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Making a Checklist and Checking it Twice: Implementing a Strategy to Meet Stroke Center Monitoring Guidelines

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ABSTRACT

The sudden, devastating injury of ischemic stroke requires emergent decision making to administer recombinant tissue plasminogen activator (rtPA). Once the decision is made, the clock for clinical nurses accelerates. Vital signs and neurological status are monitored at scheduled intervals. Staff within the LVHN neuroscience intensive care unit (NSICU) implemented a process which includes a checklist for mapping out the times of monitoring parameters. Leadership team members review in real time as a second pair of eyes, verifying documentation compliance. Clinical nurses care for the complex stroke patient confident that charting is audited for completeness. Compared to pre-implementation of the check-list and double checks, post-implementation compliance with the American Stroke Association guidelines for patient monitoring was improved. This poster reviews the guidelines for caring and monitoring ischemic stroke patients and details a care strategy which achieves both the patient's needs and regulatory requirements.

INTRODUCTION

Opportunities existed to improve documentation of assessment and care delivery associated with American Stroke Association guidelines for monitoring patients who have received rtPA post ischemic stroke.

OBJECTIVES

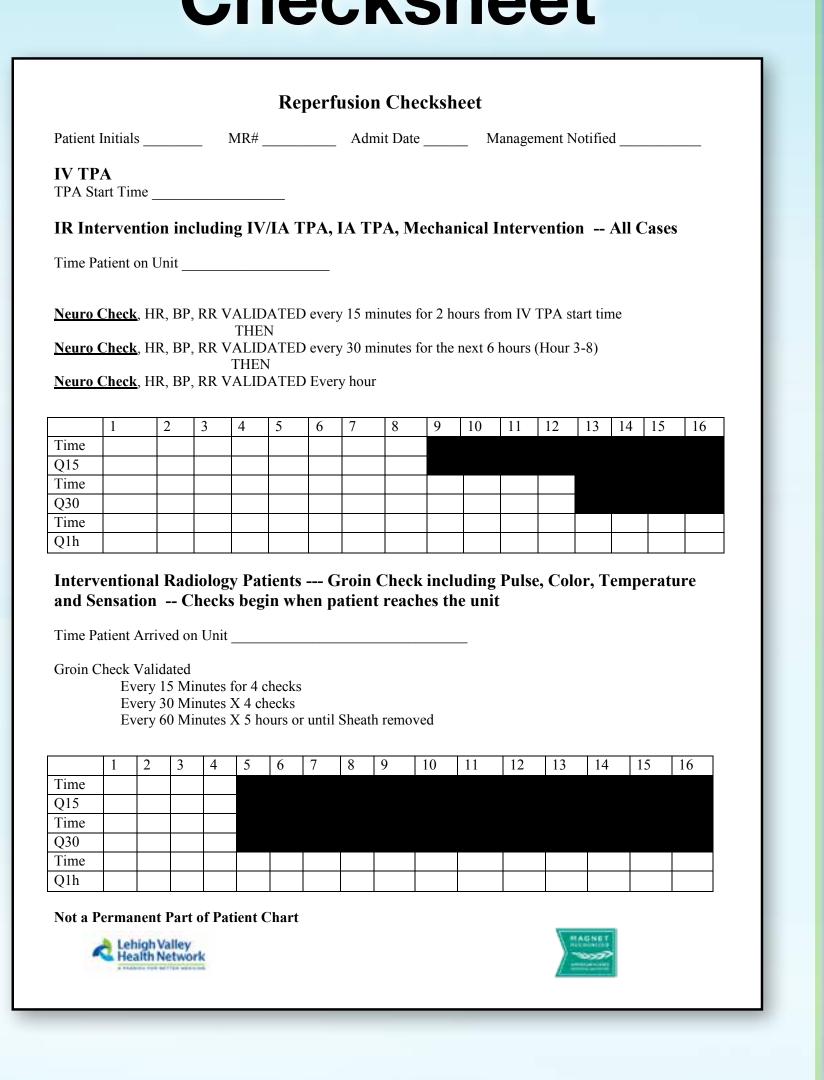
- Review the American Stroke Association guidelines for monitoring patients who have received rtPA.
- Detail the documentation checklist utilized to map out times of required actions and associated documentation.
- Gain knowledge of outcome data related to compliance with regulatory and institutional documentation requirements.

METHODS

American Stroke Association Recommendations for Monitoring Patients Who Have Received rtPA

- Get with the Guidelines (GWTG) Stroke
 - Includes patient management and data collection tool
- Specialized Stroke Units
 - Recommend initial and ongoing stroke-specific education requirements for clinical staff
- Standard Order Sets
 - Outline vital sign and neurological exam monitoring
 - Identifies target heart rate & blood pressure
- Patient Monitoring Parameters
- > Hemodynamic vital signs monitored and documented
 - q 15 minutes during infusion, then
 - q 15 minutes x 1 hour after infusion, then
 q 30 minutes x 6 hours, then
 - q hour x 16 hours
- > Neurological examination monitored and documented
 - q 15 minutes during infusion, then
 - q 30 minutes x 6 hours, then
 - q hour x 16 hours
- > Peripheral Vascular Assessment
 - q 15 minutes x 1 hour, then
 - q 30 minutes x 2 hours
 - q 60 minutes x 5 hours

Reperfusion Checksheet



References:

- 1. American Heart Association and American Stroke Association. (2013). Get with the Guidelines performance achievement. Retrieved April 12, 2016 from www.heart.org/
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- 3. Powers, W., Derdeyn, C., Biller, J., Coffey, C., et al (2015). AHA/ASA Focused Update of the 2013 Guidelines for the Early Management of Patients With Acute Ischemic Stroke Regarding Endovascular Treatment. Stroke, published online before print June 29 2015. Retrieved April 16, 2016 from: www.stroke.ahajournals.org.

