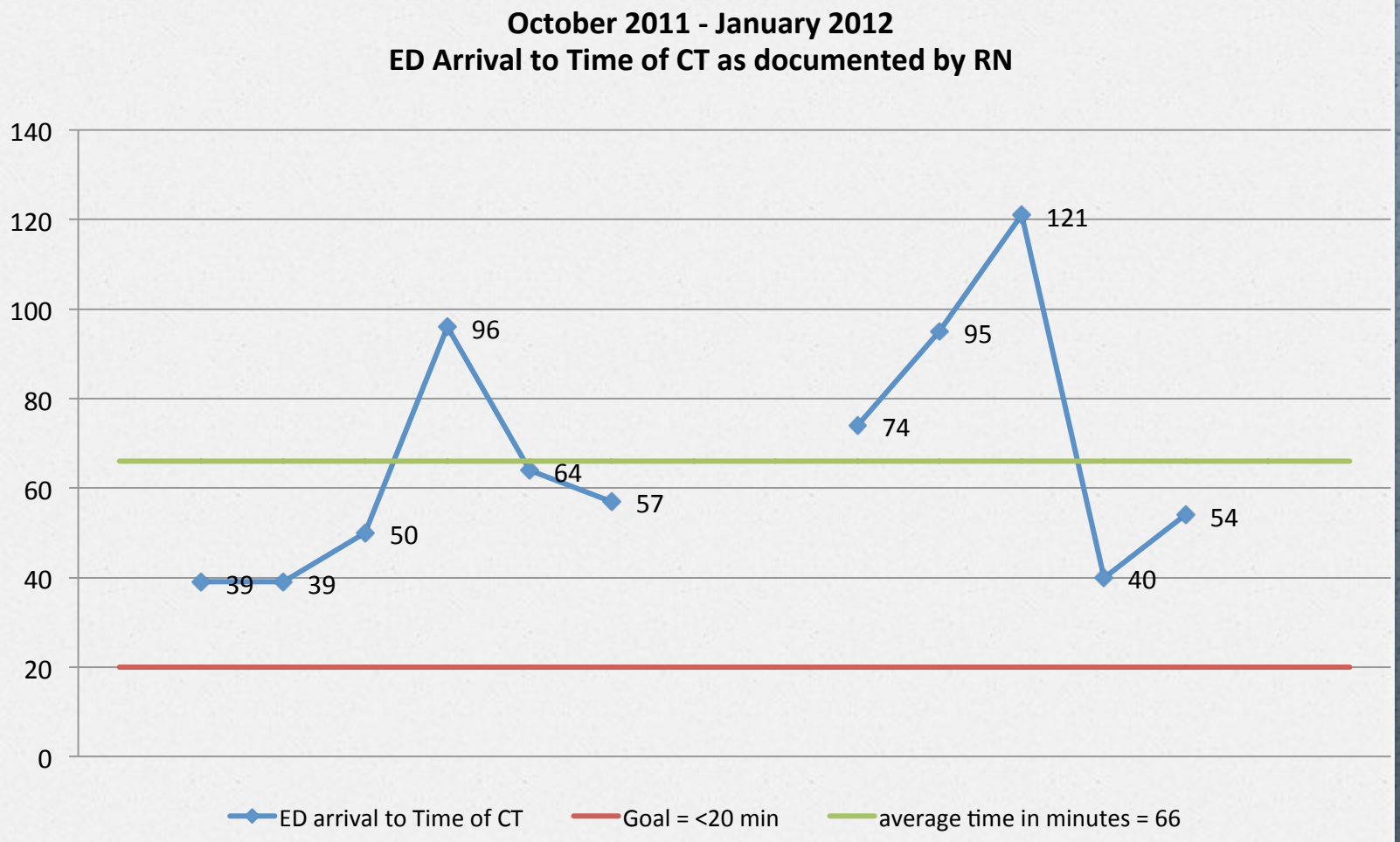
