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Perioperative Nurse Education and Protocols Can Reduce Risk of Deep Vein Thrombosis

Patient Assessment Before Surgery Can Prevent Blood Clots and Arterial Blockages

Denver, Colo. November 4, 2011 – An estimated 60,000 to 100,000 Americans die each year from deep vein thrombosis (DVT) or pulmonary embolism (PE). Estimates show that one to two Americans out of 1,000 develop blood clots within a deep vein. These clots can break off and migrate to the main arteries of the lung, resulting in a PE. Having protocols in place to prevent the formation of blood clots in veins (ie, venous thrombus) is among the prevention strategies reported to external agencies such as insurance payers, the Joint Commission and the Centers for Medicare & Medicaid Services.

In March 2011, AORN updated the “Recommended practices for the prevention of deep vein thrombosis,” which will be published in the 2012 Perioperative Standards and Recommended Practices. The purpose of these recommended practices is to help perioperative nurses develop a DVT prevention protocol and to guide the administration of mechanical and pharmaceutical prophylaxis.

An article published in the November issue of the AORN Journal provides further insight on how to implement the recommended practice and presents a summary of the recommendations. This is the first in a planned series of articles on how to apply AORN’s recommended practices in the clinical setting.

“It’s always been a challenge for OR nurses to follow recommended practices because every facility presents unique challenges,” said AORN Manager of Standards and Recommended Practices Ramona Conner, MSN, RN, CNOR. “It’s exciting that AORN is giving OR nurses tools to facilitate positive system change.”
In “Implementing AORN Recommended Practices for Prevention of Deep Vein Thrombosis,” Sharon A. Van Wicklin, MSN, RN, CNOR, CRNFA, CPSN, PLNC writes, “Although the prevention of DVT and PE should be a priority for the entire health care system, the particular risks facing perioperative patients makes it imperative that perioperative RNs take an active role in DVT prevention.”

According to Van Wicklin, strategies for success include taking a multidisciplinary approach to protocol development; educating nurses so they can perform perioperative patient assessments for DVT risk; and educating perioperative nurses so they can properly use mechanical prophylaxis devices and products. Armed with education and knowledge about risk factors, nurses will find it easier to advocate for patients and educate them about the risks of DVT and PE.

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The AORN Journal is peer reviewed and provides registered nurses in the operating room and related services with information based on scientific evidence and principle. Articles cover the nurse’s roles before, during, and after surgery and include patient teaching and preparation, use and care of surgical instruments and supplies, asepsis, sterilization, anesthesia, and related topics.

**About AORN**
AORN represents the interests of more than 160,000 perioperative nurses by providing nursing education, standards, and practice resources—including the peer-reviewed, monthly publication AORN Journal—to enable optimal outcomes for patients undergoing operative and other invasive procedures. AORN’s 40,000 registered nurse members manage, teach, and practice perioperative nursing, are enrolled in nursing education or are engaged in perioperative research. [www.aorn.org](http://www.aorn.org)

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