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#### Improving the Delivery of Stroke Education

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# Improving the Delivery of Stroke Education

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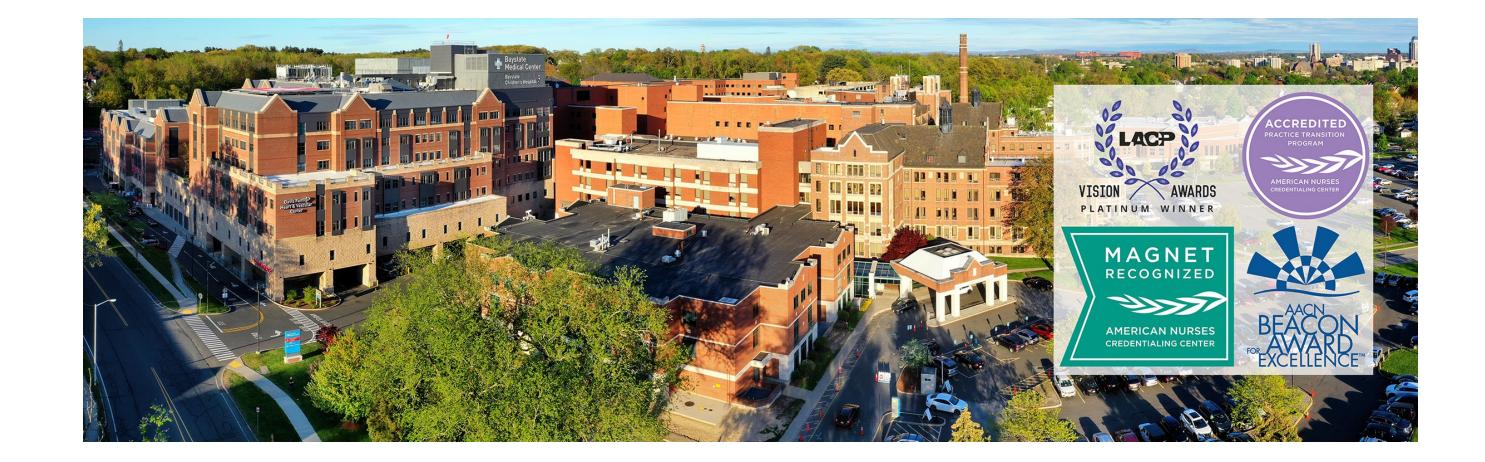


### Introduction

Stroke management in the neuroscience population is complex. The complexity of patient comorbidities coupled with the unprecedented turnover of experienced staff has resulted in nursing staffs lack of education and confidence in providing stroke education, implementing treatment and creating individualized care plans.

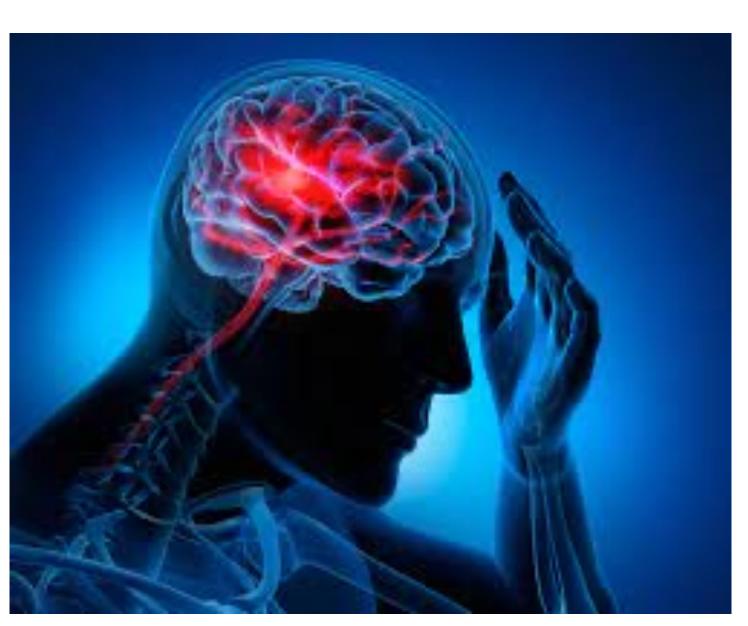
# Objective

By introducing a concise and detailed stroke education booklet, nurses will improve knowledge of stroke type and their comfort level with providing individualized stroke education to the patient. Nurses will increase their confidence when providing patient and family education related to stroke. Nurses will be able to tailor an individualized care plan to decrease patient's risk for stroke.



