Oxford University Hospitals NHS
NHS Foundation Trust

New eVTE Risk Assessment Reference Guide for adult medical and surgical patients

The electronic venous thromboembolism (eVTE) risk assessment form for adult medical and surgical inpatients has been upgraded (December 2016). Please note, there is a separate maternity eVTE risk assessment form for patients who are in 'pregnancy and the puerperium'.

The eVTE risk assessment takes the prescriber through risk factors for both thrombosis and bleeding, and contraindications to anti-embolism stockings if appropriate. Based on the answers, it gives a recommendation for thromboprophylaxis: such as to prescribe low molecular weight heparin (LMWH) or mechanical measures (anti-embolism stockings, AES, or intermittent pneumatic compression boots, IPC). The key feature of the new version of the eVTE risk assessment is that it will 'link' the recommended outcome of the eVTE risk assessment to e-prescribing. This should make documentation of the eVTE risk assessment more relevant, and make prescription and documentation easier.

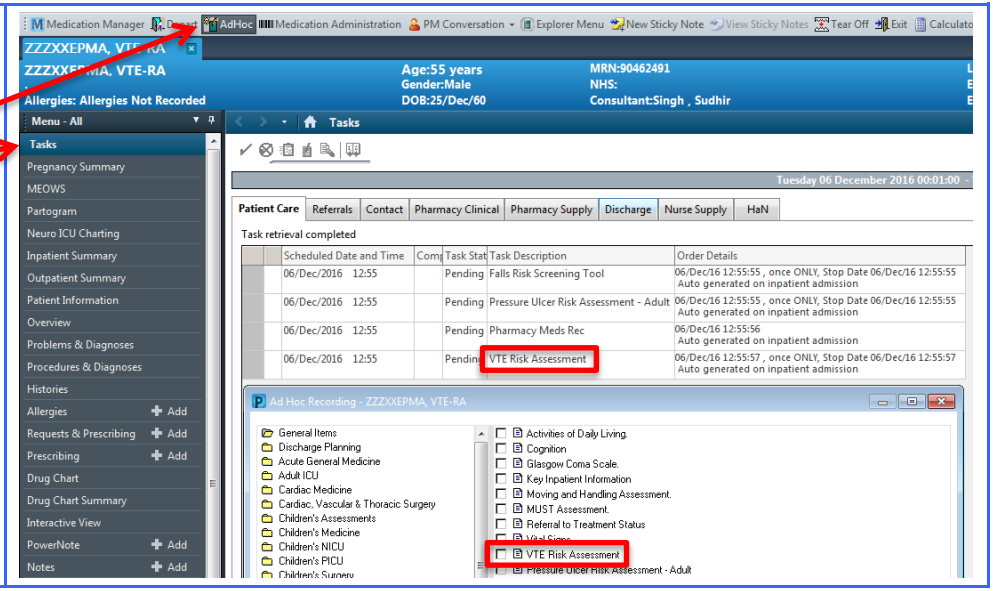
Start Assessment

You can start the assessment by clicking on AdHoc forms on the toolbar

And selecting VTE Risk Assessment

Or by opening the Tasks Screen

And double-clicking the VTE Risk Assessment task



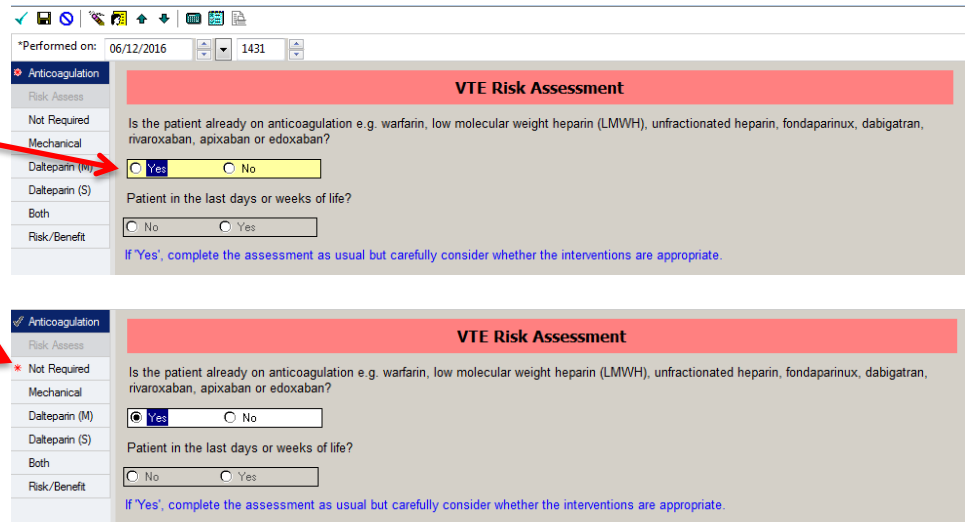
Complete Anticoagulation

Record if the patient is on anticoagulation by clicking on the appropriate radio button.

