

Advanced Nurse Practitioners' practice when evaluating venous thromboembolism risk due to lower limb injuries within the emergency setting.

Ms. Lynda J. GIBBONS FFNMRC SI, RGN, RANP, RNP, RGN, MSc. BSc. (Hons) PGDip (Advanced Practice), PGDip (Emergency Nursing), PGCert (Medicinal & Ionising Radiation Prescribing)

Academic Institution: Clinical Doctoral Research Student at the University of Stirling

Academic Supervisors: Dr Carina HIBBERD and Dr Kath STODDART - University of Stirling

Abstract

Aim:

The aim of this study was to understand 'How do Nurse Practitioners' evaluate venous thromboembolism (VTE) risk in patients with lower limb injuries in the Emergency setting (ED)?

Background:

VTE is a significant global health burden, with incident events alone costing the UK an estimated £640 million and the USA an estimated \$7–10 billion each year (House of Commons Health Committee 2005, Grosse *et al* 2016). Within the last decade, VTE has resulted in more deaths than prostate cancer, breast cancer, road traffic accidents and AIDS combined (Raskob *et al* 2014). The association between injury and VTE is well recognized, and the reported incidence of VTE after trauma varies from 7% to 58% (Knudson *et al* 2004). There is minimal studies investigating the VTE risk in nonsurgical, ambulatory patients post lower limb injury within the ED.

Method:

A mixed method convergent design was adopted. A self-administered questionnaire consisting of both quantitative and qualitative questions was distributed to the whole population of Registered Advanced Nurse Practitioners (RANP) in Ireland. The quantitative data was analysed using SPSS 26 and the qualitative data was managed using NVivo 12 then a thematic analysis approach was adopted.

Results and Findings:

Participant response rate was 85.8% (73/85). Synthesis of the results and findings provided a clear understanding of the key concepts included knowledge, guidelines and risk assessment tools, clinical practice and barriers & facilitators. 75.3% (n=55/73) of RANPs currently managing patients with lower limb injuries are not satisfied with their current practice and 61.7% (n=45/73) of the participants rated their overall knowledge in relation to VTE as poor or fair.

Conclusion:

This study provided important insights into how RANP evaluate VTE risk in patients with lower limb injuries in the ED especially in relation to their current practice and knowledge.

Relevance to clinical practice:

Improved knowledge, compliance and adherence to VTE clinical practice guidelines should improve the quality of care for patients.

References:

- GROSSE, S. D., NELSON, R. E., NYARKO, K. A., RICHARDSON, L. C. & RASKOB, G. E. (2016) The economic burden of incident venous thromboembolism in the United States: A review of estimated attributable healthcare costs. *Thrombosis Research*, 137, 3-10.
- HOUSE OF COMMONS HEALTH COMMITTEE (2005) The prevention of venous thromboembolism in hospitalised patients - second report of session 2004-2005.
- KNUDSON, M. M., IKOSI, D. G., KHAW, L., MORABITO, D. & SPEETZEN, L. S. (2004) Thromboembolism after trauma: an analysis of 1602 episodes from the American College of Surgeons National Trauma Data Bank. *Annals of surgery*, 240, 490.
- RASKOB, G. E., ANGCHAIKUSIRI, P., BLANCO, A. N., BULLER, H., GALLUS, A., HUNT, B. J., HYLEK, E. M., KAKKAR, A., KONSTANTINIDES, S. V. & MCCUMBER, M. (2014) Thrombosis: a major contributor to global disease burden. *Arteriosclerosis, thrombosis, and vascular biology*, 34, 2363-2371.