

Framework for the Prevention of Venous Thromboembolism

This Framework has been developed to guide LHDs and facilities in the implementation of the *Prevention of Venous Thromboembolism Policy Directive*

To Prevent VTE	What this means for Patients	Actions Required by NSW Hospitals and Health Services
Identify Patients 	<ul style="list-style-type: none"> Patients with a potential to be at risk of VTE are identified 	1.1 All patients admitted to a ward or unit will undergo VTE risk assessment 1.2 All patients discharged from Emergency Departments with significantly reduced mobility relative to normal state will undergo VTE risk assessment 1.3 All pregnant and postpartum women will undergo appropriate VTE risk assessment during the first comprehensive antenatal assessment, any antenatal admission (including for non-pregnancy related complaints) and following a birth (vaginal or caesarean section) in the birth environment
Assess and Document VTE Risk 	<ul style="list-style-type: none"> VTE assessment is promptly completed Risk vs. benefit of treatment is considered The outcome of the assessment is clearly documented and easily accessible by health care providers 	2.1 VTE risk assessments are completed within 24 hours of patient admission 2.2 A standardised, approved risk assessment tool should be made available to all clinical staff 2.3 The risk assessment tool enables clinicians to weigh the risk of clotting against the risk of bleeding 2.4 Outcome of the risk assessment is clearly documented in an approved record e.g. <ol style="list-style-type: none"> Electronic medical record National Inpatient Medication Chart (NIMC) Patient health care record Approved risk assessment tool Maternal antenatal hand-held record Other locally approved form
Prescribe Appropriate Prophylaxis 	<ul style="list-style-type: none"> Treatment is based on the best clinical knowledge and evidence Prophylaxis is clearly documented and easily accessible by health care providers 	3.1 Clinical decision support is available for all clinicians, and encourages review of risk vs. benefit of prophylactic treatment 3.2 Clinical decision support is based on evidence-based guidelines 3.3 Access to a range of antithrombotic agents is available on the formulary 3.4 Where the regular NIMC is used, prescribing of both pharmacological and mechanical prophylaxis is completed in the dedicated VTE section
Engage the Patient 	<ul style="list-style-type: none"> Decisions actively involve patients/carers Patients/carers are aware of risks and symptoms of VTE 	4.1 Patients/carers are informed of VTE risks and treatment options 4.2 Patients/carers are involved in treatment plans 4.3 A standardised patient information leaflet is available for clinicians to provide to patients
Reassess 	<ul style="list-style-type: none"> Patients are regularly assessed for VTE throughout admission Prevention of VTE continues after discharge if required 	5.1 VTE risk is reassessed regularly (at least every 7 days) OR as clinical condition changes 5.2 Pregnant and postpartum women with a protracted admission should be reassessed every 7 days as a minimum 5.3 Clinicians are prompted at discharge to assess the need of prolonged prophylaxis
Monitor Practice 	<ul style="list-style-type: none"> Hospitals monitor performance and strive to improve processes Health professionals are updated and aware of requirements 	6.1 Rates of risk assessment completion are audited periodically (at least annually, or more frequently if compliance is poor) 6.2 Rate of provision of appropriate prophylaxis are audited periodically 6.3 Results of audit and review are reported back to clinicians to drive change 6.4 Clinicians are educated on the need for VTE prevention measures