Venous Thromboembolism (VTE) Prevention Policy

Author: Rebecca Bushby, VTE Prevention Nurse Specialist
in consultation with Dr Tanya Bernard, Consultant
Haematologist

Executive Lead: David Fluck, Medical Director.

Status: Approval date: February 2014
Approved by: Thrombosis Committee
Ratified by: SNMLC (Chair’s action)
Review date: February 2016
History

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<th>Brief Summary of Change</th>
<th>Author</th>
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<td>February 2014</td>
<td>New Policy</td>
<td>Rebecca Bushby, VTE Prevention Nurse Specialist</td>
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</table>

For more information on the status of this document, please contact:

Policy Author       Rebecca Bushby, VTE Prevention Nurse Specialist
Department/Directorate Haematology
Date of issue
Review due          February 2016
Ratified by         Thrombosis Committee
Audience            All clinical staff

Executive summary

This policy sets out the framework for VTE Prevention for all adult in-patients throughout the Trust. It establishes the expectations and standards for what is required regarding VTE risk assessment and appropriate thromboprophylaxis according to individual patient risk.
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See also:  NICE Guideline CG92 “Venous thromboembolism: reducing the risk of Venous thromboembolism (deep vein thrombosis and pulmonary Embolism) in patients admitted to hospital” (2010).  
(http://guidance.nice.org.uk/CG92).


1. Introduction

1.1 Venous Thromboembolism (VTE) is a leading and potentially preventable cause of death in hospitalised patients.

It has been estimated that up to 25000 people in the UK die from hospital associated VTE each year, many if not most of which could be prevented by the use of appropriate thromboprophylaxis as indicated by the outcome of a detailed thrombosis risk assessment performed on admission and reassessed after 24 hours and as appropriate throughout the admission. A UK survey carried out in 2005, suggested that 71% of patients assessed to be at medium or high risk of developing deep vein thrombosis (DVT) did not receive any form of mechanical or chemical thromboprophylaxis.

VTE, spontaneous or precipitated, can occur in any individual. The incidence increases with age (rare in childhood) and with numerous recognised risk factors including: hospitalisation (for any reason but particularly for surgery and with certain recognised acute medical conditions); prolonged immobility; dehydration; oestrogen containing hormonal treatment and malignancy. The presence of an underlying thrombophilia (inherited or acquired) will increase baseline risk further.

VTE encompasses a range of clinical presentations and is often asymptomatic. There is a considerable burden of mortality and morbidity associated with VTE, including: venous insufficiency; post thrombotic limb/syndrome; pulmonary hypertension.

This policy seeks to enable healthcare practitioners at ASPH to identify patients at risk of developing VTE and select appropriate preventative treatment to reduce the mortality and morbidity associated with this disease.

2. Scope

2.1 This policy is relevant to all clinical staff involved in the care of adult in-patients.
2.2 This policy applies to all adult inpatients including day case admissions. Certain cohorts of patients as agreed with the Medical Director are exempt from individual risk assessment on the grounds of very low thrombotic risk procedures (please see appendix 6). Patients below 18 years of age should undergo individual risk assessment where deemed appropriate by admitting consultant.

3. Purpose

3.1 The purpose of this policy is to establish the principles and practice of a high quality approach to VTE prevention throughout the Trust which meets the requirements of NICE guidance (CG92) and NICE quality standards as well as local and internal quality schedules. This will be achieved through:

- The use of risk assessment using the locally developed thrombosis risk assessment tool incorporating guidance from the National VTE assessment tool, with risk assessment undertaken on admission, 24 hours post admission and as indicated by a changing clinical picture
- The subsequent prescribing of thromboprophylaxis appropriate to outcome
- Audit of compliance with risk assessment and appropriateness of thromboprophylactic prescribing
- Root cause analysis of all confirmed cases of hospital associated thrombosis
- Education of patients/carers through the use of the locally developed patient information leaflet incorporating pre-admission, admission and post discharge advice with verbal re-enforcement.
- Education of staff as part of on-going and mandatory training.

4. Explanation of Terms Used

4.1 Venous Thromboembolism (VTE)

Venous Thromboembolism is a term that collectively describes deep vein thrombosis (DVT) and pulmonary embolism (PE).

Deep Vein Thrombosis (DVT)
Deep vein thrombosis is a condition in which a blood clot forms in a deep vein. Blood flow along the affected vein can be reduced, causing swelling and pain. DVT most commonly occurs in the deep veins of the leg or pelvis, but can affect any deep vein.

