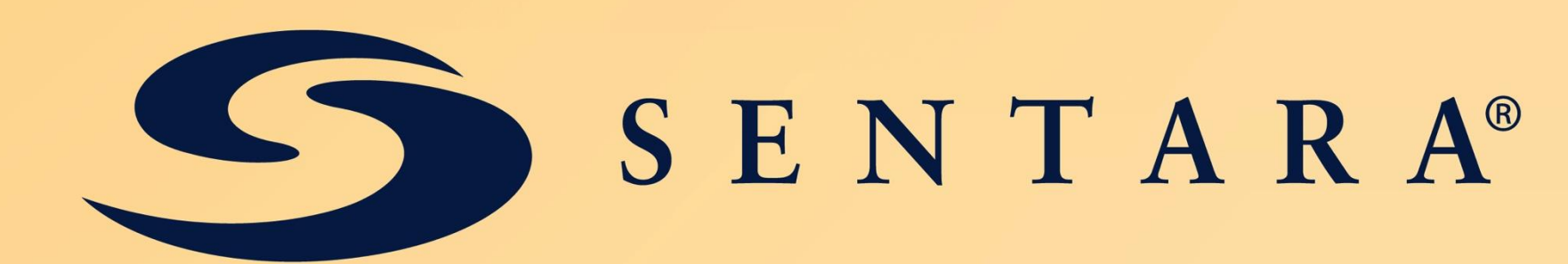




Stroke Education for School Aged Children

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Objective Statement:

After receiving education on the FAST toolkits, students will have immediate retention of sign and symptoms of stroke.

Significance & Background:

According to the 2012 current population survey about 4.2 million households had children under 18 years old and out of those households 67% were maintained by grandparents. With the spike in children living with grandparents, education for stroke symptoms is essential. In an effort to improve the time between the development of stroke symptoms and presentation to the emergency department, school aged children were educated on the FAST model, an assessment method for quickly identifying stroke. It is well documented that reducing the amount of time between onset of symptoms and presentation to the Emergency Department reduces mortality and improves post-stroke outcomes.

Purpose:

Stroke recognition is poor and presents a barrier to acute stroke treatment. In order to improve recognition, stroke education was administered to school aged children using toolkits in order to improve their immediate retention of stroke signs and symptoms. It is hoped that this will reduce the amount of time between onset of symptoms and presentation to the Emergency Department, ultimately leading to improved post-stroke outcomes.

Intervention:

- Utilizing anonymous pre and post-tests, we compared 405 children by grade on stroke knowledge immediately before and after stroke education. Verbal pre and post test were mandatory for first and second graders; while, written test were administered to third thru fifth graders. There was five simple questions for both pre and post test; in which, the participant must circle or write the answer independently. The children were six to twelve years old from a local elementary school.
- Next, summary of the material were reinforced through three skits. The children dialoged at the end and Sentara FAST magnets were handed out for each participant.
- The expected outcome was for school age children to have competency of FAST for someone experiencing an acute stroke, including which organ is affected, what to do, symptoms, and prevention of stroke. Furthermore, the children will feel confident to call 911 for any person experiencing stroke symptoms and teach at least one person about what they learned.