If you select Yes, the treatment recommendation will be that thromboprophylaxis is not required.

This will be obvious from the red star to the left of the form section.

If you select No the rest of the risk assessment will pop up.

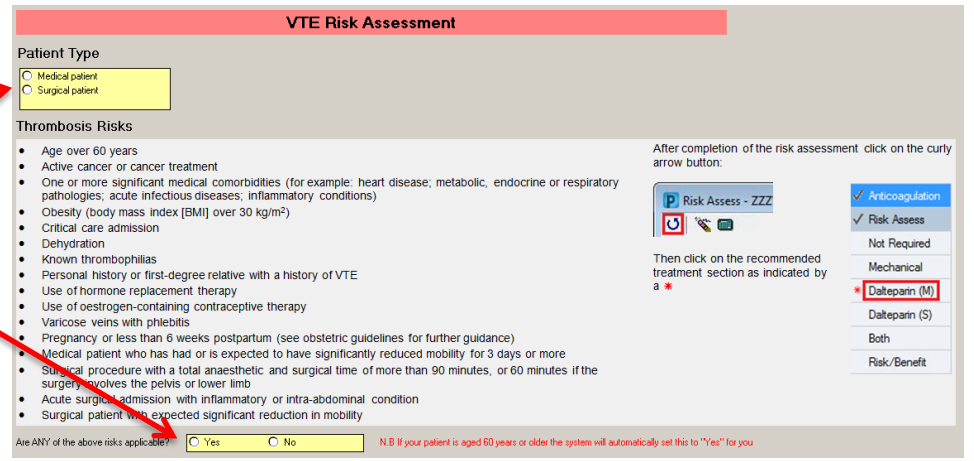


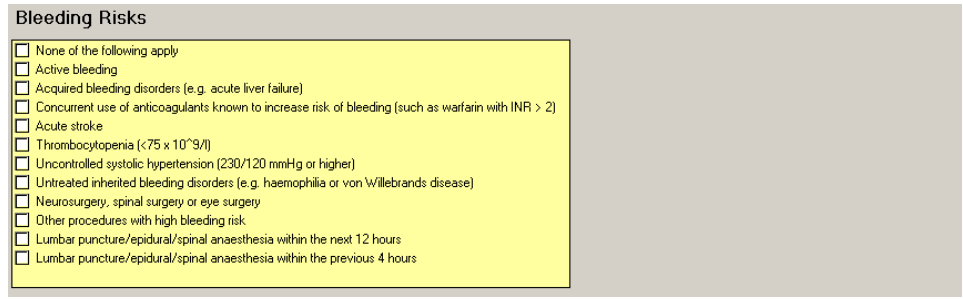
Complete Patient Type and Thrombosis Risks

Record whether your patient is medical or surgical by clicking on the appropriate radio button.

Review the list of Thrombosis Risks. In none apply click on the No radio button, otherwise click Yes.

If your patient is aged over 60 this will automatically default to Yes.

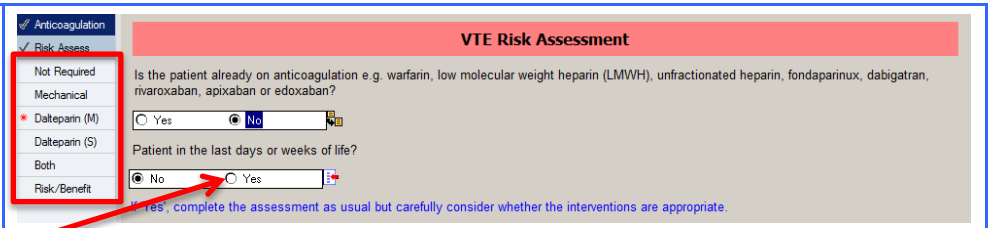


Complete Bleeding Risks Tick each bleeding risk the patient has, or instead tick None of the following apply	
Complete Contraindications to Anti-Embolism Stockings (if needed) If medical patient with no bleeding risks you will not have to complete this section. If medical patient with bleeding risks or surgical patient this section will be yellow instead of grey – you will need to tick each contraindication, or instead tick None of the following apply.	
Close Risk Assessment After completion of the risk assessment click on the curly arrow button in the top-left corner of the window.	