Pulmonary Embolism (PE)
Pulmonary embolism occurs if part, or all of a DVT breaks off and travels to the lungs.
Thromboprophylaxis
Thromboprophylaxis is a term used to describe preventative measures and treatments against the formation of VTE. This may be chemical or mechanical.

Chemical Thromboprophylaxis
Pharmacological agents used to decrease the clotting ability of the blood.

Mechanical Thromboprophylaxis
Devices including anti-embolism stockings (AES) and intermittent pneumatic compression (IPC) devices can be used to increase venous blood flow and reduce stasis within the leg veins.

Significantly Reduced Mobility
Used to denote patients who are bedbound, unable to walk unaided or likely to spend a substantial proportion of the day in bed or in a chair.

Hospital Associated Thrombosis (HAT)
Any new episode of Venous Thromboembolism diagnosed during hospitalisation or within 90 days of discharge, following an inpatient stay of at least two days or following a surgical procedure.

Adult
Patients of 18 years of age and over.

5. Duties and responsibilities

5.1.1 All staff have a role to play in the prevention of VTE within the hospital setting and must take responsibility for ensuring that they have undertaken training appropriate to their role and that all patients in their care have been appropriately assessed.

5.1.2 MEDICAL STAFF are formally responsible for undertaking and documenting risk assessment on admission using the trust VTE risk assessment tool and for the prescribing of thromboprophylaxis appropriate to outcome. Thromboprophylactic measures include both pharmacological (low molecular weight and unfractionated heparin, warfarin, new oral anticoagulant agents) and mechanical (anti-embolic stockings and intermittent calf compression). The prescribing of appropriate thromboprophylaxis must take into account both thrombotic and bleeding risks and guidance on risk factors is incorporated into the risk assessment tool which is incorporated into the Trust adult drug chart and available as a standalone chart for areas not using drug charts (e.g. day surgery, clinical decisions unit). Medical staff are responsible for ensuring that pharmacological prescribing is in accordance with NICE guidance and local policies including the use of extended prophylaxis as appropriate.

Medical staff are responsible for undertaking review of risk assessment 24 hours post admission and again as appropriate to changes in the patients’ medical condition and for any amendments required to the prescription. The outcome of
both the admission risk assessment and 24 hour re-assessment should be
documented on the risk assessment tool.

A modified risk assessment tool specific to the use of rivaroxaban and dabigatran in
VTE prophylaxis in elective hip replacement has also been developed.

MIDWIVES are responsible for undertaking and documenting risk assessment on
admission, using a modified risk assessment tool that has been developed for
maternity to address specific concerns unique to this patient population (please see
appendix 4). Medical staff remain responsible for the prescription of appropriate
thromboprophylactic measures and are thus accountable for verifying the outcome
of the risk assessment.

NURSING STAFF are responsible for electronically recording a completed risk
assessment on admission on the Real Time system (or IPL if Real Time not in use
in the clinical area). Nursing staff are also responsible for ensuring that the patient
has a/is given a copy of the patient information leaflet with appropriate verbal advice
on admission and discharge.

Nursing staff are responsible for the administration of pharmacological
thromboprophylactic agents and for the correct fitting, application and monitoring of
anti-embolic stockings/intermittent pneumatic compression once
prescribed/indicated in accordance with local policies and NICE guidance. This
includes all relevant documentation, such as recording administration/omission of
thromboprophylaxis.

MEDICAL, NURSING, PHARMACY and THERAPY STAFF have many
opportunities to identify patients who do not have a documented risk assessment on
admission or 24 hours post admission and/or who are not receiving their prescribed
thromboprophylaxis and have a responsibility to ensure that this is addressed,
either personally or by the relevant MDT member.

THE CLINICAL GOVERNANCE MANAGERS are responsible for undertaking a
formal root cause analysis (RCA) on all confirmed cases of HAT arising within their
division and ensuring an appropriate action plan including dissemination of learning.
The outcome of all RCAs will be reviewed by the Thrombosis Committee.

THE TRUST CLINICAL LEAD for VTE together with the VTE PREVENTION
NURSE SPECIALIST and supported by the Thrombosis committee are responsible
for the further development and on-going monitoring of an effective approach to
VTE prevention in the Trust including the implementation of appropriate audit and
education and for advising the Trust on mechanisms to meet the demands of NICE
guidance and the NICE quality standards.

