

PROTOCOL FOR: Disseminated Intravascular Coagulation (DIC): Care of the Patient

SUPPORTIVE DATA: DIC is the inappropriate, accelerated and systematic activation of the coagulation cascade, resulting in simultaneous hemorrhaging and thrombosis.

Oncologic emergencies display symptoms that progress along a continuum and the goal is to identify and intervene early before a true emergent situation develops.

DESIRED

PATIENT OUTCOMES: Patients are assessed for signs and symptoms of oncologic emergencies.

Interventions are implemented promptly before a true emergent situation develops.

CLINICAL
ASSESSMENT

AND CARE:

1. PATIENTS AT RISK:
 - a. History of malignancy (lung, prostate, leukemia)
 - b. History of antineoplastic therapy
 - c. Infection/sepsis
 - d. Liver disease/pancreatitis
 - e. Recent transfusions or hemolytic transfusion reactions
 - f. Trauma, burns, shock
 - g. Pregnancy/obstetric complications
2. Look for and report the signs and symptoms that result from clotting AND bleeding (skin, respiratory, cardiovascular, neurological, GI/GU, renal, eyes, musculoskeletal)
3. ASSESS LAB VALUES:

Prothrombin time (PT)	Prolonged
Partial thromboplastin time (PPT)	Prolonged
Thrombin time (PT)	Prolonged
Fibrinogen level	Decreased
Platelet count	Decreased
Fibrinogen split products (FSP or EDP)	Increased
Antithrombin III level	Decreased
Hematocrite	Decreased
D-Dimer assay (break down of fibrin)	<500
DIC panel (triple P's)	+++

4. MANAGEMENT:

1. Treat underlying condition

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- a. Chemotherapy for malignancy
- b. Antibiotics for sepsis

2. Replace coagulation factors and control bleeding

- a. Platelets
- b. Packed RBCs
- c. FFP (fresh frozen plasma) used for volume expansion and contains factors, V, VIII and XIII; may aggravate problem as FFP contains clotting factors.
- d. Cryoprecipitate: contains fibrinogen, factor VIII
- e. Heparin (controversial) inhibits thrombin formation thus preventing new clots from forming and further depletion of clotting factors; does not lyse those clots already formed.
- f. Monitor sites and amount of bleeding, institute bleeding precautions
- g. Assess tissue perfusion
- h. Daily weights, maintain strict intake and output

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/01

REVISION DATE: 3/02