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The Stroke Protocol: RN-PCA Interventions to Prevent Falls and HAPUs

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Background

- 76% of people fall post stroke (Schmid, et al., 2011)
- 80% of our stroke patients were falling
- HAPUs – too many!
- Unit Council asked to come up with a plan

Study Aims

- To decrease falls on 3 Karpas, a 26 bed rehab unit
- To decrease HAPUs on our rehab unit
- To empower RNs and PCAs to support patient safety
- To educate all RNs and PCAs on the Stroke Protocol in order to maintain safety



Stroke Protocol

Safety

- Fast response to call bell
- Purposeful, frequent rounding (q 30 minutes) proactively assisting patient to toilet
- Never leave patient alone in toilet!!!!
- Call bell always placed within reach (non-affect side)
- Assess aphasia and educate staff patient ability to accurately convey needs
- Follow splint schedule
- Proper transfer skills
- Appropriate room assignment based on deficits
- Observation room for high fall risk
- Posey Belt (self-releasing) first 24 hours of admission

Skin Integrity

- Air cushion on chair/special bed if indicated by low Braden score
- Elevate affected extremity to prevent swelling
- Hydration and nutrition
- Turn and reposition q2h while in bed (wedge pillow)
- Assess for loss of sensation and incontinence

Nutrition

- Follow feeding instructions, use thickener as ordered
- Assist with feeding/ assess mouth for pocketing between bites
- Sit patient OOB for at least half hour increments during meals
- Bowel and Bladder Management

Toileting

- Assess cognition: awareness of need to urinate/ ability to call bell
- RNs to ask upon report, “Does patient use call bell for help? Has patient gotten up without calling for help?”
- Asses ability to self-toilet
- Implement schedule q2h & stay with patient throughout toileting – **patient can never be left alone in bathroom!!!!**
- Use bedside commode as appropriate
- Assess neurogenic bowel/bladder
- Educate on medication use or intermittent or indwelling catheter

Results

An educational intervention continues to be utilized. Falls and HAPUs were reduced by more than 30% per month since implementation.

Summary and Conclusion

- Constant “vigilance” in educating and discussing the stroke protocol must be maintained in order to sustain good results
- Daily huddles by all shifts to reinforce safety supports successful implementation of the stroke protocol

References

- 1.Association of Rehabilitation Nurses (2011). *The Specialty Practice of Rehabilitation Medicine – A Core Curriculum*. Glenview, IL: Association of Rehabilitation Nurses
- 2.Schmid, A.A., Yaggi. H.K, Burrus, N., McClain, V., Austin, C., Ferguson, J. Fragoso, C., Sico, J. Miech, E.J., Matthias, M.S., Williams, L.S., & Bravata, D.M. (2013). Circumstances’ and consequences of falls among people with chronic stroke. *JRRD*, 50 (9), 1277-1286.