

# Evaluation of prophylactic practice for venous thromboembolism

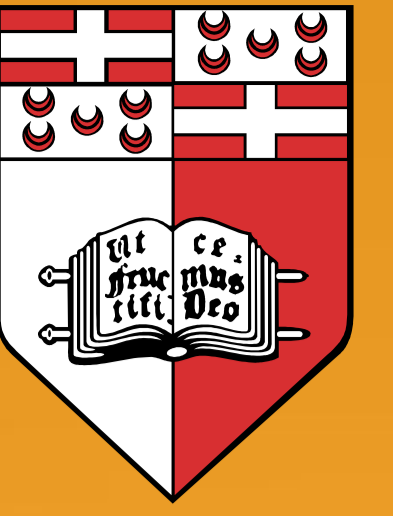
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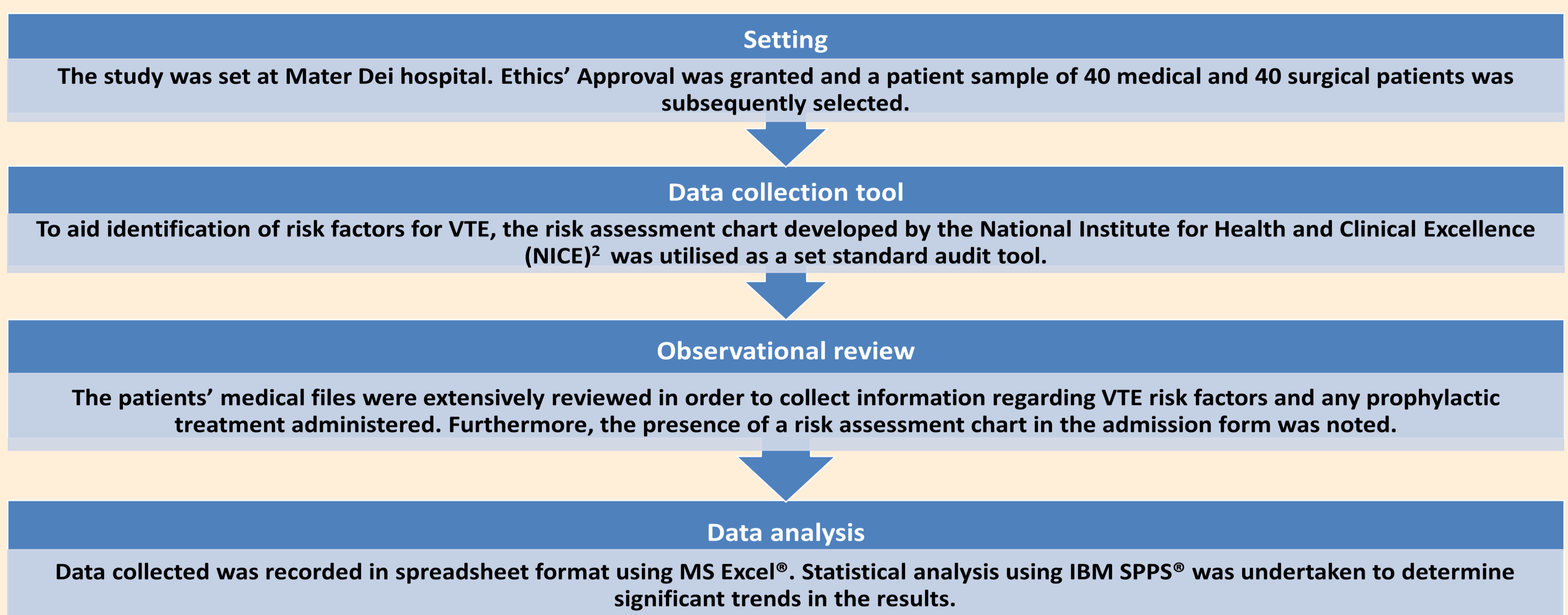
## INTRODUCTION

The mainstay of therapy in venous thromboembolism (VTE) is its prevention; owing to the fact that it often leads to unprecedented morbidity and mortality, but fortunately, it may be easily prevented. Risk assessment for VTE in all hospitalised patients is a widely accepted notion. However, risk assessment poses many challenges as patients are a heterogenic group.<sup>1</sup> The use of evidence based risk assessment models could significantly improve patient safety and therapeutic outcomes.

## AIMS

1. To determine the risk for VTE in hospitalised medical and surgical patients.
2. To evaluate the extent of prevention medication used within the main local hospital.
3. To analyse current clinical documentation schemes regarding VTE.

