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QI Project: Clopidogrel in NSTEMI

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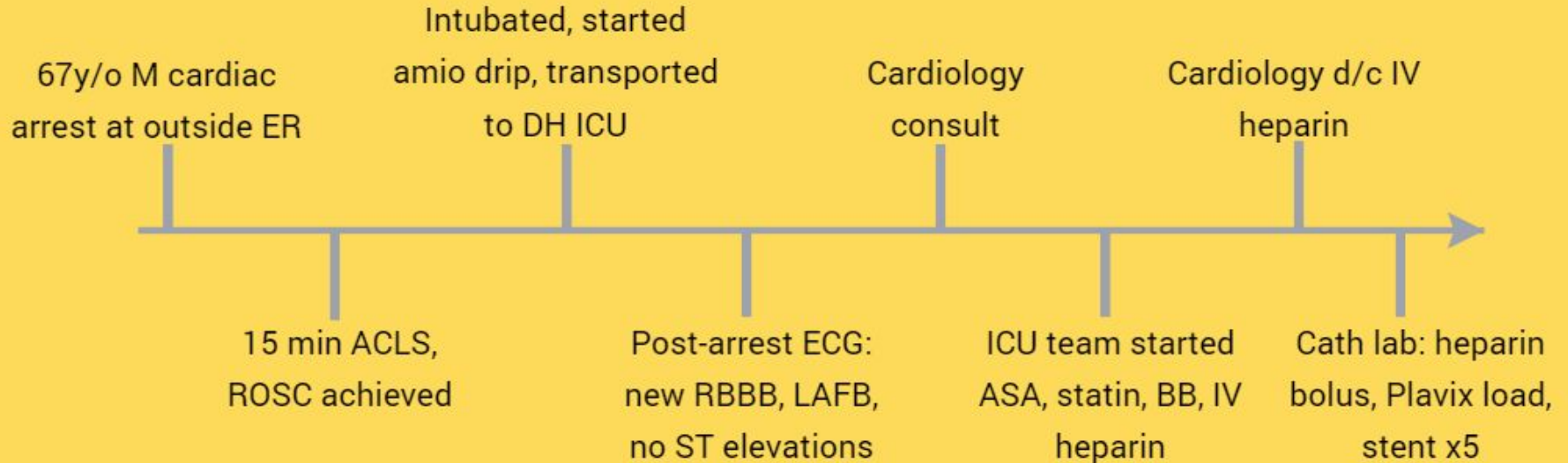
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QI Project: Clopidogrel in NSTEMI

