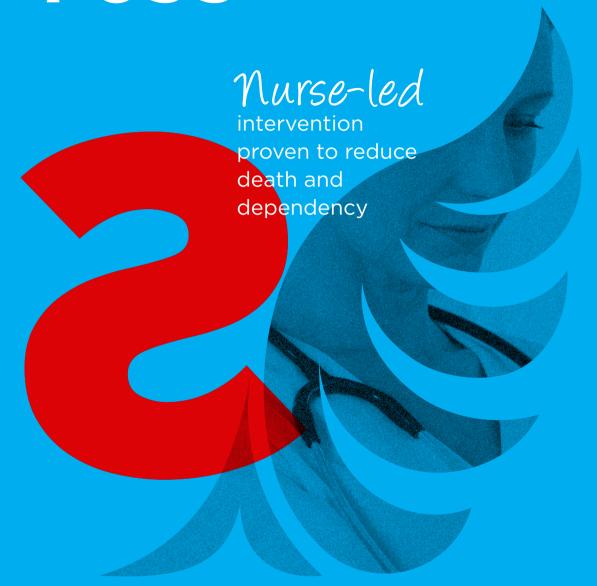
# FeSS





### Contents



A NUSC (ed intervention consisting of three simple protocols - one to manage fever, one to manage hyperglycaemia/sugar and one to manage swallowing - collectively known as FeSS, has proven to reduce death and dependency by 16% after stroke.

This was proven in a large cluster, randomised control trial in New South Wales – Australia's most populous state. It was carried out in 19 hospitals with 1500 patients, some of whom received the interventions, while a second group did not.

Like most good ideas, the FeSS protocols are simple.



#### **FEVER PROTOCOL**

Patient temperature taken every six hours and recorded. If the patient's temperature increases above 37.5°C, paracetamol is given.



### **SUGAR PROTOCOL**

Patient's blood glucose level is measured every six hours. If the reading goes above 10 mmols/L, the patient is treated with insulin.



#### **SWALLOW PROTOCOL**

Nurses perform a swallow screen before the patient gets any liquids, or food. If patient fails the test, they are referred to a speech and language therapist. The trial proved that multi-disciplinary nursing-led care can make a difference for acute stroke patients and is one of the few proven nursing interventions known to reduce death and dependency.

The results showed that the patients who received the intervention were 16% more likely to be alive and independent in both the early days after their stroke, and long-term as they continued their lives. The trial proved that multidisciplinary nursing-led care can make a difference for acute stroke patients and is one of the few proven nursing interventions known to reduce death and dependency.

# The Implementation Process

The Angels Consultants will be following the below process to assist with implementing the FeSS checklists into the hospitals.

Enrolment

Observation of processes in the Stroke Unit by Angels consultant Comparison against FeSS recommendations Baseline data captured in RESQ for 40 to 100 stroke patients (alternatively 3 months' worth of patient data is acceptable)

Community activities
i.e workshops, connecting to other
hospitals participating in FeSS

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RES Constitute Care Guilly

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Two train the trainer workshops to learn about checklists and

Weekly feedback session with Angels consultant to remove barriers



5



After 3 months of implementation start - second data capturing in RESQ for 40 to 100 stroke patients (alternatively 3 months' worth of patient data is acceptable)

8

6

Nurse champion (Trainer) trains nurses in the stroke unit using the powerpoints and videos supplied



Implementation of FeSS checklists

### Resources Available to Stroke Champions

## Videos











QASC Europe Project

































Metrics, Evaluation, Resources







### Checklists







# Powerpoints

























# asc Europe

Hospitals that are implementing the FeSS checklists and capturing data have the opportunity to take part in an international quality improvement project called Quality in Acute Stroke Care (QASC) Europe. Together with the ESO and with the support of the Angels initiative, the QASC project has recently been launched in Europe.

Hospitals that choose to enroll into the QASC Europe project will receive support to obtain the relevant ethics approvals as well as receive additional support from the Australian team who published the original study, making you a part of a truly international community. These hospitals will also be mentioned in an internationally recognised publication following the Europe project. This is a great opportunity for you to advance your career and for your hospital to be in the front end of quality improvement in stroke care. This proves that evidence based nurse-led interventions can successfully be implemented in clinical practice across multiple countries in Europe.

### Thereby saving countless lives.

Speak to your local Angels consultant for more information about how your hospital can partake in QASC Europe.





