Disseminated Intravascular Coagulation (DIC)

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DIC is a complex and dynamic process that occurs when the body’s normal blood clotting system is activated inappropriately and begins to attack the body’s own tissues. This process can be triggered by a variety of medical conditions, including severe infections, shock, organ failure, and certain types of cancers. DIC can cause a wide range of symptoms, which can be difficult to diagnose and treat. Nurses must be familiar with the signs and symptoms of DIC and be able to recognize the disease process early on to prevent further complications and improve patient outcomes.

**Significance**

Though DIC presents in under 20% of ICU admissions, Toh et al. (2016) shared that “the presence of DIC shares the increases the chances of mortality beyond those of the primary disease.” This is why early recognition is essential, and leads to better outcomes for the affected patient. Recognition of DIC is not an easy task for healthcare providers as all the process has a “dynamic progression” and manifests in a variety of ways (Toh et al., 2016). As the end result of uncontrolled DIC leads to organ failure, prompt recognition and treatment gives patients a better chance at recovery. This means that the primary disease most frequently affects cardiovascular system, respiratory system, kidneys, and microvasculature, and manifests in a variety of symptoms. The nurses must also be cognizant of the pertinent lab values that drive treatment of DIC.

**Implications for Nursing Care**

Quick and accurate clinical diagnosis is critical, therefore nurses need to be aware of what indicators to look for that indicate organ failure. Nurses should assess for:

- Changes in LOC, confusion
- Seizure activity
- Oliguria
- Hematuria
- Hypo/hyperthermia
- Chest pain
- Tachycardia (McCance et al., 2014, p. 1046)

Diagnosis is confusing and difficult, meaning the bedside nurse plays a critical role in early identification of symptoms. The nurses must also be aware of what indicators to look for. The disease process is critical for successful patient outcomes, as there is no one lab test that is used to diagnose DIC (McCance et al., 2014, p. 1047). Presentation can range from acute life-threatening to stable chronic, so the clinical course will vary from patient to patient.

**References**


**Conclusion**

DIC is dynamic and complex, requiring vigilant monitoring from the bedside nurse. Prompt recognition of the underlying disease process is critical for successful patient outcomes, as there is no one lab test that is used to diagnose DIC (McCance et al., 2014, p. 1047). Presentation can range from acute life-threatening to stable chronic, so the clinical course will vary from patient to patient.