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# Increasing Recognition of FAST Symptoms in Stroke Patients

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### Background

- Risk Factors: Hypertension, Smoking, Diabetes, High Cholesterol, artery disease, illegal drug use, age, gender, race, and previous history (American Stroke Assoc., 2017)
- 3rd leading cause of death and by 2020 will be the leading cause of death (Jones, Jenkinson, Leathley, Watkins, 2010)
- Ischemic vs. Hemorrhagic, stroke symptoms: FAST (Musuka, Wilton, Traboulsi, Hill, 2015)

### PICO

- P: Unlicensed registration personnel, 30 staff
- I: Educate 30 registration staff
- C: No education for 30 registration staff
- O: Knowledge of stroke symptoms pre and posteducation

### Evidence

Article 1: A Time series evaluation of the FAST National Stroke Awareness Campaign in England

- Administering rapid thrombolytic within 4.5 hours for ischemic stroke, improves prognosis
- FAST mnemonic created to identify stroke symptoms quickly
- Within 1<sup>st</sup> year, had 55% increase in emergency calls

Article 2: Stroke knowledge and awareness: An integrative review of the evidence

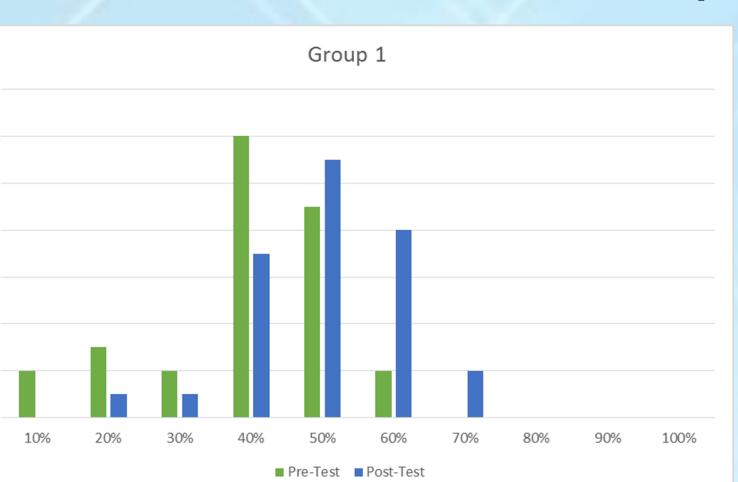
- One study concluded that only 38% of the public could list one or more stroke symptoms when asked as an open ended question
- In one study of those who have had a stroke, only 18% called EMS, whereas 80% called their PCP.

Article 3: Diagnosis and management of acute ischemic stroke: Speed is critical

- Most important to characterize stroke is the sudden onset, with symptoms peaking within a few minutes
- Symptoms depend on region of brain affected but can have other symptoms including diplopia, decreased consciousness, incoordination, dysphagia, headache

