THROMBECTOMY POST-PROCEDURE CARE

PURPOSE: To outline the post-procedure management of the patient who has received a thrombectomy.

SUPPORTIVE DATA: Thrombectomy is the mechanical removal of a blood clot from an artery, a vein, or a graft. During thrombectomy, the practitioner positions a catheter at the site of the clot and uses a mechanical device to break down and remove the clot. Thrombectomy can be performed by itself or with pharmacologic thrombolysis to improve blood flow, preventing organ and tissue damage.

ASSESSMENT:

1. Assess and document the following **immediately** upon:
   - Patient return from procedure,
     - then every 15 minutes for the first hour
     - every 30 minutes for the second hour
     - then every hour until sheath removed
   - After sheath removal,
     - every 15 minutes for the first hour
     - every 30 minutes for the second hour
     - then per *Physiologic Monitoring/Hygiene/Comfort – ICU, Progressive Care Unit Clinical Standard*

   a. Level of consciousness (LOC) and neurologic status
   b. Vital signs, presence of pain
   c. Inspect all access sites for adequate perfusion including
      - Skin color, temperature
      - Pulses
      - Nailbed color and capillary refill
   d. Monitor the integrity of the dressing and assess for bleeding, hematoma
   e. Maintain the securement of the sheath (until removed)
   Observe for signs of bleeding (oozing at puncture site, bleeding gums, etc.)

2. Measure fluid intake and output hourly x 4, then per *Physiologic Monitoring/ Hygiene/Comfort – ICU, Progressive Care Clinical Standard*, assess for hematuria

ANTICOAGULATION:

3. Administer anticoagulants as ordered.

4. Check coagulation laboratory tests as drawn:
   - Activated partial thromboplastin time (Aptt)
   - Completed blood count (CBC) with platelet count
   - International normalized ratio (INR)

DISCONTINUATION OF SHEATH:

5. Apply manual pressure to catheter site for 5-10 minutes upon removal of sheath (unless Femostop™ device or internal vascular closure device is used).

SAFETY:

6. Maintain bedrest for at least 6 hours or as ordered. Patients receiving a vascular closure device can ambulate after 4 hours.

7. Maintain head of bed (HOB) no higher than 30 degrees as ordered. Keep affected extremity straight for 6 hours or as ordered.

REPORTABLE CONDITIONS:

8. Notify provider of the following:
   - Change in LOC
   - Chest pain, sudden shortness of breath
   - Feelings of dizziness, lightheadedness, or fainting
   - Irregular heartbeat, palpitations
   - Allergic reaction
   - Muscle weakness, paresthesia
   - Swelling, bleeding, hematoma at catheter site
     - Notify provider immediately for bleeding or hematoma and do the following:
       - Apply manual compression
       - Draw CBC, INR, Aptt as ordered
       - Check availability of blood/blood products and transfuse as ordered

PATIENT/CAREGIVER EDUCATION:

9. Instruct on the following:
   - Importance of bed rest and extremity immobilization
   - Need to report discomfort/pain/bleeding

ADDITIONAL STANDARDS:

10. Refer to the following as indicated
    - Physiologic Monitoring/Hygiene/Comfort – ICU, progressive Care Unit Standard
    - Pain Management
    - Immobility
    - Femoral Compression System (FemostopTM) or internal vascular closure device

DOCUMENTATION:

11. Document in accordance with documentation standards in iView

Initial date approved: 02/23	Reviewed and approved by: Professional Practice Committee Nurse Executive Committee Attending Staff Association Executive Committee	Revision Date:

REFERENCES:

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