The Final Steps

Patient in the last days or weeks of life will be automatically set to No. If this does apply to the patient you're assessing please change to Yes – in this case complete the assessment as usual but consider carefully whether the recommended outcome is appropriate, and if not then then document why at the end – see next section on 'thromboprophylaxis recommendation.'

The VTE Risk Assessment Tool will now make a recommendation for thromboprophylaxis. The recommendation will be whichever section has a red ✳ adjacent. You should click on this section to continue:



Thromboprophylaxis Recommendation

The recommendation comes first.

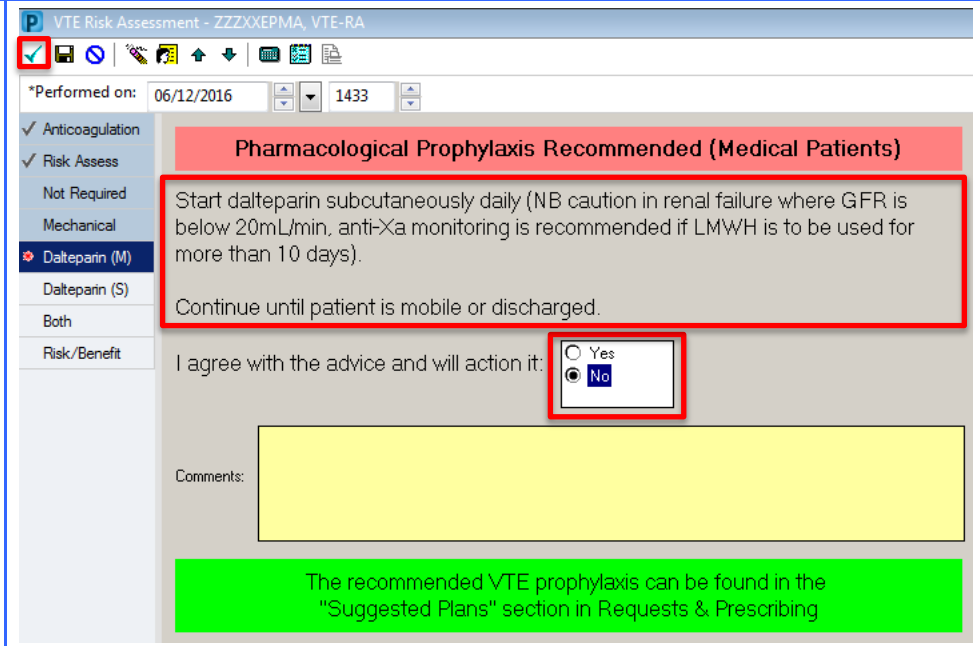
If you agree with the advice, select Yes.

If you select No, you will need to enter the reason why in the comments box below e.g. end of life care.

You can now sign the form as complete by clicking on the green tick icon.

If the recommendation is thromboprophylaxis "Not Required" the workflow is now complete.

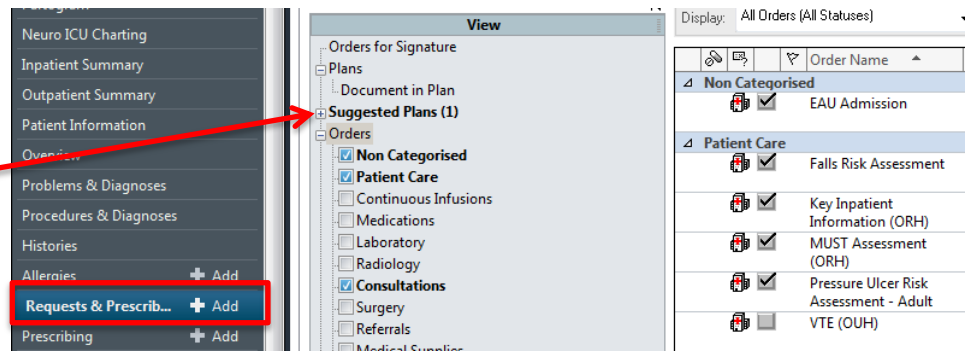
If the recommendation is anything else you should progress to the next section of this guide.



