# Self-Management Plan for Stroke Disease

<table>
<thead>
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<th>Green Zone: All Clear</th>
<th>Green Zone Means:</th>
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| ► Blood pressure within limits  
► No headache  
► No trouble speaking  
► No trouble swallowing  
► No trouble with movement or walking  
► Have all medications needed | ► Your symptoms are under control  
► Continue taking your medications  
► Keep your Care at Home nurse appointments  
► Keep physician appointments |

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<th>Yellow Zone: Caution</th>
<th>Yellow Zone Means:</th>
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| If you have any of the following signs and symptoms:  
► Blood pressure outside of ___________ / ___________ or ___________ / ___________  
► Worsening weakness  
► Dizziness and/or headache  
► Have less than 3 days of medications | ► Your symptoms indicate that you may need an adjustment in your medications and/or treatments  
► Call your Care at Home nurse and/or your physician  
Contact ________________________________  
Phone Number __________________________  
(Please notify your Care at Home nurse if you contact or go see your MD) |

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<th>Red Zone: Medical Alert</th>
<th>Red Zone Means:</th>
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| If you have any of the following signs and symptoms:  
► Trouble speaking  
► Trouble/change in walking  
► Limb heaviness  
► Facial drooping  
► Blood pressure outside of ___________ / ___________ or ___________ / ___________  
► Have taken the wrong medications or missed a dose  
► Worsening of symptoms lasting longer than 5 minutes | This indicates that you need to be evaluated by a physician right away  
Primary MD ________________________________  
Phone Number __________________________  
Call your physician right away or call 911  
(Please notify your Care at Home nurse if you go to the emergency room or are hospitalized) |

Call your physician immediately if you are going into the RED zone