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 monitoring patients who have received rtPA 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 ischemic stroke 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
  • Recommended initial and ongoing stroke-specific education requirements for clinical staff
• Standard Order Sets
  • Outline vital sign and neurological exam monitoring identifies trends in heart rate and 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
  • Perivascular Vascular Assessment
    • q 15 minutes x 1 hour, then
    • q 30 minutes x 2 hours
    • q 60 minutes x 5 hours

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

Disclosure Statement: There are no relevant conflicts of interests to disclose.

References:

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