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Research

# Can Australian Nurses Safely Assess for Thrombolysis on EKG Criteria?

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### Introduction

According to the Australian Institute of Health & Welfare, 48,700 ischemic heart disease events occurred in Australia in 2001-2002; around half of these were fatal. The National Heart Foundation of Australia recommends that eligible patients presenting with acute myocardial infarction should receive thrombolysis within 30 minutes of presentation if primary angioplasty is not available. In Australia, fewer than 80% of eligible patients were treated within 1 hour in the first half of the year 2000. Literature reveals that a number of hospitals in the United Kingdom use a model of acute myocardial infarction management whereby suitably qualified cardiac nurses initiate thrombolysis where appropriate, prior to the patient being evaluated by medical staff. This practice is safe and effective in reducing the door-to-needle time to below 20 minutes. The questions are threefold: Are Victorian cardiac nurses similarly capable? What are the existing abilities

of emergency nurses? What do they think about initiating thrombolysis?

## Method

Mixed methodology (descriptive comparative and thematic analysis) was used. The survey instrument included EKG vignettes and a questionnaire. Participants were Victorian nurses practicing in a coronary care unit or an emergency department.

## Results

Seniority was the only apparent predictor of increased accuracy.

## Discussion

Nurses are very accurate and safe in their ability to recognize patients warranting immediate thrombolysis. Nurses' decision making is underpinned by 3 of 4 fundamental patterns of knowing identified by Carperâ€™ aesthetic, empirical, and ethical. In view of these findings, a number of recommendations are made for research, education, and benchmarking of quality patient management.



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