



Service Priorities and Programmes Electronic Presentations

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Staff Empowerment Program on Radial Puncture Wound for Post Coronary Angiogram Patient

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Introduction

Trans-radial artery approach has been the main stream for coronary angiogram rather than trans-femoral artery approach. The reason is that patients can be discharged on same day if PCI is not anticipated and wound hemostasis is being achieved. However, the current hemostatic device (Stepty-P) that is being used in CCU requires 7 hours to achieve hemostasis. The wound has to be examined by medical officer before patient discharge. In 2012-13, only 20% of patients with normal coronary angiogram result had been discharged on the same day. In order to improve the workflow of same day discharge for post coronary angiogram patients, nurses of CCU & CCL have to be empowered to manage the wound hemostasis without causing any complications.

Objectives

The purpose of this program was to empower staff to manage the radial puncture wound hemostasis and remove the hemostatic devices without causing any complications after trans-radial coronary angiogram.

Methodology

The program was conducted in cardiac day ward from 2014-2015. Post coronary angiogram patients were assigned to use either one of the hemostatic devices for achieving hemostasis at radial puncture site. Nurses of CCU & CCL were educated to assess the radial puncture wound and perform stepwise pressure reduction to the radial puncture site according to the protocol until wound hemostasis was being achieved. Returned demonstration for 3 patients was required. The protocols of those devices were developed prior to this program which included the techniques and pressure releasing time of the devices so that make it easier for staff to follow.

Result

Total 170 patients post coronary angiograms were included from Jan 2014 to Dec 2015. 95% of patients can be discharged on the same day post coronary angiogram. Only 5% of patients required to stay overnight due to late procedure. All patients had no wound complications found. All trained nurses of CCU & CCL felt confident to

manage radial puncture wound hemostasis. Conclusion:After the empowerment program, nurses gain more competencies in managing radial puncture wound hemostasis. Their job satisfactory is also increased. The hemostatic device can be safely released and removed by trained nurses.