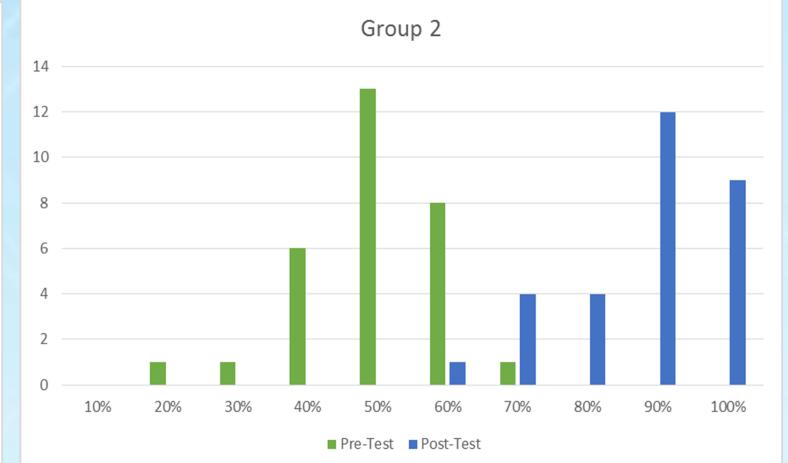
#### Outcomes

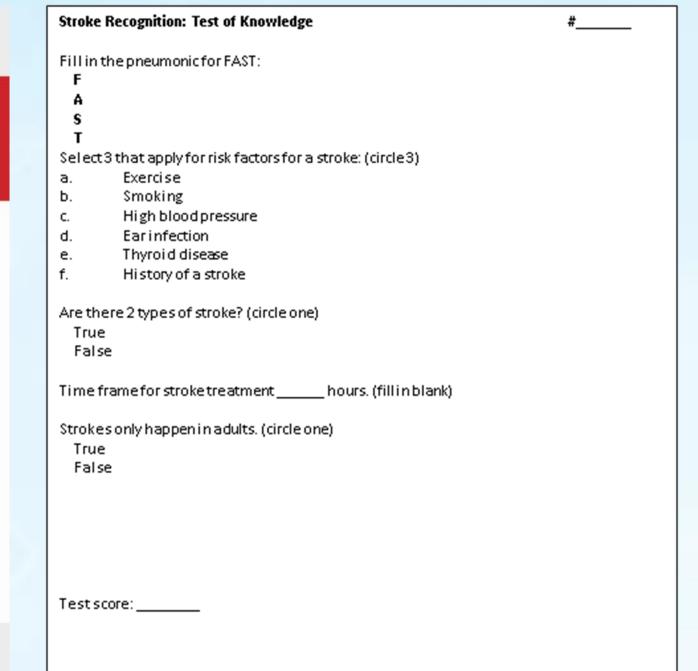
- There was a significant increase in test scores in group two, following education. The greatest pre-test scores for this group were between 40% and 60%, with 27 people falling in this range. The greatest post-test scores were 90 to 100%, with 21 people scoring in this range.
- Group one did not have education. Little change between pre-test and post-test. scores were noted. Most people hovered between 40 and 60 percent for both tests.

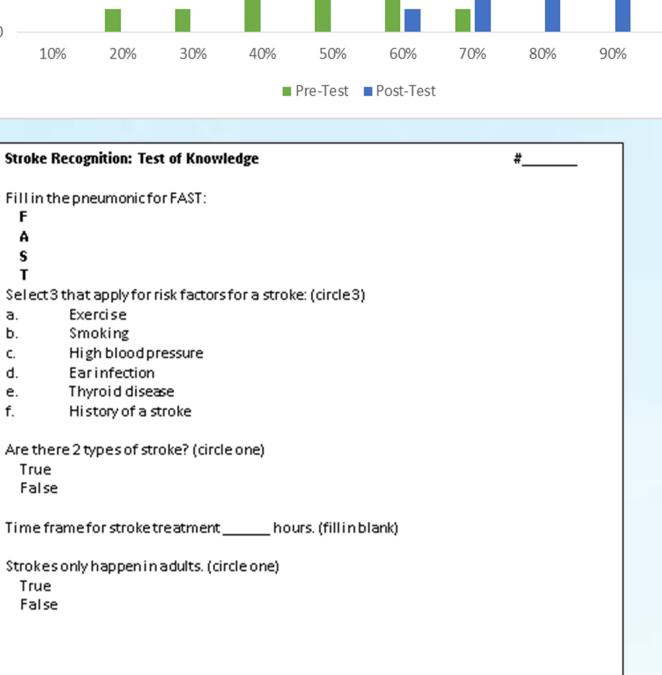


F.A.S.T. is how we come

together to end stroke







### Implementation

- We administered a test to two groups of non-licensed personnel, with each group containing 30 people.
- Each test consisted of 5 questions, 10 points total.
- Group two was then provided education on strokes and recognizing the symptoms, while group one did not.
- Same test as pre-test was given to both groups to determine if educating nonlicensed personnel showed increasing test scores.

## **Next Steps**

- Supply non-licensed personnel with FAST badge cards
- FAST posters in areas of ED
- Implement TLC module for non-licensed personnel

