



Singapore Healthcare Management 2017

Safe and Early Mobilisation (EM) of Acute Stroke Patients in Acute Stroke Unit (ASU)

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INTRODUCTION

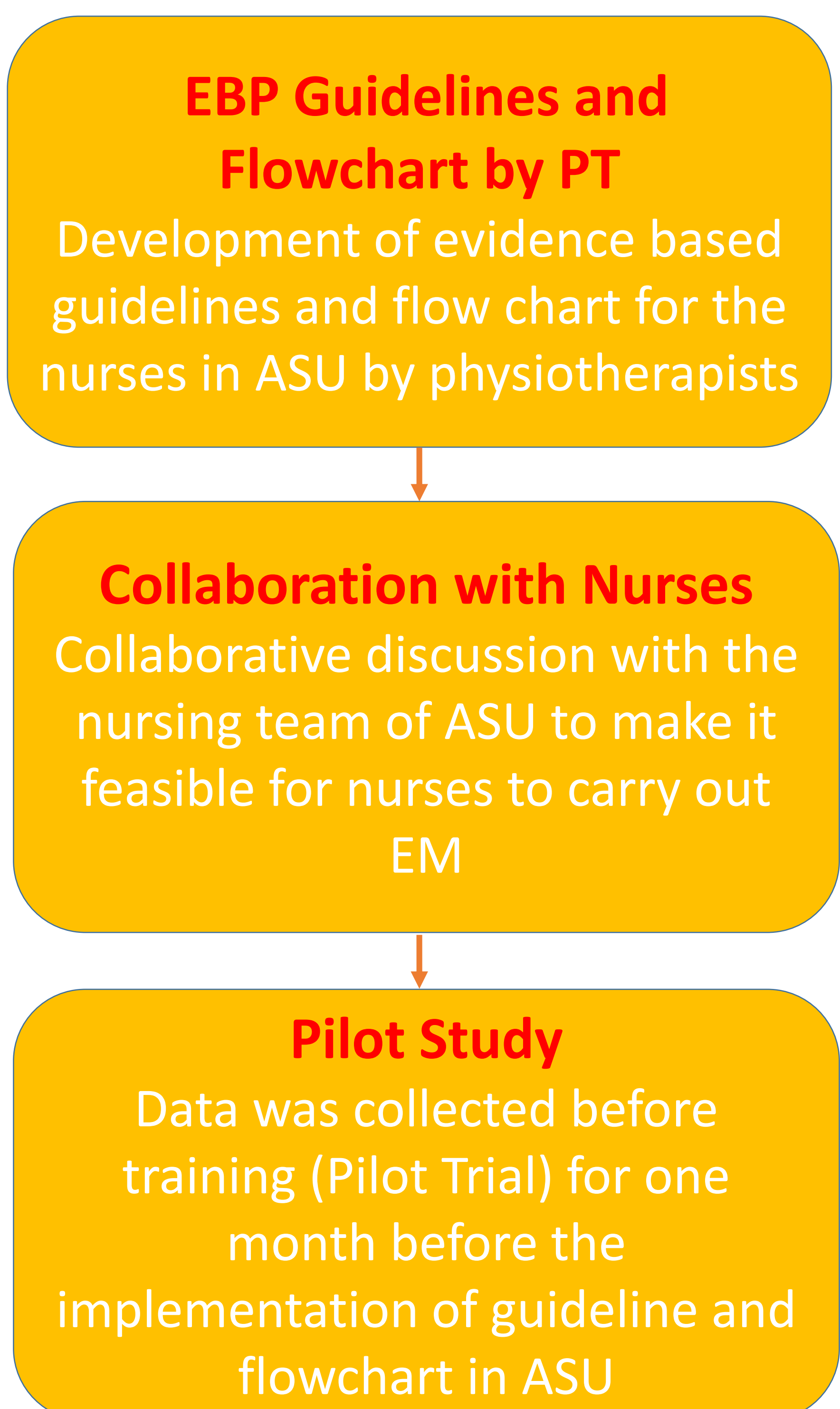
Early Mobilisation (EM) is considered as a corner stone in Acute Stroke Unit (ASU). EM is defined as sitting out of bed, standing and walking. It can be administered by nurses and Allied health professionals.

Stroke causes immobility will lead to complications related to prolonged bed rest such as pneumonia, Urinary Tract Infections (UTI), muscle atrophy etc. To prevent these complications, practising EM with guideline and flowchart will be beneficial for the acute stroke patients to ensure safety.

