

THROMBOPHLEBITIS PATHOCHART

PATHOPHYSIOLOGY

Thrombus (clot) formation with associated inflammation.

ASSESSMENT FINDINGS

Unilateral edema, pain, warm skin, febrile state, Homan's sign (pain on dorsiflexion of foot... although this is no longer advised, as it may elicit a false positive), may be asymptomatic. SOB and chest pain may be present, which would indicate a pulmonary embolism. Classic presentation is sudden onset of edema of the leg accompanied by groin pain/tenderness.



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DIAGNOSTICS

- Venous duplex ultrasound
- Venogram
- D-dimer
- MRI

NURSING PRIORITIES

- Assess and manage pain
- Protect from injury
- Promote optimal tissue perfusion

THERAPEUTIC MANAGEMENT

- Pain relief
- Avoid long periods of sitting
- Tachypnea
- Facilitate ultrasound to confirm finding
- Monitor PTT for patients on heparin therapy
- Tachycardia
- Monitor respiratory status
- Chest pain (signs of pulmonary embolism)
- Monitor for report of pink sputum
- Monitor circumference of affected limb
- Elevate legs 10-20 min every few hours
- Monitor PT and INR for patients on Coumadin (warfarin)
- Monitor distal pulses
- Smoking cessation

MEDICATION THERAPY

- Anticoagulants (unfractionated heparin, low-molecular weight heparin, warfarin)
- Thrombolytics
- Analgesics