

## Administration of Subcutaneous Anticoagulation Therapy

Morgan L. Fulmer BSN, RN  
*Lehigh Valley Health Network, [morgan\\_l.fulmer@lvhn.org](mailto:morgan_l.fulmer@lvhn.org)*

Nicole L. Karasek BSN, RN  
*Lehigh Valley Health Network, [nicole\\_l.karasek@lvhn.org](mailto:nicole_l.karasek@lvhn.org)*

Rachael Mazzante BSN, RN  
*Lehigh Valley Health Network, [rachael.mazzante@lvhn.org](mailto:rachael.mazzante@lvhn.org)*

Jessica L. McDonald BSN, RN  
*Lehigh Valley Health Network, [jessica\\_l.mcdonald@lvhn.org](mailto:jessica_l.mcdonald@lvhn.org)*

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# Administration of Subcutaneous Anticoagulation Therapy

Morgan Fulmer, BSN, RN, Nicole Karasek, BSN, RN, Rachael Mazzante, BSN, RN, Jessica McDonald, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

## BACKGROUND

- 55.3% of patients are on daily anticoagulant therapy (on units 5K and 7C)
- Problem Focused Trigger:
  - Identification of a clinical problem
    - Large inconsistency with how RNs administer these therapies
    - Current policy lacks specificity and does not reflect the evidence
- **Purpose:** to educate RNs on the most current evidence-based, administration technique.

## PICO QUESTION

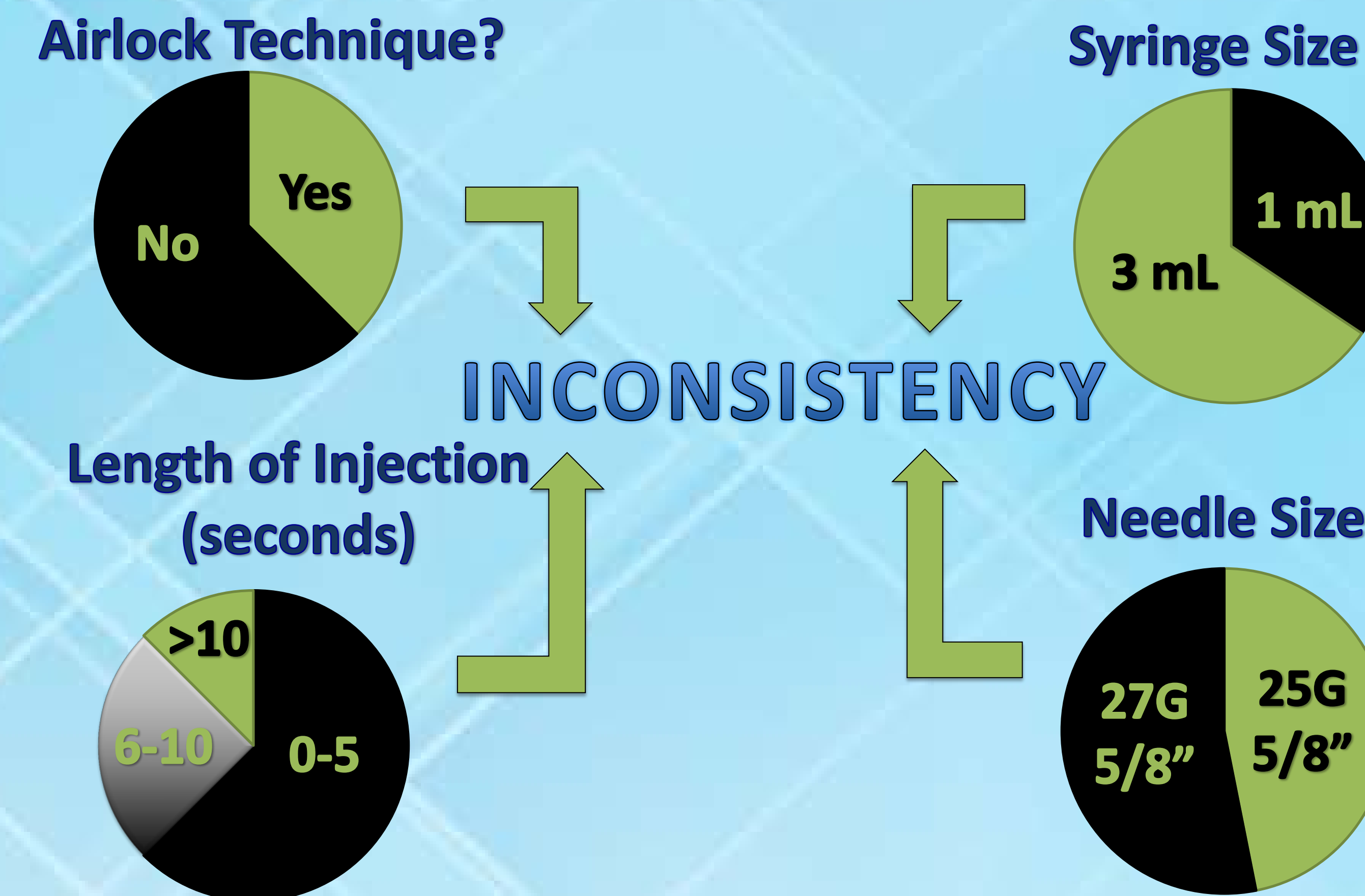
- Does providing medical-surgical nurses a TLC education module on subcutaneous anticoagulation administration based on evidence-based research, compared with no education, change practice to be in alignment with the most current evidence-based administration technique.