## METHOD



## RESULTS

Demographic data of the sample encompassed 31 male and 49 female patients. The age ranged between 42 and 88 years. The mean age was 71 years. Results highlight the most commonly documented risk factors which meet the NICE criteria and warrant prophylaxis. (Figure 1). Furthermore, the p-value ( $p=0.747$ ) generated by the Chi-squared test indicates that there is no statistically significant difference in the extent of prophylaxis provided to medical and surgical patients (Figure 2). In addition, the prophylactic agent used in 42 out of 52 cases (82%) was enoxaparin. While a risk assessment chart was present in 19 of the files reviewed, only 4 were completed. Moreover, documentation within the clinical notes concerning the patient's management of VTE was found in only 8 files.

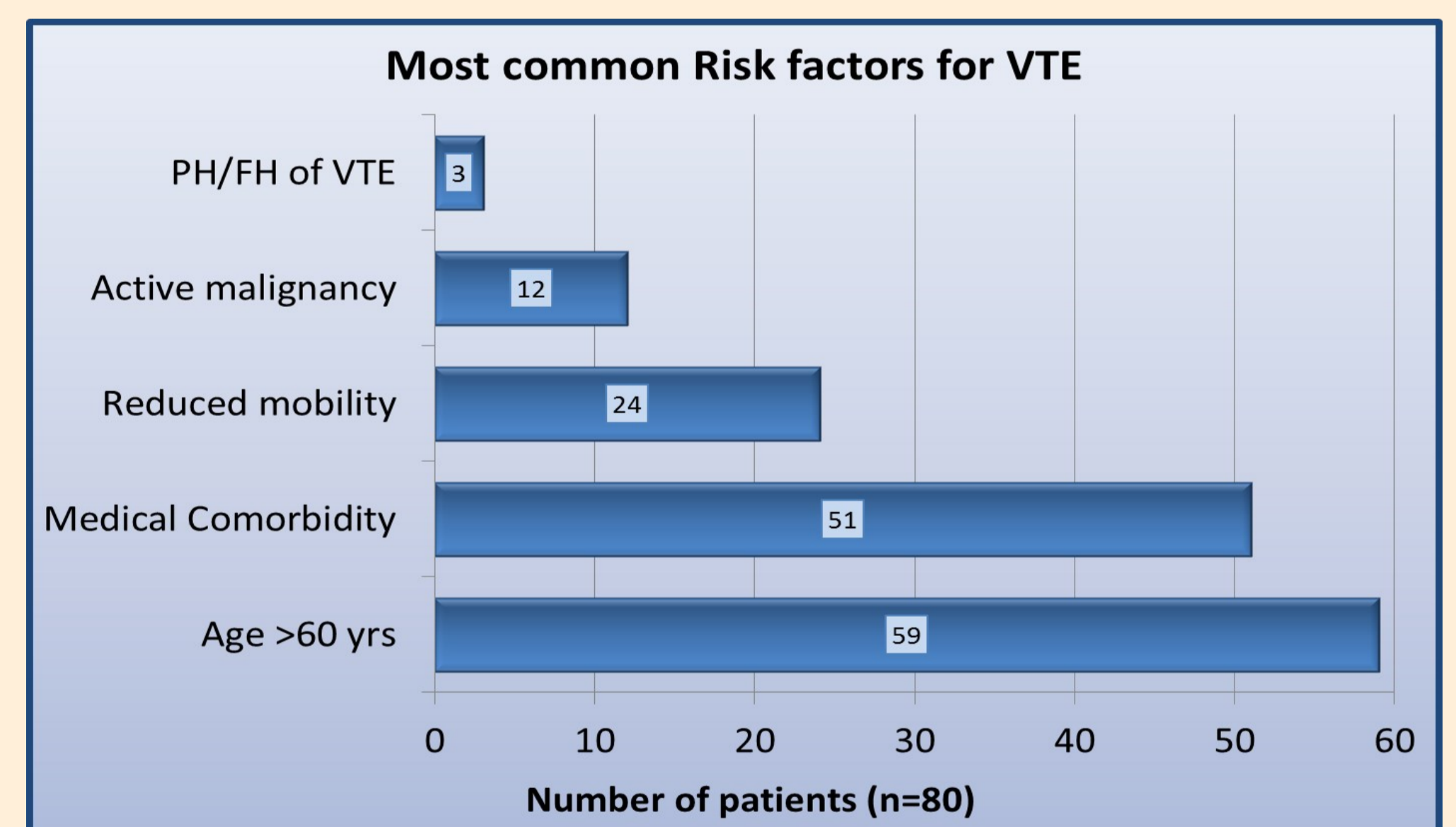


Figure 1: The most commonly documented risk factors for VTE as per NICE risk assessment chart.

