



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 654

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### **Safe Sit Out Program for Acute Stroke Patients in Prince of Wales Hospital: Collaboration between Nurses and Occupational Therapists**

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#### **Keywords:**

Safe Sit Out

Acute Stroke Case

Nurses

Occupational Therapist

#### **Introduction**

Early sit-out post-stroke will enhance recovery but seating problem such as body asymmetry, poor sitting balance and tolerance, poor head control and poor limbs control and sensation may increase the risk of fall and pressure ulcer development. With the collaboration of nursing team and Occupational Therapists, the safe sit-out program was developed aimed at reducing the risks and improving patients' sitting posture and comfort during sit out by bedside.

#### **Objectives**

To enhance the safety, good sitting posture and comfort for stroke patients during sit out without increasing risk of fall and pressure ulcer development.

#### **Methodology**

The Program was piloted in acute stroke unit (ASU) in Prince of Wales Hospital. Seating devices: back supports, seat cushions, arm support were selected based on individual risk factors and body measurement. Stroke patients who are medically stable, require assistance to sit out, and with problem in maintaining good sitting posture were recruited. Training session for nurses was organized for the program implementation. Nursing Team in ASU would screen cases and refer to occupational therapists for assessment on needs of seating device. Ongoing monitoring of patients' sitting posture, skin condition would be done by both disciplines. Outcome was evaluated by specially designed Patients' Posture Observation chart, patients' feedback survey, seating device utilization rate, consultations rate, and staff satisfaction survey.

## **Result**

The Program has started the pilot phase from December, 2016, and good postural alignment has been observed in all the 4 cases collected so far, and is still ongoing. After prescription of appropriate seating device, patients' sitting posture has improved. Head in midline orientation has improved from 50% to 100%, trunk and pelvic in midline orientation increased from 25% to 100%, pelvic without sliding forward increase from 0 % to 100%. The result is promising, need to accumulate more data on patients' feedback as patients recruited with aphasia or cognitive problems have difficulties responding to the questionnaire. Staff survey will be perform in 3 months period for any operation difficulties, but so far, positive feedback were received for the smooth implementation of the Program.

In conclusion, though the program is still ongoing, but its effect on improving stroke patients' sitting posture and safety while sit out is obvious, and continuation of the Program is highly recommended.