OBJECTIVES

- To implement safe and EM in an ASU using evidence based on guideline and workflow to guide the nurses in ASU to promote patient safety
- To increase the duration of mobilisation of acute stroke patients in ASU

METHODOLOGY



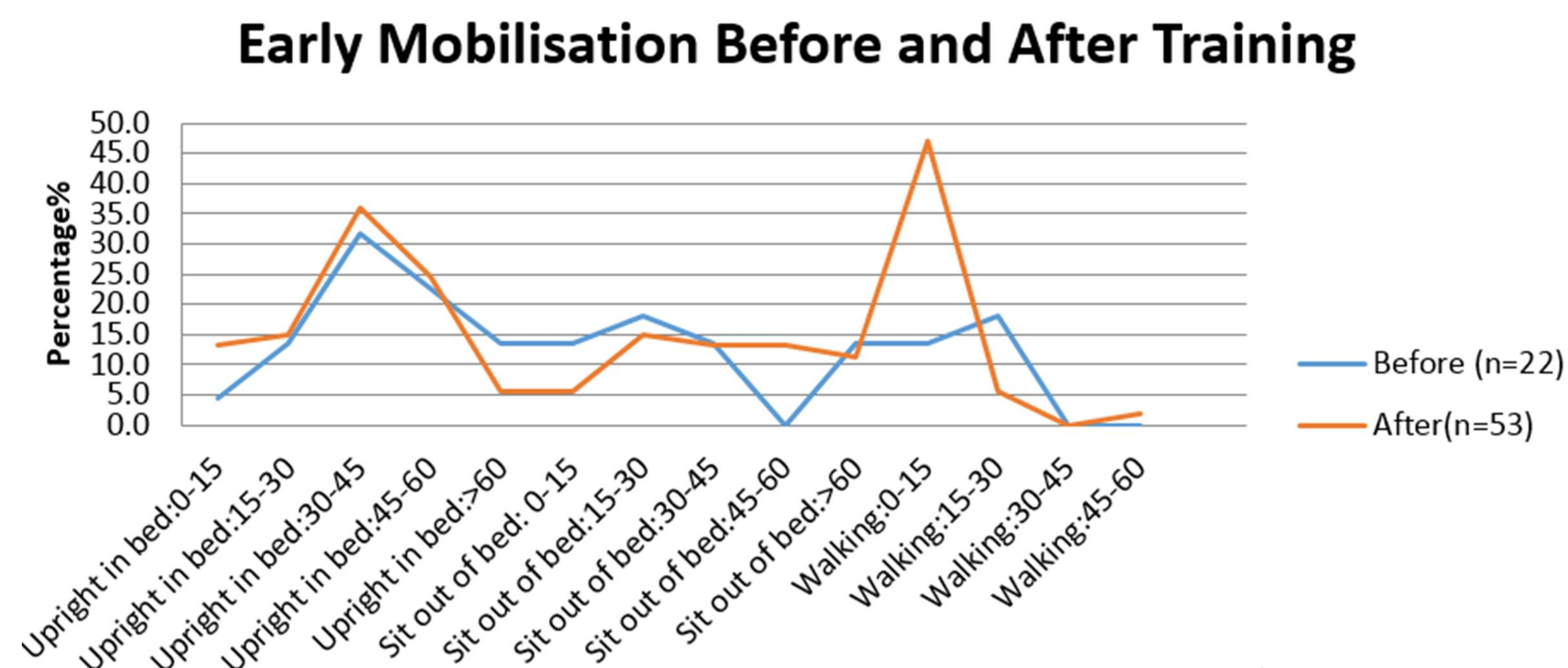
Training for Nursing Staff
 Training in the form in-services and competency test were conducted on EM (guideline and flowchart) in ASU

Collection of Data
 Data was collected for 3 months after the training and implementation of guideline and workflow



RESULTS

- Significant improvement in the duration of the time that patients in ASU were mobilised mostly out of bed was by **8%** (**pre training =29.8% and post training =37.8%**)
- Improvement of **27.9%** after training was noted as stroke patients were safely mobilised without any adverse events in their first 5 days post stroke (**pre training=31.8% and post training =59.7%**)
- Patients were more or less equally mobilised, training after 6 days of acute stroke. (**pre training =51.2% and post training = 58.6%**)



CONCLUSION

This implementation of guideline and flowchart on EM has helped the nurses to mobilise the acute stroke patients safely, effectively and with increased confidence. Sustainability is ensured by conducting training as part of induction programme and regular audits by senior nurses