

# The importance of blood clot prevention and teaching to decrease complications to...

[Business](#), [Management](#)



\n[[toc title="Table of Contents"](#)]\n

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1. [Overview](#) \n \t
2. [Risk factors for de2veloping a DVT](#) \n \t
3. [Prevention Teaching for Nurses and Patients](#) \n \t
4. [Management of patients with Deep venous thrombosis](#) \n \t
5. [Complications of DVT](#) \n \t
6. [References](#) \n

\n[/toc]\n \n

## **Overview**

Risk factors

Prevention teaching for nurses and patients

Management

Nursing management

Complications

Conclusion

David Bloom, an Iraq reporter, died of blood clot issue which caused increased morbidity in relation to the heart, lungs and brains. It was simply because of lack of understanding as regards to the signs and symptoms that influences his untimely need to seek for required treatment.

Overview

Deep ventricular thrombosis affect 0. 1% of persons per annum and it is the formation of the blood clots in the deep veins. This type of venous thrombosis is the type that most occur in the deep leg veins such as the

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femoral vein, calf veins or popliteal vein. It is a dangerous condition associated with several risk factors. The DVT usually occurs whenever there is the formation of clots inside deeper veins located within the muscles. This formed clot that usually formed deep down the muscle of the body leads to blockage of our blood circulation or go to lodge inside some blood vessels that are located within the lungs, heart and some vessels located at other regions. The problem this lodgement causes is that which causes severe organ damage and even eventual death of the organ or the person as a whole. It leads to several forms of morbidity and mortality globally with estimate found to be within the population of 1 in 1000 in some regions, while it is about 350000 new cases especially in the united states (Muleledhu et al., 2013). Another study posted an estimated incidence of 250000 to 2 million cases per year in the United States (Goldhaber & Morrison, 2002). It also stated that predisposition to the condition is from inherited disorders that can also be modified. The implication of this ability to modify those risk factors is simply that it will help lessen the likelihood of the pulmonary embolism or deep venous thrombosis associated with those risks factors. It is important to understand that deep venous thrombosis is a disease associated with various fatal and severe burdensome complications. It is noted that many surgeons don't usually take deep venous thrombosis serious in relation to the risk possessed by their patient by many African Surgeons (Obalum et al., (2009). This can actually contribute greatly to the epidemiology of the condition because of the effects of the complications and associated mortality and morbidity.

## **Risk factors for developing a DVT**

Deep venous thrombosis risk factors are major factors that increase the chances of occurrence of thrombosis in deep veins. These factors tend to increase the chances of clotting experiences. There are certain mechanisms that influence the episode of clotting or the chances. Those factors are (1) the alteration or damaging of blood vessels lining tagged endothelium (2) impairing or slowing the blood flow (3) promoting a state that tend to favor excess coagulation.

- Age (Commoner in patients above 60 years of age), Prolonged bed rest (such as during a long hospital stay, or paralysis), Injury or recent surgery (Pelvic region or legs).
- Diseases such as Cancer, Inflammatory bowel disease, and Heart failure (NHS, 2012).
- A pacemaker or a thin, flexible tube (catheter) in a vein
- A history of deep vein thrombosis or pulmonary embolism, A family history of deep vein thrombosis or pulmonary embolism (NHS, 2012) and Inheriting a blood-clotting disorder or inherited tendency to clot (thrombophilia)
- Being overweight or obese, and being tall (increased area for blood to pool)
  
- Smoking, and Sitting for long periods of time, such as when driving or flying.
- Birth control pills or hormone replacement therapy, and Pregnancy

There are certain factors normally influence surgical procedures to cause an increase risk of DVT. Those factors are the; tissue debris, protein, and fats (Samama & Rechner, 2011). The main reason for this contribution to the

factors causing risk is simply because those factors can move into the blood vessels after the surgery. Another factor is that there are some surgeries that reduces the blood flow to different parts of the body. Such surgeries such as that conducted on the hip, knee, leg, calf, abdomen, chest, and orthopedic surgeries generally (Samama & Rechner, 2011). While conducting the surgeries, the wall of the veins can become damaged. As a result of the damage, there can be released of substances that tend to promote the clotting factor hence resulting in thrombosis.

