

VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT IN AN OLDER ADULT MENTAL HEALTH INPATIENT WARD

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INTRODUCTION

VTE is a potentially fatal condition with older adult patients more likely to have factors that increase their risks.

There are both national guidelines and local policy on VTE assessment and prophylaxis in psychiatric inpatient units.

AIMS

Assess the compliance of admissions to the Trust VTE policy based on the NICE guideline N89 on VTE.

Determine if VTE assessments were done using the recommended and appropriate clinical tool and recorded appropriately in patient notes.

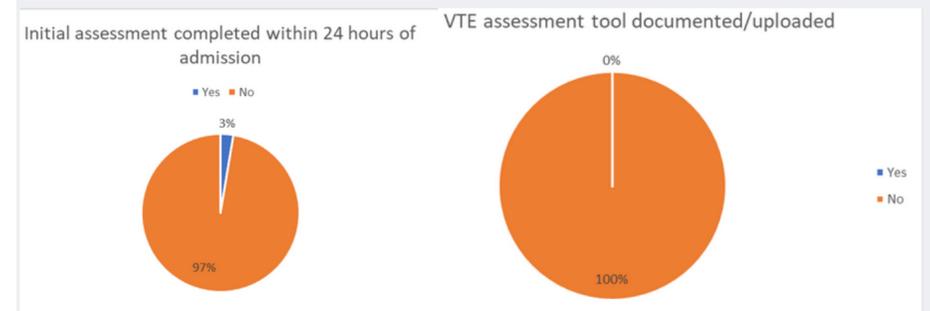
METHODS

The notes of patients (total of 77) admitted to Shepherdleas ward for one year from 01.06.2021 to 31.05.2022 were retrospectively reviewed for VTE assessments based on the standards identified above.

Data was extracted from progress notes and ward rounds entries for completion of VTE assessment during admission, documentation of assessment tool, documentation of VTE prophylaxis prescription if indicated and reassessment of risks during admission. The data were subsequently analysed to generate the below findings.

RESULTS

- 3% of patients had a VTE assessment within the first 24 hours of admission,
- 18% had an assessment on the third and fourth days of admission.
- Overall, just over 10% of all patients audited never had an assessment done during their admission to the ward.
- Among those who had a VTE assessment during the admission, no one had the assessment tool documented or uploaded on their clinical records.
- Of those who had a VTE assessment done, 5% were assessed to be at risk, and of these, half had VTE prophylaxis prescribed while the other half did not.
- The audit also showed 83% of all patients who had a VTE assessment done during admission also had at least one reassessment done during the admission.



DISCUSSION

This audit showed the ward failed to meet up to the standard for VTE risk assessment recommended by Trust policy based on the NICE guidelines, and for those who did have an assessment, only half had appropriate prophylaxis prescribed.

CONCLUSIONS

1. Doctors must complete and document VTE risk assessment on admission.
2. VTE assessment to be included as part of new Trust eMEDs.
3. Re-audit to be completed after changes implemented.

How soon after admission VTE Risk completed