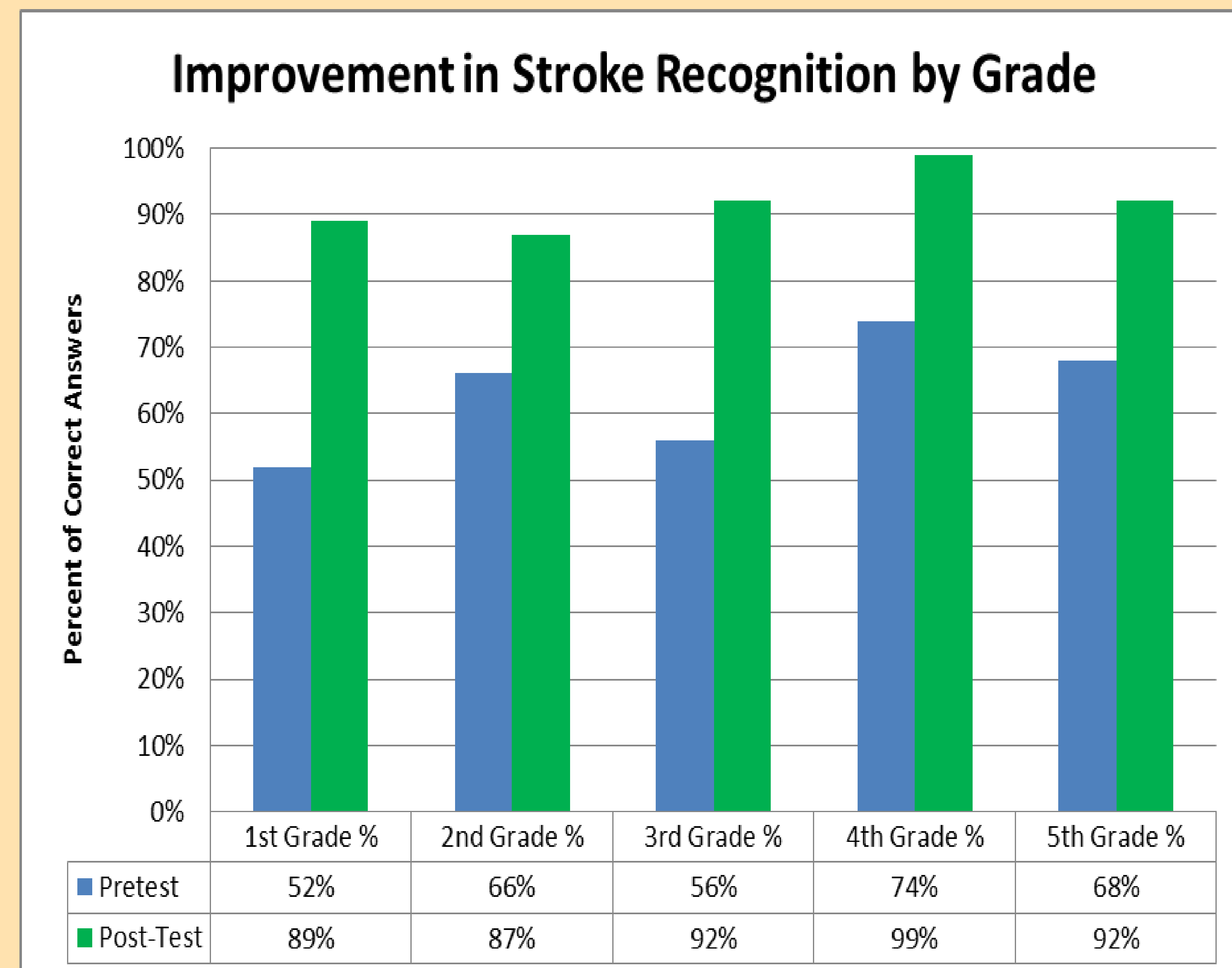
Evaluation Strategy:

First and second graders knew what body part is affected by stroke prior to information than the higher grades; although, higher grades knew at least one sign or symptom of stroke prior to the presentation. First grade had the highest significant 50.7% increase in retention for what to do when someone is having a stroke after the presentation.

Conclusion and Implications:

Our findings suggest a stroke education toolkit containing a power point presentation with a cartoon FAST video, a presenter, and summaries of scenes for the acting FAST model had strong positive effects on the children in terms of learning in a fun way and immediate retention. Furthermore, the stroke toolkit can be easily utilized in future education opportunities throughout the nation.

Findings:



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References:

AARP. (2015). *Grand Facts*. Retrieved from <http://www.aarp.org/relationships/friends-family/grandfacts-sheets/>

