

Risk Screening for Venous Thromboprophylaxis in the Emergency Department.

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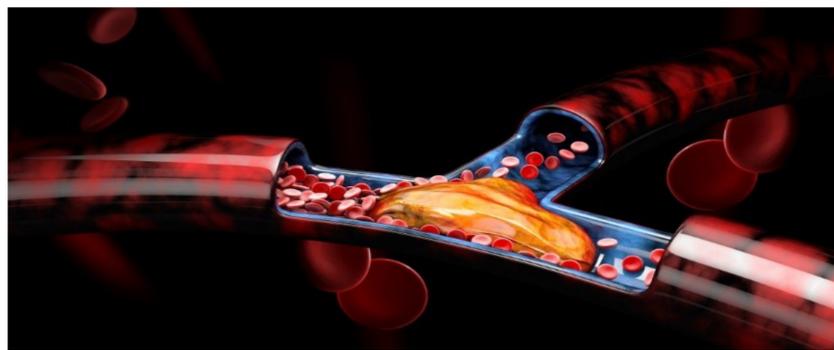
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Introduction

Venous Thromboembolism (VTE) deaths represent some 7% of all deaths in Australian hospitals. Although the risks and financial burden of VTE is well understood, compliance with VTE prophylaxis in hospitalised patients remains poor.

The current emergency department (ED) policy states that the VTE risk assessment form should be completed for all ED patients. In addition, medical staff should complete the VTE prophylaxis section of the medication chart and prescribe anticoagulants as required.



Aims

The aim of this study was to evaluate current adherence to VTE screening and prophylaxis in the emergency department (ED) versus an acute ward (3Cato) at Epworth HealthCare Richmond.



Methods

A chart audit of 14 patients in the ED and 14 patients admitted to 3 Cato at Epworth HealthCare Richmond was conducted to measure completion of the VTE risk assessment and the proportion of at-risk patients who were commenced on appropriate anticoagulation.



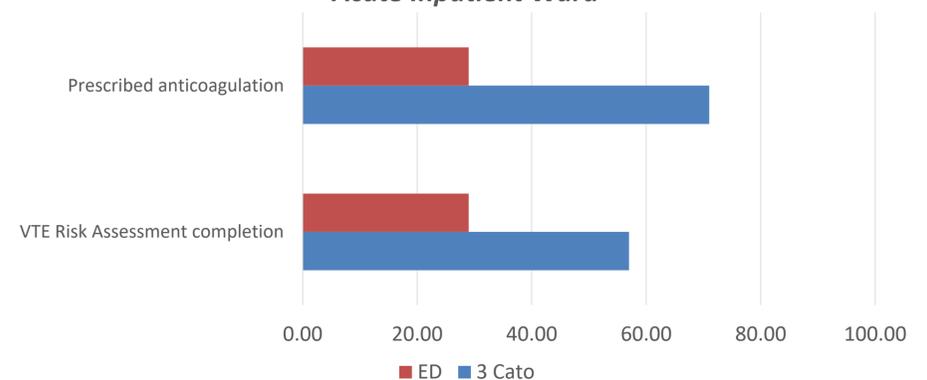
Results

The VTE risk assessment was completed for 8 patients on 3 Cato (57%) and 4 patients in the ED (29%).

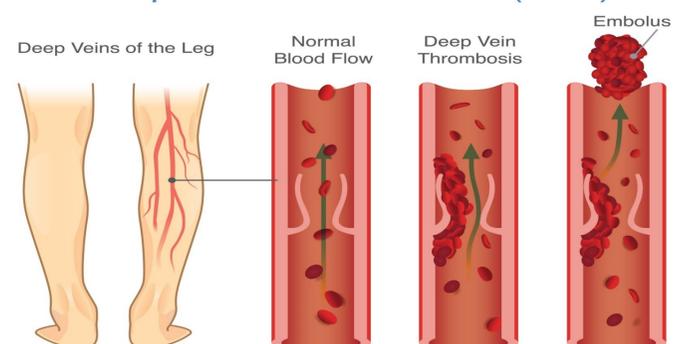
On 3 Cato, 10 patients (71%) were prescribed anticoagulation versus 4 (29%) in the ED.

Contraindications to anticoagulation were identified for 2 patients on 3 Cato (14%) and 5 patients in the ED (36%).

VTE Risk Screening in the Emergency Department vs Acute Inpatient Ward



Deep Vein Thrombosis (DTV)



Conclusions

Adherence to best practice recommendations for VTE screening and prophylaxis in the ED was low and below the ward-based comparison group. These findings highlight the need for ED nurses to screen and escalate care early, and for greater consumer engagement in VTE prevention.