



Service Priorities and Programmes Electronic Presentations

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Review of stroke cases encountered in ER/TSWH in 2017

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Stroke

Ischemic

Hemorrhagic

Transfer

Emergency

Time

Introduction

Acute stroke care is one of the most challenging cases encountered in the Emergency Room (ER) in Hong Kong. Prompt medical interventions and nursing actions are vital to enhance patient recovery. Since the commencement of emergency service in TSWH on 15th March, 2017, there are about 30 cases of acute stroke cases admitted to the resuscitation room. 7 of those are diagnosed as hemorrhagic strokes and the rest are ischemic strokes. Hemorrhagic stroke cases are supported by the neuro-surgeical unit in Tuen Mun Hospital while ischemic stroke cases are supported by medical neurology and stroke nurses in Tuen Mun Hospital. Patients suffering from both diagnosis involves consultation and transportations to other hospitals. By developing specific protocols and training to colleagues. The service time for stroke patients are encouraging. The abstract will discuss the outcome of the cases.

Objectives

This abstract will discuss the care for stroke patients aiming to seek rooms for improvements in the future. As TSWH do not have any medical or surgical support, all patients suffering from strokes requires transfer to other hospital. The transfer time to other hospitals makes a huge challenge for the time-window in administrating rTPA (thrombolytic) to patients suffering from ischemic strokes

The abstract will discuss on the following points,

- 1.) Number to patients suffering from ischemic strokes
- 2.) Time spend on 'door-to-CT' time
- 3.) Time spend on 'door-to-rTPA' time
- 4.) Outcome of patients

Methodology

A retrospective data collection is used for gathering datas from the Clinical Management System (CMS) and Accident and Emergency Information System (AEIS). All cases from 15/3/2017 to 31/12/2017, admitted to resuscitation room after the first triage in Tin Shui Wai Hospital is inclusive in the study.

The following time will be collected for investigation and discussion.

- 1.) Triage time
- 2.) CT time
- 3.) Time for rTPA / IA in TMH

Result

There are total 31 patients admitted to the resuscitation in ER/TSWH in 2017.

29 patients received CT brain within 10 mins

- one patient received CT brain 20 minutes after triage since he need to be stabilised from sepsis.

- one patient received CT brain 26 minutes after triage since he require ventilation support prior to radiology investigation.

23 patient suffered from ischemic stroke.

- 8 patients recieved rTPA (thromolytic therapy) in TMH

- 1 patient received IA radiotherapy in TMH

- Other patients did not received rTPA in TMH for various reasons, for example, unknown actual onset time of stroke symptoms, other diseases complications, cervical myelopathy and declined by patient.

The door-to-rTPA time in TMH is about 2 hours. All cases received appropriate treatments and investigations after attending ER in TSWH. There are no delay of treatment because of transferring time from TSWH to TMH.

The excellence of stroke cares are brought with collaboration of emergency care team from TMH, stroke nurses, medical neurology team and fire services ambulance crew. Patient safety and quality of care is upheld by the emergency care team in TSWH.