

Standardised Stroke Care for Better Outcomes

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OUR WHY

The first 72 hours is critical in stroke

Early diagnosis and timely intervention are crucial for stroke patients' survival, functional recovery, and quality of life¹.



OUR CHALLENGE

Inconsistency of care

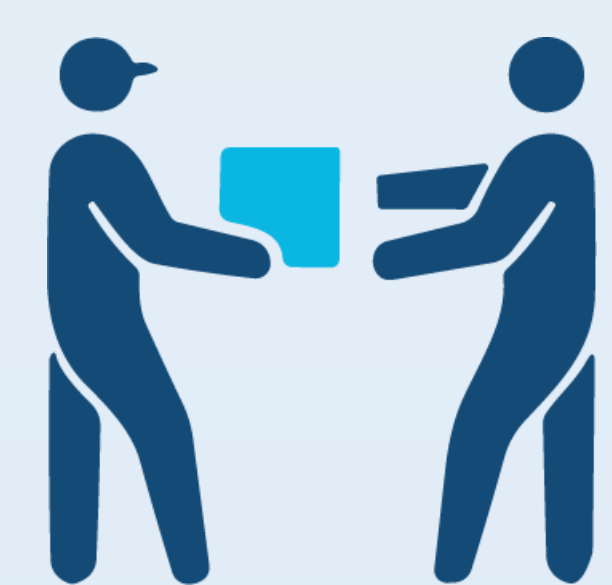
Varying levels of nursing expertise and experience, alongside inconsistent documentation practices made it challenging to deliver consistent, evidence-based stroke care within the first 72 hours.



OUR PLAN

Develop a stroke care plan

The **72-hour Stroke Patient Care Record** was developed to ensure that the delivery of stroke care during the hyper-acute phase is **timely, consistent and evidence-based**.



OUR PROCESS

Review, design, implement, evaluate

Reviewed TPCH policies and procedures regarding stroke care, **audited** 10 stroke patient care records to understand current practice, **designed** a stroke care plan based on the results and clinical guidelines, sought **guidance** from the Stroke Clinical team, multidisciplinary teams, and the Forms Committee, then **implemented** the form through a **trial period** supported with education to staff, and finally concluded with a **post-implementation audit** and **staff feedback form** to evaluate efficiency of the care plan.



OUR RESULTS

Safer care and better outcomes

Standardised care, increased compliance with key evidence-based requirements, improved documentation practices, and improved nurses' knowledge and confidence in stroke care

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Queensland Government The Prince Charles Hospital 72 Hour Stroke Patient Care Record		(Affix patient identification label here)		
For use in RAMS/EMU and RAS Unit only		URN:		
		Family Name:		
		Given Names:		
		Address:		
		Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
DISCLAIMER: Standard frequency of observations are to be completed as per usual ward protocols				
Date commencing: / /				
Indicator	Actions	Indicator met		
		Day 1	Day 2	Day 3
State	<input type="checkbox"/> Ischaemic Thrombolysis? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and time bolus given: <input type="checkbox"/> 24 hours post lysis repeat CT-Head ** No anti-thrombotic medication given until after repeat CT-Head completed and reported**	AM		
	<input type="checkbox"/> Haemorrhagic	PM		
Investigations	<input type="checkbox"/> CT-Head <input type="checkbox"/> CT-Angio <input type="checkbox"/> CT-Perfusion	AM		
	<input type="checkbox"/> MRI-Brain <input type="checkbox"/> Echo <input type="checkbox"/> Carotid USS <input type="checkbox"/> Fasting lipids	PM		
Cardiac monitoring	Is Telemetry required: <input type="checkbox"/> Yes - Date ceased: <input type="checkbox"/> No Telemetry not required for patients with known history of AF Does the patient require daily ECGs: <input type="checkbox"/> Yes <input type="checkbox"/> No Daily ECG completed: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 Date commenced: <input type="checkbox"/> Date ceased: <input type="checkbox"/> **Cardiac monitoring can be paused and removed during scans**	AM		
	Neurological observations 4/24, cease if stable for 72 hours Baseline cognition: <input type="checkbox"/> Orientated <input type="checkbox"/> Confused If there is new confusion: Assess for delirium and perform daily 4ATs Be mindful of assessing for delirium versus aphasia Escalate as per neurological observations deterioration procedure	PM		
Blood pressure monitoring targets	<input type="checkbox"/> Haemorrhagic Stroke: SBP 135-145 mmHg Note: Always nurse patient at 30-45 degrees	AM		
	<input type="checkbox"/> Ischaemic stroke (Thrombolysed): up to SBP 185/110 mmHg <input type="checkbox"/> Ischaemic stroke (Non-Thrombolysed): up to SBP 220/120 mmHg Other target: <input type="checkbox"/> If post mechanical thrombectomy, please seek specialist advice for BP target	PM		
Blood glucose monitoring	QID: Fasting (0600) + Pre-meals + 2100 * include 0200 hours if known diabetic Target range: 4-10 mmol Notify medical team if not within range Cease if BGL 4-10 mmol within 72 hours (not a known diabetic)	AM		
	Temperature monitoring	PM		
	If temperature >38 degrees, notify medical team If temperature >37.5 degrees, seek Paracetamol order	ND		

The 72-hour Stroke Patient Care Record was developed in alignment with the Australian and New Zealand Living Clinical Guidelines for Stroke Management ²

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		Address:		
		Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
Date commencing: / /				
Indicator	Actions	Indicator met		
		Day 1	Day 2	Day 3
Swallow assessment	Complete swallow assessment prior to initial medications, food or fluids: <input type="checkbox"/> Dysphagia screening tool completed: Date and time: <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred to Speech Pathology Date and time: <input type="checkbox"/> **Oral hygiene is highly recommended when NBM, after meals, and before bedtime**	AM		
		PM		
Nutrition	Admission weight: Food Chart: <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 If >24 hrs and patient is unable to swallow medications, nutrition and fluids orally, please refer to the Acute Stroke Nutrition Pathway (QHEPS) to assess nutrition, risk, and need for NGT insertion and enteral feeding. Consider earlier intervention for those patients with haemorrhage for medication and blood pressure management.	AM		
		PM		
Bowel and bladder	Commence post-void bladder scans, cease if x 3 consecutive <100mLs Date ceased: <input type="checkbox"/> IDC insertion date: <input type="checkbox"/> Reason: <input type="checkbox"/> Avoid IDC if possible** Commence Bowel Chart	AM		
		PM		
VTE prophylaxis	Consider SCDS for patients who are bedbound or those unable to mobilise unassisted.	AM		
		PM		
Referrals	Blanket referral to the multidisciplinary team. <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SP <input type="checkbox"/> SW <input type="checkbox"/> Dietitian	AM		
		PM		
Transfer	Date of suitability for RAS transfer: <input type="checkbox"/> <input type="checkbox"/> Documented in progress notes	AM		
		PM		
		ND		
Shift	Initials	Print name	Position	
Day 1 AM				
Day 1 PM				
Day 1 ND				

References

¹Langhorne, P., Ramachandra, S., & Stroke Unit Trialists' Collaboration. (2020). Organised inpatient care for Stroke: Network meta-analysis. *Lancet*, 396(10262), 142-151. [https://doi.org/10.1016/S0140-6736\(20\)30381-6](https://doi.org/10.1016/S0140-6736(20)30381-6)

²Stroke Foundation. (2023). *Australian and New Zealand Living Clinical Guidelines for Stroke Management*. InformMe.

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