

From the Chief Medical Officer
Dr Michael McBride

HSS(MD)13/2011



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

For action:

Chief Executives, HSC Trusts
Medical Directors HSC Trusts
*(for onward cascade to:
Associate Medical Directors, Clinical Directors,
Heads of Governance)*
Director of Nursing, HSC Trusts
RQIA *(for cascade to Independent hospitals and clinics)*

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Your Ref:

Our Ref: HSS(MD)13/2011
Date: 22 July 2011

For information:

All General Practitioners
GP Locums
Family Practitioner Service Leads, HSC Board
(for cascade to GP Out of Hours services)
Executive Medical Dir/Dir of Public Health, Public Health Agency
(for onward distribution to relevant health protection staff)
Head of School of Medicine & Dentistry, QUB
Head of School of Nursing & Midwifery, QUB
Head of School of Nursing, UU
Staff Tutor of Nursing, Open University.
Clinical Director, HSC Safety Forum

Dear Colleague

DEVELOPMENT OF A REGIONAL VTE RISK ASSESSMENT TOOL

We wrote to you in April 2007 (HSS(MD)10/2007) http://www.dhsspsni.gov.uk/phhss_md_10-2007.pdf and in October 2008 (HSS(MD) 33/2008) <http://www.dhsspsni.gov.uk/hss-md-33-2008.pdf> regarding measures to prevent venous thromboembolism (VTE) in hospitalised patients.

Following the issue of these letters, the HSC Safety Forum established a VTE collaborative with HSC Trusts and an associated Advisory Group, chaired by Dr G Benson, Consultant Haematologist. The Safety Forum VTE Advisory Group has now developed and agreed a single risk assessment tool (copy attached) for use throughout all HSC Trusts. This should ensure that every adult patient has a documented VTE risk assessment on admission to hospital and that the risk assessment is conducted in accordance with clinical risk assessment criteria that reflect NICE clinical guideline CG92. In particular, the risk assessment reflects the balance for each patient between the risk of bleeding risk as well as their clotting risk.

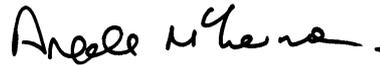
It is hoped that a unified approach to VTE risk assessment will simplify the training of medical staff and nursing staff and also reduce the need for re-training if they rotate through Trusts or move their place of employment.

We strongly commend the use of the VTE risk assessment tool and would encourage its use in all Trusts. Trust Medical Directors have indicated that they are supportive of the use of this tool.

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Mrs A McLernon
Acting Chief Nursing Officer

This letter is available at www.dhsspsni.gov.uk

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

- All patients should be risk assessed on admission to hospital.
- Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes.

STEP 1

Assess all patients admitted to hospital for level of mobility (tick one box).

- All surgical patients, and all medical patients with significantly reduced mobility, should be considered for further risk assessment.

STEP 2

Review the factors shown on the assessment sheet against **thrombosis risk**, ticking each box that applies (more than one box can be ticked).

- Any tick for thrombosis risk should prompt thromboprophylaxis according to NICE guidance or refer to Trust guideline for thromboprophylaxis.
- If no box is ticked for thrombosis risk, the patient is at low risk of VTE.
- The risk factors listed are not exhaustive; clinicians may consider additional risks in individual patients and offer thromboprophylaxis.

STEP 3

Review the factors shown against **bleeding risk** and tick each box that applies (more than one box can be ticked).

- Any tick should prompt clinical staff to consider if bleeding risk is sufficient to preclude pharmacological intervention.

STEP 4

- Tick overall risk of VTE
- Tick if thromboprophylaxis is prescribed and the type prescribed

STEP 5

- Sign, date and time the risk assessment following completion.

