Venous thromboembolism – what is it ?

- Venous thromboembolism (VTE for short) is the term for the combined problems of a clot forming in the deep veins of the body (thrombosis) and a clot breaking off and travelling through the veins to another part of the body (embolism) – the most common site for embolism is the lungs.

- The term is most often used to describe deep vein thrombosis (DVT) of the leg and pulmonary embolism (PE)

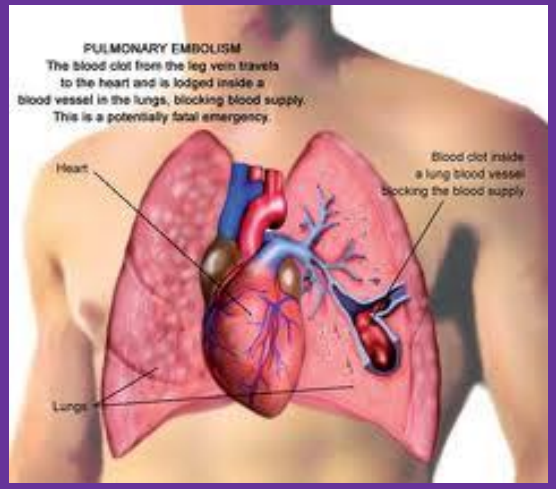
DVT – signs and symptoms

- Swelling of the leg (usually one side only)
- Pain or discomfort in calf or whole leg
- Skin discoloration
- Skin feels warm to touch

(Can be one or more of the above)

PE – signs and symptoms

- Chest pain, usually sudden onset. The pain is often worse on breathing in (pleuritic)
- Sudden onset shortness of breath, even at rest
- Occasionally, coughing up blood (haemoptysis)

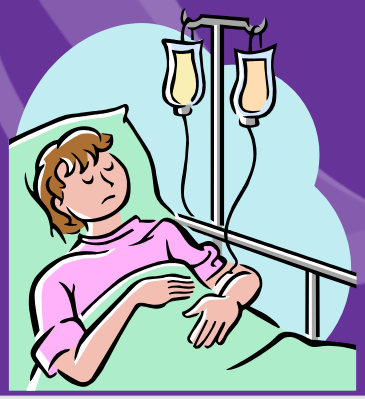


VTE - diagnosis

- DVT is usually diagnosed by a compression ultrasound scan, which can show the disruption of blood flow in the veins of the leg.
- PE is usually diagnosed by a CTPA scan (or VQ scan in pregnancy).
- In patients with suspected VTE, treatment should be started if the scan can't be done within 4 hours
- Although a raised D-dimer (blood test) can indicate a clot is more likely, this is not a definitive test as many other things can cause it to be raised.

Venous Thromboembolism (VTE) – Why worry ?

- In the UK, there are more deaths from VTE than MRSA, breast cancer, AIDS related illness and road traffic accidents combined
- Hospital admission is associated with a >100 fold risk of VTE and the risk can continue for 90 days after discharge
- VTE is immediate cause of 10% of hospital deaths (according to post-mortem data)
- Many DVTs and PEs are preventable



Team Responsibilities

Medics

- Risk assess ALL patients admitted to QE on PICS
- Prescribe low molecular weight heparin injections (Enoxaparin) for patients with risk factors for VTE and no contraindications

Nurses-

- Encourage patient mobility and avoid dehydration
- Warn patients about symptoms of DVT and PE and use the leaflets available on wards
- Ensure anti-embolism stockings applied where indicated
- Administer low molecular weight heparin injections when prescribed and there are no contraindications

Anti-embolism Stockings

1

Identify need for stockings. Check against contraindications. Obtain patient's consent. Check prescription if already prescribed

2

Get tape measure
Wash hands

Ensure patient is comfortable and dignity is maintained

3

Measurement 1 for knee length:
Measure above the ankle bone.
Record measurement.

4

Measurement 2 for thigh length:
As for measurement 1 and then measure the thigh at the widest point.
Record measurement

5

Using measurement obtained and manuf acturers guide determine correct size of stockings required

6

Insert hand into stocking as far as the heel pocket. Hold the heel and turn stocking inside out.

7

Position stocking over foot and heel.
The centre of the heel should be over the heel pocket of the stocking and the inspection hole on the underside of the foot.

8

Pull body of stocking up around the ankle and the calf

9

Smooth out any excess material.

10

Commence care plan.
Advise patient to wear footwear when mobilising and not to roll down the stockings

Contraindications to AES

- Patients with venous insufficiency/ known vascular problems/ neuropathy
- Patients with leg ulcers/broken skin/lesions/severe dermatitis
- Patients who are unable to remove stockings independently may need support on discharge
- Gross oedema of the legs
- Deformity of the legs
- Recent skin graft.

Now onto the test…

Please click onto the link below and follow the instructions

http://uhbtraining/Downloads/Elearning/AntiEmbolism/player.htm

Good luck