## NURSING PROCESS FOCUS  Clients Receiving Anticoagulant Therapy

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Potential Nursing Diagnoses</th>
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</thead>
<tbody>
<tr>
<td>Prior to administration:</td>
<td>• Injury, Risk for (bleeding), related to adverse effects of anticoagulant therapy</td>
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<tr>
<td>• Obtain a complete health history including recent surgeries or trauma,</td>
<td>• Activity Intolerance (Contact Sports)</td>
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<td>allergies, drug history, and possible drug interactions.</td>
<td>• Tissue Perfusion, Ineffective, related to hemorrhage</td>
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<tr>
<td>• Obtain vital signs and assess in context of client’s baseline values.</td>
<td>• Tissue Integrity, Impaired</td>
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<td>• Infection, Risk for</td>
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<td>• Knowledge, Deficient, related to drug therapy</td>
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### Planning: Client Goals and Expected Outcomes

The client will:

• Experience a decrease in blood coagulation as evidenced by laboratory values.
• Demonstrate an understanding of the drug’s action by accurately describing drug side effects and precautions.

### Implementation

#### Interventions and (Rationales)

- **Monitor for adverse clotting reaction(s).** (Heparin can cause thrombus formation with thrombocytopenia, or “white clot syndrome.” Warfarin may cause cholesterol microemboli that result in gangrene, localized vasculitis, or “purple toes syndrome.”)

- **Observe for skin necrosis, changes in blue or purple mottling of the feet that blanches with pressure or fades when the legs are elevated.** (Clients on anticoagulant therapy remain at risk for developing emboli resulting in CVA or PE.)

- **Use with caution in clients with GI, renal and/or liver disease, alcoholism, diabetes, hypertension, hyperlipidemia, and in the elderly and premenopausal women.** (Clients with CAD, diabetes, hypertension, and hyperlipidemia are at increased risk for developing cholesterol microemboli.)

- **Monitor for signs of bleeding: flulike symptoms, excessive bruising, pallor, epistaxis, hemoptysis, hemaemesis, menorrhagia, hematuria, melena, frank rectal bleeding, or excessive bleeding from wounds or in the mouth.** (Bleeding is a sign of anticoagulant overdose.)

- **Monitor vital signs.** (Increase in heart rate accompanied by low blood pressure or subnormal temperature may signal bleeding.)

- **Monitor laboratory values: aPTT and PTT for therapeutic values.** (Heparin may cause significant elevations of aspartate aminotransferase (AST) and alanine transaminase (ALT), because the drug is metabolized by the liver.)

- **Monitor CBC, especially in premenopausal women.** (Changes in CBC may indicate excessive bleeding.)

#### Client Education/Discharge Planning

- **Instruct client to:**
  - Immediately report sudden dyspnea, chest pain, temperature or color change in the hands, arms, legs, or feet.
  - Check pulses in the ankle daily.
  - Protect feet from injury by wearing loose-fitting socks; avoid going barefoot.
  - Instruct elderly clients, menstruating women, and those with peptic ulcer disease, alcoholism, or kidney or liver disease that they have an increased risk of bleeding.

- **Instruct client to:**
  - Immediately report flulike symptoms (dizziness, chills, weakness, pale skin); blood coming from a cough, the nose, mouth, or rectum; menstrual “flooding”; “coffee grounds” vomit; tarry stools; excessive bruising; bleeding from wounds that cannot be stopped within 10 minutes; all physical injuries.
  - Avoid all contact sports and amusement park rides that cause intense or violent bumping or jostling.
  - Use a soft toothbrush and an electric shaver.
  - Instruct client to immediately report palpitations, fatigue, or feeling faint, which may signal low blood pressure related to bleeding.
  - Always inform laboratory personnel of heparin therapy when providing samples.
  - Carry a wallet card or wear medical ID jewelry indicating heparin therapy.
  - Instruct client to keep a “pad count” during menstrual periods to estimate blood losses.

### Evaluation of Outcome Criteria

- Evaluate the effectiveness of drug therapy by confirming that client goals and expected outcomes have been met (see “Planning”).
- The client’s laboratory values exhibit a decrease in blood coagulation.
- The client demonstrates an understanding of the drug’s action by accurately describing drug side effects and precautions.

⚠️ See Table 27.2 for a list of drugs to which these nursing actions apply.