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IA Thrombectomy Nursing Care for Acute Ischemic Stroke in Taiwan

Ching-Wei Lin, MSN, RN

Department of Nursing, Taipei Veterans General Hospital, TAIPEI, Taiwan

INTRODUCTION

In recent years, intra-arterial thrombectomy (mechanical thrombectomy) has emerged, and the results of randomized control trials have also proved its efficacy. This article provides an overview of thrombectomy, the management of patients with an acute ischemic stroke eligible for this procedure and the implications for nursing practice in Taipei Veterans General Hospital (Taiwan).

A new treatment has started to redefine acute stroke care in countries all over the world— thrombectomy. Early treatment is critical to rescue potentially salvageable tissue. Safe, rapid and effective arterial recanalization to restore blood flow and improve a functional outcome remains the primary goal of acute ischemic stroke management. Nurses must keep up with the times and be active. Take the initiative to learn new guidelines, update concepts in real time, challenge higher standards, and dynamically masterstrokes. New progress in diagnosis and treatment, providing evidence-based support for nursing decision-making and implementation of ischemic stroke. Reducing the complications and length of stays of stroke patients, and improving the quality of life of stroke patients. Reduce family and social burdens.

Patients cared for before, during and after the procedure

Before and during the procedure: One of the most effective way to prevent complications and confusion after the case is to know the patient well before the procedure. Familiarity with each patient's comorbidities allows preparedness for certain complications. This set of information is not only essential during the procedure, but needs to be relayed to the personnel in charge of postprocedure care. In particular, diabetes mellitus, chronic obstructive pulmonary disease, coronary disease, heart failure, renal failure, and coagulopathy all necessitate special attention after the procedure. These risk factors should be ascertained before considering intervention and conveyed to the team providing postprocedure care. Postprocedure, patients are monitored in a critical care setting as determined by policy and healthcare provider discretion and receive standard stroke care. Patients should be carefully monitored for any neurological changes, which can signify cerebral ischemia or hemorrhage. Assess the femoral access site for bleeding, especially if fibrinolytics were used, and assess the neurovascular status of the access extremity. Because of intravascular contrast media is needed for angiography and thrombectomy, monitor renal function. Monitor vital signs and administer medications as prescribed to maintain vital signs within specified parameters. Teach patients and families about the procedure and the importance of follow-up care.

Implementing a monthly interdisciplinary team meeting for encourages staff engagement in the stroke process and identifies stroke workflow deficits and opportunities for process improvement to promote optimal outcomes.

Conclusions

Intra-arterial thrombectomy has started to redefine acute ischemic stroke care and it has now been established as an emergency treatment for acute ischemic strokes.

Evidence for primary thrombectomy without intravenous thrombolysis remains limited but there are trials both ongoing and proposed. It is the responsibility of each stroke center to ensure that the best available

care is being provided to its patients for complications of thrombectomy and nursing care post-procedure is very important.

Title:

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References:

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Abstract Summary:

How to reduce the neurological impairment of acute ischemic stroke cases and improve the prognosis of neurological function to reduce the burden on families, society and the country is indeed a very important issue in contemporary medicine.

Content Outline:

In recent years, intra-arterial thrombectomy (mechanical thrombectomy) has emerged and the results of randomised control trials have also proved its efficacy. This article provides an overview of thrombectomy, the management of patients with a acute ischemic stroke eligible for this procedure and the implications for nursing practice in Taipei Veterans General Hospital (Taiwan).

First Primary Presenting Author

Primary Presenting Author

Ching-Wei Lin, MSN, RN
Department of Nursing, Taipei Veterans General Hospital
Head Nurse
TAIPEI
Taiwan

Author Summary: Lin, Ching-Wei is a head nurse of a neurology specialist ward. Her specialty is related to stroke care. She has participated in the publication of the Taiwan Stroke society.