Amanda Sams, Erin Kaya, Carsten Kirby, Ester Peters

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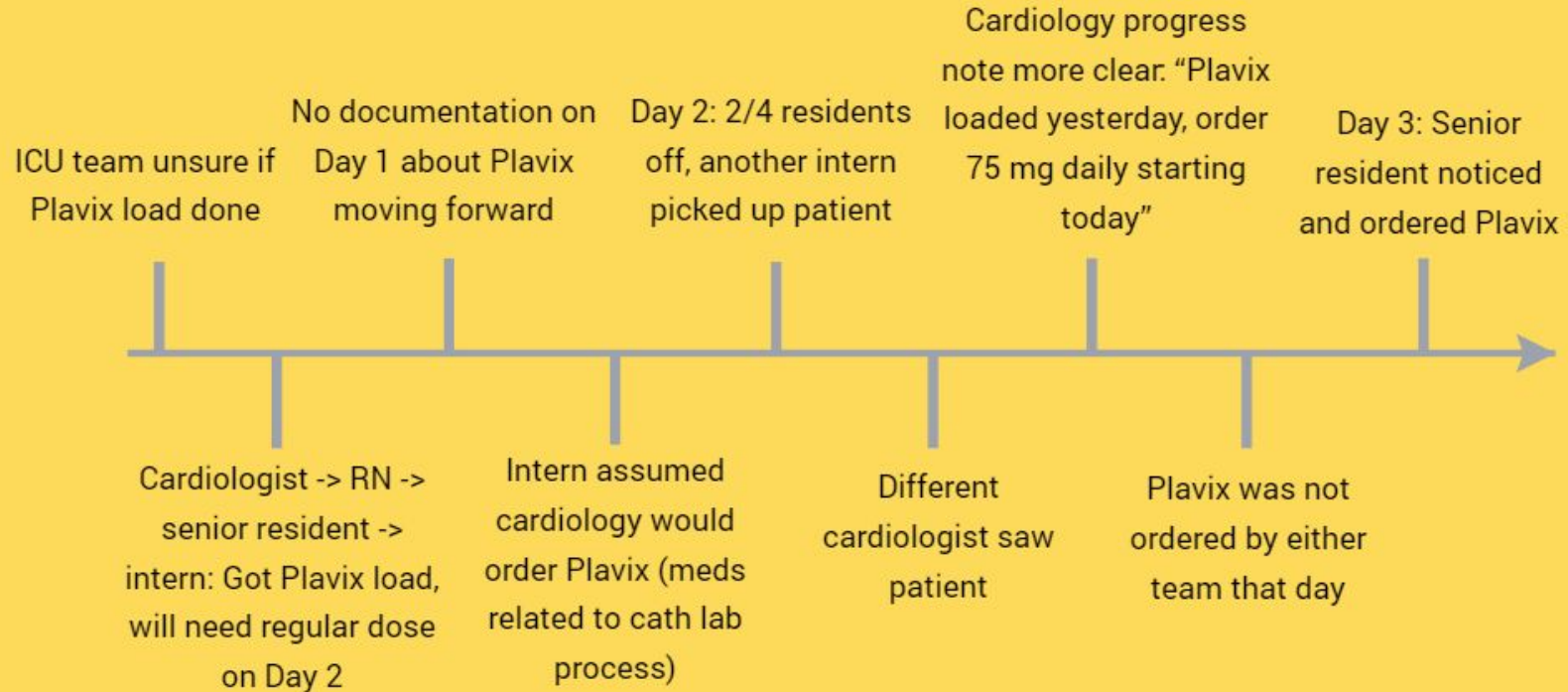
Case Summary



