

DVT Prophylaxis: Using Evidence to Impact Clinical Practice

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Problem

Mortality from deep vein thrombosis (DVT) in hospitalized patients can be reduced by following recommended treatment. Nationally, 56% of hospitalized patients have DVT complications without preventive therapy. Our baseline sample of 55 inpatients showed that 54% received inadequate or no prophylaxis, including 64% of the highest risk patients.

Evidence

Utilizing the 2004 American College of Chest Physicians (ACCP) venous thromboembolism (VTE) guidelines, we engaged in a multidisciplinary, system-wide effort to implement DVT prophylaxis. Tools collected from other hospitals, as well as published recommendations, were used to plan practice changes. A risk screening tool was prospectively used on randomly selected patients to obtain the baseline data.

Strategy

Phase I—A screening and treatment protocol incorporating the ACCP guidelines was piloted on a medical unit for one month.

Phase II—Expert staff championed education via unit governance councils and developed a nursing protocol to implement housewide practice change.

Phase III—Physicians, nurses and pharmacists collaborated to design a pre-surgical screening process for patients at all hospital access points.

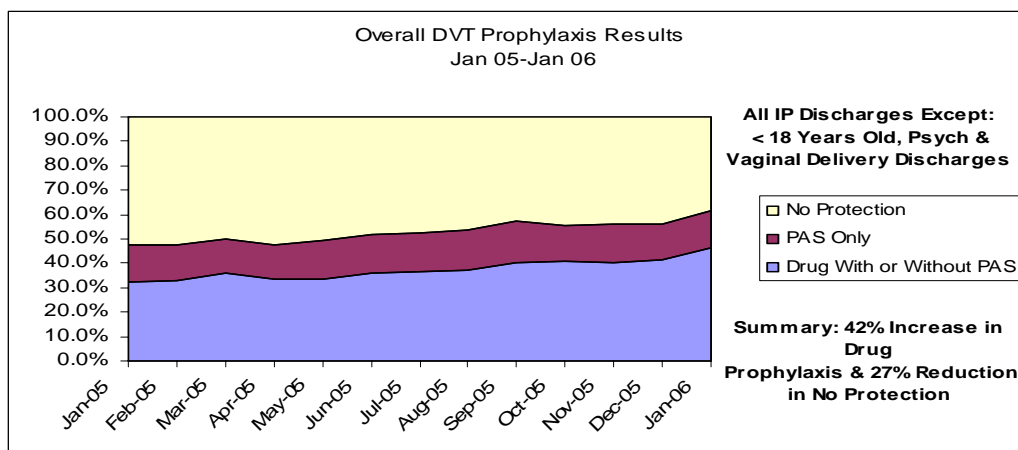
Practice Change

Patients are screened on admission for DVT risk, and appropriately placed on prophylactic medication for level two or three. Sequential compression devices are used as adjunctive therapy and for patients for whom prophylactic medications are contraindicated.

Evaluation

Targeted chart review and electronic databases are used to measure patient outcomes, including use of appropriate therapy, bleeding or adverse complications, and incidence of DVT.

Results



Recommendations

Process recommendations include (1) a multidisciplinary approach in all facets of the project, (2) a strategic plan that reinforces communication and support for the change process at all levels, (3) tools that

incorporate evidence-based recommendations and simplify work flow, and (4) pilot the tool and practice change before implementing housewide. Prophylaxis reduces DVT on moderate to high risk patients.