University Hospitals Coventry and Warwickshire NHS Trust

VTE PREVENTION - THROMOBOPROPHYLAXIS



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Signs and Symptoms

DVT – Deep Vein Thrombosis (in the legs)



- Unilateral leg symptoms – rarely both legs swollen
- May be restricted to the calf or affect the whole leg
- Swelling
- Pain – in whole leg, or along the site of the deep veins
- Discolouration of skin – usually red, can be purple
- Warmth
- More visible surface veins
- "Heavy " feeling in the leg
- Patients may present with one or more symptoms
  - or no symptoms (some are incidental findings on CT scan)

PE – Pulmonary Embolism



- Breathlessness
- Chest pain – especially on inspiration
- Symptoms of hypoxia: anxiety, restlessness, agitation and impaired consciousness
- Decreased oxygen saturation
- Tachypnoea (increased respiratory rate)
- Tachycardia (increased heart rate)
- Haemoptysis (coughing up blood)
- Patients may present with one or more symptoms – or no symptoms
  The PE may be silent – only identified on a post-mortem, or incidental CT

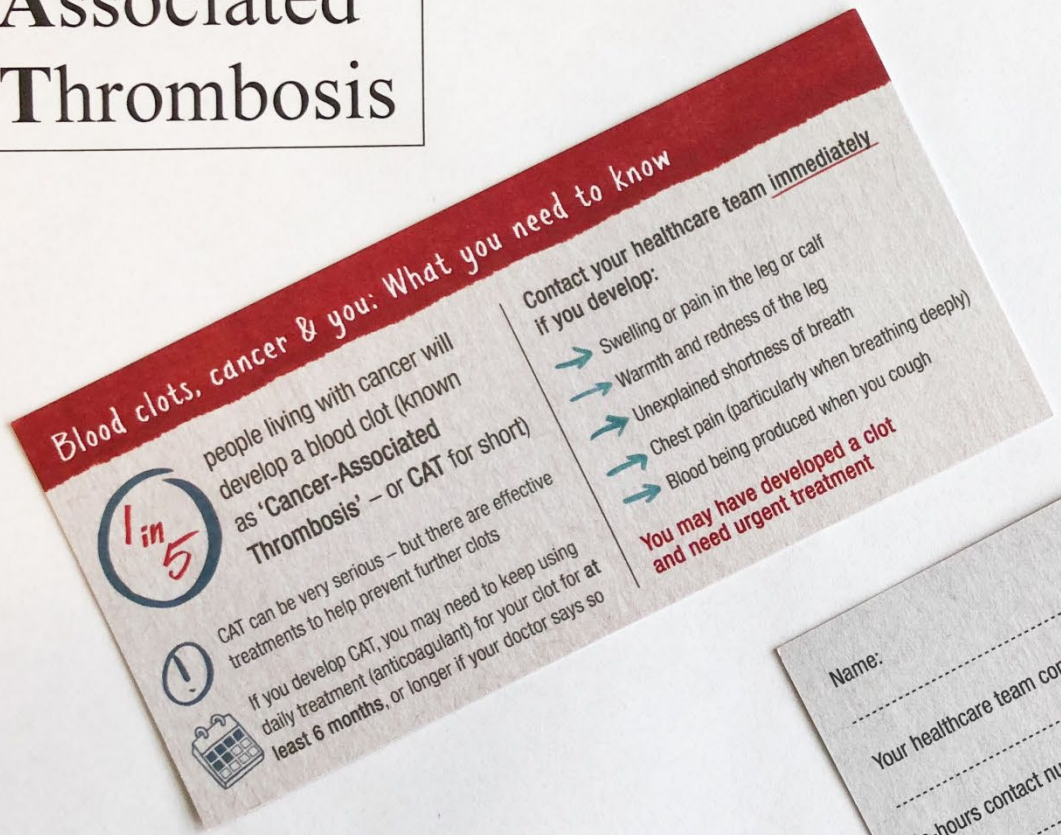
Risk factors for VTE

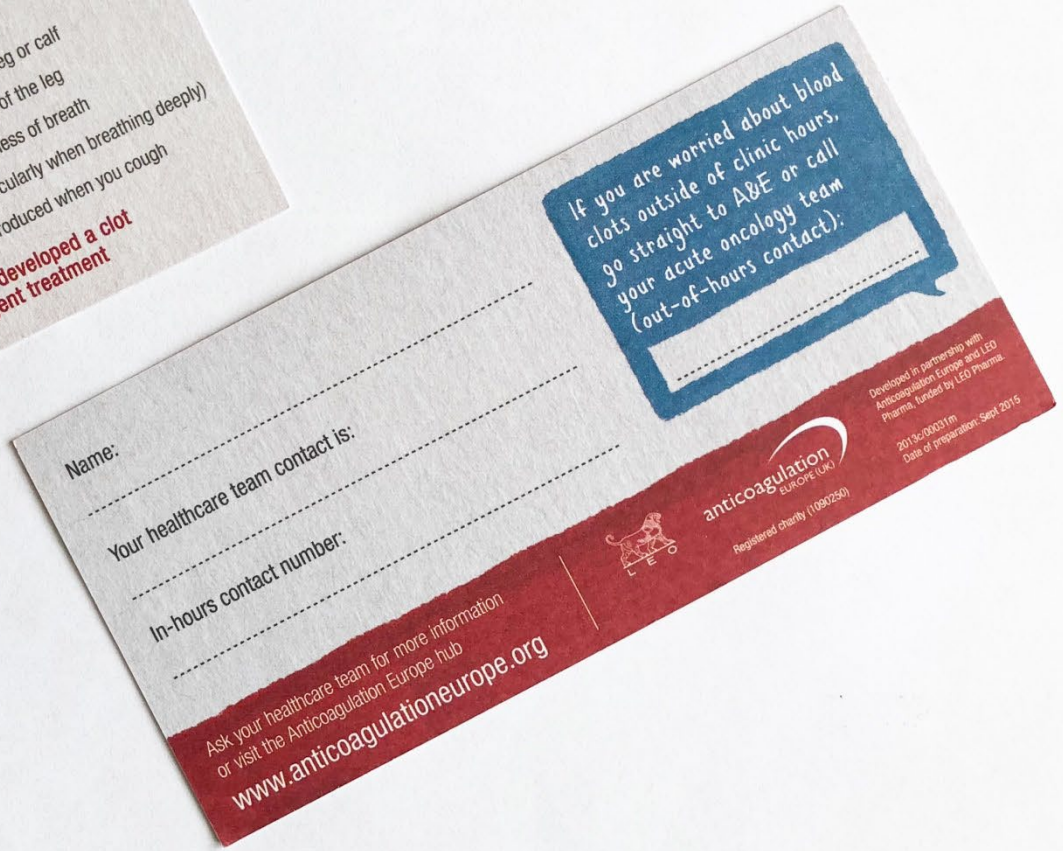
Active cancer or cancer treatment	Personal history or first-degree relative with a history of VTE
Age over 60 years	Use of hormone replacement therapy
Critical care admission	Use of oestrogen-containing contraceptive therapy
Dehydration	Varicose veins with phlebitis
Known thrombophilias	Obesity (BMI over 30 kg/m^2)
One or more significant medical comorbidities	Women who are pregnant or have given birth within the previous 6 weeks
Surgery – particularly hip or knee surgery / surgery lasting more than 90 minutes	Reduced mobility