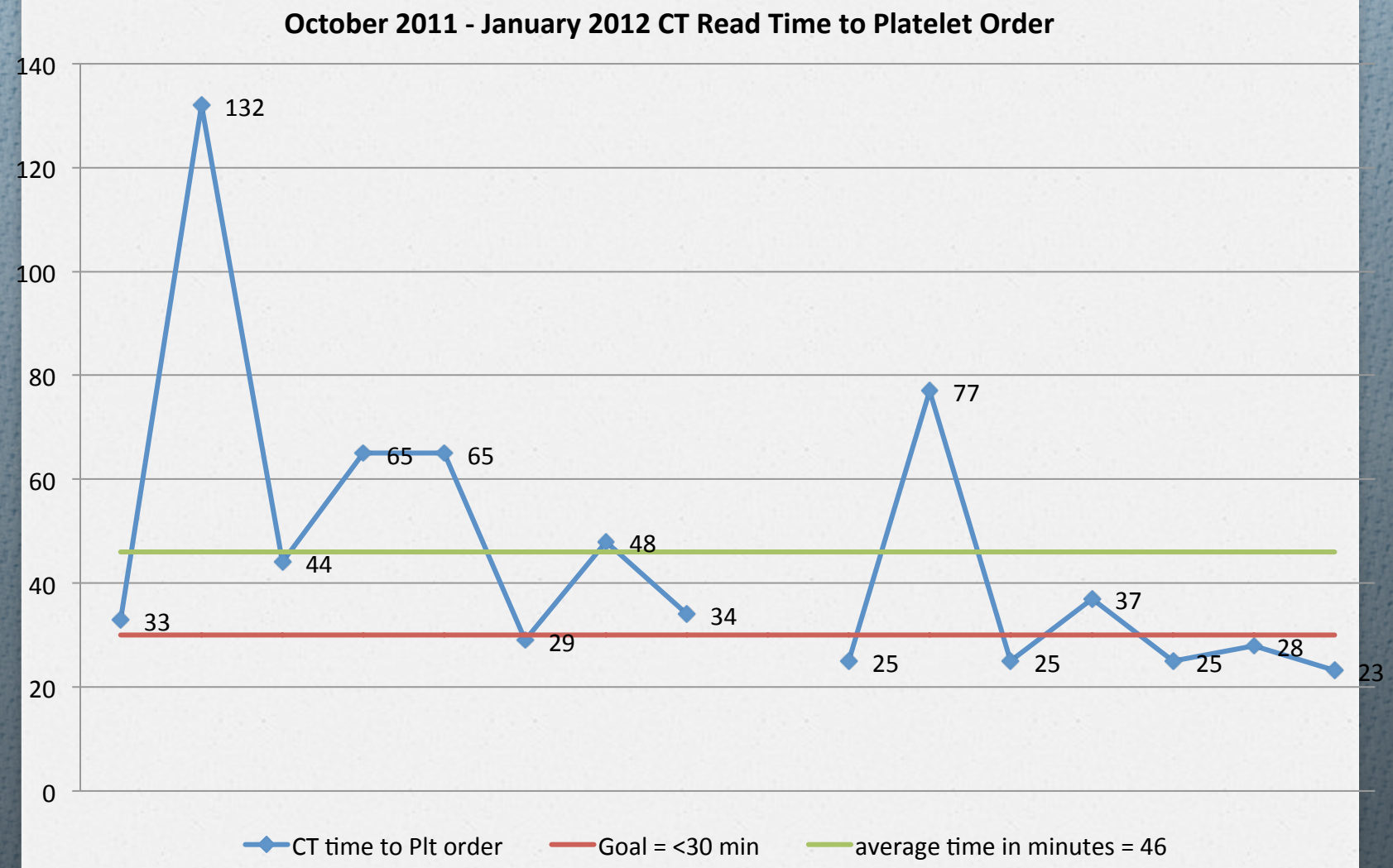
Munson PI Project