#### REFERENCES

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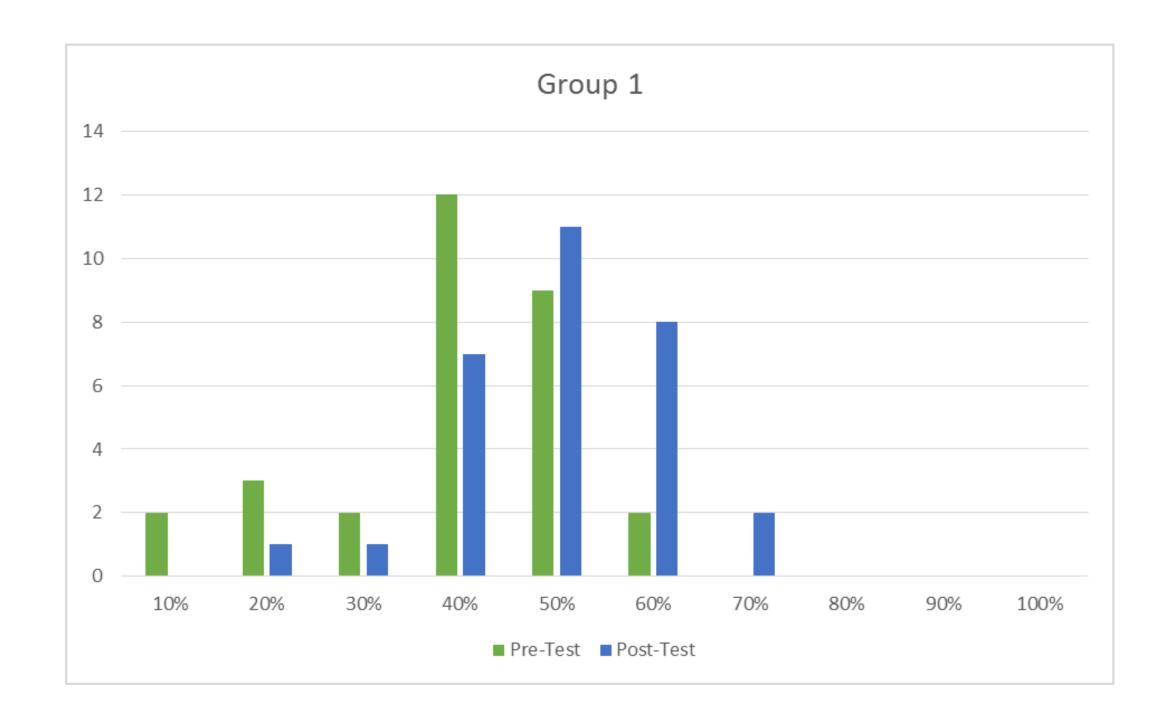
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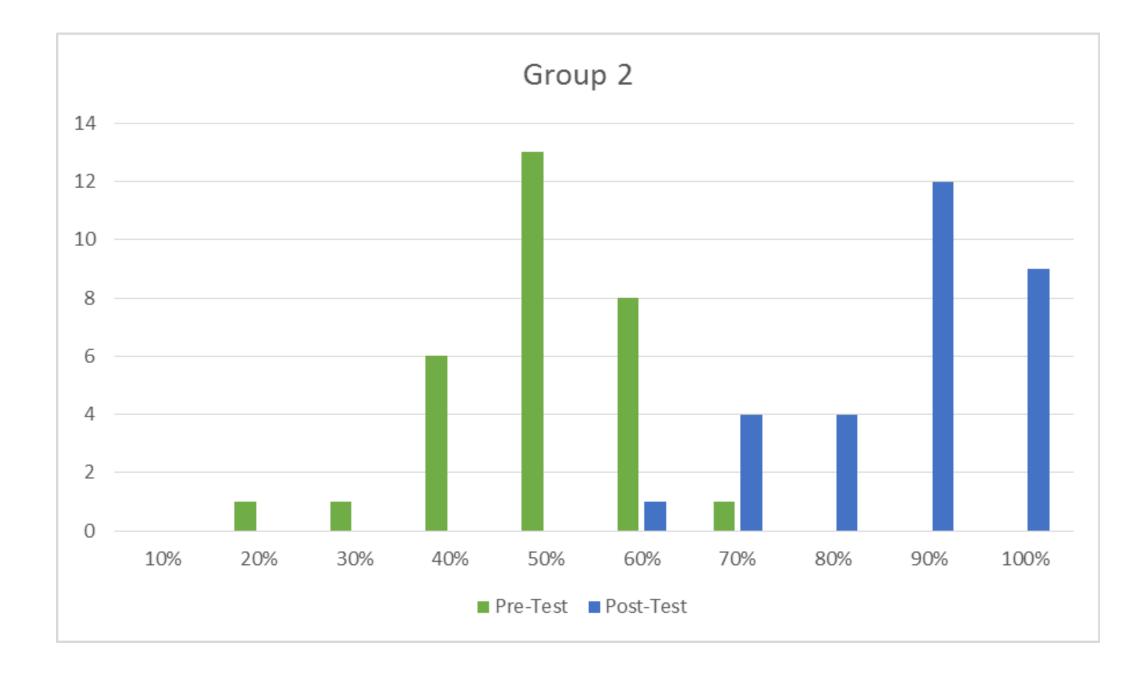
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Musuka, T., Wilton, S., Traboulsi, M., Hill, M. (2015). Diagnosis and management of acute ischemic stroke: speed is critical.

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Stroke Recognition: Test of Knowledge		
Fill in the pneumonic for FAST:		
F		
A		
5		
T		
Selec	:3 that apply for risk factors for a stroke: (circle3)	
а.	Exercise	
Ь.	Smoking	
С.	High blood pressure	
<b>d</b> .	Earinfection	
e.	Thyroid disease	
f.	History of a stroke	
Tru Fal	5 <u>e</u>	
Time frame for stroke treatment hours. (fill in blank)		
Strokes only happen in adults. (circle one)		
True		
False		
Test score:		



stroke is also recommended. Nintey-one percent of stroke patients who were treated with a stent retriever within 150 minutes of first symptoms recovered with little or no disability.

The thing to remember is that stroke is largely treatable. It's a matter of getting the right treatment, right away.