Abstract

Bleeding is a risk among patients on dual antiplatelet therapy (DAPT) after the percutaneous intervention (PCI) in acute coronary syndrome (ACS). There is a need to accurately identify the patients with increased bleeding risk. Evidence shows that 1.7 cases bleed among 100 PCI patients, and 5% of patients are re-admitted for bleeding which increases subsequent death or MI within 60 days post-discharge bleeding. Evidence suggests that the internally and externally validated BLeeMACS bleeding risk instrument can be used to measure bleeding risk in this population. This quality improvement project aims to improve the awareness among healthcare providers of the bleeding risk of individuals on DAPT undergoing PCI, using the BLeeMACS bleeding assessment tool. The databases PubMed, CINAHL, Cochrane Library, and Google Scholar were used to explore the most current relevant evidence. Nineteen publications met the inclusion criteria and were selected for literature review. Kurt Lewin's Theory of Planned Change was the Theoretical Framework to guide this project. The intervention sought to provide an educational session with cardiologists, advanced practice nurses, and physician assistants working in the cardiac catheterization laboratory. Pre- and post-surveys were used to evaluate the education session. Statistical analysis was done using the paired t-test. This project aimed to improve the awareness among healthcare providers of the bleeding risk of individuals on DAPT undergoing PCI.

Key Words: Post PCI bleeding; ACS-complication; assessment tools post-PCI; predicting the risk of bleeding in ACS.