ANTICOAGULANT REVERSAL

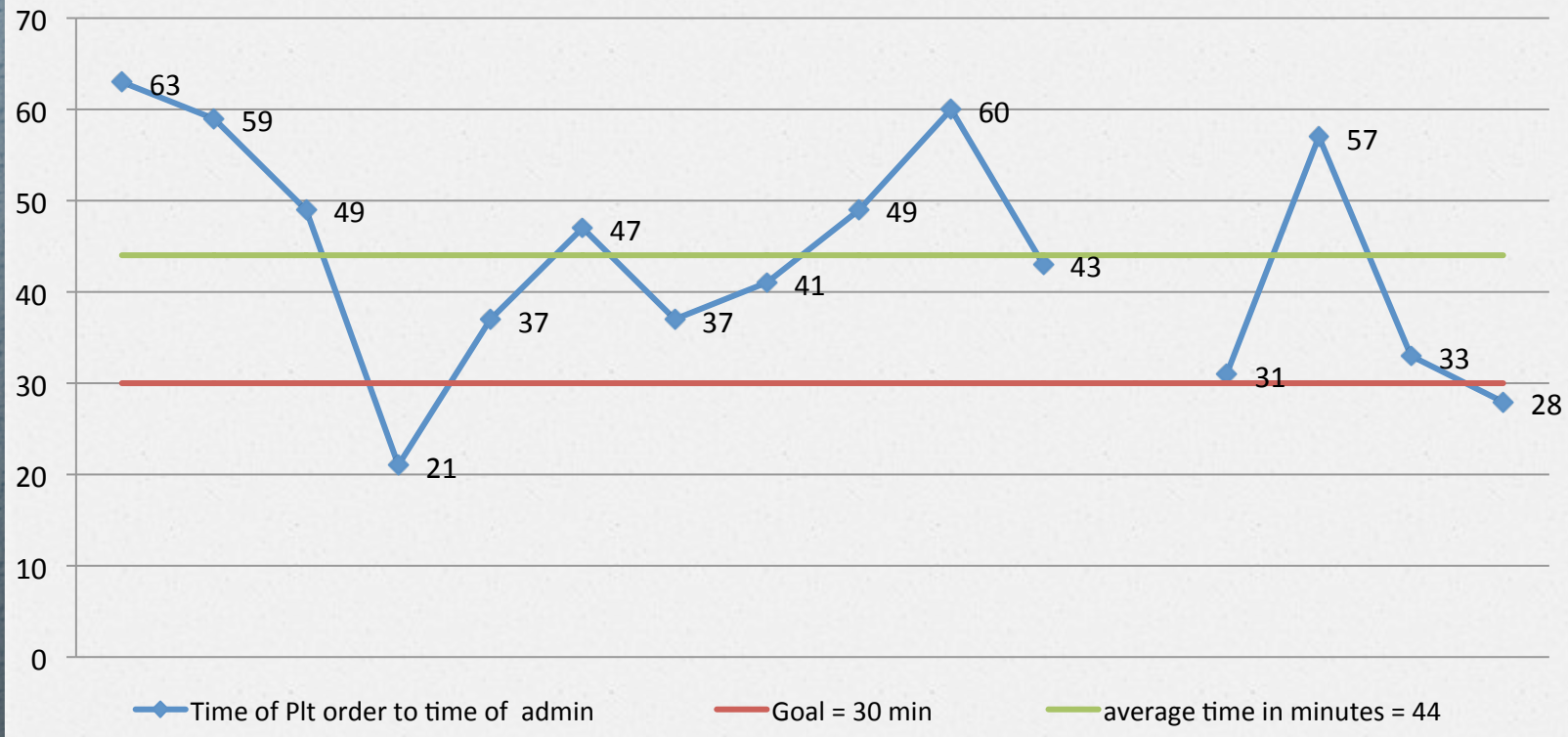
- **Revising existing Coumadin protocol to include anti-platelet agents**

- **<u>Population:</u> All TBI patients with a positive head CT on preexisting antiplatelet agents, excluding patients transferred from outside facility where head CT was obtained.**

