

PROTOCOL FOR: Thrombocytopenia: Care of the Oncology Patient with

SUPPORTIVE DATA: The chemotherapy and radiation therapy causes severe thrombocytopenia. Providing a safe environment, with frequent and thorough nursing assessments and timely management of bleeding are essential components in preventing hemorrhage in the thrombocytopenic patient.

DESIRED PATIENT

- OUTCOMES:
1. Patient will state the factors that put him/her at risk for bleeding.
 2. Patient will comply with Oncology 6 bleeding precautions.
 3. Patient will experience absence of or minimal bleeding or other complications associated with thrombocytopenia.

NURSING CARE:

1. Initiate bleeding precautions:
If platelet count is less than 30,000
 - a. No tooth brushing, no dental flossing
 - b. No vigorous nose-blowing, avoid picking at nose
 - c. No IM, SC injections
 - d. No razors, scissors or other sharp objects, may use electric razor
 - e. No rectal temperatures, no rectal suppositories, no enemas, no rectal exams
 - f. Unless absolutely necessary, avoid the following invasive procedures:
 - 1) No venipunctures, no fingersticks
 - 2) No catheterizations
 - 3) No naso-gastric tubes, rectal tubes
 - g. Use extreme caution when doing or assisting with the following invasive procedures:
 - 1) Suctioning
 - 2) Bone marrow aspirate
 - 3) Skin or rectal biopsies
 - 4) Liver biopsy
 - 5) ENT procedures
 - 6) Lumbar punctures
 - 7) Arterial blood gases
 - h. Consult with physician regarding need for platelet transfusion before any invasive procedure.
 - i. Apply direct pressure for 5 minutes to any site of an invasive procedure. Apply ice to invasive sites if clinically indicated.
 - j. No aspirin-containing products or other medications that interfere with platelet function.
 - k. No resistive exercises, no stationary bike-riding when platelet count is 20,000 or less or hematocrit is 20 or less.
 - m. No PT/OT with active bleeding.
 - n. Keep fingernails short.
2. Monitor and record hematocrit, hemoglobin and platelet counts as ordered.
3. Monitor vital q 4 hours and more frequently as needed.
4. Send urine and stool to lab for presence of blood as ordered.
5. Assess for bleeding q 12 hours (more frequently as clinically indicated). (See list under Reportable Conditions.)
6. Administer platelets and red blood cells as ordered.

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7. Avoid patient injury and physical trauma.
8. Maintain intact skin and mucous membranes.
9. For patient safety, provide assistance if patient has difficulty ambulating or is medicated.
10. Monitor and record peri-pads used for vaginal bleeding. Female patients cannot use tampons for vaginal bleeding.

PATIENT
TEACHING:

1. Patient/family teaching:
 - a. Review risk factors for bleeding:
 - 1) Associated with chemotherapy and immunosuppressive therapy
 - 2) Review bleeding precautions.

REPORTABLE
CONDITIONS:

- Notify physician for:
1. Petechiae, bruises, ecchymoses, hematomas
 2. Epistaxis
 3. Conjunctival hemorrhages
 4. Hemoptysis
 5. Hematemesis
 6. Prolonged/frequent/severe vomiting and/or diarrhea
 7. Oral bleeding
 8. Hematuria
 9. Vaginal bleeding
 10. Melanotic/bloody stools
 11. Rectal bleeding
 12. Bleeding at any invasive site
 13. Changes in vital signs (hypotension, tachycardia, tachypnea)
 14. Changes in neurological status
 15. Pain (abdominal, back, joints, muscles)
 16. Restlessness

- DOCUMENTATION:
1. Document assessment findings and interventions on the unit flowsheets, MAR and Infusion Record.
 2. Document patient response to care in the Progress Notes using focus format.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/89

REVISION DATES: 2/92, 1/93, 9/96, 3/99, 10/00, 3/02