

INTERVENTIONS TO REDUCE PREHOSPITAL DELAY IN PATIENTS WITH ACUTE CORONARY SYNDROME: EVIDENCE-BASED NURSING

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Acute Coronary Syndrome (ACS) is the leading cause of morbidity and mortality for people in Bangladesh and many other countries in the world. The morbidity and mortality of ACS depends on the time elapse from symptom onset to hospital arrival or prehospital delay. Therefore, reducing prehospital delay is crucial.

The purpose of this study was to summarize current relevant evidence on interventions to reduce prehospital delay in patients with ACS and draw conclusions on recommendations based on the evidence obtained. The study applied the search strategy, PICO framework, with appropriate use of keywords to search for relevant evidence from electronic database sources in the Mahidol University library system. One systematic review of experimental studies (Level-I), three randomized controlled trials (Level-II) and one quasi-experimental study (Level-III) were yielded by the search and included in the study. The evidence was evaluated by using the method and criteria as purposed by Melnyk and Fineout-Overholt (2015).

After synthesizing this evidence, individualized and public educational campaign interventions were found to be effective in improving prehospital delay in patients with ACS. Individualized educational interventions should be hospital-based for high-risk individuals during hospital admission and use motivational techniques. Public educational campaign intervention targeted the general public with the aim of improving knowledge and awareness of ACS symptoms to accelerate public contact with the ED for ambulance/EMS. Interventions should be covered by multimedia campaigns including television broadcasts, distributed leaflets, and group CPR training for layman, etc.

The findings suggest that clinical practice guidelines for reducing prehospital delays in patients with ACS should be developed and implemented based on contexts of Bangladesh. Further experimental research to evaluate the effectiveness of both interventions to reduce prehospital delay in patients with ACS is also suggested.

KEY WORDS: ACUTE CORONARY SYNDROME / INTERVENTIONS / PREHOSPITAL DELAY / EVIDENCE-BASED NURSING

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