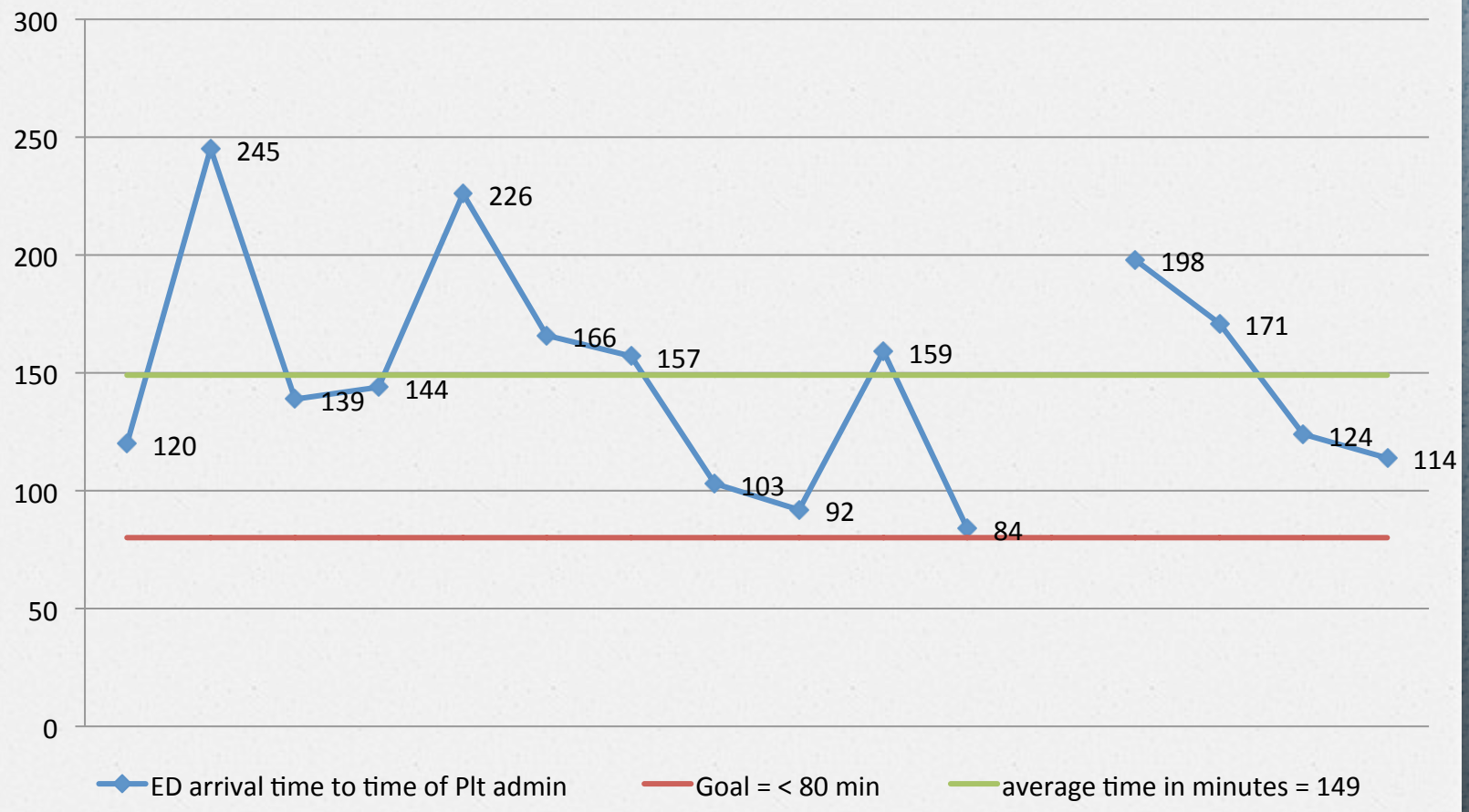

October 2011 - January 2012
ED Arrival to Time of CT as documented by RN
140
120
100
80
60
40
20
0
39
39
50
96
64
57
74
95
121
40
54
ED arrival to Time of CT
Goal = <20 min
average time in minutes = 66


October 2011 - January 2012 CT Read Time to Platelet Order
140
120
100
80
60
40
20
0
132
33
44
65
65
29
48
34
25
77
25
37
25
28
23
CT time to Plt order
Goal = <30 min
average time in minutes = 46

