD



EXERCISE REGULARLY



TREAT SLEEP APNEA



MANAGE YOUR DIABETES



DRINK IN MODERATION



STOP SMOKING



AVOID STRESS



MAINTAIN
A HEALTHY WEIGHT

Stroke risk scorecard

Every BHB employee should know their stroke risk and encourage their family and friends to find out theirs as well. Below is the scorecard everyone can use.



Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the back.

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	<input type="checkbox"/> 130/≥80 or unknown	<input type="checkbox"/> 120-129/<80	<input type="checkbox"/> <120/<80
Atrial Fibrillation	<input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular heartbeat
Smoking	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to quit	<input type="checkbox"/> Nonsmoker
Cholesterol	<input type="checkbox"/> >240 or unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Physical Activity	<input type="checkbox"/> None	<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> 3-4 times a week
Weight	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly overweight	<input type="checkbox"/> Healthy weight
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not sure	<input type="checkbox"/> No
TOTAL SCORE	<input type="checkbox"/> High Risk	<input type="checkbox"/> Caution	<input type="checkbox"/> Low Risk



Risk Scorecard Results

- High Risk ≥ 3:** Talk to your healthcare provider immediately and ask about a stroke prevention plan. Make an appointment today.
- Caution 4-6:** You have several risks that if elevated will place you at a higher risk for stroke. Take control now and work towards reducing your risk.
- Low Risk 6-8:** You're doing well at controlling stroke risk! Continue to stay informed about your numbers. Get tips at www.stroke.org.

Ask your healthcare professional how to reduce your risk of stroke.

To reduce your risk:

1. Know your blood pressure.
2. Find out whether you have atrial fibrillation.
3. If you smoke, stop.
4. Find out if you have high cholesterol.
5. If diabetic, follow recommendations to control your diabetes.
6. Include exercise in your daily routine.
7. Enjoy a lower-sodium (salt), lower-fat diet.

Use **FAST** to remember warning signs of stroke:



FACE: Ask the person to smile. Does one side of the face droop?



ARMS: Ask the person to raise both arms. Does one arm drift downward?



SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?



TIME: If you observe any of these signs, call 9-1-1 immediately.

1-800-STROKES (787-6537) • www.stroke.org