

Abstract

The management of anticoagulants in the perioperative environment is still a challenge for the medical profession. There is a dilemma in deciding on the management of anticoagulation in patients who are preparing for surgery. There is the issue of clots, and there is the issue of bleeding risks. The solution therefore, lies in finding a balance. This is a quality improvement project. The purpose of this DNP project is to improve the management of perioperative warfarin therapy through the implementation of the patient anticoagulant management (PAM) protocol for cardiac patients over the age of 18. The aim is to decrease surgery cancellation, intraoperative and postoperative complications such as, hemorrhaging and thromboembolism through the implementation of the PAM protocol which is founded in evidence-based research and collaborative efforts in primary care settings. Chi square tests of independence was utilized to determine if there were differences in three patient outcomes before and after the implementation of the PAM protocol. The number of surgical cancellations significantly decreased from 24.4% before the intervention to 0% after the intervention. The incidence of hemorrhaging decreased from 8.9% before the intervention to 4.4% after the intervention. The incidence of thromboembolism decreased from 11.1% before the intervention to 2.2% after the intervention. The low incidences of hemorrhaging and thromboembolism pre and post implementation is a limitation of this project. The project would benefit from a larger sample size and a longer time frame for implementation, to ensure meaningful results for hemorrhaging and thromboembolism.

Key words: preoperative cardiac patients, surgical centers, NOAC, anticoagulant therapy and perioperative surgery, ambulatory surgical centers, cancellations.