

CARE OF THE PATIENT WITH THROMBOPHLEBITIS

OBJECTIVE:

1. To control thrombus development
2. To prevent complications
3. To relieve pain
4. To prevent recurrence

PROCESS STANDARDS:

1. Superficial Thrombosis
 - a. Patient will be on bed rest and extremity elevated until less tender and ambulation is ordered.
 - b. Warm compresses will be applied and antiembolism stockings used as ordered.
2. Deep Vein Thrombosis
 - a. Patient shall be on strict bed rest and extremity elevated, Range of Motion (ROM) and ambulation only as prescribed.
 - b. Anticoagulation therapy will be administered as ordered. Assess for side effects, i.e., petechia, bruising, bleeding, etc.
 - c. Warm moist compresses and analgesics will be given as prescribed to help reduce discomfort.
 - d. The affected extremity will be measured once a day and evaluated for edema. The site of measurement will be marked initially for consistency in measurement.
 - e. The affected extremity will be assessed at least every eight (8) hours to include pulse, color, temperature, and pain.
3. Assess for signs and symptoms of PE (Pulmonary Embolism) including dyspnea, pleuritic chest pain, wheezing, crackles on auscultation, restlessness, and hemoptysis. Notify the physician and initiate START/Code Blue/EMS per policy.
4. Discharge teaching may include:
 - a. The importance of follow-up blood studies.
 - b. Avoidance of prolonged sitting and/or standing.
 - c. Medication and side effects, as applicable.
 - d. Rest and activity.
 - e. Proper application and use of anti-embolism stockings.
 - f. Avoid tight fitting clothes.
 - g. Stay well hydrated when traveling (automobile, train, bus, plane etc).

OUTCOME STANDARDS:

At the time of discharge:

1. The affected extremity will be free of pain or pain minimized at least 24 hours prior to discharge.
2. Skin temperature and pulses in the affected extremity will be within normal limits for the patient.
3. Patient/significant other will be able to communicate a basic understanding of the disease process and management of such, preventative actions that can be taken, and follow-up care.

Standard 15

Revised: 2003, 2006, 2009

Reviewed: 1991, 1994, 1997, 2000

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HAVE I DOCUMENTED:

- * Activity level
 - Bed rest, ROM and ambulation as prescribed
 - Bathroom privileges for superficial thrombosis
- * Extremity
 - Daily measurement for DVT
 - Elevation
 - Presence of Compression garment/Compression devices as prescribed
 - Color
 - Pulse
 - Temperature
 - Pain
- * Comfort or pain relief
- * Patient Education
 - Anticoagulation therapy
 - Preventive practices
 - Deteriorating Condition protocol-the patient/family will notify nursing management when they believe that more clinical action is needed than is being provided
 - Smoking Cessation

At The Time of Discharge:

- * Status of extremity past 24 hours
 - Color
 - Pulse
 - Pain
 - Skin Temperature
- * Patient/family has understanding of home and follow-up care

Reference:

1. Administrative Directive 7.2.1 Emergency Transport of Seriously Injured/Ill Employees, Visitors, or Patients http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/7.2.1.pdf
2. Hospital Policy 5.12.0 Code Blue Resuscitation Team
http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.12.0.pdf
3. Hospital Policy 5.45.0 START (Shock Treatment and Resuscitation Team)
http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_5.45.0.pdf
4. Marshall, L. Evidence Based Nursing Monographs-DVT (10/28/2007). Accessed 11/16/2009
[Mosby's Nursing Consult - Evidence-Based Nursing.](#)
5. Swearingen, P. (2007). Manual of Medical-Surgical Nursing Care, 6th ed. Section 6: Disorders of the Peripheral Vascular System-Venous Thrombosis/Thrombophlebitis. Accessed 11/16/2009
[Mosby's Nursing Consult - Evidence-Based Nursing.](#) St. Louis: Mosby Elsevier.