

Self-Management Plan for Stroke Disease

Name _____

Date _____

Green Zone: All Clear	Green Zone Means:
<ul style="list-style-type: none"> ▶ Blood pressure within limits ▶ No headache ▶ No trouble speaking ▶ No trouble swallowing ▶ No trouble with movement or walking ▶ Have all medications needed 	<ul style="list-style-type: none"> ▶ Your symptoms are under control ▶ Continue taking your medications ▶ Keep any appointments with your home health nurse ▶ Keep physician appointments
Yellow Zone: Caution	Yellow Zone Means:
<p>If you have any of the following signs and symptoms:</p> <ul style="list-style-type: none"> ▶ Blood pressure higher than _____ / _____ or lower than _____ / _____ ▶ Worsening weakness ▶ Dizziness and/or headache ▶ Have less than 3 days of medications ▶ Have taken the wrong medications or missed a dose 	<ul style="list-style-type: none"> ▶ Your symptoms indicate that you may need an adjustment in your medications and/or treatments ▶ Call your nurse and/or your physician <p>Contact _____</p> <p>Phone Number _____</p> <p>(Please notify your nurse if you contact or go see your MD)</p>
Red Zone: Medical Alert	Red Zone Means:
<p>If you have any of the following signs and symptoms:</p> <ul style="list-style-type: none"> ▶ Trouble speaking ▶ Trouble/change in walking ▶ Limb heaviness ▶ Facial drooping ▶ Blood pressure outside of _____ / _____ or _____ / _____ ▶ Worsening of symptoms lasting longer than 5 minutes <p>Call your physician immediately if you are going into the RED zone</p>	<p>This indicates that you need to be evaluated by a physician right away</p> <p>Primary MD _____</p> <p>Phone Number _____</p> <p>Call your physician right away or call 911</p> <p>(Please notify your nurse if you go to the emergency room or are hospitalized)</p>