Early Mobility Initiated at 12 Hours Post Thrombolytic Therapy for Stroke Increases Likelihood for Discharge to Home

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Presenter Disclosure Information

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Financial Disclosure
No relevant financial relationships exist
Purpose

Assess patient safety and discharge outcomes of initiating early mobility after 12 hours of receiving thrombolytic therapy (tPA) for stroke at a Primary Stroke Center.
Background

Patients receiving tPA are maintained on bedrest for a minimum of 24 hours
  • Suspected increase in the risk of hemorrhagic response, falls and other adverse physiological responses.
  • Prior standard of care was implemented without supportive findings.

Current evidence provides support of early mobility within the first 24 hours of administration of tPA
  • No significant increase risk in falls, hemorrhagic or other physiological events
Methods

Early Mobility Protocol initiated at 12 hours post tPA administration
• Ischemic stroke
• Standard progression by either nursing or therapy personnel
• Eligibility
  □ Hemodynamic control
  □ Neurological stability

Comparison of pre-implementation and post-implementation data
• Discharge disposition
• Adverse physiological response
• LOS
Stable neurological status
Stable or improving cognitive function
Hemodynamically stable as defined by the following parameters:

1. Systolic blood pressure < 180 and > 90 mmHg
2. Diastolic blood pressure < 105 mmHg.
3. Heart rate < 100 bpm

No

Remain on bedrest

Yes

On Cardene

Yes

Bed level activity: i.e. elevated HOB, full chair position

No

Initiate Early Mobility at 12 hours
Early mobility activities can commence @ 12hrs following the completion of tPA with PT/OT or RN

Monitor VS (BP, HR, O2 sats)
Before, during, & following all early mobility activities

Discontinue activity if the patient develops an adverse event or presents with hemodynamic instability

Early mobility progressive activities

1. Elevate HOB to 45-60 degrees.
2. Bed placed in cardiac chair position.
3. Sitting at bedside as tolerated.
4. Attempt to stand at bedside.
5. Pivot transfer from bed to chair.
6. Sitting in chair for 15-30 minutes as tolerated.
7. Ambulating short distances.
Results

44 patients total

- 18 pre-implementation
- 26 post-implementation

Post-implementation group

- Early mobility provided before 24 hours: 18 (69.23%)
- Transferred to comprehensive stroke center: 4 (15.38%)
- Comfort care: 4 (15.38%)
- No falls
- No adverse physiological events
Discharge Location

- **Home**: 46.00%
- **Post Acute Care**: 28%
- **Transfer Out**: 33.78%

Colors:
- Red: Pre
- Blue: Post
Conclusions

Initiating early mobility at 12 hours post administration:

✓ No increase in risk of falls or adverse physiological events
✓ Increases likelihood to return to home versus post acute care facility
Recommendations/Next Steps

Comparison of early mobility at earlier time frames (<12 hours)
- Possible impact on LOS, discharge disposition
- Risk of adverse physiological events

Analysis of the dosage of early mobility for post tPA administration
- Type, intensity, frequency, duration
- Impact on level of disability at 3 months post event


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