I Need To Protect My Patient From Harm In the ICU… Now What Do I Do?

Deep Venous Thrombosis (DVT) Prophylaxis

- A single form of prophylaxis is indicated in all critically ill patients
- Rely on pharmacologic over mechanical (sequential compression devices) unless contraindications to pharmacologic prophylaxis present (active bleeding, HIT, platelet <50k)
- Options for pharmacologic DVT prophylaxis:
  - Unfractionated heparin: usual dose 5000 U SQ Q8 hours
  - Low-molecular weight heparin (enoxaparin): usual dose 40 mg SQ daily
    May be preferred for COVID-19 due to daily dosing
    Contraindicated in eGFR < 30

- Call for Help! Consult the pharmacist for patients at the extremes of body mass

Stress Ulcer Prophylaxis

- Primary indications:
  - Intubated, not receiving enteral nutrition (discontinue once on full nutrition)
  - High risk for gastrointestinal bleeding (prior history, coagulopathy, high dose steroids)

- Primary options: proton pump inhibitor (PPI) or H₂ blocker

- If patient is on a PPI or H₂ blocker prior to admission, continue it

Other Harm Reduction Strategies

- Review indications for central venous catheters on a daily basis and whether they can be removed.

- Ventilator Associated Pneumonia (VAP) Prevention Bundle for all intubated patients
  - Semi-upright positioning (Head of bed >30°)
  - Oral hygiene with chlorhexidine
  - Careful monitoring of endotracheal tube cuff pressures
  - Daily assessment of readiness to extubate

- Review indications for foley catheter and remove as soon as able.
  - Invasive mechanical ventilation does not mandate placement of catheter
  - Risk of discontinuing catheter must be weighed vs. risk of skin break down and nursing care

- Review “ICU Checklist” every day on rounds to ensure these and other quality safety dashboard items are addressed.

Critical Care Skills for Non-Critical Care Providers
Harm Reduction