Cancer Associated Thrombosis

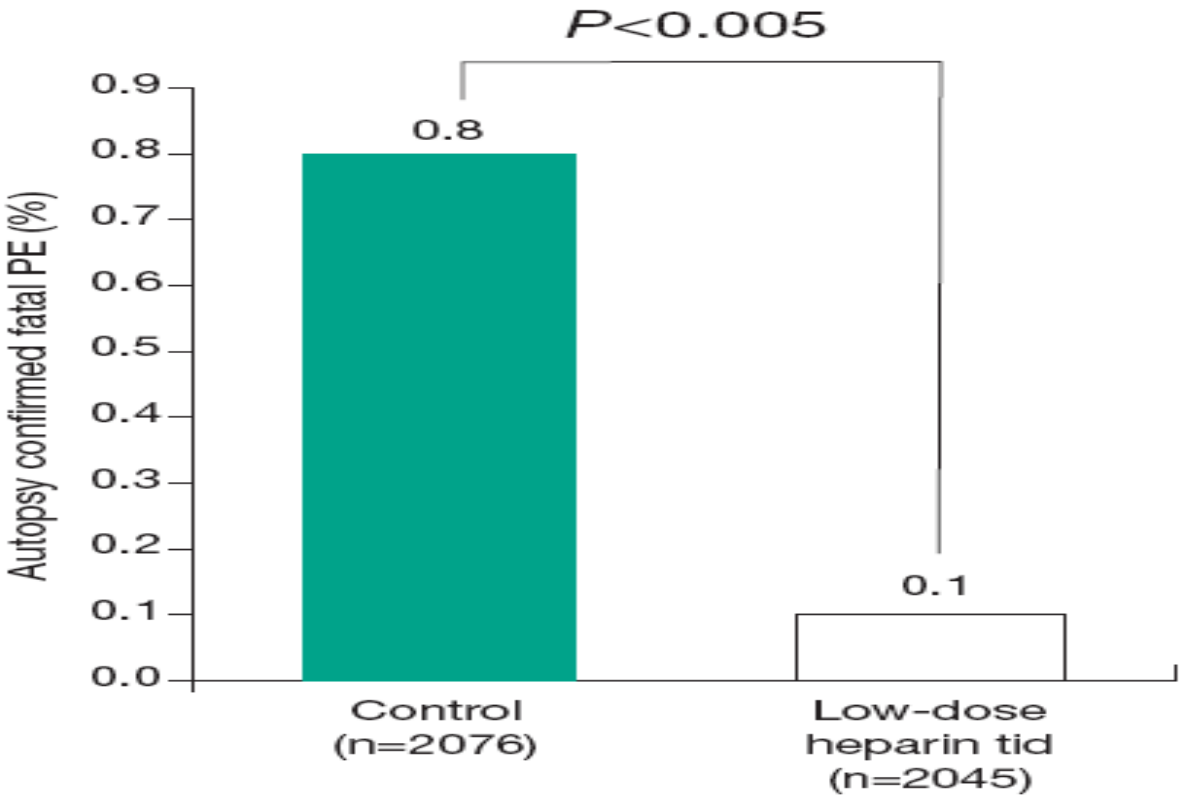
Common Condition
Bidirectional Relationship

(20-30% of all first VTEs are CAT)





