

# Nursing pharm

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Extra Credit for Exam # 3 Questions Why is heparin used as the anticoagulant for Ms Smith? Heparin, especially low-molecular-weight heparin (LMWH), is the conventional treatment choice proven to be safely administered for pregnant clients with Deep Vein Thrombophelibitis (Smeltzer et al., 2010). Specifically, heparin is used to prevent the formation of new clots due to venous stasis typical during pregnancy, and prevent further enlargement of pre- existing clots (Ignatavicius & Workman, 2010).

2. Why is some heparin ordered to be given by IV push and some heparin ordered to be given by IV infusion?

Critically, the client needed to obtain the therapeutic drug level of heparin as evident in aPTT result of 1.5 to 2 times the normal control levels. To maintain the desired anticoagulation effects, heparin must also be administered by intravenous infusion regulated by an infusion pump (Peterson et al., 2008).

3. What is the purpose of the repeated drawing of the aPTT?

The therapeutic effect of heparin is appropriately measured by the activated partial thromboplastin time (aPTT) results. Since anticoagulation effects can be difficult to monitor because of individual differences in drug reaction (Smeltzer et al., 2010), aPTT is repeated more frequently in unstable and new clients to prevent complications due to under or over medication.

4. What is the rationale for bed rest while receiving heparin?

Bed rest is one of the interventions to promote comfort in clients with DVT (Smeltzer et al., 2010). Furthermore, it is especially indicated to prevent the dislodgment of pre existing thrombus into the bloodstream for high- risk clients. Aside from bed rest, careful elevation of the lower limbs is also

helpful to prevent venous stasis and promote blood circulation.

### Critical Thinking Challenge

What actions should the nurse take?

The use of infusion pumps maximizes safety measures in the client with DVT under heparin therapy (Peterson et al., 2008). In this case, the IV pump malfunctioned and resulted in the accidental administration of the drug in high dosages. Although the client does not show signs of bleeding initially, aPTT should be rechecked to determine the degree of possible adverse reactions. The drug administration should be discontinued temporarily to prevent further increase in drug level. Furthermore, protamine sulfate should be prepared as an antidote in case the client manifests excessive bleeding (Ignatavicius & Workman, 2010). The physician should also be notified immediately.

### References

- Ignatavicius, D. D. & Workman, M. L. (2010). *Medical-surgical nursing: Patient-centered collaborative care* (6th ed). St. Louis: Mosby.
- Peterson, C., Ham, C. W. & Vanderveen, T. (2008). Improving heparin safety: A multidisciplinary invited conference. *Hospital Pharmacy*, 43 (6), pp. 491-497.
- Smeltzer, S. C., Bare, B., Hinkle, J. L. & Cheever, K. H. (2010). *Brunner and Suddarths textbook of medical-surgical nursing* (12th ed). Philadelphia, PA: Lippincott Williams & Wilkins.