October 2011 - January 2012 Time of Platelet Order to Time of Administration

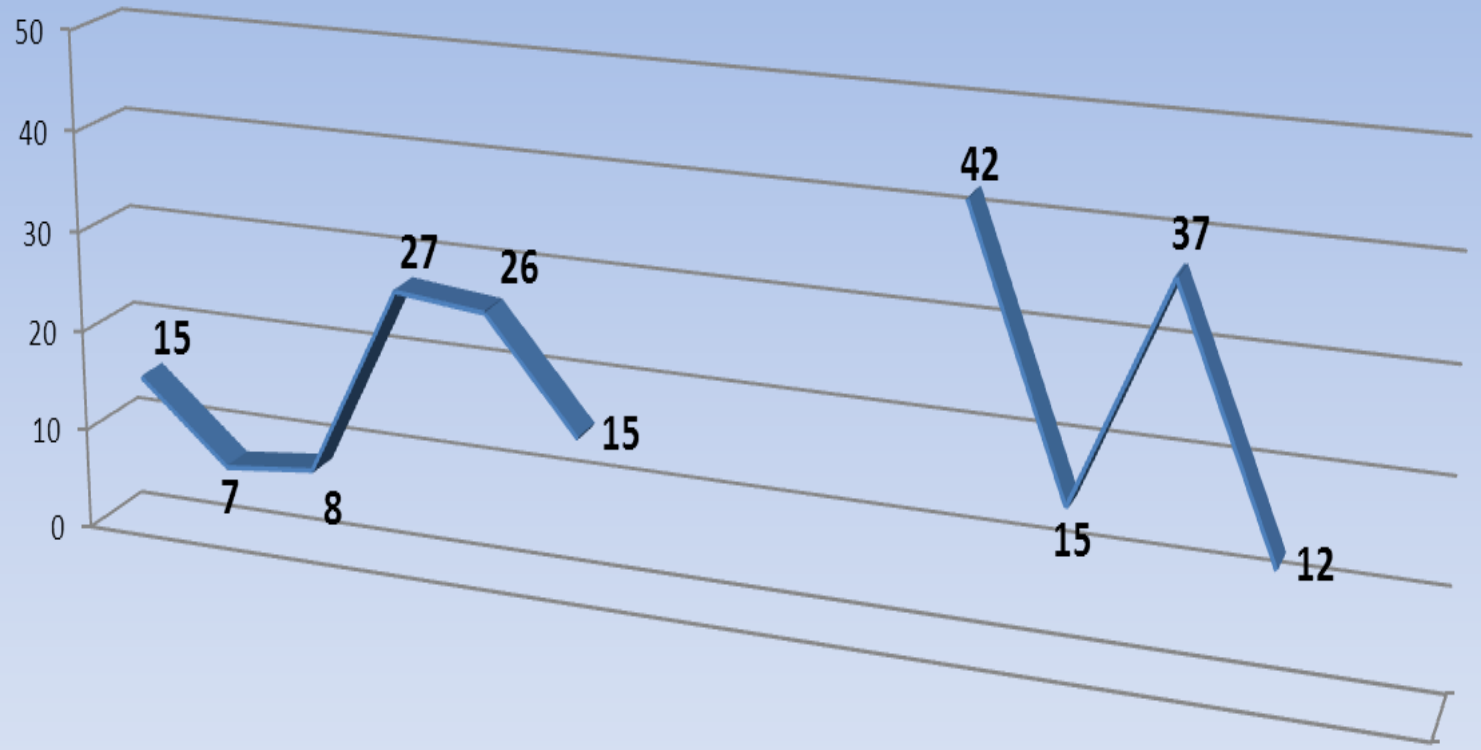


October 2011 - January 2012 ED Arrival Time to Time of Platelet Administration



Time of Transport to CT to Time of CT Read

Avg. = 20 minutes and 4 seconds



T R I A G E

Screen all patient for current anticoagulation therapy at triage/initial assessment with known/suspected bleeding or impact to head (falls, facial trauma, actual bleeding, etc.)

If patient is in the Emergency Department and has suspected Stroke/Intracranial Hemorrhage (ICH), initiate ESI Level 1 triage to be seen by attending immediately

If patient is hospitalized and suspected stroke/ICH, call Medical Response Team

Obtain Baseline Labs STAT:

- CBC with platelets, PT/INR, aPTT, fibrinogen and type & screen

Call to blood bank for 2 units AB FFP or 2 Packs of Platelets(if on antilplatelets such as clopidogrel or aspirin)

Suspected ICH

- Obtain Head CT Completed within 20 minutes of assessment
- Document TIME to CT

Suspected GI Bleed

- Endoscopy if clinically appropriate
- Evaluation of clinical signs and symptoms

Suspected Retroperitoneal Bleed

- Abdominal CT Completed within 20 minutes of assessment

Other Significant Bleeding

Appropriate Diagnostics of other major bleeding

???Positive Bleed???

Continue to Rapid Reversal Procedures for each specific Anticoagulant

Positive ICH Patients:

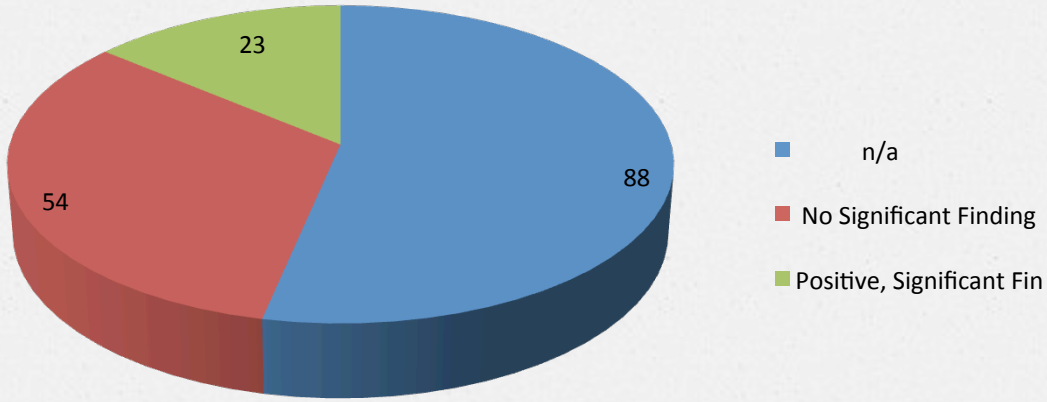
- STAT Trauma Service Consult: Document time of call and arrival
- STAT Neurosurgical Consult: Document time of call and arrival
- STAT Page to admitting Physician

