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Post stroke early mobilisation in acute stroke unit

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Introduction & Background: Early Mobilisation (EM) is considered as corner stone in Acute Stroke Unit (ASU). EM is defined as sitting out of bed, standing and walking and can be administered by nurses and allied health professionals. Stroke is the leading cause of disability and causes wide range of deficits including motor weakness, and cognitive issues leading to immobility. This immobility will lead to complications related to prolonged bed rest such as pneumonia and urinary tract infections (UTI), physically such as muscle atrophy and psychologically e.g., post stroke depression affecting quality of life.

Objectives: The objective is to implement safe and EM in an ASU using evidence based guideline and workflow to guide the nurses in ASU to promote patient safety and to increase the duration of mobilisation of acute stroke patients in ASU.

Methodology: The methodology followed was development of evidence based guideline, flow chart for the nurses in ASU by physiotherapists and collaborative discussion with nursing team of ASU to make it feasible for the nurses to carry out the EM. Data was collected before training (Pilot Trial) for one month before the implementation of guideline and flowchart in ASU. Training in the form of in-services and competency test was conducted on EM in ASU. Data was collected for 3 months after the training and implementation of guideline and workflow.

Results: Results have shown significant improvement in the duration of the time that the acute stroke patients were mobilised mostly out of bed. Before training was 29.8% and after training was 37.8%. Another important finding was that acute stroke patients especially in their first 5 days of stroke were mobilised safely without any adverse events after the training. Before training was 31.8% and after training was 59.7%. Data has shown that patients were more or less equally mobilised before and after training after 6 days of acute stroke. Before training was 51.2% and after training was 58.6%.

Conclusion: Safe and early mobilisation in ASU can be achieved effectively with implementation of guideline, workflow and training for the nurses in ASU especially in the first few days of acute stroke without adverse events ensuring safety.

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