

Prevention and Treatment of Venous Thromboembolism (VTE) Policy

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PURPOSE	To provide staff with information regarding the prevention and treatment of Venous Thromboembolism.
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1 Policy Statement

- 1.1 Patients are at an increased risk of venous thromboembolism (VTE) following admission to hospital. VTE includes deep vein thrombosis (DVT) and pulmonary embolism (PE). The purpose of this policy is for the Trust to ensure that all patients are offered appropriate therapy to both prevent and treat VTE.
- 1.2 The aim of the policy is to ensure that:
 - 1.2.1 Relevant patients are identified at being at risk of VTE;
 - 1.2.2 the appropriate level of prophylaxis for the prevention of thromboembolism is offered to all patients according to their level of risk;
 - 1.2.3 staff are able to provide accurate advice to patients; and
 - 1.2.4 patients with suspected or proven VTE are investigated and treated according to trust guidelines.

2 Scope

This policy applies to all clinical areas and activities of the Trust and to all clinical staff employed by the Trust including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.

3 Framework

- 3.1 This section describes the broad framework for the prevention and treatment of patients with VTE. Detailed instructions are provided in the associated procedural documents.
- 3.2 The Document Sponsor shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.
- 3.3 Definitions

Thromboprophylaxis	A term used for interventions to reduce the risk of developing VTE. This includes mechanical and pharmacological interventions
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- 3.4 Identifying Patients at Risk of Venous Thromboembolism (VTE)

All patients, on admission are to receive a VTE and bleeding risk assessment using the PICS or paper risk assessment as set out in the VTE Thromboprophylaxis Procedure.

3.5 Treating Patients at Risk or who have VTE

The Trust will ensure that:

3.5.1 Based on the risk assessment, appropriate treatment is provided in accordance with the following procedure and clinical guidelines:

- a) VTE Thromboprophylaxis Procedure
- b) Clinical guidelines for investigation and treatment of DVT and PE
- c) Clinical guideline for patients on oral anticoagulants and anti-platelet drugs admitted to hospital;
- d) Clinical Guidelines for over anticoagulation with warfarin and the use of prothrombin complex concentrate (beriplex) in life-threatening haemorrhage in patients on warfarin or acquired deficiency of vitamin k dependent clotting factors;
- e) Clinical guideline for initiation of vitamin K Antagonists (e.g. Warfarin);
- f) Clinical Guideline for IV unfractionated heparin;
- g) Clinical Guideline for use of Direct Oral Anticoagulants (DOACs)

3.5.2 Prescribing responsibilities for patients at risk of VTE lies with accredited prescribers looking after the patient with overall responsibility remaining with the consultant.

3.6 Prevention of VTE

3.6.1 Surgical patients at high risk of VTE must be identified pre-operatively and given advice on how to reduce their risk of VTE, for example giving advice regarding the risks associated with the oral contraceptive pill and oral Hormone Replacement Therapy (HRT).

- 3.6.2 Patients must be mobilised as soon as possible, particularly after surgery;
- 3.6.3 In line with the Venous Thromboembolism (VTE) Thromboprophylaxis Procedure surgical patients are provided with anti-embolism stockings.
- 3.6.4 Patient's hydration status must be maintained;
- 3.6.5 Information on VTE prevention for patients and carers is available on the on the internet <http://www.uhb.nhs.uk/dvt> (leaflets and video) and on the bedside television under the heading 'caring for you'; and
- 3.6.6 Patients/carers will be offered verbal and written information on VTE prevention as part of the admission process and when they are discharged from hospital. (see VTE Thromboprophylaxis Procedure.)

3.7 Training

The Trust will provide appropriate training to relevant staff as set out in the Trust's Training Needs Analysis.

4 **Duties**

4.1 **Clinical Quality Monitoring Group**

The Clinical Quality Monitoring Group is responsible for reviewing Trust wide performance on VTE prevention on in accordance with the Monitoring Matrix (Appendix A).

4.2 **Thrombosis Committee**

The Thrombosis Committee will review prevention and treatment of VTE including risk assessments, prescribing, patient information, complaints and incidents and relevant audits. The Thrombosis Committee will also review root cause analysis of hospital associated VTE events in liaison with clinical risk and compliance department

4.3 All Clinical Staff

All clinical staff are responsible for:

- 4.3.1 reading and adhering to the policy and its associated documents; and
- 4.3.2 attending any appropriate training.

5 Implementation and Monitoring

5.1 Implementation

This policy will be available on the Trust's Intranet Site. The policy will also be disseminated through the management structure within the Trust.

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6 References

All references are contained within the associated procedural documents.

7 Associated Policy and Procedural Documentation

Venous Thromboembolism (VTE) Thromboprophylaxis Procedure

Clinical Guideline for Patients on Oral Anticoagulants and antiplatelet drugs admitted to hospital

Clinical Guidelines for over anticoagulation with warfarin and the use of prothrombin complex concentrate (beriplex) in life-threatening haemorrhage in patients on warfarin or acquired deficiency of vitamin K dependent clotting factors

Clinical guideline for initiation of Vitamin K Antagonists (eg. warfarin)

Clinical Guideline for use of Direct Oral Anticoagulants (DOACs)

Clinical Guideline for IV unfractionated heparin

Guideline for the Initial Assessment and Management of Suspected Deep Vein Thrombosis

Pulmonary Embolism Guideline

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Thrombosis Committee meets 3 times a year	Consultant Haematologist, Chair of Thrombosis Committee	Risk and Compliance Unit	To discuss and monitor progress for: <ul style="list-style-type: none"> • VTE risk assessment completion • VTE prophylaxis • Root Cause Analyses completion, key themes and identify actions required for patients who develop VTE whilst an inpatient or in the 3 months following their admission • Adverse events 	3 times a year
VTE Risk Assessment completion data collected and reported to the Department of Health (DH)	Information Manager	Executive Medical Director	Executive Medical Director approval required before information can be submitted to CCG/DH	Quarterly
Root cause analyses for patients who develop VTE during their admission or in the 3 months following their admission	Consultant Haematologist	Thrombosis Committee Risk and Compliance Unit	Key themes and actions required discussed at the Thrombosis Committee in liaison with clinical risk and compliance and CCG. Any exceptions reported to the Clinical Quality Monitoring Group (CQMG)	3 times a year
VTE Treatment	Consultant Haematologist, Chair of Thrombosis Committee	Thrombosis Committee	Sample audits will be carried out to ensure patients with VTE are treated appropriately and in accordance with the associated Trust Procedures.	Annual