Adjustable surgery workflow in patients with bleeding disorders

Adjust it to your own practice

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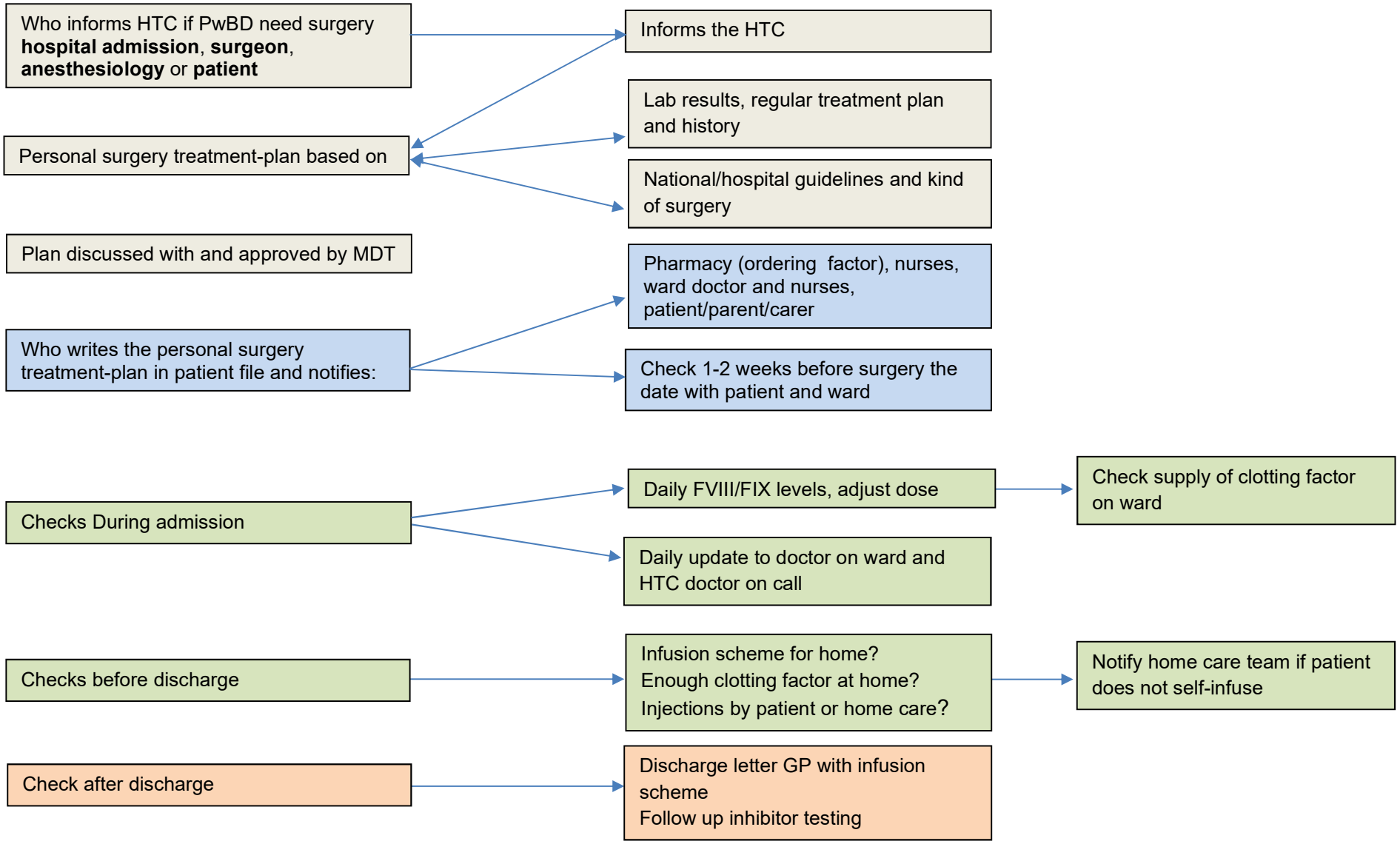
Workflow for patient with bleeding disorder



Adjustable workflow surgery patient with bleeding disorder

Patient category	Patients with hemophilia A or B, Von Willebrand disease or any other clotting disorder
Hospital	
Local document holder	
Original author	EAHAD Nurses Committee

The workflow checklist, last page, must be adjusted to local circumstances, guideline and practice.

