

Venous Thromboembolism Prevention and Quality Improvement

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Quality improvement seeks to standardize processes and structures to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations (CMS, n.d.). It is ever-evolving within the healthcare system as medical knowledge and advancements continue to improve. Quality and Safety Education for Nurses (QSEN) guides nurses in changing how they care for patients to ensure that each patient receives safe, high-quality care (OJIN, n.d.). QSEN focuses on developing effective teaching methods to ensure that future nurses have the knowledge, skills, and attitudes (KSAs) necessary for continuous quality and safety improvement of care (*QSEN Competencies* | QSEN, n.d.).

KSAs ensure that the nurse is competent and confident enough in their skills and knowledge to continuously evaluate their practice and adjust their care to promote better patient outcomes and patient-centered care. Nurses that are rigid in their practice and do not make advancements in their knowledge and capabilities hinder themselves, their patients, and their institutions. As healthcare is constantly evolving and updating, nurses need to be able to keep up with the latest knowledge and advancements to provide the best possible care for their patients and be advocates for their patients when circumstances prove necessary. This constant evolution gives nurses the knowledge and skills to identify and treat venous thromboembolisms that their patients may develop.

Venous thromboembolism, or VTEs, is a precarious medical ailment that is the product resulting from the formation of a blood clot that occurs within a vein (NHLBI, 2022). VTE includes deep vein thrombosis (DVT) and pulmonary embolism (PE). DVTs occur in deep veins most commonly found in the lower leg, thigh, or pelvis but can also occur in the arms should there be a large intravenous central line within the vein (NHLBI, 2022). PEs result from a clot

that ruptures or breaks free and travels to the lungs via the bloodstream and can lead to more dangerous and possibly perilous conditions should the clot block the oxygen supply to vital organs, such as the brain.

VTEs are common, with as many as 600,000 occurrences in the United States annually. The risk for developing a VTE is highest following a major surgery, a major injury, or during prolonged infections and inflammation (NHLBI, 2022). This increase in risk has to do with several key factors: possible damage to the veins that occurred during the surgery or from the injury; lack of movement after surgery or during long-distance traveling leading to venous stasis or pooling of the blood in the venous system (NHLBI, 2022).

Knowing the warning signs is crucial for those within the medical field, especially nurses and physicians, as this knowledge will enable nurses and physicians with early detection and treatment of a VTE. However, the best treatment for a VTE is the prevention of VTE. This includes but is not limited to knowing the risk factors for VTEs, the general/typical signs and symptoms, understanding demographics, and acknowledging comorbidities that may increase the risk for VTEs.

Article Summary

The article *Guideline for Prevention of Venous Thromboembolism* focuses on providing standardized recommendations for creating and implementing prevention protocols via mechanical or pharmacological prophylactic methods to prevent VTEs (Croke, 2022). This author focused primarily on preventing VTEs amongst surgical patients as the formation of a deep vein thrombosis in the surgical extremity, either during the operation or postoperatively, can lead to a life-threatening pulmonary embolism. Emily Jones, a perioperative practice specialist, states that due to the life-threatening impact that a PE can have, perioperative nurses

must know and understand the importance of VTE prevention within the operating room (Croke, 2022).

Jones also stated that there is evidential support justifying the application and utilization of nurse-driven protocols that reduce VTE risk in surgical patients, improve patient outcomes, and increase adherence to mechanical prophylaxis devices (Croke, 2022). With the recent addition of two new recommendations in nurse-driven protocols towards the prevention of VTEs in postoperative patients, where the assessment of adherence to mechanical VTE prophylaxis and nurse-initiated mechanical prophylaxis with intermittent pneumatic compression are brought into perspective, the benefits of these additions far outweigh risks.

Comprehensive VTE risk assessments are becoming increasingly popular with the addition of the assessment of bleeding risk in preoperative patients in order to aid in the direction of prophylactic treatment. Croke (2022) observed that Jones believes in the most recent proposal for individualized risk assessment evaluations and baselining a prophylactic treatment plan based on those comprehensive individual findings. Croke (2022) also observed that the idea and desire for an evidence-based standardized risk assessment tool should be implemented into preoperative care. It can improve the accuracy of VTE risk assessment, promote adherence to prophylactic treatment, and support collaborative communication between interdisciplinary teams.

These prophylactic treatments included mechanical and pharmacological remedies. Mechanical treatment involves the physical therapy portion of postoperative treatment, such as early ambulation and manipulation of the postoperative limb via a CPM machine. Pharmacological remedies include medications that reduce platelet aggregation as well as blood thinners. VTEs are very dangerous and can progress into medical emergencies that require immediate intervention. However, prevention is entirely possible through mechanical and

pharmacological prophylactic treatment, implementation of nurse-driven protocols, and standardized risk assessments. This article concludes that through the implementation of evidence-based practices, the prevention of hospital-acquired VTE events will decrease as patients receive appropriate prophylactic treatment (Croke, 2022).

Introduction (note that the key points is flush to the far left *delete this comment)

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