Resume Routine Care

Negative ICH Patients with Trauma to Head

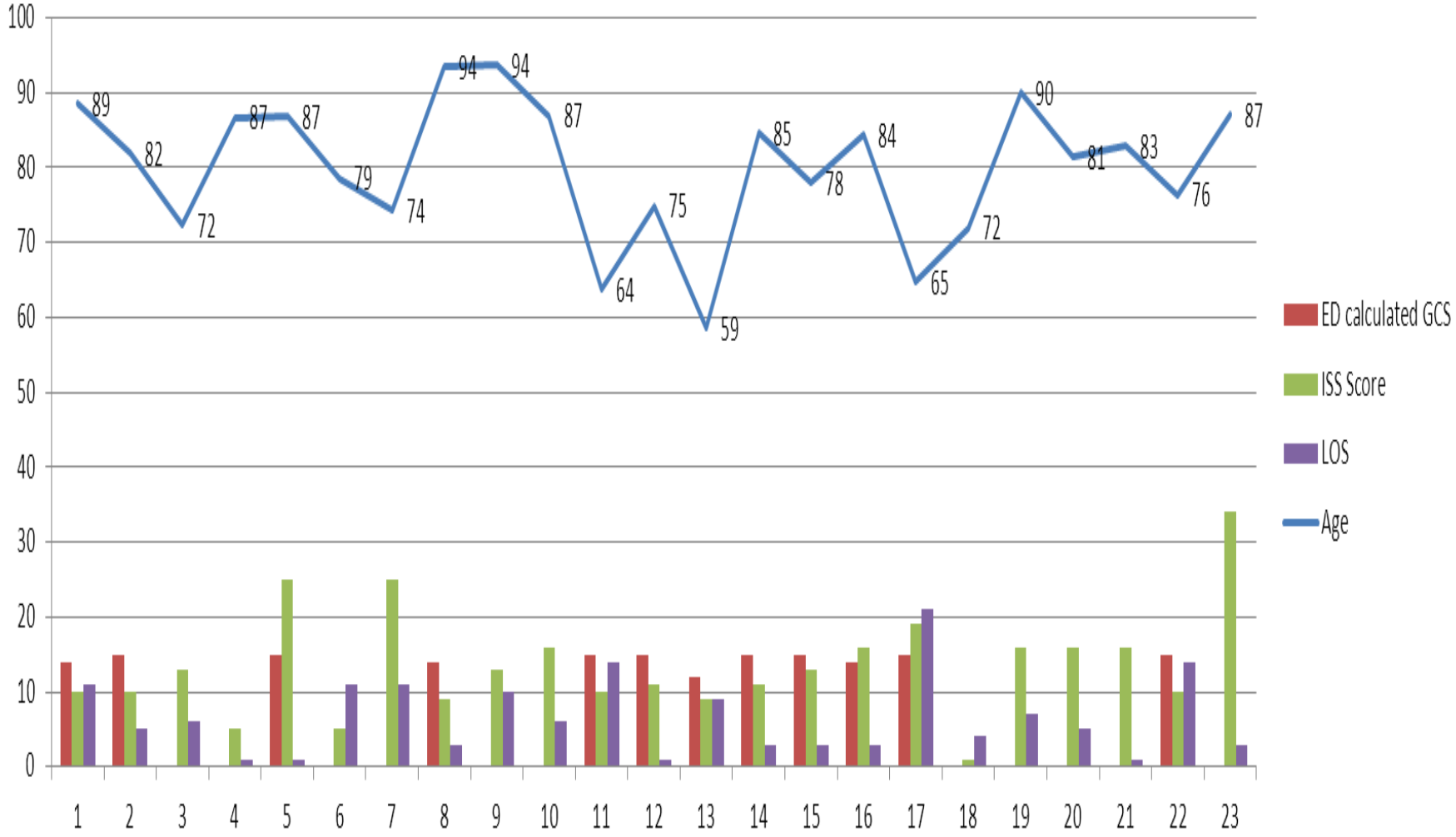
- Admit to Trauma Service for Observation if indicated
- Obtain Neurosurgical consult
- Obtain other specialty service consults
- STAT Head CT if any neurological changes
- Page Trauma Service if any changes

Oct. 2011 – Jan. 2012	Patients on anticoagulants
Row Labels	**Count of Head CT**
No Head CT performed	88
Negative	54
Positive	23
Grand Total	**165**

