

**ALL CLEAR**

Clear communication with all members of the healthcare team is important in caring for patients on anticoagulants, and patient safety systems enhance communication. A thorough medication reconciliation during the patient's care will contribute to effective communication. In addition, all members of the healthcare team must know which patients are receiving anticoagulant therapy, especially those performing blood draws and placing peripheral and central invasive catheters. Additional pressure is needed for venipuncture and injection sites to prevent bleeding or hematoma. IM injections should be avoided.

Patient teaching about anticoagulants should begin at admission as providers assess DVT risk. Once therapy begins, patients should know why they are on anticoagulants and why they are so important for overall health. The nurse should explain potential adverse effects and instruct patients to report unusual bleeding or bruising. Patients and families benefit from understanding lab values monitored during hospitalization. Patients who understand the importance of DVT prophylaxis will be more apt to participate in nonpharmacologic approaches, such as frequent ambulation

and use of pneumatic compression devices while in bed.

Educating patients on warfarin should begin well before discharge. Stress the importance of timely PT/INR draws and educate patients about food, medication, and herbal interactions. Advise patients to wear identification bracelets indicating they are on anticoagulant therapy.

As hospitals seek to avoid harm to patients from anticoagulation therapy, knowledgeable bedside clinicians will be important contributors to the safety processes that emerge.

*Q* Today

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**EDITORS NOTE:** References and Bibliography are available online at [www.nurse.com/ce](http://www.nurse.com/ce).

## **CE463** Attention Nurses! Anticoagulant Overdoses Prompt Joint Commission to Issue New Safety Requirement

- NPSGs are developed by —
  - The Institute of Medicine.
  - The Joint Commission.
  - State nursing boards.
  - The FDA.
- NPSGs are updated with a review of —
  - Recent literature.
  - Complaints filed by patients.
  - Sentinel events.
  - Physician suggestions.
- One NPSG amended for 2008 is —
  - To improve communication.
  - To improve safety of using medications.
  - To reconcile meds across the continuum of care.
  - To reduce the risk from falls.
- Most hospitalized patients are on anticoagulation therapy because —
  - Immobility places them at risk for developing DVT.
  - They have DVT.
  - They have coagulation disorders.
  - It increases hematocrit values.
- Unfractionated heparin and LMWH reduce DVT risk by —
  - 25%.
  - 40%.
  - 50%.
  - 75%.
- Anticoagulation therapy is a new NPSG because —
  - Anticoagulants are new to hospitals.
  - The medications are high alert.
  - The medications are rarely used.
  - The medications are addictive.
- \_\_\_ are often used prevent DVT.
  - Warfarin and NSAIDs
  - Warfarin or unfractionated heparin
  - Unfractionated heparin or LMWH
  - LMWH and warfarin
- \_\_\_ is the heparin/LMWH antidote.
  - Warfarin
  - Naloxone
  - Diphenhydramine
  - Protamine sulfate
- Heparin is usually monitored with —
  - aPTT.
  - ACT.
  - Creatinine clearance.
  - AST.
- Patients on anticoagulants should avoid —
  - Antibiotics.
  - NSAIDs.
  - Exercise.
  - Antihypertensive medications.
- Is a postchemotherapy patient with a hematocrit of 21% and platelet count of 25,000  $\mu\text{l}/\text{mm}^3$  a candidate for DVT prophylaxis with LMWH?
  - Yes
  - You can determine after an aPTT.
  - No
  - You can determine after a creatinine clearance is drawn.
- A patient on heparin for a PE is to receive enoxaparin. What should you do?
  - Get an order to stop the heparin before starting enoxaparin.
  - Call the pharmacy.
  - Start enoxaparin ASAP
  - Get an order for baseline creatinine

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