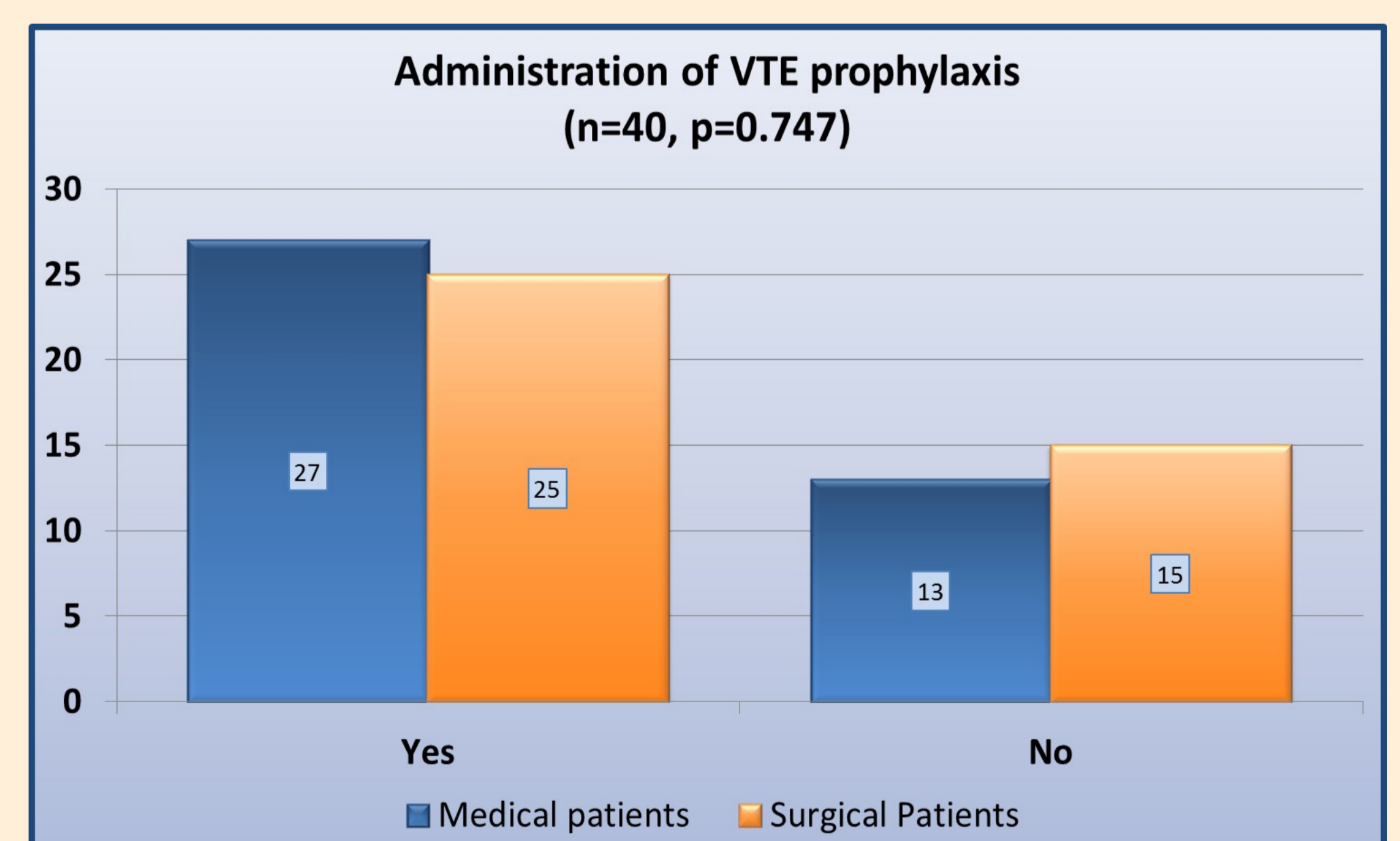


Figure 2: Administration of VTE prophylaxis in medical and surgical patients.

## CONCLUSION

Results provide evidence that prophylactic measures are being undertaken in these hospital wards. However, there is the need for formalisation, standardisation and better documentation systems for these VTE prophylactic practices.

### References

1. Dager W. Issues in assessing and reducing the risk for venous thromboembolism. Am J Health-Syst Pharm. 2010; 67(Suppl 6): S9-16.
2. National Institute for Health and Clinical Excellence. Venous Thromboembolism: Reducing the risk in patients admitted to hospital. NICE Clinical Guideline 92. London, UK: 2010.