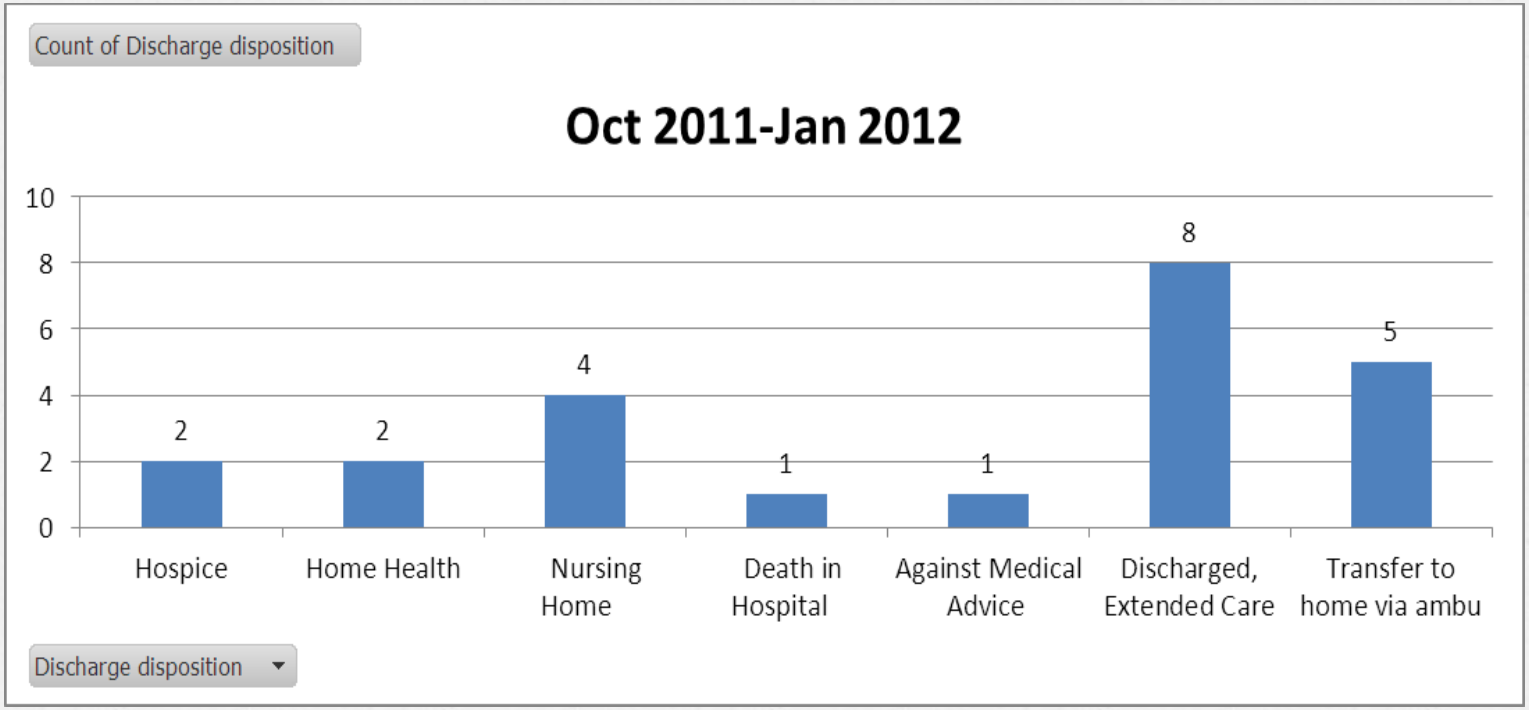


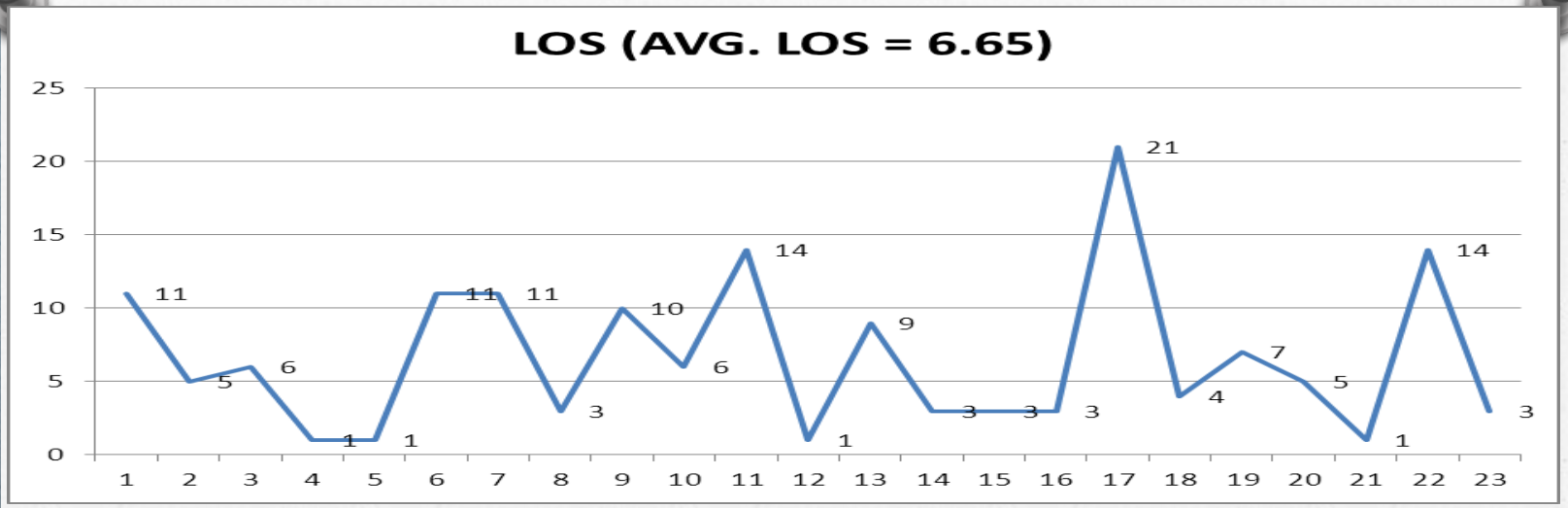
Positive Head CT, Age, ISS, LOS, and GCS

