

Thromboprophylaxis

1. Introduction

Description

The purpose of the policy is to improve patient safety through compliance with evidence-based guidelines on thromboprophylaxis developed to reduce the incidence of preventable, hospital-acquired venous thromboembolism (“VTE”).

Scope

All Physician Staff in medical and surgical departments of all VCH-PHC acute care sites.

2. Policy

Physicians must:

- 1) **evaluate** each patient’s risk of VTE at the time of hospital admission and transfer from one service or area of care to another;
- 2) **prescribe** pharmacological or mechanical thromboprophylaxis that is appropriate for the level of risk, and
- 3) **document** the rationale for any deviation from the recommended practices outlined in the VCH-PHC Venous Thromboembolism Prevention Guideline in the patient’s chart.

It is the responsibility of all medical and surgical directors of inpatient units to include VTE assessment and thromboprophylaxis orders in admission/transfer pre-printed order sets as outlined in the VCH-PHC Venous Thromboembolism Prevention Guideline.

2.1. Procedures

- A VCH-PHC [Venous Thromboembolism Prevention Guideline](#)* (the “Guideline”) has been developed in consultation with key stakeholders that outline the expected standards of care in performing VTE risk assessment and delivering the most appropriate and optimal form of thromboprophylaxis for the individual patient in accordance with recognized, evidence-based guidelines.
- To operationalize the Guideline, a template for a pre-printed order set has been developed to facilitate VTE risk assessment, thromboprophylaxis ordering and documentation.
- All inpatient services will need to use admission/transfer preprinted order sets to ensure that VTE risk assessment becomes a mandatory evaluation process by physicians of each patient upon admission to hospital and transfer within different service units of the hospital (e.g., ward to ICU transfer).
- Thromboprophylaxis appropriate for the patient’s level of risk should be prescribed in accordance with the Guideline / pre-printed order template.

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- Deviation from the Guideline should be documented on the pre-printed order or the patient's chart.
- If admission pre-printed order sets are already in place, VTE assessment and thromboprophylaxis orders should be embedded into these order sets to maximize compliance. If admission preprinted orders sets are currently not in use by a service, then a new preprinted order set must be created to include VTE assessment and thromboprophylaxis prescription. It is encouraged that other routine procedures or orders required at the time of admission are included to maximize efficiency and utilization.
- All revised and new preprinted order sets containing VTE assessment and thromboprophylaxis orders will require approval by the local Pharmacy and Therapeutic Committee in accordance with hospital rules and regulations.

*The Guideline will be regularly updated and serve as a resource for health care providers. It will contain the following information:

1. Scope of the guideline
2. Summary of recommendations
3. Background and rationale
4. VTE risk assessment
5. Methods of thromboprophylaxis
6. Efficacy and safety of thromboprophylaxis
7. Thromboprophylaxis recommendations
8. Roles and responsibilities
9. Appendixes
10. References

3. References

Tools, Forms and Guidelines

- [Venous Thromboembolism Prevention Guideline](#)
- A regional preprinted order set template has been approved by the regional pharmacy and therapeutics committee for VTE assessment and thromboprophylaxis orders. This is available through local Pharmacy services.
- Service-specific preprinted order sets require local Pharmacy and Therapeutics committee approval and are made available through local Pharmacy services.

-*Note:* Services may also insert the relevant items for their particular patient population into pre-existing order sets, as long as the items are consistent with the evidence-based recommendations in the Guideline.

Related Policies

None

Keywords

Thromboprophylaxis, venous thromboembolism , VTE, heparin, fondaparinux, compression stockings, deterrent stockings, TEDS, pneumatic compression devices, SCD, veins, deep vein thrombosis, pulmonary embolism

Definitions

“**PHC**” means Providence Health Care Care.

“**Physician Staff**” means VCH and PHC medical and surgical physicians with an approved appointment, as well as all physicians in training (medical students, residents, and fellows).

“**Thromboprophylaxis**” means prevention of venous thromboembolism using pharmacological or mechanical methods. Pharmacological agents that are currently on formulary include unfractionated heparin, low molecular weight heparin and fondaparinux. Mechanical methods used for reducing the risk of venous thromboembolism include graduate compression stockings (e.g, thromboembolism deterrent stockings or TEDS), intermittent or sequential pneumatic compression devices (SCD).

“**VCH**” means Vancouver Coastal Health Authority.

“**Venous thromboembolism**” (**VTE**) means thrombosis in the venous system, most commonly involving the deep veins of the legs (deep vein thrombosis) and pulmonary circulation (pulmonary embolism). Other venous sites that are less frequently involved include the portal and splenic veins, renal veins, mesenteric veins, and cerebral sinuses.

Questions

Contact: Quality & Patient Safety

Issued by:		
Name: <u>Dr. Patrick O'Connor</u>	Title: <u>VP Medicine, Quality, Safety</u>	Date: <u>August 1, 2014</u>
Signature of issuing official (VCH)		
Issued by:		
Name: <u>Dr. Ronald Carere</u>	Title: <u>VP Medical Affairs</u>	Date: <u>August 1, 2014</u>
Signature of issuing official (PHC)		

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