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A STUDY TO ASSESS THE EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING ADVERSE EFFECT OF THROMBOLYTIC AGENTS ON PATIENT, AMONG STAFF NURSES WORKING IN CARDIAC UNIT AT SELECTED HOSPITAL OF INDORE, M.P.

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Background and purpose:

The time of onset of chest pain was considered as the time of onset of the acute myocardial infarction. Acute myocardial infarction was diagnosed using the standard 12 lead electrocardiogram and cardiac enzyme (World Health Organization criteria). The time from onset of myocardial infarction to treatment was separated into early (<12 h) or late (>12 h); this was the time from initial onset of pain to the time when the patient received treatment. Rapid restoration of patency of the infarct-related artery is the key to preserving myocardium and improving survival in acute myocardial infarction, increase the quality of life of patients, and decrease health expenditure in many countries

In-hospital stroke is associated with slower access to thrombolysis than community-occurring stroke. It has been suggested that lack of knowledge regarding appropriate stroke response among hospital staff may contribute to delays in referral, assessment, and treatment of in-hospital stroke.

Method: A survey was conducted among hospital ward staff members using the adverse effect of thrombolytic agent Questionnaire, which was adapted for use among hospital staff to assess their knowledge on effect of thrombolytic agent, acute treatments, and hospital protocols for treatment of effect of thrombolytic agent.

Results: Ninety-six staff members were interviewed, 81% of whom were clinical staff (medical, nursing, allied health professionals). Ninety-two percent of staff could name ≥3 stroke symptoms. Only 49% of staff were aware of thrombolysis treatment, and only 48% could identify the time window for thrombolysis administration, with staff from stroke-related specialties likely to name thrombolysis as an acute treatment for stroke (71%; odds ratio =3.36, 95% confidence interval 1.17-9.61) and identify the correct treatment window (71%; odds ratio =3.55, 95% confidence interval 1.24-10.16). Only 52% of staff on general wards were aware of an in-hospital stroke protocol.

Conclusions: Hospital staff had adequate knowledge on adverse effect of thrombolytic agent; however, there was low awareness of thrombolysis therapy and its correct treatment time window among hospital staff.

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