## **Prevention Teaching for Nurses and Patients**

The nursing role is of great importance when we talk about the management of the deep venous thrombosis. Some centers will create specialist nurse-led DVT services to manage patient on an outpatient basis. The important key nursing roles in DVT management include; managing patient caseload, ordering diagnostic investigations, making and receiving direct referrals, admitting and discharging patients, prescribing medications and treatments under patient group direction, running clinics, performing outpatient department procedures, and taking a lead in the way local health services are organized and managed (Bonner, 2004). Recognition that all members of the clinical and nursing team have a responsibility to provide appropriate prophylaxis should ensure this is considered in all patients. Identification of risk factor of the patient before the patient is placed on admission to the hospital. This multidisciplinary approach must include the nursing staff. The nursing staff must be available because of their role in providing the required prophylaxis for the patient. The physical roles of nurses are listed as follows;

The physical roles of nurses include monitoring of patients on how they need to take their drugs, checking the doctor frequently especially when there is need for the patient to change medication regimen or treatment, important continuous monitoring of patient diet especially that which relates to the vitamin K and blood thinner consumption. It is also very important for the nurse to prevent unnecessary sitting of a patient for a long time without exercise so as to lower the risk of DVT, and also a need for exercise after bed rest or minor surgery to decrease the associated risk of DVT. It is also important for the nurse to ensure a change in lifestyle of the patient the nurse is monitoring. This change in lifestyle includes the following; Lose of weight, quit smoking, blood pressure control, all helps reduce the risk of a DVT. The nurse also needs to ensure that the patient is wearing compression stockings to help prevent blood clots

### **Management of patients with Deep venous thrombosis**

The management is divided into two main parts which are the main management and nursing management. The main management are the use of anti-coagulation therapy, heparin (monitor, PIT, INR), thrombolyti therapy( is very good in helping to dissolve clot of especially in patient with clot issues), surgical management (this is done especially in situations where clots can't be dissolved by the use of the thrombolytic therapy). Those surgical methods that are used mainly for such treatment are the thrombectomy which is the removal of thrombosis. Another method that can be done is that which involves the placement of a thrombi filter after the thrombectomy to sift the emboli and thrombus.

In cases of nursing management, several procedures need to be done. These procedures involve the provision of rest and comfort, monitoring of the platelet count (thrombocytopenia), monitoring of the drug interactions, monitoring of lab values and report that are abnormal values, nurses should also learn and know how to calculate the heparin dosage in order to know how to manage what the patients actually needed. Nurses also need to monitor and manage any or potential complications, nurses also need to monitor any form of bleeding. Other important major activities needed to be done by nurses are those such as the provision of bed rest, analgesics when needed, warm compress to the affected area, elastic compression stockings and elevation of affected extremity.

## **Complications of DVT**

Occur when a part of the thrombus becomes detached from the vein wall and lodges in the pulmonary circulation. It can cause respiratory difficulties such as shortness of breath, pain on inspiration, and hemoptysis. Post-thrombotic syndrome is a long-term complication of DVT. It occurs due to damage and incompetence of venous valves causing blood to pool in the lower leg. The clinical signs include chronic swelling and skin changes in the affected limb. Recurrent DVT or pulmonary embolism is common, particularly after idiopathic thrombosis or in the presence of persisting risk factors.

Conclusion Patients need information about DVT, anticoagulation, compression stockings, and the possible complications of these. They also need to be aware of how and when to access help. The diagnosis of DVT may also mean a change in lifestyle and this information should be given verbally

and reinforced with written information to increase concordance with treatment.

DVT can be associated with significant morbidity. Nurses should focus on prevention by the early recognition and adequate prophylaxis of those at increased risk. Patients should be actively involved in their care wherever possible. An awareness of diagnostic and treatment strategies will enable nurses to inform patients. This will help to improve both concordance with treatment and disease outcome.

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