

Operation Ambulation

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Introduction: Postoperative thromboembolism (TE) is a significant yet preventable complication in surgical patients. Orthopedic, neurosurgical, and vascular procedures are classified as high-risk for TE, prompting current guidelines to advocate for prophylactic measures. Prolonged immobility is recognized as a risk factor for venous thromboembolism and post-op complications such as postoperative thromboembolism is monitored as a quality indicator.

Identification of the Problem: Alarming, our hospital has seen a rise in VTE cases and a decrease in patient mobility, with 30 post-operative VTEs reported in the last six months—double the rate of comparable academic medical centers. Chart reviews of 30 post op VTE revealed that, in the week leading up to diagnosis, only 37% of post-operative patients had documented use of mechanical prophylaxis, and just 11.5% had documented ambulation at least once within a 24-hour period.

EBP Question/Purpose: In SDA post op patients with ambulation orders will early mobilization after 3 hrs in PACU and ensuring that pharmacologic and mechanical prophylaxis are properly ordered, as compared to remaining on bedrest until arriving on the inpatient floor, reduce post op VTE rates?

Methods/Evidence: The Johns Hopkins Evidence-Based Practice Model was used for this project. Inclusion criteria: Post op SDA with ambulation orders and Exclusion criteria: Pain score >5, n/v, bleeding, unstable VS, RASS score >+1 or <-1.

Significance of Findings/Outcomes: Outcomes are measured by auditing the number of patients who met criteria, if they were mobilized, and if pharmacologic and mechanical prophylaxis was ordered. Data still being collected and evaluated.

Implications for perianesthesia nurses and future research: In the PACU, same-day admissions often experience delays in transferring to their post-operative rooms due to throughput issues, leading many patients to spend extra hours in the PACU after recovery while waiting for an inpatient bed. This time presents an opportunity for PACU nurses to support our post-surgical patients and collaborate with inpatient nurses to initiate early mobilization, provide VTE education, and ensure that pharmacologic and mechanical prophylaxis are properly ordered.