# My Plan for Prevention and Early Recognition of Stroke

**Name** _____________________________________________________  **Date** _______________________________

## Green Zone: In Control
- My condition is under control and I:
  - ✓ Am keeping my blood pressure under control.
  - ✓ Am not smoking.
  - ✓ Have no headache or vision problems.
  - ✓ Have no trouble speaking or swallowing.
  - ✓ Have no arm or leg weakness or numbness.
  - ✓ Have all my medicine.

## Green Means I Should:
- ✓ Continue to take my medicine as ordered.
- ✓ Keep my doctor and other appointments.
- ✓ Follow instructions for diet, exercise, and therapy.
- ✓ Check my blood pressure regularly.

## Yellow Zone: Caution
- ✓ I experience occasional dizziness or headache.
- ✓ I experience brief or temporary arm or leg weakness or numbness.
- ✓ My blood pressure is above 140/90.

### Have I missed my medications?
- ✓

### Do I have less than 3 days worth of medicine left?
- ✓

## Yellow Means I Should:
- ✓ Contact my physician and share my symptoms.
  
  **Doctor:** ____________________________
  
  **Phone:** ____________________________

- ✓ Discuss adjusting my medications with my physician.
- ✓ Request refills if my medication is running out.

## Red Zone: Medical Alert!
- I am likely to experience:
  - ✓ Trouble speaking.
  - ✓ Trouble walking or a change in my walk.
  - ✓ My arm and/or leg feeling heavy or numb.
  - ✓ A drooping on one side of my face or smile.
  - ✓ Trouble with vision.
  - ✓ Blood pressure above 160/90.

## Red Means I Must:
- ✓ **Act fast ... stroke is serious!**
- ✓ **Call 9-1-1** and say, “I need to be evaluated immediately. I am concerned I am experiencing a stroke.”
- ✓ Not attempt to drive myself to the hospital. Paramedics will evaluate me for possible stroke.
- ✓ Bring all my medicines and supplements with me to the hospital.

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### Sources

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