## METHODS

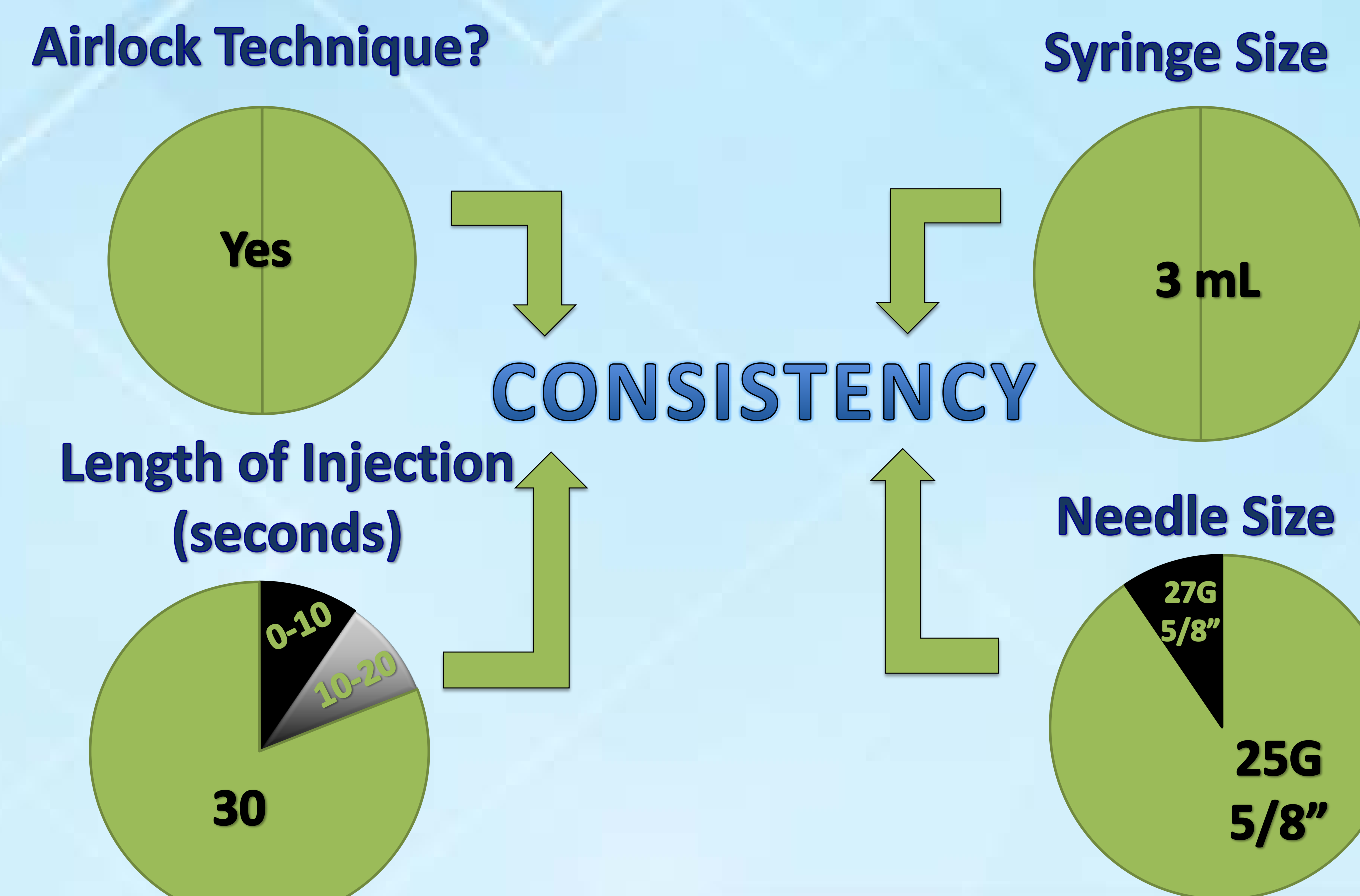
- Determine prevalence of problem
  - 55.3% of patients affected
- Obtain baseline pre-intervention data
  - How RNs give injections pre-education?
- Create TLC education module based on evidence levels 1-4
  - 3 mL syringe → decreases injection force → decreases pain/bruising
  - Slower injection speed (20-30 seconds) → reduces tissue pressure trauma and intensity of site pain
  - Utilization of airlock technique → helps prevent medication from penetrating skin ; ensures correct injectate volume
  - 25 gauge, 5/8 inch needle → no difference verses 27 gauge; in accordance with LVHN policy
- Provide education to RNs on 5K and 7C
- Obtain post intervention data
- Disseminate results

## OUTCOMES

- **Pre-Education Data-** 60% of RNs surveyed between 5K and 7C



- **Intervention-** 76% of RNs on 5K and 7C completed the TLC education module.
- **Post-Education Data-** 50% of RNs who reviewed the TLC module completed the post intervention survey.



## RESULTS/CONCLUSIONS

- The TLC module was effective in teaching RNs the correct technique to administer subcutaneous anticoagulants, according to the most current, evidence-based practice.
- LVHN's policy on subcutaneous anticoagulants should reflect the evidence and specify the following administration parameters:
  - Use of a 3 mL syringe
  - Use of a 25 gauge, 5/8 inch needle
  - Administration over 30 seconds
  - Injection utilizing the airlock technique

## NEXT STEPS/DISSEMINATION

- Transfer of information learned into practice
- Presentation to LVHN Practice Council
- Modifications to current Injection Policy in the PCS Patient Care Manual

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