

Audit for Venous Thromboembolism (VTE) Thromboprophylaxis and Anti-embolic stocking (AES) in Surgical Inpatients

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Background

- One of the most significant risks of a surgical admission is VTE. An element of risk associated with surgical admissions is significantly reduced with VTE prophylaxis (1).
- Every surgical patient admitted to the hospital should have two VTE risk assessments performed, AES prescribed and administered (unless contraindicated) and the AES should be signed for each day by the nursing staff. This audit will examine each of these aspects of VTE prophylaxis.

Aim

- To assess compliance with NICE guidance and hospital policy, and implement change to increase compliance towards 100%.

Methodology

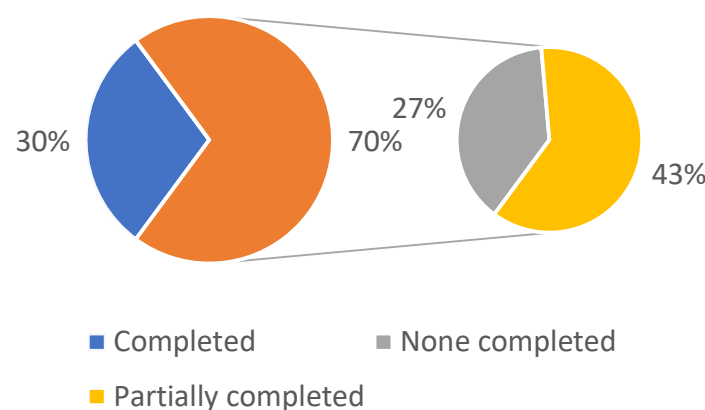
- Retrospective study of surgical inpatients between 19th August 2020 and 19th October 2020.
- Inclusion criteria: Surgical inpatients above the age of 18.
- Exclusion criteria:
 - a. Patients under the age of 18 were discounted as NICE guidance 89 does not apply to them (1).
 - b. Patients on ITU were also excluded because the ITU team is primarily responsible for their care (2).
- Sample size: 74

Methodology

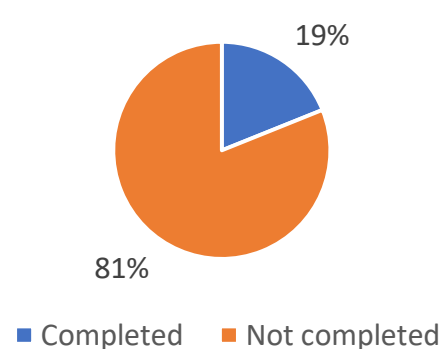
- A list of randomly selected surgical inpatients with their drug charts is organised using Microsoft Access.
- Each patient was assessed in person by a data collector who examined their drug chart for:
 - 1-The completion of the two VTE risk assessments
 - 2-AES prescription (unless contraindicated in 3 patients in this study)
 - 3-stockings administrations and the nursing staff's signature will be checked.
- Further information was collected to explore the reasons for any non-compliance.

Results

First VTE risk assessment completion

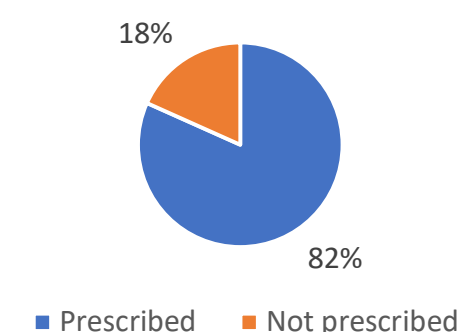


Second VTE risk assessment completion

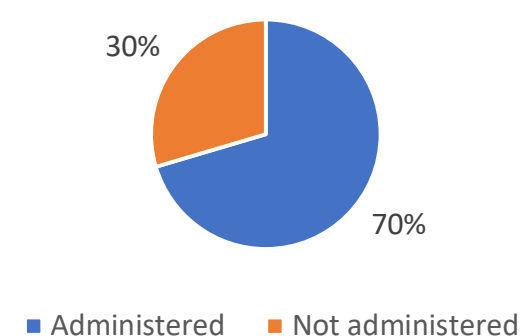


Results

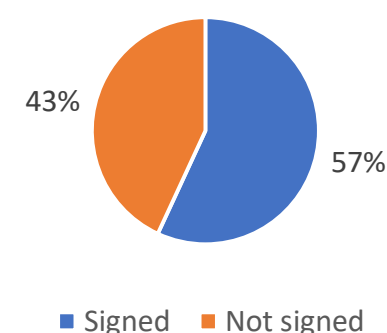
Compliance with AES prescription



AES administration



AES administration signed by nursing staff



Conclusion

- This audit showed that the standards are still to be met.
- Main factors contributing to non-compliance were due to lack of clarity of responsibility to complete VTE risk assessment and awareness about the importance of VTE prophylaxis.
- Recommendations :
 - a)VTE assessment to be part of mandatory training
 - b)regular teaching sessions
 - c)Posters
 - d)Increase awareness among nurses

Reference

1. Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE [Internet]. Nice.org.uk. 2021 [cited 15 March 2021]. Available from: <https://www.nice.org.uk/guidance/ng89>
2. VTE Prophylaxis Policy and Procedure. Maidstone and Tunbridge Wells NHS Trust; 2016.
3. Anti Embolism Stockings Standard Operating Procedures. Maidstone and Tunbridge Wells NHS Trust; 2016.