Nurse-led Secondary Prevention clinic for cerebrovascular disease

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Stroke in St James’s

• 400-450 stroke admission / annum.
• 200+ attendances at Neurovascular clinics.
• Inpatient and outpatient rehabilitation on site
• Common feature of majority of attendees is need for secondary prevention advice and therapy.
Secondary Prevention Clinic

- Established 2007
- Nurse led with support of stroke service
- Runs every day Monday-Friday.
- Patients reviewed within 1-2 weeks of discharge
- Augmented by a (daytime) telephone support service.
- Abnormal findings reviewed daily with Consultant/Registrar.
Secondary Prevention of Stroke

- Increasingly complex.
- Polypharmacy.
- Demanding blood pressure targets.
- Cardiac monitoring and analysis of results
- Initiation and follow up of anticoagulation (NOACS)
- Phlebotomy.
- Increased pressure for early discharge.
- Frailer patients.
- Increased information needs.
Reconciliation of medications

- Often discrepancies from patient list/discharge prescription
- Patients often will only change their discharge prescription when current prescription has run out, can be 3 monthly.
- Education re- medications
Benefits to Nurse Prescribing

Stroke Service
Titration of medications

- Ensure follow up of medication effects/side effects
- Polypharmacy
- Stop/reduce/increase antihypertensives
- Follow up bloods
Patient centred consultations

- Patients encouraged to ask questions
- Test results and decision making explained
- Tailor made advice for each patient profile and better patient involvement in decisions about their healthcare
- Nurse seen as more approachable
Flexability

- More convenience and speed at which patient reviewed
- Continuity - same person review
- Know patients and issues better
Links with community

- Family
- Gps
- Pharmacy
- Rehabilitation off site
Consultant/Nurse prescriber

- Good relationship
- Knows my abilities
- Discuss difficult /complex decisions at time of patient visit before they leave or that day
- Don’t need to involve doctors in every decision due to my specialist knowledge and experience
- Autonomous practice
Challenges with Nurse Prescribing

Stroke Service
Challenges

• Limited secretarial input
• A lot of charts
• Storage of charts
• Letters to gps/patients who bypass gp and go directly to pharmacy with prescriptions.
• Scan my letters on to g-drive for stroke team use only
• Possible solution- electronic record keeping