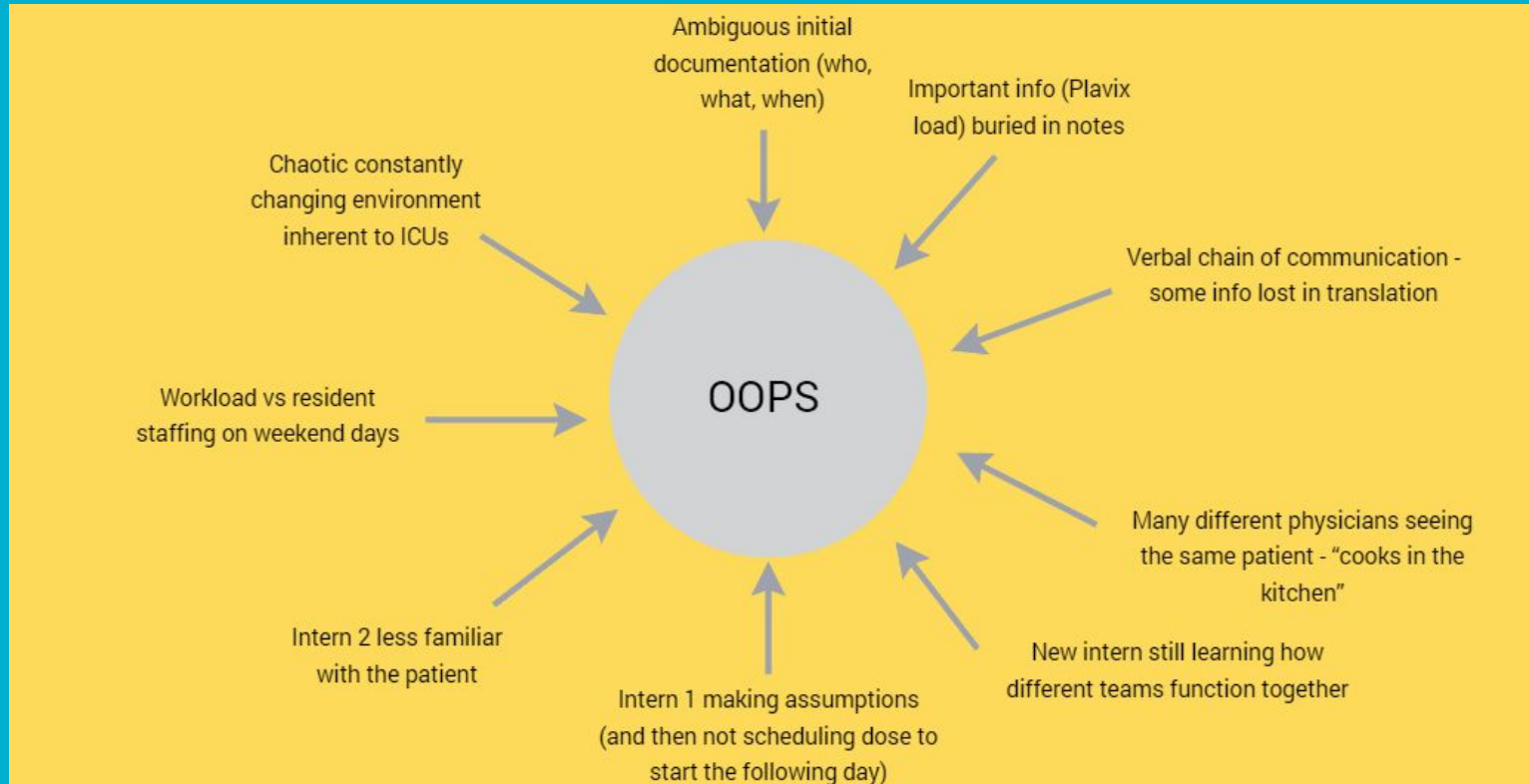
Case Summary

- Patient did not receive day 2 of Plavix - what happened?

Case Summary



Multiple factors led to the near miss



Communication

Organizational

Technical

- Verbal translation
- Suboptimal documentation

- Discontinuity of providers
- Novice team members

- Epic automatic order options

- Inherently chaotic ICU environment
- Weekend workloads

- Ambiguous initial documentation
- Amount of info in notes / organization

- Decreased checks and balances: oversight

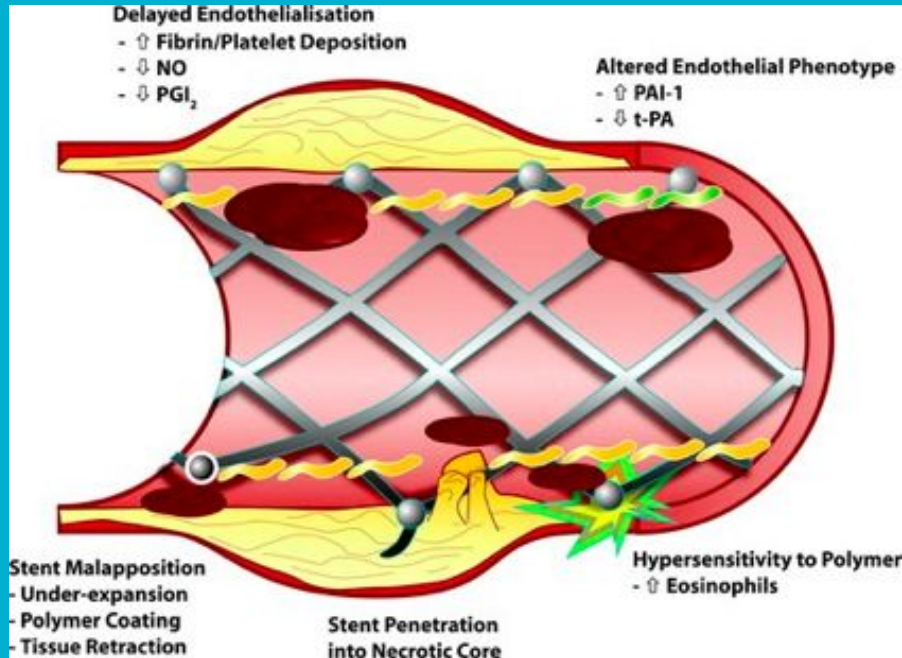
Plavix regularly given on day 2

Environment

Documentation

Supervision

Drug Eluting Stents and recovery process



- Drug Eluting Stents (DES)
- Coated in antiproliferative medications
 - Paclitaxol
 - Rapamycin (Sirolimus)
- Post PCI thrombosis likely due to delayed/incomplete endothelialization
- Thus increased propensity for platelet aggregation

