

Case 2

GUARD Method™ in Action

Apply the GUARD Method: High-Risk Medication – New Symptoms



Mrs. Angela Brooks

64 years old | Medical-Surgical Unit
DVT (right lower extremity) | Apixaban (Eliquis)



GOAL

What do you want to achieve for this patient right now?

- Maintain patient safety and prevent bleeding complications
- Manage new symptoms (headache, lightheadedness, fatigue)
- Determine the cause of symptoms and if related to apixaban
- Stabilize the patient's condition and notify the healthcare provider
- Provide education on safety measures while on anticoagulation

KEY POINTS

- Primary goal is patient safety.
- Assess for signs of bleeding and hemodynamic stability.
- Identify the cause of new symptoms.
- Prevent complications such as hemorrhage.
- Ensure appropriate follow-up and education.



UNSAFE OUTCOMES

What could go wrong with this medication or condition?

- Serious bleeding (e.g., intracranial, gastrointestinal, urinary)
- Hemorrhagic stroke (risk with headache and anticoagulation)
- Anemia due to blood loss
- Hypotension and decreased organ perfusion
- Falls or injury related to dizziness or lightheadedness
- Drug interactions increasing bleeding risk

KEY POINTS

- Apixaban increases the risk for bleeding.
- Bleeding can be internal and not always visible.
- New neurologic symptoms (e.g., headache, dizziness) are concerning for possible intracranial bleeding.
- Immediate assessment and provider notification are required for significant changes.



AFFECTING FACTORS

What factors can influence this medication, the patient's response, or the risk for complications?

- Age (64 years old)
- Renal function (BUN and creatinine are elevated, which can affect drug clearance)
- Other medications (e.g., antihypertensives, over-the-counter drugs, supplements)
- Comorbidities (hypertension, type 2 diabetes, chronic kidney disease)
- Recent changes in condition (new headache, fatigue, lightheadedness)
- Adherence to medication and timing of last dose
- Risk factors for falls or injury

KEY POINTS

- Renal impairment can increase drug levels and bleeding risk.
- Assess for potential drug interactions (e.g., NSAIDs, aspirin, herbal supplements).
- Recent changes in clinical condition can indicate an adverse effect.
- Consider individual patient factors such as age, comorbidities, and overall health status.

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RESULTS

What do the assessment findings show?

- New symptoms: headache, lightheadedness, fatigue
- Blood Pressure: 126/78 mm Hg (decreased from 138/84)
- Heart Rate: 92 beats/min (increased from 78)
- Hgb/Hct: 11.2 g/dL / 33% (decreased from 12.8 g/dL / 38%)
- Nosebleed earlier that was hard to stop (now minimal) and small amount of pink-tinged urine
- Elevated BUN and creatinine (decreased renal function)
- Findings are concerning for a possible bleeding complication or increased drug effect

KEY POINTS

- The new findings represent a change from the initial assessment.
- Headache and lightheadedness in a patient on an anticoagulant require immediate attention.
- Elevated BUN and creatinine suggest decreased renal function, which can increase bleeding risk.
- A drop in hemoglobin and even small signs of bleeding (e.g., nosebleed, pink-tinged urine) are significant.



DO OR DON'T

What are the priority nursing actions?

- **DO** assess vital signs and neurologic status immediately.
 - **DO** notify the healthcare provider of new symptoms and findings.
 - **DO** monitor for signs of bleeding (neuro checks, I&O, stool/urine).
 - **DO** implement fall precautions.
 - **DO** educate the patient on bleeding risks and when to seek help.
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- **DON'T** administer the next dose of apixaban until the provider is notified.
 - **DON'T** give NSAIDs or other medications that increase bleeding risk.

KEY POINTS

- Hold the next dose of apixaban and notify the provider.
- Monitor for worsening symptoms.
- Implement safety measures (fall precautions).
- Provide clear patient education.
- Reassess frequently and document all findings and actions.



Case Analysis

- The most important problem is the potential for bleeding (especially intracranial) due to new neurologic symptoms and anticoagulation therapy.
- The GUARD Method helps organize information, identify risks, and prioritize actions.
- Additional information needed: timing of last dose, complete medication list (including OTC/supplements), stool color, and neurologic assessment.
- Include findings, actions taken, and provider notification in the handoff report.



Key Takeaways

- Anticoagulants can cause serious bleeding complications.
- New symptoms such as headache, dizziness, or unusual bleeding require prompt assessment.
- Renal function and drug interactions can affect medication safety.
- Using the GUARD Method supports critical thinking, prioritization, and safe, patient-centered care.

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Answer Key and Rationale: High-Risk Medication – New Symptoms



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Question 1

Which assessment finding is the highest priority and requires immediate follow-up?

- A Headache and feeling lightheaded** ✓
- B Blood pressure 126/78 mm Hg
- C Small amount of pink-tinged urine
- D Mild swelling and tenderness in the right leg

Question 2

What is the most appropriate nursing action at this time?

- A Administer the next dose of apixaban as scheduled.
- B Notify the healthcare provider of the new findings.** ✓
- C Encourage increased fluid intake.
- D Recheck vital signs in 2 hours.

Correct Answer: A

Rationale: A new headache and feeling lightheaded in a patient taking apixaban (an anticoagulant) may indicate a potential intracranial hemorrhage, which is a life-threatening complication. This requires immediate assessment and notification of the healthcare provider.

Why the Other Options Are Not Correct:

- B Blood pressure 126/78 mm Hg is within an acceptable range and is not the priority finding.
- C Small amount of pink-tinged urine is concerning for bleeding but is not as immediately life-threatening as new neurologic symptoms.
- D Mild swelling and tenderness in the right leg may be related to the original DVT and does not require immediate intervention at this time unless there are new signs of a worsening clot.

Correct Answer: B

Rationale: The patient has new neurologic symptoms (headache and lightheadedness) and signs of possible bleeding (pink-tinged urine) while taking apixaban. The nurse should immediately notify the healthcare provider for further evaluation. The medication may need to be held, and additional diagnostic testing may be required.

Why the Other Options Are Not Correct:

- A Administering the next dose could increase the risk of serious bleeding.
- C Encouraging fluids does not address the potential intracranial bleeding and is not the priority action.
- D Rechecking vital signs in 2 hours delays necessary evaluation and intervention.

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Answer Key and Rationale: High-Risk Medication – New Symptoms

Key Takeaways

- Apixaban and other anticoagulants increase the risk for bleeding everywhere in the body, including intracranial, gastrointestinal, and urinary.
- New or unusual symptoms (e.g., headache, dizziness, lightheadedness) should be taken seriously and reported immediately.
- Even small signs of bleeding, such as pink-tinged urine or gum bleeding, are significant.
- Always assess for changes from baseline and compare current findings with previous data.
- Patient education should include signs of bleeding, fall precautions, and when to seek immediate medical attention.

Reflect and Apply

- 1 How would your nursing actions change if the patient did not have a headache but only reported pink-tinged urine?

- 2 What additional information would you want to collect from the patient?

- 3 How would you use the GUARD Method to organize your thinking with a different anticoagulant (e.g., warfarin)?

- 4 What patient teaching points would you include before discharge?

- 5 How can you apply this same GUARD structure to other high-risk medications?