Prevention of fatal pulmonary embolism in surgical patients

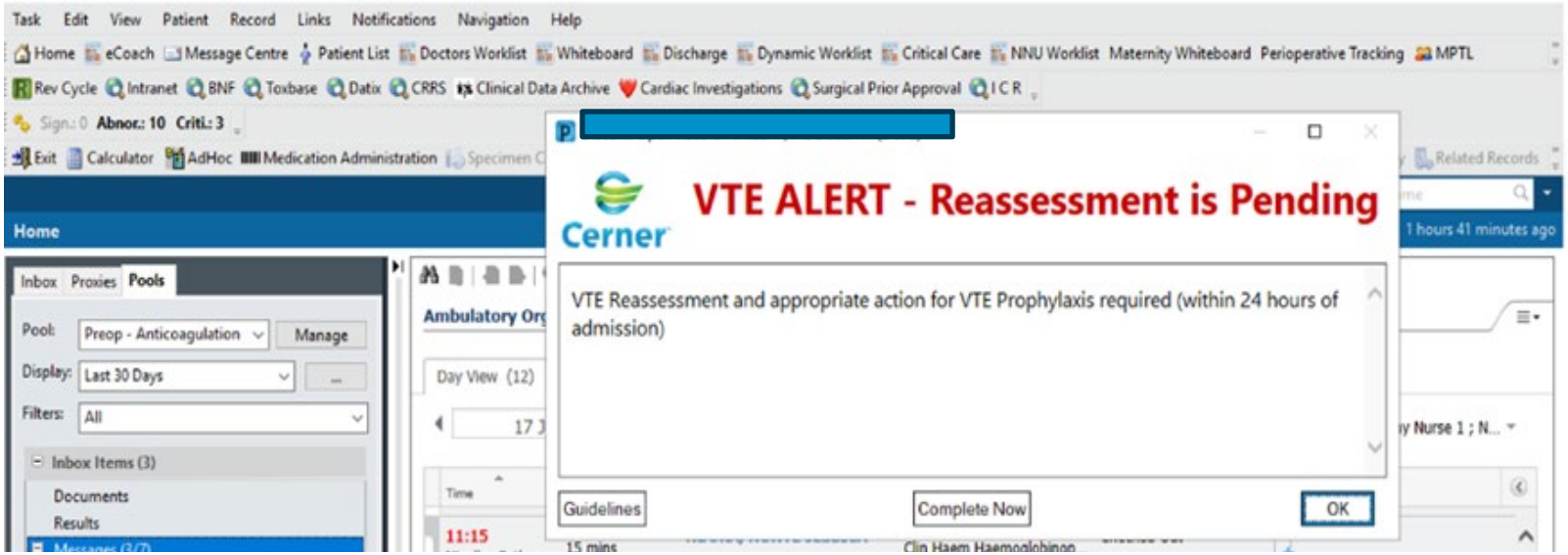


Source: Kakkar VV, Corrigan TP, Fossard DP et al. 'Prevention of fatal postoperative pulmonary embolism by low doses of heparin: an international multicentretrial, *Lancet*, 1975; 2: 45–51

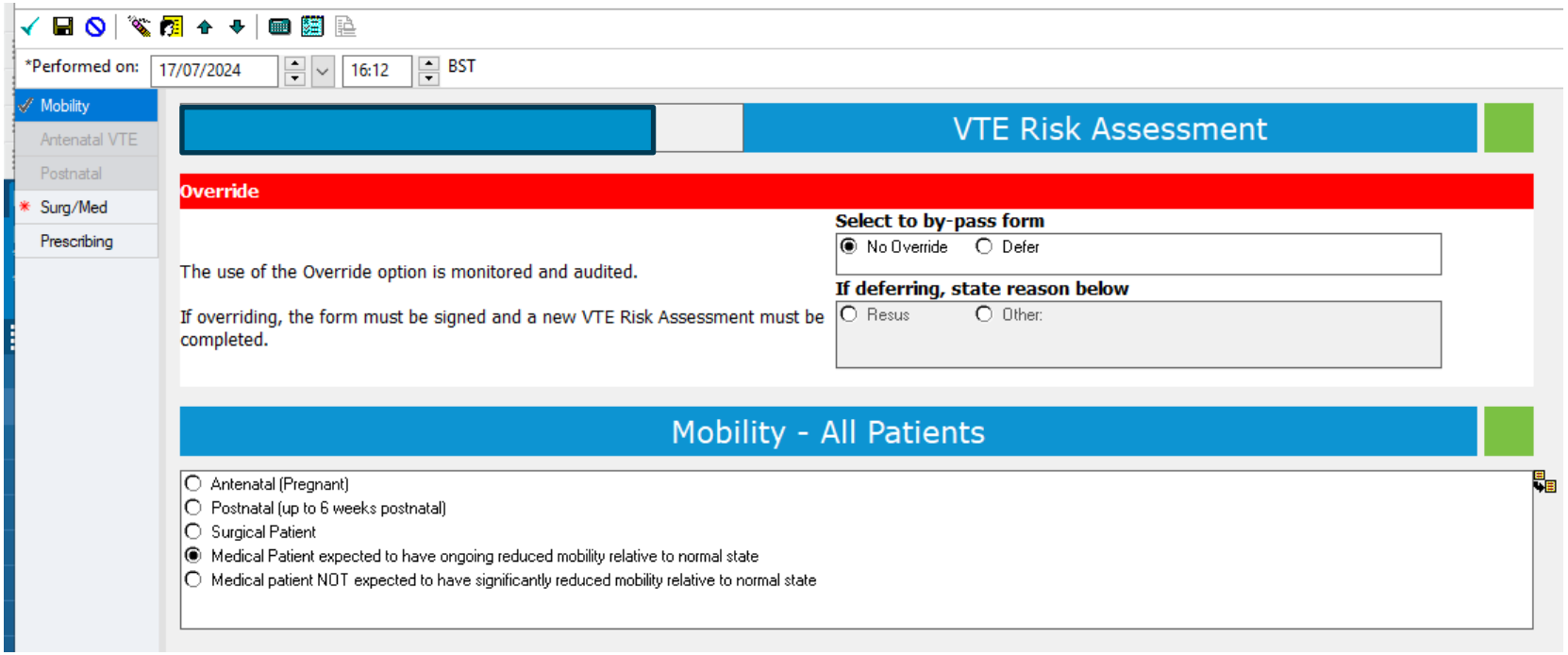
VTE Risk assessment and thromboprophylaxis works

