www.Champlainhealthline.ca Primary Health Care Desktop Resource Guide ► Cardiovascular/Stroke

Champlainhealthline

► Renfrew County-North Lanark - North Grenville

Community Care Access Centre (CCAC): 310-CCAC



Assessment, Diagnosis and Prevention		
Ambulatory Clinic		
- Pembroke Regional Hospital	613-732-3675	
- Deep River and District Hospital	613-584-1266	
- Renfrew Victoria Hospital	613-432-4851	
Pembroke Regional Hospital		
District Stroke Centre	613-732-3675 ext 7310	
Stroke prevention Clinic	613-732-2811 ext 6640	
University of Ottawa Heart Institute	- Acute Referral Clinic	
	613-761-5276	
The Heart and Stroke Foundation of	Ontario 1-888-473-4636	
Stroke Prevention Clinic	613-798-5555 Ext 16156	

RITTS - Rehabilitation Integrated Transition Tracking System
Locator and referral services for rehabilitation hospitals in
Champlain District. Physician referral required for
assessment for inpatient stroke rehabilitation.
Descript Charles Outside

Prevent Stroke Ontario	
Blood Pressure Clinics	310-CCAC
<u>Telehealth</u>	1-866-797-0000
Physical activity	

In Home Services	
<u>Champlain CCAC</u>	310-CCAC
Champlainhealthline	
Ottawa Community Support Coalition	
Disabled Persons Community Resources	613-724-5886
Veterans Affairs	1-866-522-2122

Transportation Assistance	
<u>Champlainhealthline</u>	
<u>Champlain CCAC</u>	310-CCAC

Private Ambulance Transfer Service	
Champlain CCAC	310-CCAC
Champlainhealthline	

Heart Disease/Stroke Specifi	c Services
Aphasia Centre of Ottawa	613-567-1119
University of Ottawa Heart Institute He	eart Health Education Centre
613-7	61-4753 or 1-866-399-4432
Champlain Stroke Centre	_
Risk Management	
Physical Activity and Leisure Activity	

* physical activities resources	
Heart Wise Programs	613-798-5555 Ext 18691
Cardiovascular Health Awareness	613-732-3675 Ext 7310

Smoking Cessation	
Renfrew County and District Health Unit	613-732-3629 or
Quit smoking programs	1-800-267-1097
Leeds, Lanark & Grenville District Health Unit	613-345-5685 or
Quit Smoking Program	1-800-660-5853
University of Ottawa Heart Institute	613-761-5464 or
- Quit Smoking Program	1-866-399 4432
Smokers' Helpline	1-877-513-5333

Hypertension/Lipid Management	
University of Ottawa Heart Institute	
- Hypertension Clinic	613-761-5429
- Lipid Clinic	613-761-5257
<u>Champlainhealthline</u>	

* CHAP Programs	(cardiovascular	health awareness	s program)
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Driving Assessment	
<u>Champlainhealthline</u>	
Champiannealthine	

Assistive Devices Program 1-800-268-6		
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<u>Trillium Drug Plan</u> 1-800-575-5	386	
Employment Insurance Sickness Benefits 1-800-206-7	218	
Ontario Disability Support Program (ODSP)		
*Pembroke 1-800-267-0	112	
*Renfrew 1-800-267-5	872	
Canada Pension Plan (CPP) Disability Benefits 1-800-277-9	914	
March of Dimes, Home and Vehicle Modification Program		
1-877-369-4	867	

Emergency Management (psychiatric and medical)	
Emergency Medical Services	911
Mental Health Crisis Line	1-866-996-0991

Respite Services / Caregiver Support	
<u>Champlain CCAC</u>	310-CCAC
<u>Champlainhealthline</u>	
Stroke Survivors Association of Ottawa	613-237-0650
Ottawa Heart Support Group	613-824-9563
Heart Institute Alumni Association Inc.	613-761-4370
Aphasia Centre of Ottawa	613-567-1119
Adult Community Counselling	613-732-2811
North Renfrew Family Services	613-432-4821
Petawawa Military Family Services	613-687-1641

Rehabilitation Vocational Services

RITTS - Rehabilitation Integrated Transition Tracking System
Locator and referral services for rehabilitation hospitals in
Champlain District. Physician referral required for assessment

Private Rehabilitation Services

Champlainhealthline

*Physiotherapists, Occupational Therapists, Speech-Language Pathologists

Post-Stroke Depression

Post-stroke depression may affect as least one in every four individuals who have had a significant stroke event. The stroke patient is at greatest risk in the first six months after a stroke. Depression may affect a patient's ability to participate in post-stroke therapy and is associated with slower progress in rehabilitation and increased length of stay. Clinicians need to be watchful and recognize depression before it interferes significantly with therapy and the patient's well being. Standardized screening assessments for depression can indicate that depression exists and also can be used to monitor progress. However, there is no single, universally accepted tool for the assessment of post-stroke depression. An alternative to verbal scales to assess mood should be sought when assessing someone who is aphasic.

Anxiety should be assessed and treated, especially when found in conjunction with depressive symptoms. Antidepressant medications and counseling appear to be helpful in treating this condition. Aphasic patients provide a unique challenge for assessment and treatment.

Adapted from *Canadian Best Practice Recommendations for Stroke Care* www.strokebestpractices.ca

Signs of Post-Stroke Depression

Physical Signs

- · Trouble sleeping
- Weight loss
- Decreased energy
- · Easily fatigued

Attitudes

- Not caring about anything
- Loss of interest in things that were previously enjoyed
- Negativity: everything is gloomy
- · Self-focus: me, myself and I
- Difficulty connecting to others

Emotions

- Feelings of hopelessness and worthlessness
- Sadness and anxiety or nervousness
- Thoughts of death and suicide
- · Difficulty coping, easily overwhelmed

Mental function

- Difficulty concentrating
- Problems making decisions
- · Confused, feeling of living in a fog
- · Short-term memory problems

The Impact of Stroke on the Survivor's Family

Stress from:

- · The disruption of household routines
- The need to cope with new issues or problems

Worry that:

- · Their loved one will fall
- Their loved one will have another stroke or die

Sadness, anger, or frustration about:

- The loss of their social life or time at work
- The loss of time for themselves

Guilt about:

- Living in their own home while their loved one is in a hospital or long-term care home
- Taking time for themselves instead of spending all their time with their loved one

Grief:

- Intense sadness, just as if the survivor had died
- Feeling they have lost the person the stroke survivor used to be.

Adapted from the *Heart and Stroke Foundation* www.heartandstroke.ca