

ABSTRACT

Strokes are one of the most serious diseases that often lead to permanent disability and in some cases even to death. Currently, widely available treatment by intravenous thrombolysis is recommended. The objectives of this diploma thesis are to analyse complications that may arise for patients with iCMP treated by intravenous system thrombolysis, to define the role of a nurse in ICU in terms of taking care of this group of patients, and to map all the factors influencing the result of the treatment.

In order to obtain the data necessary, combined research method has been applied. The quantitative part was retrospectively evaluated based on SITS Registry data. The research part comprised of patients, to whom IVT was applied between January 2014 and December 2015. The subjects of the analysis were treatment complications, gender of patients treated by IVT, risk factors present, time data, and heaviness of the deficit before the treatment and after. Furthermore, we observed where is the patient released to after IVT and how many patients are able to stay in home environments three months after the treatment. Qualitative part of the investigation was evaluated based on half-structured interviews with the nurses working in ICUs for highly specialized care for patients with stroke. We observed their experience with such treatment, and monitored complications and their solutions.

Based on quantitative investigation we ascertained that in the given period, 71 patients were thrombolysed – 39 men and 32 women in total. Despite lower age of the thrombolysed women, our study showed them as more susceptible to have complications after IVT. The most frequently thrombolysed group of patients is in the age category of 41-65 years. The result shows that the main risk factor for both men and women is hypertension which appeared with 42 patients in total (59%) – 15 women (47%) and 27 men (69%) in total. The highest numbers for the past years were 10 the patients (28%) in 2014 and 10 patients (29%) in 2015 who received treatment within 41-60 minutes from admission to the hospital (DTNT). Average deficit heaviness (as per NIHSS) is 10. After 2 hours from therapy, the average score in our patients was reduced to 5 in 2014 and 4 in 2015. Seven days after the treatment or after being discharged from hospital, the score of the patients was 6 in both years in scope. Average score after 24 hours was 4 in both years. Most patients – 24 (or 34%) – were transferred to standard department. After three months of IVT treatment, 16 women (50%) and 21 men (54%) were released for home treatment. This is in total 37 (52%) out of all thrombolysed patients. The qualitative part apprises the role of the nurses in relation to this type of care. The nurses monitor all important parameters before, during, and after IVT. They educate the patients and are aware of education specifications necessary for these patients. They also know the specifications of applying thrombolysis completely accurately. The most frequent complication they come across in terms of IVT application is disturbances in consciousness. Cooperation with doctors is efficient. Taking care of patients happens in two unofficial modes – daily and nightly.

The thesis shows, that it is necessary to improve management of the care from identification of first symptoms by general public, through correct triage on-site by the emergency service, to correct organization inside the medical institution. Information from the investigation could become a base for creating a process for nurses for the thrombolysed patients and for creation of the official directive for daily and nightly patient mode in our institution. We will also publish the data on a specialized neurological seminar.

key words: stroke, thrombolysis, Actilyse, time, intensive care