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Implementation of the National Institutes of Stroke Scale (NIHSS) in a Cardiovascular Intensive Care for Post Carotid Intervention Patients

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Problem/Significance

Problem:
• Post carotid intervention patients in the Cardiovascular Intensive Care Unit (CVICU) were not routinely assessed with the NIHSS.

Significance:
• Early identification and recognition of stroke improves patient outcomes.
• The National Institutes of Health Stroke Scale (NIHSS) is a valid and reliable tool that assesses for stroke-related deficit.
• Carotid intervention/procedures increase the risk for stroke.
• Clinical practice guidelines recommend the NIHSS to assess carotid intervention/procedural patients.
• The American Heart Association and the American Stroke Association recommends the NIHSS assessment tool.

Timeline

NIHSS and Neuro Skills Class:
• All CVICU nurses (ICU & Progressive) attended the NIHSS and Neuro Skills Class.
• Prior to process change

Process Change:
• HRB quality improvement protocol was submitted and approved by the Parkview IRB.
• Included all carotid procedural/intervention patients.
• NIHSS assessment completed on all carotid patients at set intervals.
  • Pre-procedural/surgical
  • 2 hours post-procedural/surgery
  • At discharge

Interventions were established per the recommendation of the Vascular Nurses Association Clinical Practice Guidelines for carotid procedural/surgical patients.

Evaluation

• Updates were emailed to CVICU leadership and nursing
• 20 patients total included in the 3-month evaluation.
• Expected symptoms of carotid surgical intervention were distinguishable from stroke signs and symptoms.
  • Patients did not require added interventions or extended length of stay.

Chart audits:
• All carotid patient’s charts were audited using a data collection tool.
• Audits were completed April 1, 2021 – June 30, 2021.
• Data collected for completion of the NIHSS at the set intervals.

Problems:
• Integrating change of practice in the CVICU.
• Buy-in from all CVICU surgeons.
• Completion of required NIHSS at all time intervals.

Solutions:
• Communication via emails and rounding with leadership and nursing.
• Support gained from senior leadership.
• Epic documentation areas added for ease of documentation.

Conclusion

• NIHSS process change has been successfully implemented into practice in the CVICU.
• Improved awareness of post carotid complications.
• This process change has been recognized as best practice and will be duplicated in all areas that recover carotid patients.

APRN Implications:
• Improved collaboration between nursing and the medical team.

Theoretical Basis

Lewin’s Change Management Model

References


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