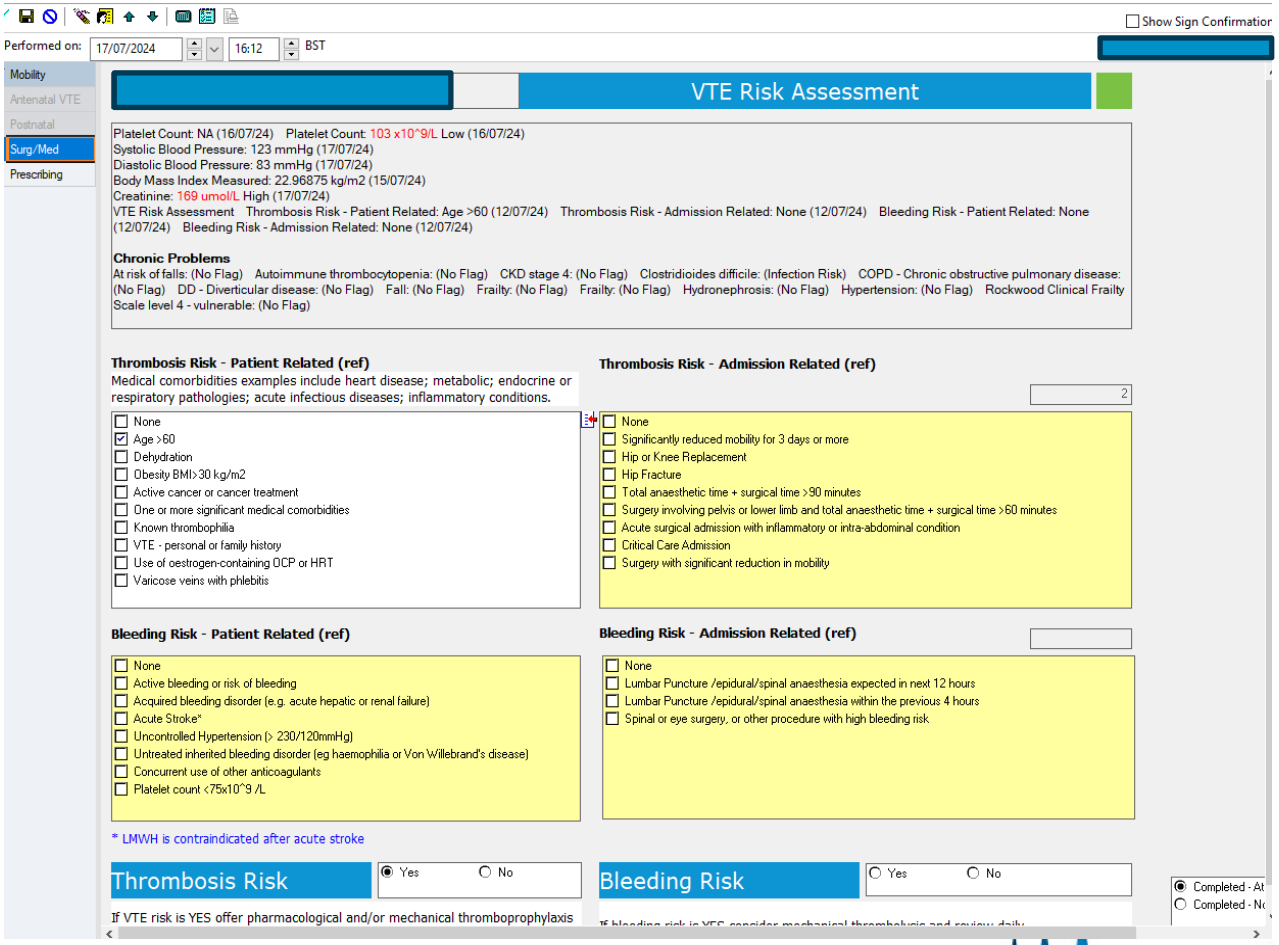
VTE Risk Assessment

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*Performed on: 17/07/2024 16:12 BST
Mobility
Antenatal VTE
Postnatal
Surg/Med
Prescribing
VTE Risk Assessment
Override
Select to by-pass form
No Override
Defer
The use of the Override option is monitored and audited.
If overriding, the form must be signed and a new VTE Risk Assessment must be completed.
If deferring, state reason below
Resus
Other:
Mobility - All Patients
Antenatal (Pregnant)
Postnatal (up to 6 weeks postnatal)
Surgical Patient
Medical Patient expected to have ongoing reduced mobility relative to normal state
Medical patient NOT expected to have significantly reduced mobility relative to normal state