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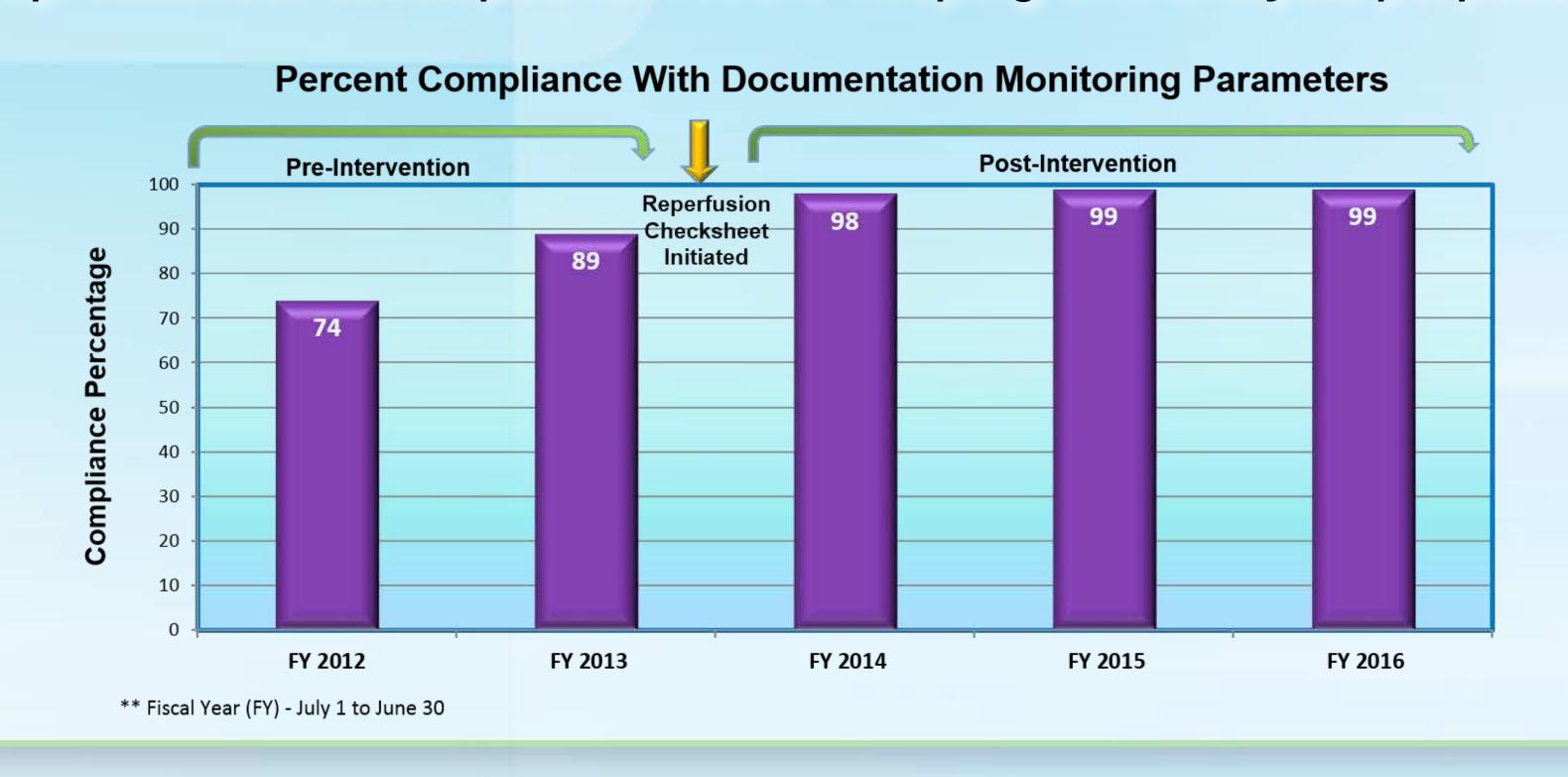
EVALUATION RESULTS

Stroke Audit Process

Page sent to Management Team when ptient arrives on unit

Management team member reviews real-time documentation and provides feedback

Spreadsheet developed for record-keeping and analysis purposes



CONCLUSIONS

- Checklist eases complex timing of assessments.
- Checklist increased staff accountability for documentation.
- Real-time monitoring and data transparency improves documentation compliance.

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