

ABSTRACT TITLE: Venous Thromboembolus Prophylaxis After Acute Stroke and Transient Ischemic Attack

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Background/Evidence: Patients who suffer a stroke or transient ischemic attack (TIA) are at risk for venous thromboembolus (VTE), causing life-threatening consequences. VTE includes deep vein thrombosis, occurring within ten days after stroke in up to 11% of patients without prophylaxis, and pulmonary embolus in up to 3% of stroke patients accounts for 13% to 25% of early deaths after stroke. Medications or mechanical means should be used to prevent VTE in patients with stroke and TIA.

Problem: The Joint Commission guidelines for stroke and TIA patients require VTE prophylaxis by the second day of admission. VTE prophylaxis may include subcutaneous low-dose unfractionated heparin, among other treatment modalities. Our facility noted a breakdown in nurse provider communication, causing fewer stroke and TIA patients to receive timely VTE prophylaxis.

Aim/Objectives: The goal is to increase the percentage of stroke and TIA patients who receive VTE prophylaxis by the end of the day after admission to >95% by October, 2016.

Methods/Strategy: Baseline data was established via retrospective chart review on all patients admitted for stroke or TIA from August through October, 2015. In November nursing education was implemented via morning huddle on the inpatient medical/neurology ward, and flyers posted on the medication room door and hallway medication carts. Nurses were educated on actions and responsibilities to ensure timely VTE prophylaxis. Resulting data was collected via chart review on stroke and TIA patients from November through January, 2016.

Results: At baseline, 86% of 28 patients received VTE prophylaxis by the day after admission. Following nursing education, 96% of patients received VTE prophylaxis prior to the day after admission.

Conclusions/Recommendations: Education of nurses increased the percentage of patients who received VTE prophylaxis, meeting the aim. Continuing education for newly hired staff nurses during orientation and quarterly data collection is essential to sustain these outcomes.