Prescribing Thromboprophylaxis

Open Requests & Prescribing

In the View section of the orders window will be a Suggested Plan. Expand this by clicking on the ⊞



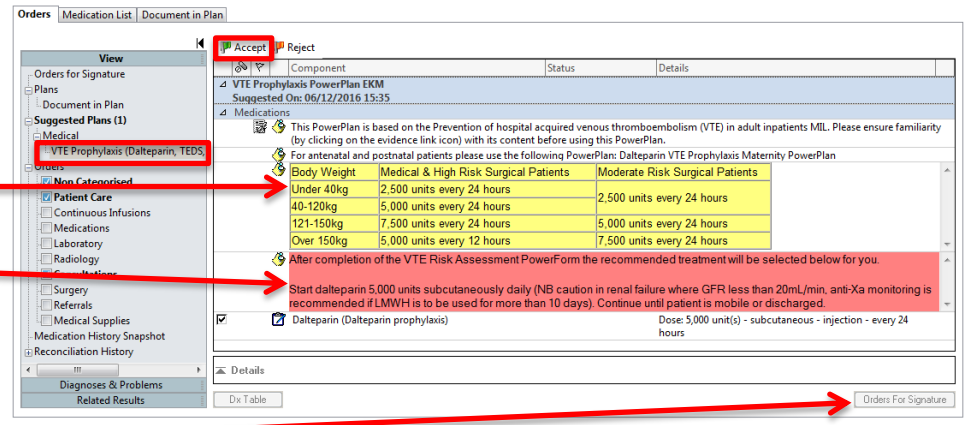
VTE Prophylaxis (Dalteparin, TEDS, IPC) PowerPlan

Click on the suggested plan, and click Accept.

The yellow table outlines what dose of dalteparin should be prescribed.

The red note contains the specific recommendation from the assessment.

Beneath the note will be one or more orders. Because this patient's weight is 80kg it automatically selects the correct dose according to the weight band, removes unnecessary orders and pre-ticks it for you so all you need to do is review the selection and then click Orders For Signature



Variations

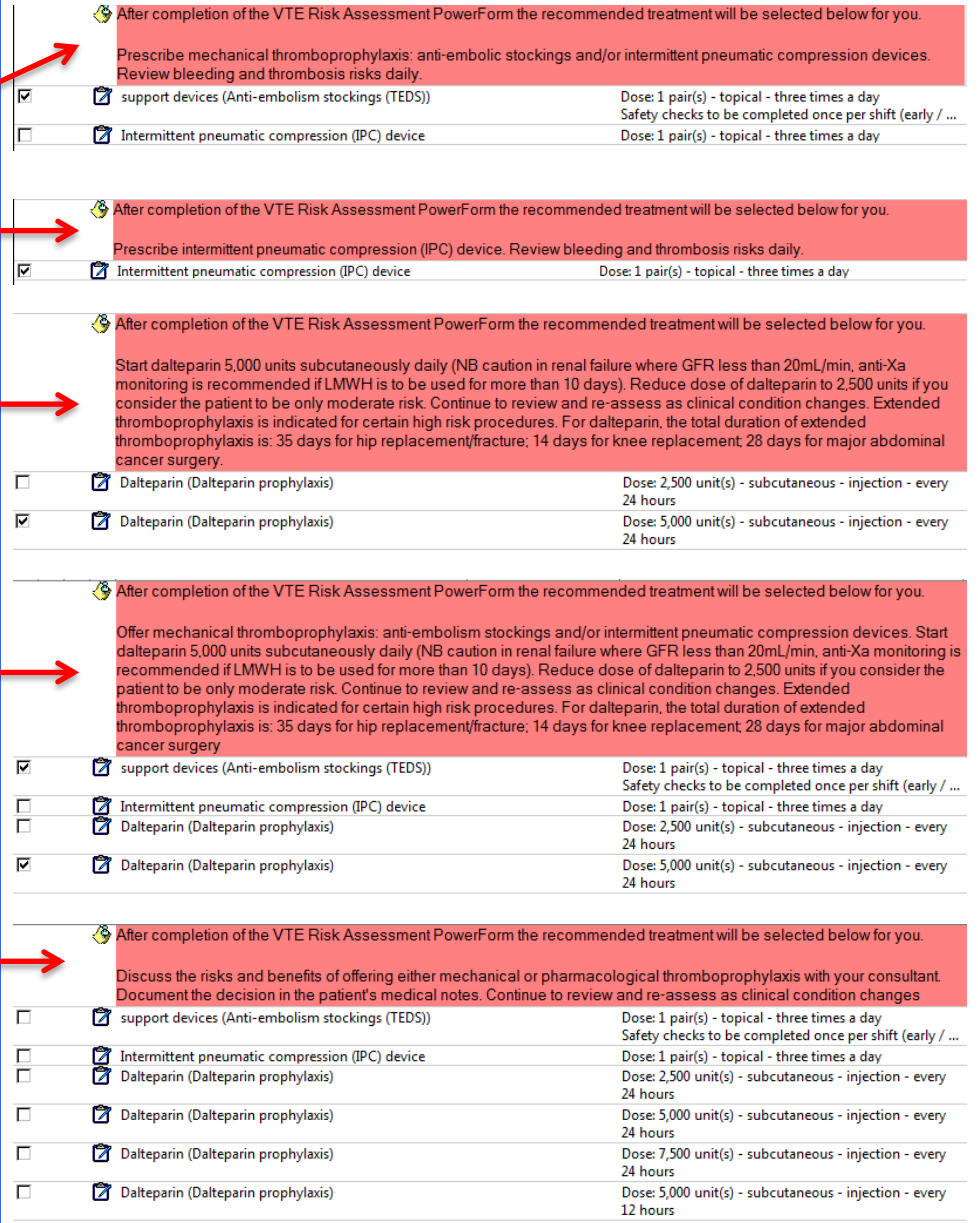
If the recommendation is “Mechanical” the PowerPlan looks like this. TEDS are pre-ticked, but this can be changed to IPC, or IPC can be added.

