



Frequently Asked Questions

Participants often have questions about stroke and what Stroke Ready is all about. This guide provides common questions asked and responses you can provide.

1) **When you say over 100,000 people have been helped by getting TPA, who is included in the 100,000 number?**

Response: It is an estimate of the number of Americans treated in the United States since TPA became widely available.

2) **Why are more people in Genesee County hospitalized for stroke?**

Response: Many people have high blood pressure in Flint, and that is the most important risk factor for stroke.

3) **Isn't it that you have to get to the hospital within a certain amount of time?**

Response: Emphasize that stroke medicines (TPA) works better the sooner it's given. The stroke patient must arrive to the hospital at the latest within 3½ hours from the start of signs because it takes about 1 hour to do all the tests to check that TPA is safe to be given. TPA treatment after 4 ½ hours from when the stroke started does not help the patient recover from their stroke, except in very rare circumstances. If you think the person had a stroke a couple of days ago, it's okay to drive to the emergency room instead of calling 911.

4) **What can I do to reduce my risk of having a stroke?**

Response: You can start by making some changes to your lifestyle such as exercise and a healthy diet to reduce your risks. Also, schedule a visit with your doctor to help lower your risk for stroke. High blood pressure is the most important risk factor for stroke. If you are prescribed medication to lower your blood pressure, make sure to take it as your doctor told you.

5) **Why can they only give TPA at the hospital?**

Response: They have to make sure that a clot is what's causing the stroke before they can give TPA. Also since TPA is a powerful blood thinner that is given through an IV, so it needs to be monitored at the hospital.

6) **Why can't they give TPA in the ambulance?**

Response: Ambulances lack the brain imaging equipment necessary to confirm what type of stroke a patient is having.

7) **What does TPA stand for?**

Response: Tissue Plasminogen Activator

8) **Why can't I just take aspirin?**

Response: Some strokes are caused by a bleed in the brain. When stroke patients get to the hospital one of the first things that happens is that they undergo a CAT scan to check if it is the bleeding or blockage type of stroke. Without this scan it is impossible to know. If the stroke is from bleeding, taking an aspirin can thin the blood, which could make the bleeding worse.

9) **A stroke is like a heart attack, right?**

Response: They're similar, but a stroke affects the brain and a heart attack affects the heart. Both are life-threatening emergencies. Both depend on quick recognition of symptoms and quick medical treatment for better chances of survival and a full recovery. A heart attack occurs when blood flow to a part of the heart is blocked, usually by a blood clot, and the heart muscle starts to die. During a stroke, a blood clot blocks blood flow in the brain and part of the brain begins to die.

10) **What's the difference between a stroke and a heart attack?**

Response: Both stroke and heart attack are life-threatening emergencies, but they are different medical conditions. A stroke happens in the brain and a heart attack happens in the heart. A heart attack occurs when blood flow to a part of the heart is blocked, usually by a blood clot, and the heart muscle starts to die. During a stroke, a blood clot blocks blood flow in the brain and part of the brain begins to die. In both cases, the quicker each is recognized and treated, the better the chances of survival and full recovery.

11) **Does TPA have side effects?**

Response: The most common side effect of TPA is bleeding in the body.

12) **I hear if you cough hard, it'll dislodge the clot so that you don't need to go to the hospital.**

Response: Coughing hard cannot dislodge a clot in your brain. The only way to safely dissolve the clot is with treatment at the hospital.

13) **My friend drinks a lot and I couldn't tell if they were slurring their words because of that or the stroke?**

Response: You don't have to be sure that your friend is having a stroke because of their slurred speech. Just call 911 and get them to the hospital as soon as you notice it. Sometimes even doctors cannot tell if a person with slurred speech is having a stroke just by listening to them. They will run tests to see if the person is having a stroke.

14) What if you don't know what the person normally looks like?

Response: When it comes to stroke, it is always better to get the person to the hospital as quickly as possible, even if you don't know all the answers. If their problem turns out to be a stroke, your fast actions could save their brain.

15) My (friend/family member) had a couple of TIA's. Is that different? Do I need to worry about having a stroke?

Response: A Transient Ischemic Attack (TIA) is often called a "mini-stroke" presents like a stroke, but resolves fairly quickly. TIA's are a warning sign because they are often followed by a stroke, so people who have a TIA should still get to the hospital right away to get checked.

16) I'm normally clumsy, so how would I know?

Response: Some questions you can ask yourself: Did my clumsiness come on suddenly? Is it not going away? Does it seem limited to one side of my body? Does my leg or arm feel weak or numb? Remember: You don't have to know the answers to get your symptoms checked out at the hospital. Getting there quickly can save your brain if your symptoms turn out to be caused by a stroke. Even if you have only one symptom or it seems mild, calling 911 and getting to the hospital right away can give you the best chance of a full recovery.

17) Do I have to take the ambulance? It costs too much. My family can just drive me. It's closer.

Response: Calling 911 is the fastest and safest way to get TPA. An ambulance generally will get there quicker and will communicate with the hospital's emergency department even before you arrive, so you get the fastest care possible. Lastly if the stroke patient were to get more sick on the way to the hospital the ambulance team can help.

If you are unable to take an ambulance and a family member must drive you to the hospital, don't delay. If possible, have a family member call ahead and let the emergency department know you are coming, what stroke symptom(s) you are having and what time those symptoms first appeared. Don't try to drive yourself to the hospital, though. Your stroke can get worse on your way there and can put others at risk as well.

18) What if I don't know what time it was when symptoms started?