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Recording Warning

Some required fields for this form have not been completed. The required fields that need to be addressed before signing the form are included in the 'Surg/Med' section.

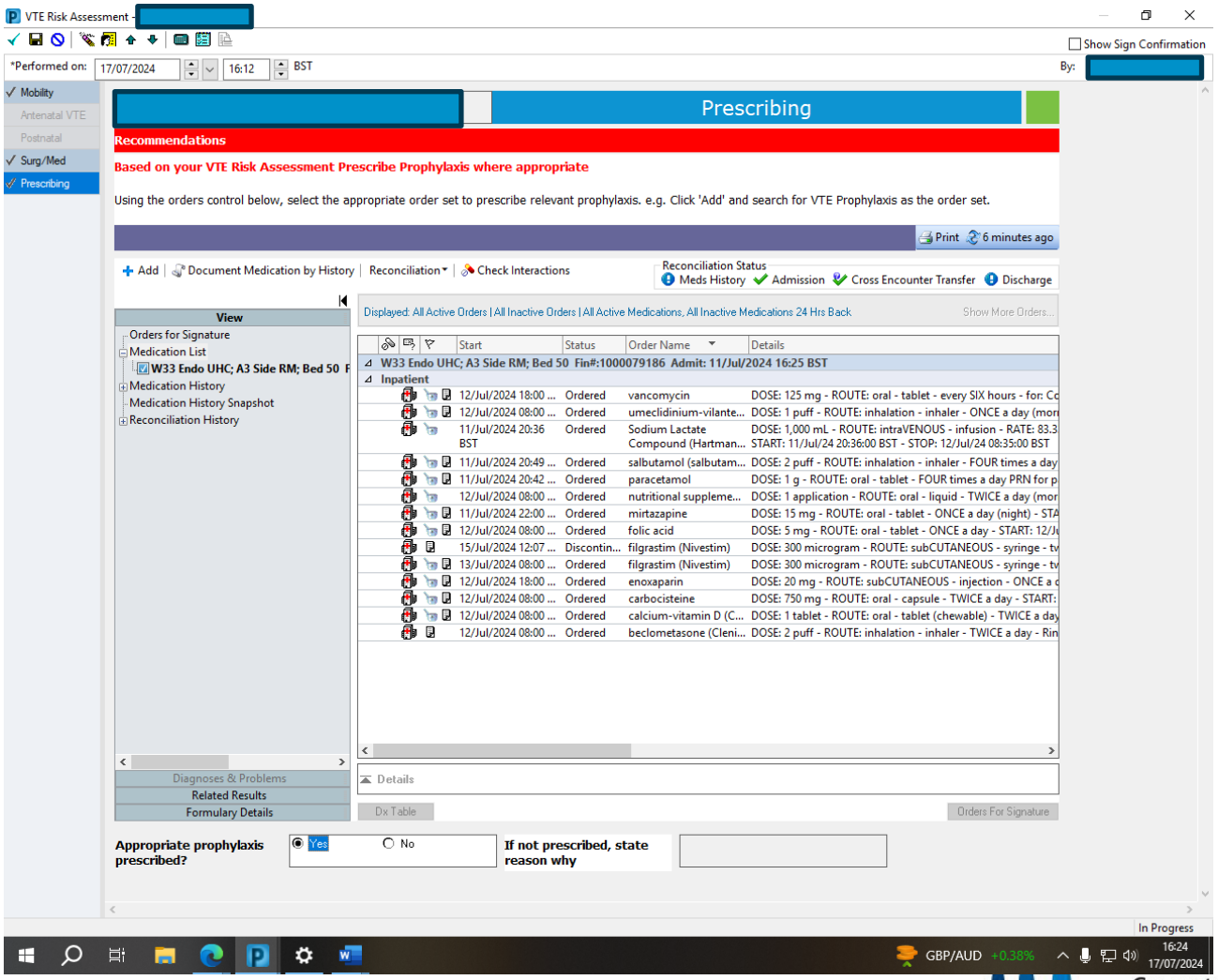
Thrombosis Risk - Admission Related

Bleeding Risk - Patient Related

Bleeding Risk - Admission Related

There may be other required fields in other sections that also need to be addressed. Either review the form for those fields, or click the Sign icon again.