Reference

1. Venous Thromboembolism: Reducing the Risk of VTE (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital. National Institute for Health and Clinical Excellence, Clinical Guideline 92, Issued January 2010.
<http://guidance.nice.org.uk/CG92>

Adapted from the Department of Health VTE risk assessment template, March 2010

Venous Thromboembolism (VTE) Risk Assessment for Hospitalised Adults

Risk assessment must be completed on admission

Write in CAPITAL LETTERS or use addressograph

Surname:

First Names:

Hospital No:

DOB:

Check identity

Step 1: Assess for level of mobility – All Patients

	Tick		Tick		Tick
Surgical patient	<input type="checkbox"/>	Medical patient expected to have ongoing reduced mobility relative to normal state	<input type="checkbox"/>	Medical patient NOT expected to have significantly reduced mobility relative to normal state	<input type="checkbox"/>
Assess for thrombosis and bleeding risk below (Complete steps 2 – 5)			Risk assessment complete (Go to step 5)		

Step 2: Review thrombosis risk

Any tick for thrombosis risk factors should prompt consideration for thromboprophylaxis

Patient related	Tick	Admission related	Tick
Active cancer or cancer treatment	<input type="checkbox"/>	Significantly reduced mobility for 3 days or more	<input type="checkbox"/>
Age >60	<input type="checkbox"/>	Hip or knee replacement	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	Hip fracture	<input type="checkbox"/>
Known thrombophilias	<input type="checkbox"/>	Total anaesthetic + surgery time > 90 minutes	<input type="checkbox"/>
Personal history / first degree relative with history of VTE	<input type="checkbox"/>	Surgery involving pelvis or lower limb with anaesthetic + surgery time > 60 minutes	<input type="checkbox"/>
One or more significant medical comorbidities (eg heart disease; metabolic, endocrine or respiratory pathologies; acute infectious diseases; inflammatory conditions)	<input type="checkbox"/>	Acute surgical admission with inflammatory or intra-abdominal condition	<input type="checkbox"/>
Obesity (BMI>30kg/m ²)	<input type="checkbox"/>	Critical care admission	<input type="checkbox"/>
Use of hormone replacement therapy	<input type="checkbox"/>	Surgery with significant reduction in mobility	<input type="checkbox"/>
Use of oestrogen-containing oral contraceptive therapy	<input type="checkbox"/>	The above risk factors are not exhaustive, additional risks may be considered. Other:	<input type="checkbox"/>
Varicose veins with phlebitis	<input type="checkbox"/>		<input type="checkbox"/>
Pregnancy or < 6 weeks post partum (see obstetric risk assessment for VTE)	<input type="checkbox"/>		<input type="checkbox"/>

Step 3: Review bleeding risk

Any tick should prompt staff to consider if bleeding risk is sufficient to preclude pharmacological intervention

Patient related	Tick	Admission related	Tick
Active bleeding	<input type="checkbox"/>	Neurosurgery, spinal surgery or eye surgery	<input type="checkbox"/>
Acquired bleeding disorder (such as acute liver failure)	<input type="checkbox"/>	Lumbar puncture / epidural / spinal anaesthesia expected in the next 12 hours	<input type="checkbox"/>
Concurrent use of anticoagulants known to increase risk of bleeding (such as warfarin with INR >2)	<input type="checkbox"/>	Lumbar puncture / epidural / spinal anaesthesia within the previous 4 hours	<input type="checkbox"/>
Acute stroke	<input type="checkbox"/>	Other procedure with high bleeding risk	<input type="checkbox"/>
Thrombocytopenia (Platelets <75x10 ⁹ /l)	<input type="checkbox"/>	The above risk factors are not exhaustive, additional risks may be considered. Other:	<input type="checkbox"/>
Uncontrolled systolic hypertension (>230/120)	<input type="checkbox"/>		<input type="checkbox"/>
Untreated inherited bleeding disorder (such as haemophilia and von Willebrand's disease)	<input type="checkbox"/>		<input type="checkbox"/>

Step 4: Tick the appropriate risk category

Risk of VTE (tick)	High risk of VTE with low bleeding risk	High risk of VTE with significant bleeding risk	Low risk of VTE
Thromboprophylaxis prescribed on kardex? (tick)	Yes	Type Prescribed (tick)	Pharmacological e.g. LMWH
	No		Mechanical

Step 5: Signature

VTE risk assessed on admission	Signature: _____	Print Name: _____	Date and Time: _____
VTE risk should be re-assessed within 24 hours and whenever clinical condition changes			