Response: If someone you know is experiencing signs of a stroke and you don't know when the symptoms started, think back to when the person was last feeling normal. Relay that information to the paramedics and/or emergency department team.

19) What if the symptom goes away?

Response: If you are experiencing one of the signs of a stroke and then it resolves on its own, it may be a TIA (transient ischemic attack). With TIAs, the clot in your brain responsible for causing the stroke symptoms dissolves or is dislodged on its own within a short period of time. A TIA often is a warning sign that a full-blown stroke is on its way so you should still get to the hospital immediately.

20) My (so and so) just had a stroke and is in the hospital....

Response: “I’m very sorry to hear that. How are they doing?” If you have time, you can ask some additional questions if the participant wants to talk about it (and they usually do) to reinforce what they learned at your intervention. What stroke symptoms did the person have? How did they get to the hospital? Did they get TPA. You can also offer an additional brochure to share with family members or friends of the hospitalized person.

21) What if I live alone?

Response: Living alone is challenging for those with health issues who may face emergencies. If you think you’re having a stroke:

- Don’t second-guess your symptoms or wait to see if they get worse. Call 911 as soon as you can.
- If you can, write down when your symptoms started.
- Don’t try to drive yourself to the hospital.
- If you cannot speak, call anyway and leave the phone line open. Try to make any noise you can. This should alert the 911 operator that something is wrong.

22) Once your brain dies, you can’t get that back, right? So what’s the use of getting treatment/going to the hospital?

Response: If you get to the hospital quickly, you may be able to get TPA, which can save your brain. TPA dissolves the clot blocking blood to your brain, reducing the time your brain goes without oxygen. Any brain cells that are damaged, but not beyond repair, can begin to heal and function more normally.

23) I don’t have insurance.

Response: You should still go to the hospital. Federal law ensures access to emergency medical services regardless of whether you have insurance or can pay. The emergency department can’t refuse to treat a person with life-threatening or serious injuries. A hospital case manager can help you to figure out what to do after the emergency has passed.

24) My (family member) is very stubborn and won’t go to the hospital.

Response: Ultimately, it is the person’s decision whether to seek medical treatment. But there are things family or friends can say to help persuade them. Refer to the [Barriers to calling 911](#) sheet for responses for different reasons a person might give for not wanting to go to the hospital.

25) My cousin (random family member or friend) had dizziness, headache, (other random symptom). Is that a sign of stroke?

Response: The FAST symptoms (drooping face, weak arms, speech difficulties) are the most common and frequent signs of a stroke. A person may experience other symptoms, such as dizziness, vision problems, severe headaches or confusion. The best way to determine if a symptom is being caused by a stroke is to be examined at the emergency department so that they can be evaluated right away.

26) **My friend had drooping in his/her face, but when he went to the hospital they said it was Bell's Palsy.**

Response: You won't know what the cause is unless you get it checked. So you should call 911 and get to the hospital immediately in case the symptom is caused by a stroke.

27) **Isn't it supposed to be BE – FAST now? What does the BE stand for?**

Response: BE-FAST is used by some stroke educators and adds two more potential stroke symptoms to the acronym to help people remember the signs of stroke.

B: stands for balance. Is the person suddenly having trouble with balance or coordination.

E is for eyes. Is the person experiencing suddenly blurred or double vision or a sudden loss of vision in one or both eyes?

These stroke symptoms are less common and occur with other diseases too. That's why we recommend FAST.

28) **Is it the same as heat stroke?**

Response: No. Stroke is a disruption of blood flow to part of the brain. The most common type of stroke occurs when a clot is trapped in a blood vessel in the brain and cuts off the blood supply to part of the brain. Heat stroke happens because of exposure to extreme heat. Since the brain is sensitive to extreme temperatures, someone having heat stroke may have confusion, seizures or be unconscious. Both are emergencies but cause and treatments are very different.

29) **Why aren't you focusing on prevention?**

Response: Changing behaviors that prevent stroke, like eating healthy and getting more exercise, are difficult to change right away. We want people to be prepared so that if they see someone having a stroke, they know how to recognize the signs and to act FAST to get treatment at the hospital to improve their chance of a full recovery. There are a lot of programs that focus on stroke prevention. The American Heart Association has some great resources.

30) **Can I take a pen or bracelet...?**

Response: "Sure. Let me just give you some quick information about stroke since it is very common here in Flint." (then quickly go through the script). If they won't or can't stay - Give them a brochure along with the pen. Tell them to learn the warning signs of a stroke and if they see any signs, get the person to the hospital immediately because there is treatment for stroke at the hospital. Stroke is an emergency and doesn't go away on its own. Take a look at this brochure later and pass it along to someone else you might think could use this information.

31) **Can I have another brochure to take with me for my (friend, family member, neighbor, etc.)?**

Response: Absolutely! If you're able, please pass along your Stroke Ready knowledge for your (whoever) and go over the brochure with them when you give it to them.

32) I don't have time right now.

Response: "I can share this information in 90 -seconds or less -- you can time me. And you get a pen and a bracelet when I'm done." (then quickly go through the script)

33) Says they've already been told about stroke or Stroke Ready...

Response: "That's great. What is the most important thing you know/learned about stroke? Have you shared it with your family members or friends?" You also can "quiz" them on the FAST signs for stroke and use that as an opportunity to review the brochure with them.

34) Who do you work for? What is this for?

Response: Stroke Ready is a Flint-based health education program and is affiliated with the University of Michigan. Stroke is very common here in Flint, so we want to get information out to as many people as we can that stroke is treatable and that you can get that treatment if you act quickly by 911 and get to the hospital as soon as stroke symptoms start.