

AH1700 – VENOUS THROMBOEMBOLISM PREVENTION

1.0 PURPOSE

To improve patient safety through compliance with evidence-based guidelines on thromboprophylaxis developed to reduce the incidence of preventable, hospital acquired venous thromboembolism.

2.0 DEFINITIONS

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.
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, warfarin and rivaroxaban. Mechanical methods 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).

3.0 POLICY

3.1 Venous Thromboembolism Prevention Clinical Practice Standard

An Interior Health Venous Thromboembolism Prevention Clinical Practice Standard (CPS) has been developed in consultation with key stakeholders that outlines 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. The CPS will be regularly updated and serve as a resource for health care providers.

To operationalize the CPS, pre-printed orders have been developed to facilitate VTE risk assessment, thromboprophylaxis ordering and documentation.

All in patient services will need to use admission/transfer pre-printed order sets to ensure that VTE risk assessment becomes a mandatory evaluation process by physicians of each patient upon admission to hospital, transfer within different service units of the hospital and discharge.

Thromboprophylaxis appropriate for the patient's level of risk will be prescribed in accordance with the CPS/pre-printed orders.

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Deviation from the CPS will be documented on the pre-printed order or the patient's chart.

All revised and new pre-printed order sets containing VTE assessment and thrombophylaxis orders will require approval from the Regional Pharmacy & Therapeutics Committee.

3.2 Responsibility

It is the responsibility of all medical, critical care and surgical managers and directors of inpatient units to ensure VTE assessment tools and thromboprophylaxis orders are available and enacted.

4.0 PROCEDURES

Physicians

It is a standard of care that Physicians will:

- a. Evaluate each hospitalized patient's risk of VTE on admission, at the time of a significant change in clinical status, at the time of transfer from one type of care to another, and at discharge;
- b. Prescribe pharmacological or mechanical thromboprophylaxis to every hospitalized patient in whom it is indicated based on their risk of thrombosis, their risk of bleeding and available options; and
- c. Document the rationale for any deviation from the recommended practice outlined in the Interior Health Venous Thromboembolism Prevention Clinical Practice Standard.

5.0 REFERENCES

1. Accreditation Canada, (2011). *Required Organizational Practices*.
2. British Columbia Ministry of Health, (2010). Clinical Care Management Document
3. Safer Healthcare Now! (2008). *Getting Started Kit – Venous Thromboembolism Prevention: How to Guide..*
4. Sunnybrook Health Sciences Center, (2010). *Venous Thromboprophylaxis Guidelines*.

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