

VTE prophylaxis QIP

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Relevance

- ⦿ Recent SI regarding VTE prophylaxis suspension
 - > Suspended for ? Bleed – awaiting CT head
 - > Not restarted back on ward
 - > Patient suffered massive pulmonary emboli and arrested
- ⦿ Datix reports on inappropriate VTE prophylaxis suspension

Preliminary audit scope

- ⦿ Medical patients with Tinzaparin suspended on JAC
- ⦿ 4 week period analysed 05/11/17 – 06/12/17
- ⦿ Reason for suspension + number of days inappropriate delay

VTE Prophylaxis Contraindications

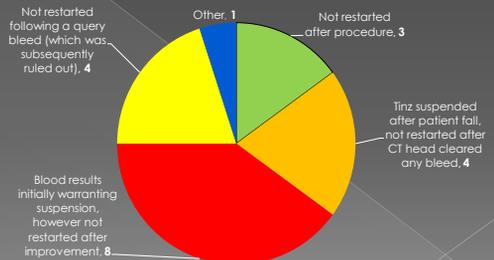
Contraindications to pharmacological thromboprophylaxis

- ⦿ Active bleeding
- ⦿ Thrombocytopenia (platelets <50 x10⁹/L)
- ⦿ Concurrent use of therapeutic anticoagulants (e.g. warfarin with INR>2)
- ⦿ Lumbar puncture/spinal/epidural anaesthesia within previous 4 hours
- ⦿ Lumbar puncture/spinal/epidural anaesthesia expected within 12 hours
- ⦿ Uncontrolled systolic hypertension (230/120mmHg or higher)
- ⦿ New stroke
- ⦿ Known bleeding disorder (*discuss with haematology*)
- ⦿ Previous heparin induced thrombocytopenia (HIT) or allergy to tinzaparin/ heparin (**must be discussed with haematology for alternatives**)
- ⦿ Where the overall risks of bleeding and VTE are difficult to discern, a senior member of the admitting team and haematology should be involved.
- ⦿ In patients in whom pharmacological thromboprophylaxis is contraindicated, mechanical thromboprophylaxis should be offered

Results

- 72 patients listed with tinzaparin suspended over this period
- Total patients with inappropriate suspension: **20**
- Average length suspension: **3.1 days**
- Range: **1-10 days**

Reasons for delay



Conclusions

- Daily review VTE prophylaxis, especially if suspended
- Write a note to explain reasons for suspension
- Pharmacists will also raise VTE suspension queries with doctors

QIPP action

- 1) Ward pharmacists will facilitate review of VTE prophylaxis
- 2) Training doctors on the contraindications to VTE prophylaxis
- 3) Presenting at different trustwide forums to highlight key messages
- 4) Revise guidelines to provide clearer guidance on bleeding risk for patients:
 - not on anticoagulants, e.g. Liver patient with raised INR, but also prothrombotic
 - New stroke