OK



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What can I do?

- Encourage patients to **mobilise early**





If your patients are allowed – encourage them to **drink plenty of fluid** to keep hydrated



- Encourage your patients to **stop smoking**

- Encourage your patients to maintain a **healthy body weight**



- If **anti-embolism stockings** (Preventex) or **intermittent pressure devices** (Flowtron) are recommended - ensure that they are **correctly fitted** and that your patient's **skin is checked** at least daily.





- Ensure that pharmacological thromboprophylaxis - (**Enoxaparin**) is administered according to Trust policy

Chemical / Pharmacological Thromboprophylaxis



Enoxaparin injection

- we now use Inhixa brand rather than Clexane

Fondaparinux for heparin allergy or religious reasons



Mechanical Thromboprophylaxis



Anti-embolism stockings





Intermittent
Pneumatic
Compression
Device – Flowtron

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INCORRECTLY FITTED ANTI EMBOLISM STOCKINGS





Stage 2 Pressure Ulcer caused by anti-embolic stockings.



There is a blister on the lower lateral aspect of the great toe.

Treating a DVT / PE

Guidelines: e-library

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Anticoagulation Guideline – Warfarin, Direct Oral Anticoagulants (DOACs) and other oral anticoagulants	
Record Type	Clinical Guideline
eLibrary ID Reference No:	CG 1325
*Newly developed and approved **Trust-wide Clinical Guidelines** will be allocated an eLibrary reference number following submission to relevant eLibrary administrator. Reviewed **Clinical Guidelines** must retain the original eLibrary reference id number.*	

Version:	V4
Name of Approving Trust Committee / Forum / Body / Group	Haematology QIPS
Date of Approval	June 2016

