EFFECT OF AN INDIVIDUALIZED INSTRUCTION FORM ON PATIENT KNOWLEDGE OF PERIOPERATIVE ANTICOAGULANT AND/OR ANTIPLATELET MEDICATION MANAGEMENT
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Introduction: Management of perioperative patients who take anticoagulant/antiplatelet medications is an important patient safety issue. The U.S. Joint Commission (2013) identified the need to decrease patient injury associated with the use of anticoagulant therapy as a Hospital National Patient Safety Goal and suggested practice change. One such practice change is the formation of medication management plans specific to the use of anticoagulant/antiplatelet medications. It was further suggested that these management plans be a multi-disciplinary approach (Thachil, 2008).

Problem: While conducting pre-health assessments preadmission nurses discovered that some patients who take anticoagulant/antiplatelet medications do not understand how to manage these medications perioperatively.

Purpose: Evaluation of whether or not same day surgical patients who take prescribed anticoagulant/antiplatelet medication and receive individualized education have increased knowledge on how to manage these medications perioperatively compared to patients who received standard care.

Methodology: This randomized clinical trial interviewed sixty adult patients scheduled for same day surgery who take prescribed anticoagulant/antiplatelet medication. Randomly distributed into two groups, patients were either given an individualized instruction form or did not receive individualized instruction and were assessed using the standard interview practice of the surgical center. Patient knowledge was assessed by asking both groups identical questions. Data was analyzed using chi-square to determine p values.

Results: This study demonstrated a significant improvement in knowledge regarding anticoagulant/antiplatelet medications among patients who received individualized education. One hundred percent of the patients receiving this education understood their medication usage compared to 50% who knew when to stop (<.01) and 7% who knew when to restart (<.01) following surgery.

Discussion: The multi-disciplinary approach utilized focuses on promoting high quality patient-centered care and promotes maximum patient safety throughout the perioperative process.

Conclusion: The use of an individualized instruction form involving collaboration of the surgeon and the physician prescribing the anticoagulant/antiplatelet medication showed an increase in patient knowledge on how to manage these medications perioperatively.

Implications: This improved communication and increased patient knowledge about anticoagulant/antiplatelet medication has the potential to decrease unintentional adverse events.