**Guideline for the use of thromboprophylaxis in ambulatory trauma patients requiring temporary limb immobilisation upon discharge from ED.**

**Aim:** to identify those patients who are at increased risk of a deep vein thrombosis or pulmonary embolism who are having a leg cast or boot. Such patients will be assessed for the need for prophylaxis using Dalteparin.

**Methods**

Any patient having a leg plaster cast or splint/boot is given a self evaluated questionnaire.

If patient scores less than 3 then patient advised to keep well hydrated and move toes etc as much as possible.

If patient scores 3 or more then after application of the cast/splint/boot the patient is assessed for thromboprophylaxis.

Doctor/ENP discusses with the patient the pros and cons of dalteparin injections and completes back of form.

Doctor/ENP to check if there is a recent FBC (platelet count) on Medway. If there is no FBC in the last 3/12 check FBC.

Dalteparin is available from pharmacy and as a TTA pack in ED. Prescribe the quantity needed to last until the patient returns to fracture clinic (5000units s/c OD)

The nursing staff teach patient how to do injection. Patient is given pack containing sharps box and information leaflet (kept in plaster room). Patients can then self administer daltaparin at home.

Patient details recorded in the DVT prophylaxis book.

Patient advised to bring full sharp box back to clinic when due to have cast off.

Nurses/EDAs applying casts/splints to check that the assessment form is completed.