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SCD Compliance

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SCD Compliance

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BACKGROUND

7BP medical/surgical unit SCD compliance rate of patients wearing SCD's per orders via observational auditing

- **January 2020 67%**
- **February 2020 96%**
- **May 2020 93%**
- **June 2020 74%**

PICO

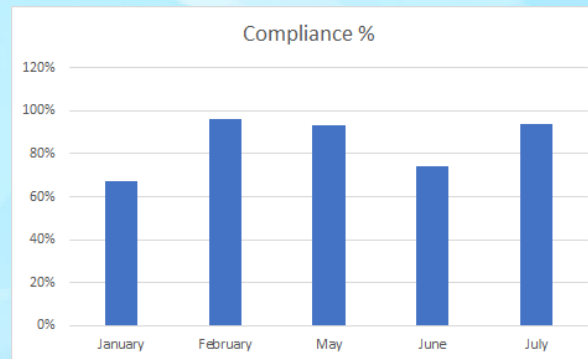
- **P** patients in med surg units with active SCD orders
- **I** Staff education on VTE prevention
- **C** current practice of chart reviews and safety huddles
- **O** Observed SCD compliance

EVIDENCE

- Intermittent pneumatic calf compression helps prevent hypercoagulable states that contribute to the development of VTE. (Wong, 2014)
- Mechanical Compression devices increase venous blood flow and has show to increase the amount of tPA, the protein involved in the breakdown of blood clots. (Wong, 2014)
- The benefit is short lived, however, diminished fibrinolytic activity is seen for several minutes up to 18 hours after discontinuation of SCDs. (Wong, 2014)
- Mechanical compression devices have shown not to be effective unless they are worn for at least 18-20 hours per day. (Wong, 2014)
- Contraindications to use:
 - Allergies to compression cuff materials (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - Acute DVT of diagnosed with a DVT within the past 6 months (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - PVD with absent pedal pulses (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - Severe peripheral neuropathy (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - Skin grafting in the past 3 months (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - Skin breakdown (ulcers, gangrene, cellulitis, dermatitis) (Enhancing patient outcomes with sequential compression device therapy, 2019)
 - Inability to size or apply properly due to deformity, trauma, or recent surgery (Enhancing patient outcomes with sequential compression device therapy, 2019)

OUTCOMES

- **On 7BP, after the implementation of the educational poster, there was a 94% compliance rate of active SCD orders. Out of 33 orders, 2 SCDs were not on patients and should have been, 16 were on as ordered, and 15 were off for acceptable reasons (includes signed refusal of care).**



IMPLEMENTATION

- Educating staff on length of time SCDs must be worn to be effective.
- Poster in the break room for visual reminders of the key concepts.
 - Importance of SCD's- eg: prevention of blood clots, decreased length of stay
 - Appropriate reasons to not have SCD's on when there is an active order- eg: signed refusal, impulsivity, DVT
- SCD audit prior to education and SCD audit a month after implementation.

NEXT STEPS

- Continuation of SCD compliance monitoring on med surg units.
- Education to our patients of the importance of SCD's.
- Understanding among staff of the importance of SCD's for our patients.

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