THE CHAIRMAN OF THE THROMBOSIS COMMITTEE on behalf of the
Thrombosis Committee reports to the Quality Governance Board and thereby to the
Integrated Governance Assurance Committee and Trust Board who collectively
take responsibility for the strategic development and implementation of this policy
across the trust.
6. VTE Prevention Pathway

6.1 PATIENT RISK ASSESSMENT

6.1.1 All adult patients admitted to Ashford and St. Peter’s Hospitals NHS Foundation Trust (except those covered by a cohort exemption where individual risk assessment is at admitting clinician’s discretion) will be screened on admission for risk of VTE and risk of bleeding, and considered for thromboprophylaxis using the Trust VTE Risk Assessment Tool. Please refer to the VTE Risk assessment tool, APPENDIX 3. The Trust VTE Risk Assessment Tool is incorporated into the trust adult drug chart and is available as a standalone document for areas not utilising the trust adult drug chart.

6.1.2 The patient’s VTE risk will be recorded on the risk assessment tool and if appropriate, thromboprophylaxis (chemical, mechanical or a combination of both) will be commenced.

6.1.3 The risk of VTE and bleeding must be reassessed within 24 hours of admission and whenever the clinical situation changes and treatment adjusted accordingly, taking into account the need for extended thromboprophylaxis in certain cases.

6.1.4 Treatment must take into account any contraindications to chemical or mechanical thromboprophylaxis. Contraindications must be recorded in the patient’s healthcare record.

6.2 THROMBOPROPHYLAXIS

6.2.1 Treatment should continue until the patient is fully mobile. Extended thromboprophylaxis should be considered in high risk patients (please refer to NICE Guideline 92).

6.2.2 All patients who have risk factors for VTE will be prescribed low molecular weight heparin (LMWH) from admission at 18:00 hours unless this is contraindicated. Please note that the contraindication of therapeutic anticoagulation includes: warfarin, treatment dose enoxaparin (1.5mg/kg 24hourly or 1mg/kg 12hourly) and the new oral anticoagulants (dabigatran, rivaroxaban and apixaban).

6.2.3 In patients with renal failure it is important to calculate Creatinine Clearance (CrCl) to evaluate dosing adjustments for LMWH. Please see VTE Risk Assessment Tool for guidance (APPENDIX 3).

6.2.4 Generic prescriptions for LMWH and anti-embolic stockings are pre-printed as items 1 and 2 in the regular prescriptions section of the adult drug chart, without dose, route or timing to avoid inadvertent administration. These sections must be completed when prescribing thromboprophylaxis.

6.2.5 Patients who are at risk of VTE but who have an absolute contraindication to LMWH must be prescribed anti-embolic stockings unless contraindicated.
6.2.6 Intermittent Pneumatic Compression (IPC) should be considered for all patients intraoperatively and for patients with significantly reduced mobility or contraindications to LMWH.

6.2.7 All patients should be adequately hydrated.

6.2.8 Patients should be mobilised as early as possible. Patients should be shown how to exercise their legs if they are on bed rest.

6.2.9 All patients admitted to the Trust will receive a patient information leaflet, produced by the Trust: Hospital Acquired Thrombosis. This information will be reinforced verbally by ward medical and nursing staff both during admission and on discharge.

6.2.10 On discharge, all patients and/or their families or carers will be informed of the signs and symptoms of VTE and the importance of seeking medical help if this is suspected.

6.2.11 If discharged with thromboprophylaxis, patients and/or their families or carers will be given information on the correct use and duration of thromboprophylaxis at home and who to contact if problems occur.

6.3 IDENTIFICATION OF CASES OF HAT

6.3.1 Cases of HAT are identified via weekly checks of diagnostics to identify positive ultra sound scans and CTPAs; bereavement services to identify all patients with DVT/PE listed on death certificate; anti-coagulation clinic to identify all patients who have presented for treatment of VTE with a previous hospital admission within the previous 90 days.

6.4 ROOT CAUSE ANALYSIS (RCA)

6.4.1 The VTE Prevention Nurse Specialist is responsible for raising HAT notifications for Confirmed cases of HAT. The notification will be sent to the admitting consultant and relevant clinical governance manager.

6.4.1 The clinical governance manager is responsible for undertaking a formal root cause analysis (RCA) on all confirmed cases of HAT arising within their division and ensuring an appropriate action plan including dissemination of learning, within two months of the date of HAT notification.

6.4.2 It is the responsibility of the Thrombosis Committee to determine root cause after review of the RCA.

7. Training

7.1 All medical, nursing and midwifery staff are made aware of the VTE assessment Tool, thromboprophylaxis and patient information documents in conjunction with this policy at local induction.
7.2 Please see APPENDIX 4 for VTE training plan/requirements.

