



ARROWHEAD REGIONAL MEDICAL CENTER
Department of Nursing (NRS)
Maternal Child Health (MCH) Policies and Procedures

Policy No. 5306 Issue 1
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SECTION: PATIENT CARE

SUBJECT: VENOUS THROMBOEMBOLISM: MONITORING AND PREVENTION

APPROVED BY: _____
Nurse Manager

POLICY

Obstetrics and gynecological patients are assessed and reassessed to prevent the development of venous thromboembolism (VTE).

PROCEDURE

- I. Risk factors for developing a VTE include but are not limited to (see Attachment A for list).
- II. Procedure
 - A. Patients are assessed for signs and symptoms of a VTE on admission, during the shift assessment and as the patient's condition warrants
 - B. A VTE Risk Assessment for antenatal, laboring, and postnatal patients is completed upon admission
 - C. Assessment
 1. Superficial or deep venous thrombosis
 - a. Pain or tenderness in the leg or groin
 - b. Tenderness with the palpation or palpable cordlike segment
 - c. Change in surface temperature of leg, especially the calf or ankle:
 - 1) Increased temperature (superficial)
 - 2) Coolness of entire extremity associated with edema and pain (iliofemoral venous thrombosis)
 - 3) Edema or ankle engorgement
 - 4) Erythema or discoloration of extremity
 - 5) White or mottled appearance of skin (Deep Vein Thrombosis)
 - 6) Difference in leg circumference bilaterally from thigh to ankle
 2. Septic pelvic thrombophlebitis
 - a. Unexplained fever, chills or fever unresponsive to antibiotics
 - b. Abdominal pain, often localized to side of affected vein
 - c. May appear clinically ill or not
 3. Pulmonary embolus
 - a. Tachypnea

- b. Tachycardia
- c. Chest pain
- d. Dyspnea
- e. Hemoptysis
- f. Hypoxemia
- g. Apprehension “feeling of impending doom”

III. Interventions and Diagnostic procedures that may be ordered by the OB practitioner based on the risk assessment.

A. Prophylaxis

- 1. Application of sequential compression device (SCD) therapy as ordered by OB Practitioner
- 2. Encourage adequate hydration
- 3. Early ambulation (active and passive leg exercises when ambulation is not possible)
- 4. Pharmacologic for high-risk patients

B. Treatment

- 1. Continuous oxygen saturation of peripheral oxygen (SpO2) monitoring
- 2. Frequent noninvasive hemodynamic assessment
- 3. Supplemental oxygen
- 4. Anticipate intubation
- 5. Pain management
- 6. Initiation of anticoagulant therapy as ordered

C. Labs

- 1. CBC to evaluate for leukocytosis
- 2. Blood cultures possible for persistent fever
- 3. Screening for an inherited thrombophilia
- 4. Arterial Blood Gas
- 5. D-dimer (is unreliable in pregnancy)

D. Diagnostic testing

- 1. Ventilation/perfusion scan
- 2. Spiral CT
- 3. Pulmonary angiography
- 4. Electrocardiogram (EKG)
- 5. Magnetic resonance imaging

IV. Notify the OB practitioner of the following:

- A. Signs and symptoms of a VTE
- B. Patients scoring “High Risk” on VTE Risk Assessment

V. Patient Education for example:

- A. Signs and symptoms of VTE
- B. Proper application and use of SCDs, if applicable
- C. Passive and active leg exercises
- D. Explain purpose of medications and importance of follow-up laboratory tests
- E. Explain need to consult with practitioner before taking any other prescribed or over-the-medications

VI. Document nursing assessments and interventions in the electronic health record

REFERENCE: Mattson, S. & Smith, J. (2022). Core Curriculum for Maternal-Newborn Nursing (6th ed.). Saunders Elsevier: St. Louis: MO

California Maternal Quality Care Collaborative (CMQCC). "Improving Health Care Response to Maternal Venous Thromboembolism Toolkit." California Maternal Quality Care Collaborative, 2018 (reaffirmed 2025). <https://www.cmqcc.org/toolkits-quality-improvement/venous-thromboembolism>.

DEFINITIONS: N/A

ATTACHMENTS: Attachment A: Risk Factors for Venous Thromboembolism

APPROVAL DATE:	<u>6/2/2025</u>	<u>Sheryl Wooldridge, Clinical Director II</u> Department/Service Director, Head or Manager
	<u>8/8/2025</u>	<u>Department of Women's Health Services</u> Applicable Administrator, Hospital or Medical Committee
	<u>8/28/2025</u>	<u>Nursing Standards Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>9/24/2025</u>	<u>Patient Safety and Quality Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>10/2/2025</u>	<u>Quality Management Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>10/23/2025</u>	<u>Medical Executive Committee</u> Applicable Administrator, Hospital or Medical Committee
	<u>1/13/2026</u>	<u>Board of Supervisors</u> Approved by the Governing Body

REPLACES: Mother Baby Unit Policy No. 204.01

EFFECTIVE: 06/06

REVISED:

REVIEWED:

Attachment A: Risks Factors for Venous Thromboembolism

Preexisting Risk Factors	Pregnancy-Related Antepartum Risk Factors
<ul style="list-style-type: none"> • Personal or family history of VTE • Thrombophilia • Age > 35 years old • Obesity (BMI >30) • Hypertension • Smoking • Gross varicose veins or symptomatic varicosities • Paralysis • Medical Conditions <ul style="list-style-type: none"> *Heart Disease *Lung Disease *Inflammatory Bowel disease *Inflammatory polyarthropathy *Systemic lupus erythematosus *Nephrotic Syndrome *Diabetes Mellitus *Cancer *Sickle Cell Disease *Polycystic ovarian syndrome 	<ul style="list-style-type: none"> • Assisted reproductive technology/in-vitro fertilization • Ovarian hyperstimulation syndrome • Hyperemesis gravidarum and dehydration • Multiple gestation • Parity of 3 or higher • Intrauterine growth restriction or very low birth weight infant • Bleeding • Preeclampsia • Gestational Diabetes • Stillbirth
Transient Risk Factors	Pregnancy-Related Labor, Birth, and Postpartum Risk Factors
<ul style="list-style-type: none"> • Prolonged immobility >1 week • Surgical Procedure • Long Distance Travel (>4-6 hours) • Sepsis 	<ul style="list-style-type: none"> • Cesarean birth • Prolonged labor > 24 hour • Mid-pelvic or rotational operative vaginal birth • Postpartum hemorrhage >1000 mL or more • Surgical procedure (e.g., dilation and curettage, tubal ligation) • Postpartum wound infection or endometritis

VTE, Venous thromboembolism

Adapted from Witcher, P.M., & Hamner, L. (2019). Venous thromboembolism in pregnancy. In N. H. Troiano, P.M. Witcher, & S. M. Baird (Eds). AWHONN's high risk and critical care obstetrics (4th ed., pp 176-193). Wolters Kluwer/Lippincott.