Modern Nursing – Modern Stroke Care

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Stroke

- 56,000 deaths from stroke in England and Wales in 1999, represents 11% of all deaths
- Each year in England 110,000 people have first or recurrent stroke. 20,000 people have a TIA
- 900,000 people living in England live with the after effects of stroke, half are dependant on others for help with everyday activities
Stroke Developments

- Stroke costs £3 billion per year in direct care (2008-2009) with a wider economic cost of £8 billion
- DoH announced funding of £105 millions over 3 years in 2008 to support the implementation of the National Stroke Strategy
- Development of Stroke Networks to improve the co-ordination and provision of care
Emergency Response

- Improved understanding within professions and the public that stroke is a medical emergency
- £11.5 million on the FAST campaign (£9.5 million in the first two years)
- Audit of 4 Ambulance Trusts from April 2009 showed an increase of 54% calls categorised as suspected stroke from June 2008
‘Time lost is brain lost’

- Admitting ALL stroke patients to specialist units improves outcomes
- Early recognition in the Emergency Department or via alert from the ambulance services
- Rapid assessment by specialist stroke team
  ……Stroke Assessment Nurses
Stroke Assessment Nurses (SANs)

- 2 wte posts commenced February 2010
- Worked Monday- Friday 8-4

- January 2012 6 wte posts
- Seven day service 24 hours per day
SANs

- Rapid assessment of stroke patients
- TIA service
- Education
- Liaison with bed managers (3 sites)
- Facilitate research
- Data collection
The principles of immediate stroke care

- Early recognition of possible complications
- Early CT head scan ...allows to clarify haemorrhage from infarct
- Physiological monitoring
- Early mobilisation
- Timely swallowing assessment
- Early commencement of rehabilitation
What the nurse should do...

- Crucial period is 72 hours from onset of symptoms
- Detect stroke extension
- Prevent complications
- Facilitate recovery
Acute Stroke Unit Monitoring

- Glasgow Comma Scale
- Weight
- Urinalysis
- Barthel Score
- MUST score
- Blood Glucose
- Oxygen saturations
Thrombolysis

- Nursing assessment as acute stroke pathway
- Admission details... time of onset of symptoms... was there eye witness to confirm timescale??
- Past medical history and event history... does the patient meet the criteria for thrombolytic therapy
Thrombolysis

- Ensure treatment is prescribed
- Dose 0.9mg/kg body weight up to a maximum of 90mg.
- Initial bolus of 10% of the treatment is given over 2 minutes via peripheral IV site. This dose administered by the medical staff
- Remainder given via infusion pump over 1 hour
If at any time the patient’s condition deteriorates during the administration of the drug, the infusion should be stopped immediately.

Constant supervision is essential to detect changes in the patient’s condition as early as possible.
Nursing

- Constant supervision for the first 6 hours and quarterly checks for a further 6 hours
- Nursing monitoring, vital signs and abbreviated NIHSS as follows
  - Every 15 minutes for 2 hours
  - Every 30 minutes for 4 hours
  - Hourly for 6 hours
  - 4 hourly for further 24 hours
Nursing

- Bedrest with a head position angle of 30 degrees or gentle mobilisation with supervision for 24 hours
- Supervised toileting at bedside, avoid urinary catheterisation unless patient has retention
- Oral care, avoid toothbrushes for first 24 hours
Nursing

- Use suctioning with caution
- Avoid wet shaving
- Avoid NG tube insertion, venous access, arterial puncture
- Maintain accurate fluid balance but try and avoid cannulation
- Automatic blood pressure cuffs should not be used ....avoid haematoma formation
Observe for signs of raised ICP/Bleeding

- Sudden drop in GCS
- Unequal pupils
- Onset of drowsiness
- Onset of nausea, vomiting
- Photophobia
- New or increasing headache

- Bruising
- Minor or major bleeding
- Existing wounds/injuries for bleeding
Nursing

- Avoid anti-platelets, anti-coagulants, non-steroidal anti-inflammatories, sedatives or narcotics for 24 hours
- Administering these medications can increase the risk of bleeding or make the patient difficult to assess
The 6C vision

- Care – what we do
- Compassion – how we do it
- Commitment – improve outcomes and do the right thing
The 6C Vision

- Communication – patients, relatives, colleagues
- Courage – be brave, do the right thing and speak up when you are unhappy about something your organisation is doing
- Competence – knowledge, skills and attitudes
Outcomes

- Improved quality of care
- Improved patient and relative/carer experience
- Improved clinical outcomes
- Reduction in length of stay
- Reduced financial burden
Recipe for Efficient Hyperacute Services

- Organisation of services
- Appropriately trained workforce
- Effective team communication
- Clear roles and responsibilities
- The 6C Vision
References

- Progress in Improving Stroke Care, National Audit Office (2010)
- The 6Cs Framework, Chief Nursing Officer, DoH (2012)