### Intervention

A paper and pencil knowledge gap analysis for stroke understanding and patient education was performed. Staff were engaged in the development and implementation of a stroke education booklet which was utilized with patients. A post-intervention survey was conducted to evaluate nurses' knowledge and comfort level with providing individualized stroke education to patients.



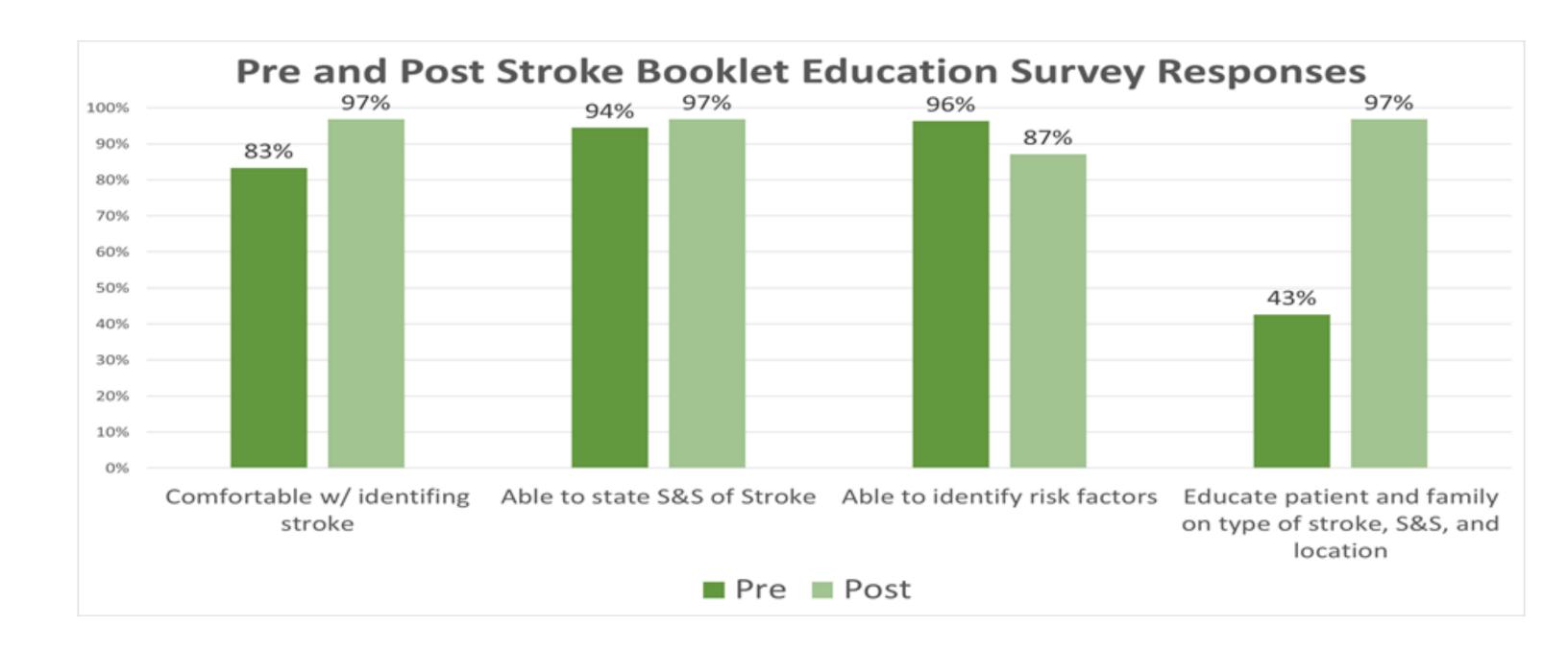
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## Results



### Conclusion

Increased confidence to educate patients and families was strongly demonstrated. The post-survey revealed staff nurses have greater confidence in identifying warning signs that require immediate patient intervention. Specific rehabilitation interventions to enhance recovery were shared. Nurses are now able to individualize the patient care plan specific to the type of stroke presentation. Nurses understand basic cardiovascular risk factors, but the post-survey revealed that there is still a learning curve for specific risk factors associated with different types of stroke. While we do not have survey data to support this, our discharge education has improved through use of a standard stroke education booklet. A limitation of this project is that we only had 31 post-survey respondents and all data is self-reported.