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## **“I’d rather walk.”**

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# "I'd rather walk."

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## Background/Triggers

- Increased incidence of patients refusing ordered subcutaneous heparin
- Refusal of care forms not being signed for refusal of subcutaneous heparin administration
- Nurses not educating patients on benefits of receiving subcutaneous heparin

## PICO

- **PICO Question** – Will the education of medical-surgical nurses about the importance of administering subcutaneous heparin increase compliance in its administration?
- **P:** Medical Surgical Nurses
- **I:** Educate medical surgical nurses on the benefits of administering subcutaneous heparin
- **C:** No education
- **O:** Compliance in subcutaneous heparin administration

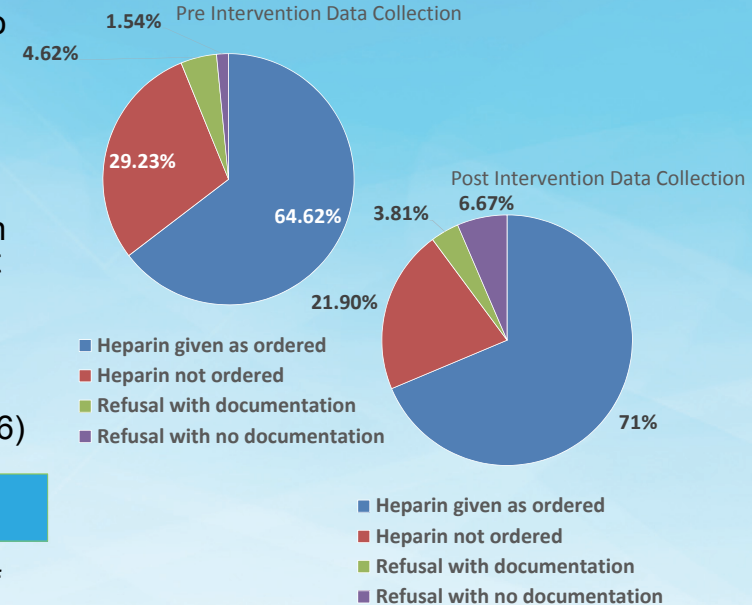
## Evidence

- Venous thromboembolism continues to be a major cause of morbidity and mortality in hospitalized patients (Adekile, Cohn & Mahabir, 2006)
- Hospital acquired VTE is the most common preventable cause of death in the inpatient setting (Cunningham R et al., 2015)
- Several methods of prophylaxis are available with heparin therapy considered the standard (Owings, 1996)

## Outcomes/Results

- Pre-data was collected during the month of March, two days a week.
- Education was sent electronically to all 5T staff RN's.
- Post-data was collected during the month of May, two days a week.
- Data collected was whether heparin was given, not ordered, and refused by the patient.
- If the patient refused, we looked for whether or not they signed a refusal of care and if the provider was notified of the refusal.
- A room/patient was not included in data collection if: the room was empty, the patient is receiving chemo, the patient is receiving another medication for anticoagulant which is not subcutaneous heparin, or they are on hospice care.

## Conclusions



- Data suggests that education of medical-surgical nurses increased compliance in subcutaneous heparin administration

## REFERENCES

- Cohn, S. L., Adekile, A., & Mahabir, V. (2006). Improved use of thromboprophylaxis for deep vein thrombosis following an educational intervention. *Journal Of Hospital Medicine*, 1(6), 331–338.
- Cunningham, R., Murray, A., Byrne, J. S., Hammond, L., Barry, M., Mehigan, D., & Sheehan, S. (2015). Venous thromboembolism prophylaxis guideline compliance: a pilot study of augmented medication charts. *Irish Journal Of Medical Science*, 184(2), 469–474.
- Owings, J. T. (1996). Thromboembolism prophylaxis in surgical patients. *The Western Journal Of Medicine*, 164(2), 166–167.

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