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Anticoagulant and antiplatelet medications

In the article, “Non–ST-Segment Elevation Acute Coronary Syndromes: Management Strategies for Optimal Outcomes” (February 2006[suppl]: S8-S34), Susan Housholder-Hughes presents a very good, broad overview of many facets of this syndrome and its management. However, there is some information on anticoagulant and antiplatelet medications that I feel may be misleading and benefit from further clarification.

On page 23, it is stated that direct thrombin inhibitors do not require monitoring; however, they do. Argatroban, lepirudin, and hirudin all must be closely monitored by partial thromboplastin time (PTT) as often as every 2 hours to ensure appropriate dosing. With argatroban, PTT should be checked 2 hours after initiation of the infusion, and 2 hours after any change, then can be decreased to twice daily if at goal range. For lepirudin and hirudin, PTT should be checked 4 hours after initiation or change, then can be decreased to daily if at goal range.

Also, because argatroban is cleared hepatically, the starting infusion rate should be lower than the 2.0 μg/kg/min noted if there is any hepatic impairment.

Lepirudin and hirudin are cleared renally and dose adjustments are also necessary. Bivalirudin (more commonly used during percutaneous interventions) should have associated activated clotting time monitoring, if there is any renal impairment.

The issue of thrombocytopenia resulting from use of some glycoprotein IIb-IIIa receptor inhibitors is reviewed; however, it is not noted that a baseline platelet count of under 100 000 is a contraindication to using any of these agents. It is also stated (page 24) that eptifibatide “has not been associated with increased rates of thrombocytopenia vs placebo,” with reference given to the PURSUIT trial experience in 1999. While realizing that the article was written in 2004, a review of more recent references since 1999 would have been helpful to show how more recent clinical experiences have added to the side effect profile of the drug.

Although thrombocytopenia appears to be less common with eptifibatide, there have been several reports of severe thrombocytopenia associated with eptifibatide, and myself and my colleagues have experienced this clinically many times as well.

References

Lynne Chevoya, RN, CS, MSN, CCRN
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The author responds:

The comments about the need for monitoring of direct thrombin inhibitors and the contraindication to use of glycoprotein IIb-IIIa inhibitors in patients with a platelet count of less than 100 000/mL are valid and accurate, and I thank Ms Chevoya for this clarification.

As for the lack of increase in thrombocytopenia with eptifibatide versus placebo, the prescribing information for INTEGRILIN (epitifibatide) states that the rates of thrombocytopenia in the PURSUIT trial with epitifibatide and placebo were similar. As reported by McClure and colleagues, the rates of thrombocytopenia (defined as platelet count<100 000/mL or <50% of baseline) in the PURSUIT trial were 7% (319/4603) in the placebo group and 6.9% (314/4614) in the epitifibatide group, demonstrating that epitifibatide is not associated with increased incidence of thrombocytopenia versus placebo. Randomized, placebo-controlled clinical trials, such as PURSUIT, provide the most reliable scientific evidence regarding the prevalence of relatively infrequent events, such as thrombocytopenia, while also allowing
the comparison of individual event rates with the active drug versus placebo. Although individual cases of severe thrombocytopenia in patients receiving eptifibatide have been reported in the literature, as noted by Ms Chevoya, it is unclear whether thrombocytopenia is directly related to the use of this drug in these cases. Additionally, these case reports do not have a control group, in contrast to randomized, placebo-controlled trials. Finally, treatment with eptifibatide, including readministration within 28 days, has not been associated with development of antibodies to eptifibatide (as described in the INTEGRILIN prescribing information), a finding that is consistent with the absence of increased thrombocytopenia with eptifibatide versus placebo in the PURSUIT trial. Therefore, in my opinion, the statement “eptifibatide has not been associated with increased rates of thrombocytopenia vs placebo” is still accurate and valid.

Reference


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Riding off into the sunrise

As nurses in these very busy times, we so often feel we just don’t have the quality time to listen to our patients, but on a very hectic day, I did just that, and I am glad I did or I would have missed this wonderful gift of a story to share with my colleagues.

I was caring for a delightful lady in her 80s, who had just received news that she had a life-altering illness that needed to be treated aggressively, or it would most likely give her only months to live. She had leathery, tanned skin and wrinkles that gave her face the character of a life outdoors in the sun. She had lived all her life on a ranch and said this was the first year she had missed the branding of the calves.

She told me that 2 years earlier, her spouse had been diagnosed with a terminal illness and just wanted to come home to the ranch to die. She brought him home to the ranch so that he could live his final days in peace, as he wanted. She said they got on their horses every day and rode up the hill to watch the sunrise. She and her husband, she explained, had had their horses for many years, and had spent countless hours in the saddle doing the required ranch work. One day her husband said he was too weak to go on the ride, and he lay in bed while she made him some breakfast. While she was in the kitchen, she heard him say, “Why there’s Rueben.” She went into the bedroom to look, and sure enough the horse, Rueben, had come to the window. She opened the window so her husband could pet his nose, and when the horse left, her husband was smiling and at peace. Rueben did the same thing for 3 days in a row and each time she opened the window so her husband could pet his horse and smile that once again the faithful horse didn’t forget his owner. On the fourth day, her husband died; he is buried on the ranch on the hill. She told me she still rides her horse and takes Rueben along to visit the grave and to enjoy the sunrise with her horses and dogs. She told me she just wanted to go home to the ranch and be able to enjoy the sunrises until she could no longer get on her horse.

We were both crying as she told me this story, but I also think we both felt very at peace because she had made a hard decision and wanted everyone to know it was OK—that she was ready to ride off into the sunrise when her day came. I will never forget how she lifted my spirits and found a warm place in my heart for this loving story. I am delighted I took the time to listen and hope I have this opportunity to do it again many times.

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Boise, Idaho
Riding off into the sunrise
Diane Rineer

Crit Care Nurse 2006;26 20
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