

Identification of Cancer Patients at Risk for Venous Thromboembolism
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Problem

In the United States, more than 200,000 deaths occur annually from pulmonary embolism. In 2004, the Joint Commission and National Quality Forum proposed recommendations to evaluate each patient on admission, and regularly thereafter, for risk of venous thromboembolism (VTE) and implementation of appropriate methods to prevent VTE and its recurrence.

Evidence

An interdisciplinary team was formed which was aimed at implementation of an evidence-based screening process to identify patients at risk for VTE in the inpatient setting. Physicians, advance practice nurses, an associate director, and several clinical nurses from the lymphoma unit in a large cancer center participated in an evidence-based project to improve screening and prevention of VTE in inpatients.

Strategy

This interdisciplinary team conducted a literature search and developed the screening tool used by clinical nurses in the inpatient setting. Chart reviews were completed to identify practice patterns. Clinical nurses assisted with patient data collection, using the screening tool to identify those at risk for developing a VTE.

Practice Change

Nursing assessment to identify risks for VTE in hospitalized cancer patients, with an acute and/or chronic illness, provided information that could be communicated to physicians to obtain prophylactic orders when appropriate.

Evaluation

Information was shared and discussed in group meetings. Nurses participated in discussions about available evidence in the literature, assisted with data collection, and will participate in review of assessment findings in ongoing committee meetings. Nurses will also participate in development and review of standardized order sets that will include prophylaxis and care considerations for patients on the unit.

Results

Through participation in an organizational evidence-based project, nurses have demonstrated their important role with facilitating evidence in practices focused on clinical safety and effectiveness.

Recommendations

Interdisciplinary approaches to improve patient care have been successful as evidence is utilized to revise current practices so that optimal patient outcomes can be achieved.

Bibliography

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