Administration of Subcutaneous Anticoagulation Therapy

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Administration of Subcutaneous Anticoagulation Therapy

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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.

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.

REFERENCES


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

PRE-EDUCATION DATA

- 60% of RNs surveyed between 5K and 7C

INCONSISTENCY

- Syringe Size
  - 3 mL
  - 1 mL
- Needle Size
  - 27G 5/8"
  - 25G 5/8"

CONSISTENCY

- Airlock Technique?
  - Yes
  - No
- Length of Injection (seconds)
  - >10
  - 5-10
  - 0-5

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.

BACKGROUND

- LVHN’s policy on subcutaneous anticoagulants should reflect the evidence and specify the following administration parameters: