ASA in ED

- Patients in our ED are NPO unless they need meds. The sip test is given in the ED if needed or at any time prior to taking po on the floors. Over 50% of stroke patients won't have dysphagia on presentation so Im not sure that keeping a patient NPO for 24 hours if they can eat is needed as the rate of malnutrition for this population is higher than most as well. Plus what a patient and family dissatisfier. Hope that helps

- We often give rectal aspirin, 650 mg......until they are cleared to swallow......there is an IV form of aspirin, but I do not think it is approved for us in the US......or it is very hard to find!! Also, they do not have to be NPO x 24 hrs if the can clearly swallow without any problems.

- ASA is given rectally to patients with facial droop or slurred speech.

- ED nursing simple water bedside swallow eval prior to ASA
  If suspected aspiration - kept NPO - Speech to do eval at later time
  We request for the MD to be contacted for a medication route change (often gets missed - circled on the MAR with NPO listed)

- We have JUST revised our Ischemic Stroke preprinted order sets and incorporated into the Phase I (for the ED phase) the dysphagia screen. If the screen is negative ASA po can be given. However, if the screen is positive the option is for ASA per rectum only. The order set is brand new - We are encouraged that the trigger of dysphagia screen must be met in the ED , and if not done will be done on presentation to designated units prior to po meds and food. We have also built into the dysphagia screen (done at baseline) rescreening if any new neuro deficit occurs in the course of hospitalization. We are hopeful this new order set will prompt better compliance.

- Our Stroke Standing Orders which are started in the ED, indicate NPO
  until Speech Therapy or Dysphagia Screen done by Nursing or Physician.
  Are any hospitals giving ASA per rectum in the ED, if the patient is
  unable to swallow an Aspirin?

- Nurses are doing the bedside water swallow test in the ED prior to giving the ASA or anything else by mouth. Not an easy thing to do for ED nurses because they think they are too busy,, however, it doesn't take long to do the simple water swallow test before the pill- we continually monitor for compliance with the swallow test- ED nurses too, since it is often too late by the time they get to the floor having had p.o. meds and sometimes a tray if it is a long wait in the ED.. In March we had all ED nurses complete "Bedside Swallow Screen" as a proficiency (it will be yearly too).

- our protocol is the patient is NPO until a swallow screen is done by nursing, then ASA is given after swallow screen and CT are completed (to r/o ICH). If failed swallow screen, ASA can be given rectally and SPT is consulted.

- To date our practice at Ingham is that a stroke pt or rule out stroke pt. is to be assessed by the RN (can be in the ED) prior to any oral intake. We have developed a bedside swallow screen with a documentation tool.

- Our pts receive a swallow test by the RN within 24 hrs of being admitted to the ED or if a straight admission within 24 hrs when they are in a room. They simply get a sip of water and if no coughing are passed and if cough a speech therapy consult is initiated by the physician for a Bedside or Barium Swallow. This is at St Elizabeth Hospital in Youngstown, Ohio. We reach this protocol with about 75% accuracy only and that is not good enough.

- We are doing 2 things for the ASA issue. First we are using a suppository form of ASA and second we have trained a number of our RNs to complete a bedside preliminary swallow assessment so NPO status is maintained for the least amount of time.

- According to our protocol, all stroke patients/suspected stroke patients are NPO in the ED. Our ED staff believed it was up to the ED doctor to determine if someone could take anything PO. Therefore, screening was not being done by nurses. If they had the order for PO meds, they gave them.

  We have worked diligently with our ED nursing staff to reinforce the need for them to take responsibility for screening ED stroke patients prior to anything PO. I asked one of our Speech Therapists to help me develop an educational program for both the nurses and support staff, highlighting the rational for screening stroke patients, the difference between a screen and an evaluation, the screening tool we use here at our hospital, and what and where to document a swallow screen on their ED records.
  We took this program to the ED this past March, coming in at 6AM (a "quiet time") and 8AM on four different occasions (most staff work 12 hour shifts)until we had reached the majority of the staff. (The ED CNS was to pick up any we missed.) As part of our presentation, we brought coffee and tea for the staff. We also brought vanilla wafers and applesauce for all, to illustrate how difficult it can be to swallow, and how using something like applesauce can make such a difference... Everyone was encourage to try our samples... most did!

  We discussed how we know ED nurses were assessing their patients. We simply asked them to do the sip test as outlined on our dysphagia screen

tool, and just document 3 words... "Passed swallow screen" or "Failed swallow screen". (On a poster board, we showed samples of documentation using their
forms... We also pointed out that the time a screen was documented completed must reflect that it took place before meds/po had been given...)

House-wide, after just providing our program to the ED staff, our compliance improved from 76.7& in March, to 93.3% in April. In May, we dropped back to 80%, so I began to follow-up with the ED CNS (bimonthly) with actual examples of compliance and, examples of those that were missed. This remains an ongoing process, especially with vacation time, float staff... But it has paid off. We were back up to 90.3 % in June.
I continue to monitor this closely.
I hope this is helpful. If I can be of any further assistance, or if anyone has any questions, please let me know.
Thanks for the opportunity to share!

- Our ischemic stroke patients are NPO until a nursing dysphagia screen is administered on the floor. If they are at risk for aspiration, asa can be given PR

- Our stroke center patients our NPO in ED with an dysphagia screen done prior to any PO intake once admitted to stroke unit bed. Really no reason to be NPO for an entire 24hours as long as dysphagia screen is done by nursing at bedside.

- I posed your question to the AANN list serve. Coincidentally, it's the same question I've been asking myself recently also. We've developed a Dysphagia Screen here at Covenant HealthCare but haven't started using it yet. The way it's designed is for the admitting Nurse to administer the Screen upon admission on the inpatient unit. Thus far I've heard back from 6 other facilities and most of them have a Dysphagia Screen done by the ER Nurses. My initial thought is for the ASA to be given p.r. if the Provider feels strongly that it must be given prior to the Dysphagia Screen. The AANN has a Stroke specific list serve that is very informative and a great way to quickly find out what is going on with other sites nationally.