8. Stakeholder Engagement and Communication

8.1 Staff from a variety of clinical disciplines and directorates were involved in the consultation process including medical, nursing, pharmacy and clinical governance.

9. Approval and Ratification

9.1 Ratification of this policy will be sourced from the Thrombosis Committee.

10. Dissemination and Implementation

10.1 This policy will be disseminated through the Aspire global email.

10.2 This policy will be publishes on the trust intranet and internet sites.

10.3 Dissemination and education in relation to the trust’s VTE Prevention strategy will be led by the trust’s clinical lead for VTE and VTE Prevention Nurse Specialist facilitated by the clinical practice educators and a network of ward based champions.

11. Review and Revision Arrangements

11.1 This policy will be reviewed by the author in February 2016, or before if necessary.

12. Document Control and Archiving

12.1 This is a trust-wide document and archiving arrangements are managed by the Head of Regulation and Accreditation and Information Content Manager.

12.2 On the internet site, the document will be highlighted as green, when in date, amber 3 months prior to review date, and red if expired.

12.3 Responsibility for archiving trust-wide policies lies with the Head of Regulation & Accreditation.

13. Monitoring compliance with this Policy

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the author at least annually to ensure that they remain valid and in date

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14. **Supporting References / Evidence Base**


14.6 NHSLA Risk Management Standard 5.9.
APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Rebecca Bushby, VTE Prevention Nurse Specialist
Policy: Venous Thromboembolism (VTE) Prevention Policy

Background
- Who was involved in the Equality Impact Assessment

This policy sets out the framework for VTE Prevention for all adult in-patients throughout the Trust.

This policy applies to all trust staff who are involved in any aspect of the VTE Prevention Pathway.

The policy author conducted the Equality Impact Assessment.

Methodology
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

This policy was assessed using the relevant legislation and Department of Health guidance.

Key Findings
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

This policy does not discriminate against any race, ethnic origin, disability, gender, religion/belief or sexual orientation. This policy does not apply to those under the age of 18 – based on NICE guidance.

Conclusion
- Provide a summary of the overall conclusions

This policy does not discriminate against any race, ethnic origin, disability, gender, religion/belief, age group or sexual orientation.
**Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

N/A
APPENDIX 2: CHECKLIST FOR THE REVIEW AND APPROVAL OF DOCUMENTS

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

**Title of the document:** Venous Thromboembolism (VTE) Prevention Policy

**Policy (document) Author:** Rebecca Bushby

**Executive Director:**

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<td>Is it clear whether the document is a guideline, policy, protocol or standard?</td>
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<td>Are local/organisational supporting documents referenced?</td>
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<td>If appropriate, have the joint human resources/staff side committee (or equivalent) approved the document?</td>
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**Committee Approval (Thrombosis Committee)**

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

<table>
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<tr>
<th>Name of Chair</th>
<th>Dr Tanya Bernard</th>
<th>Date</th>
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**Ratification by Management Executive (if appropriate)**

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

**Date: n/a**
APPENDIX 5: TRAINING AND EDUCATION PLAN

Training should be undertaken annually.

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**Excluded Staff:**

Pharmacy assistants
Research nurses
Occupational therapists
Occupational therapy assistants
APPENDIX 6: COHORT EXCLUSIONS - PATIENTS EXEMPT FROM INDIVIDUAL RISK ASSESSMENT

- Haemodialysis
- Endoscopy
- Chemotherapy
- Ophthalmological procedures with local anaesthetic/regional/sedation and not full general anaesthetic
- Non-cancer ENT surgery lasting less than 90 minutes with local anaesthetic/regional/sedation and not full general anaesthetic
- Non-cancer plastic surgery lasting less than 90 minutes with local anaesthetic/regional/sedation and not full general anaesthetic
- Non-cancer dental and maxilla-facial surgery lasting less than 90 minutes with local anaesthetic/regional/sedation and not full general anaesthetic
- Other similar minor procedures lasting less than 90 minutes to be signed off by the medical director with local anaesthetic/regional/sedation and not full general anaesthetic; this includes cardiac catheterisation and interventional cardiology on day cases.
- Haematology Day Unit Patients
- Endoscopy Outpatients
- Ophthalmology
- Cardiac catheter lab day cases / interventional cardiology
- All procedures conducted under local anaesthetic (note: usually recorded under secondary diagnosis)
- Patients undergoing flexible cystoscopy or a pain procedure
## APPENDIX 7: RIVAROXABAN RISK ASSESSMENT TOOL

| Section 1 | Current Version is held on the Intranet | First ratified: February 2014 | Review date: February 2016 | Issue 1 | Page 20 of 20 |