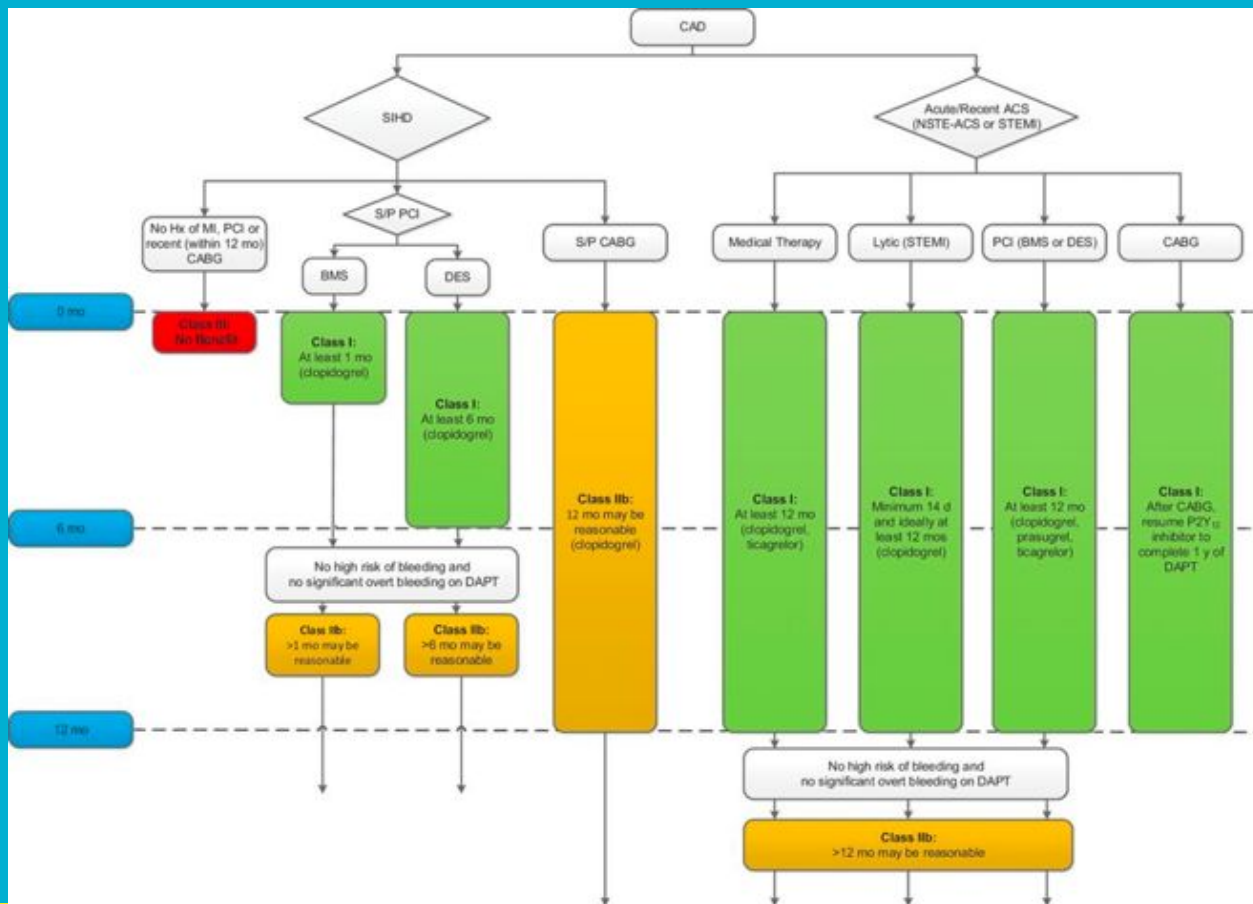
Mitigating risk P2Y12 Inhibitor + ASA



+



What are the recommendations?



• 2016 ACC/AHA Guidelines Update

- DAPT for *at least* 12 months after DES placement for ACS

Action Plan: System Changes

- Create order set for post-cath lab care, ordered by cardiologist performing cath
- Automatically pull up Plavix as loading dose followed by daily doses by default in one order with both options selected by default
- Verbally communicate what orders had been put in with the primary team
- Primary team places orders for any recommendations given by specialist if not already ordered at the time of note review
- Include doses and frequency of medications in all notes (primary team + specialists)
- Oncoming physician (for every team) reviews all orders on the first day on service, even if only covering for one day