EXCEPTION – If “Acute Stroke” is selected as a Bleeding Risk the PowerPlan will look like this.

If dalteparin is recommended for a surgical patient the PowerPlan looks like this. The pre-ticked dose is what is recommended for a “High Risk” surgical patient. If you believe the patient is only moderate risk you should remove the tick and tick the lower dose instead.

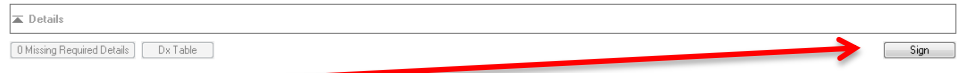
If both mechanical and pharmacological prophylaxis are recommended the PowerPlan looks like this. This contains both types of mechanical prophylaxis with TEDS pre-selected, and high-risk and moderate-risk surgical doses of dalteparin with high-risk pre-selected.

If the patient has thrombosis risk, bleeding risk and stocking contraindications the PowerPlan will guide users to discuss the risks and benefits with their consultant. All available orders will be available but none will be pre-selected.



Review and Sign

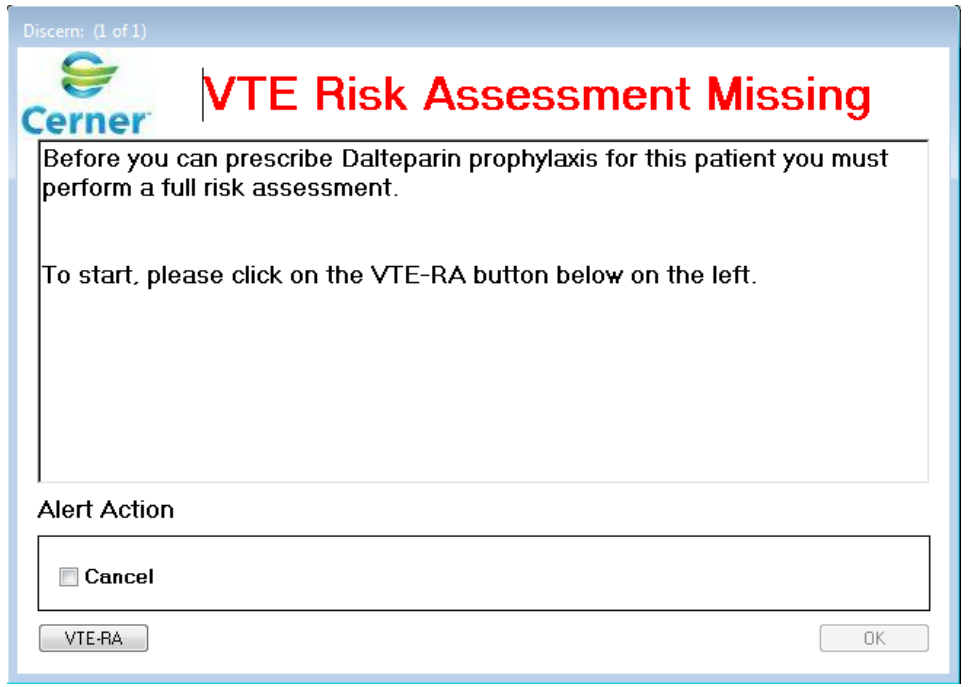
Review and then click Sign to activate the orders.



Prescribing Thromboprophylaxis *before* a risk assessment?

You will no longer be able to order thromboprophylaxis if a risk assessment has not been completed.

An alert will fire allowing you to either complete the risk assessment or cancel the order.



Prescribing Thromboprophylaxis *after* a risk assessment

If you try to prescribe thromboprophylaxis after the risk assessment but forget to select the Suggested plan it doesn't matter – the PowerPlan will still automatically adjust based on the most recent risk assessment and weight.