This workflow describes the different phases, tasks and responsibilities regarding surgery in patients with a bleeding disorder. By recording what needs to be done by each person at different times, the process becomes clear, controllable and correctable.

Ideal factor levels during surgery and recovery period should be altered to national and hospital guidelines. Nevertheless they must always be altered based on patient specific and/or clinical needs.

It must be clear for each patient (or his/her parents/carers) that there are at east two parties responsible: the surgeon for everything concerning the surgery and the Hemophilia Treatment Center for correcting the patients clotting factor level and the supply of sufficient clotting factor.

Each Hemophilia Treatment Center can adjust this workflow to their own situation and responsible staff.

Before surgery

1. How is the HTC informed when surgery will be planned on one of their patients?
   For example:
   - Via the surgeon
   - Via the anesthesiologist
   - Via the patient him/herself/parent/carer

2. For some hospitals it is possible to create a query within the hospitals digital database, where patients with a bleeding disorder are linked to upcoming surgeries.

3. Contact the surgeon to discuss the day and time of the surgery

Treatment plan

Different tasks

Information needed

- Recent result Inhibitor test, current height and weight of patient, information about surgery and factor levels in the past and clotting factor product

Treatment plan

1. Define the factor levels necessary for the operation and the following days
2. Initial dose of clotting factor and lab works
3. Continuous infusion or bolus infusion

Discuss this treatment plan in MDT and get it confirmed

Short clear description of the policy in patient file including expected duration of admission

Prescribe the clotting factor and lab form

Verify the time of surgery to determine the correct time of initial dose

Up to two weeks before surgery

Inform

1. Patient by phone and explain
    - Treatment plan
    - Does the patient knows who can answer which question?
    - Are there any questions for the HTC?
    - In case of need to additional treatment at home, is patient capable to self-infuse up to twice daily?
    - Does the patient needs contact with social worker and/or physiotherapist?

2. Ward doctor
    - Expected admission time due to bleeding disorder
    - Treatment plan
    - If applicable thrombosis prophylaxis and no NSAID's

3. Nurse (coordinator) on ward
    - Patient specific information
    - Medication schedule
    - Blood drawing

Coordination during admission

Admission day

- Draw blood pre factor level, administer the initial dose and draw blood post factor level
- If applicable wait for the lab results before giving “the all clear” for surgery
- If factor level is at desired level, notify the ward/surgeon
- If factor level less than desired level, administer extra clotting factor with lab work

Following days

- Check the lab results daily
- Adjust the continuous infusion or bolus injections accordingly
- Check which pain medication the patient is receiving
- If applicable check if the patient receives thrombosis prophylaxis during “normal” factor levels
- Check if there is sufficient clotting factor available for the patient for upcoming days
- Visit patient regularly/daily to keep track on progress and to answer questions
- Inform the doctor on call at the end of the day about the patient

Before discharge

Determine if the treatment must continue at home and write that in patient file
If so:

- Check if the patient/parent/carer is capable of doing that
- Need for home care to administer clotting factor
- Prescribe the clotting factor needed at home
- Write an at-home-treatment plan for the patient (or homecare team)

Discharge

- Check if patient (and homecare team) understands the at-home-treatment plan
- If needed make sure there is enough the clotting factor is at home
- Book a telephone appointment after 1 week
- Book a consult after 6 weeks for follow-up (i.e. inhibitor testing)
- If applicable book a telephone consult to inform the patient about the inhibitor test