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by V S

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Peer 1

I commend your post, noting that Samantha Jordan is 45 years old and a former gymnast having a HPI (history of presenting illness) where; she had knee surgery 3 days ago and was diagnosed with DVT (deep vein thrombosis). Although she is vegan, she luckily has no history of alcohol or drug abuse. Surprisingly, upon taking an ultrasound of her left posterior vein, it showed an abnormality, meaning no blood flow to the left posterior tibial vein. Therefore, I concur with you that Samantha shows some signs and symptoms of PE (pulmonary embolism), which are cough, shortness of breath, and low blood pressure. Normally, DVT is related to pulmonary embolism and when blood clots in her leg blood vessels, it causes low oxygen levels in her blood. For that reason, it can damage her lung, other organs as well as lead to heart failure. Venous stasis indeed is deadliest of three factors; however, stasis comes out to be insufficient in causing thrombus formation. However, it is clear in your post that the concurrent venous stasis presence as well as vascular injury highly increases risk of clotting. Hence it becomes clear that the clinical conditions associated with DVT are fundamentally in line with Virchow Triad elements. Such as surgery, prolonged immobility, malignancy, pregnancy, varicose veins, congestive heart failure, obesity as well as a history of DVT and advancing age which I agree with. Normally, DVT is potentially life-threatening since the likelihood of embolization to pulmonary circulation. For that reason, as stated in your post, it is treated severely using anticoagulants. In Samantha's case, it was treated to a heparin bolus which is an anticoagulant.

DVT is potentially life-threatening. Why? Give reasons as to why.

Peer 2

I concur with your revelations that after ruling out Deep Vein Thrombosis, the next step is treatment. However, it is also worth noting that there are several ways to treat Deep Vein

Thrombosis. The primary goal for DVT treatment is preventing blood clot from spreading and preventing a pulmonary embolism that I agree with. One of the treatments is indeed Anticoagulants (blood thinners) which is the most common treatment for DVT. Drawing on Samantha's case, the nurse had to give her a bolus of heparin. I'm afraid you have to emphasize that you need to elaborate more at this juncture why it went into effect and her swelling went back down and her blood pressure returned to normal. Second, it is clear clot Busters where thrombolytics can dissolve bigger clots and improve blood flow from your post. I commend you for noting that it can be given through an injection through an IV line or through a catheter that goes to the site of the blood clot. Thirdly is the use of filters and, as you have noted, is only applicable when thrombolytics cannot be used.

Last but not least, which makes your post informative, is the use of surgery. I agree that it occurs in rare cases in which the clot needs surgical intervention to be removed. Notably, in Samantha's case, it comes out clear that she was lucky as the IV bolus of heparin seemed to work for her case and her symptoms seemed to decrease.

Why are anticoagulants (blood thinners) the most common treatment for DVT and how are they effective compared to other forms of treatment?

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