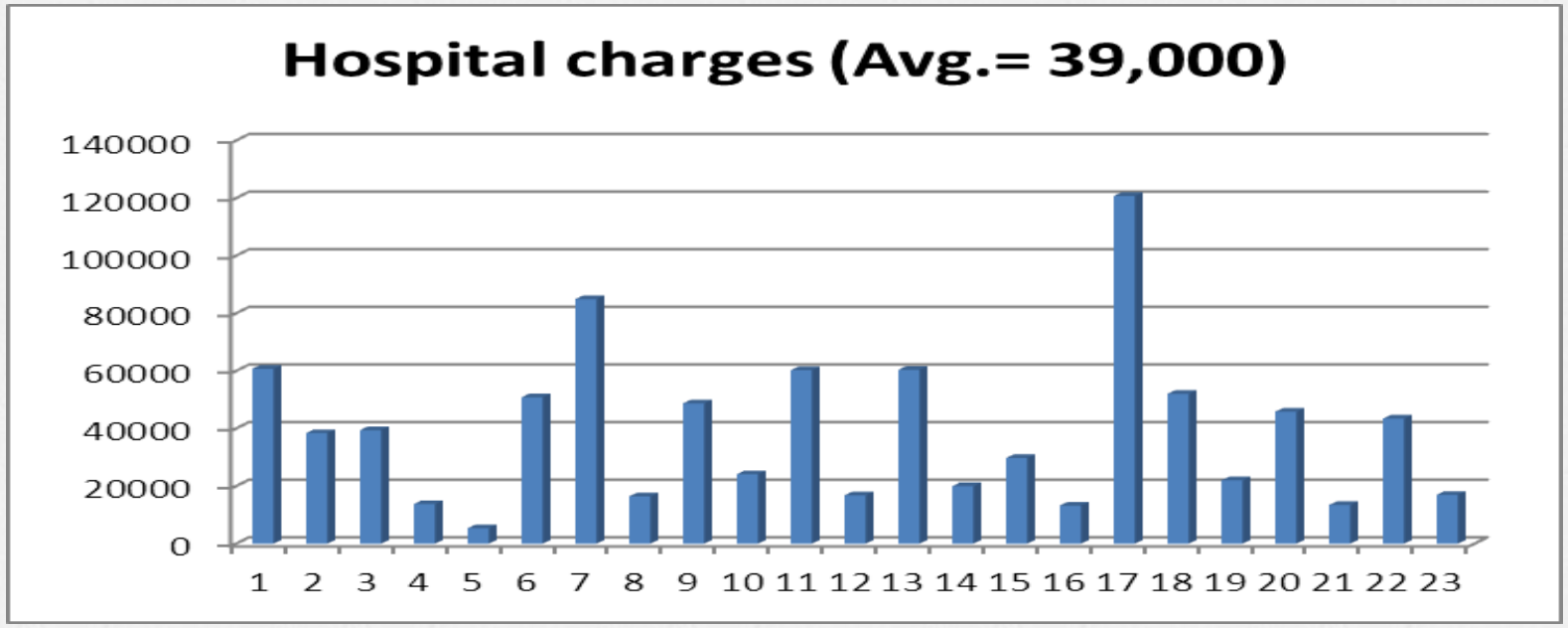
Total= 23 Oct 2011-Jan 2012



Row Labels	Count of Discharge disposition
Hospice	2
Home Health	2
Nursing Home	4
Death in Hospital	1
Against Medical Advice	1
Discharged, Extended Care	8
Transfer to home via ambu	5
Grand Total	**23**




LOS (AVG. LOS = 6.65)
25
20
15
10
5
0
11
5
6
1
1
11
11
3
10
6
14
1
9
3
3
3
21
4
7
5
1
14
3
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23


Hospital charges (Avg.= 39,000)
140000
120000
100000
80000
60000
40000
20000
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

Summary

- Why did we choose this project?
  Delays noted in treatment
- Barriers to the project
  - Buy in
  - Overwhelmed ED
  - Real time documentation
  - Education
  - Communication between staff members
  - Vague patient history

Questions?