THE IMPACT OF NURSING SCREENING ON ACUTE STROKE

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Background: Therapy with alteplase is extremely effective for the treatment of patients with acute ischemic stroke (AIS), but its time-consuming benefit. Our institution had undergone a series of changes to accelerate needle port time (TPAg) in recent years, such as multi-disciplinary team internal notification systems, pre-notification, multiprofessional team training including realistic simulation (involving receptionists, doctors, nurses , nurse practitioners, neurologists, and radiologists), but had difficulty achieving ADRs below 45 minutes as suggested in the most recent guidelines. We describe the impact of nursing screening in emergency situations.

Objectives: This study aims to analyze the TPAg after implementation of the screening service by the nurse.

Methods: We analyzed patients admitted with AIS who received venous thrombolysis from December 2016 to May 2018. In September 2017, we began screening for nursing. We compared the TPAg, medical port time (TPm) and time door image (TPI) before and after this period.

Results: A total of 34 patients with stroke were admitted and received venous thrombolysis from December 2016 to May 2018. We divided into two groups of 17 patients. Being Group A: Patients from December 2016 to August 2017 before the implementation of the screening service with the Nurse, and Group B: Patients from September 2017 to May 2018 after the implementation of the screening service with the Nurse . The median TPm was 7 (95% CI 0.92-18) minutes in group A and 1 (95% CI 0-2) minutes in group B (p = 0.166). The median TPI was 21 (95% CI: 11-22) minutes in group A and 1 (95% CI 0-2) minutes in group B (p = 0.00015). The median TPAg was 52 (95% CI: 36-67) minutes in group A and 31 (95% CI: 27-34) minutes in group B (p = 0.01). The proportion of patients treated with AIS rtPA within 60 minutes of admission was 64% (11/17) in group A and 94% (16/17) in group B. The proportion of patients treated with rTPA TPAg within 45 minutes of the admission was 47% (8/17) in group A and 82% (14/17) in group B.

Conclusion: The training and optimization of the screening of the nurse responsible for the screening was associated with a significant reduction in needle port time and in other indicators of care of patients with stroke in our institution.