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Prescribing



Stopping anticoagulant

Let the Anticoagulation Team know

- e-referral

Changing type or dose of anticoagulant





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New Anticoagulants: DOACs



Rivoroxaban / Xarelto

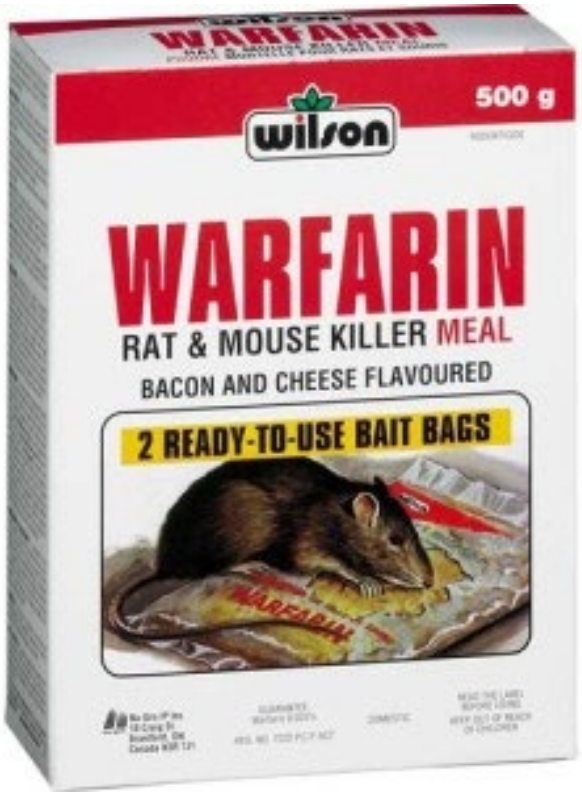
Apixaban / Eliquis

Edoxaban / Lixiana

Dabigatran / Pradaxa



Idarucizumab */ Praxbind*



Any anticoagulant - bleed more easily

Warfarin needs regular blood tests – INR usually 2-3

Interacts with many other drugs / food / alcohol



Should not take with other anticoagulants / caution with antiplatelet drugs

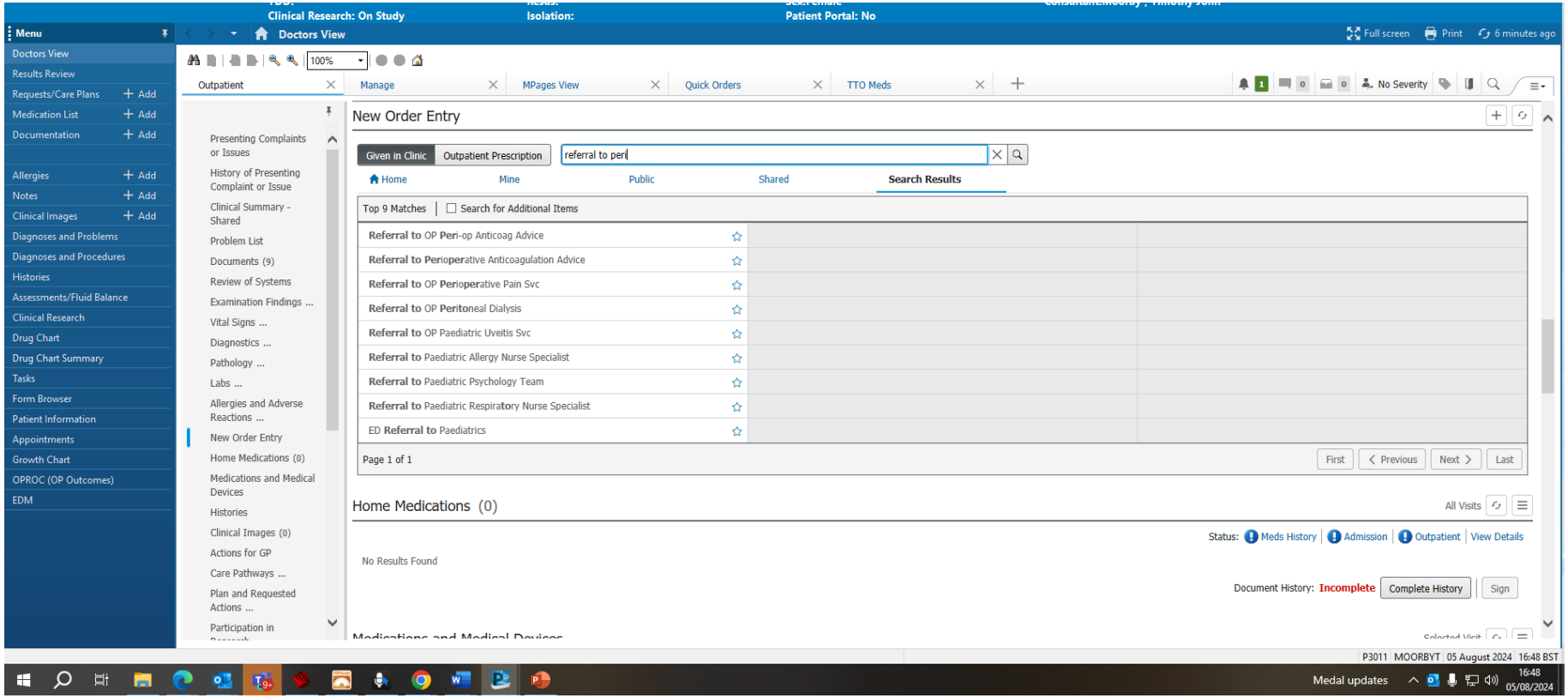
Need to monitor stopping / restarting warfarin

The Anticoagulation Team will:

- Add patient to RAID = anticoagulation database
- Ensure that your patient is SAFE –
  - Alert card
  - Patient information booklets
  - Contact telephone numbers
  - Follow-up – compliance, repeat prescription, length of treatment, review in Thrombosis Clinic
  - Offer general advice

Ext: 25532

Perioperative management of patients on anticoagulation



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Where to find out more…..

- Search **VTE** on the **Trust Intranet**:

  find: Trust / NICE Guidelines, patient information, training links

- Haematology SpR for Wards: Bleep 1316

(weekdays only, use mobile via switchboard for on call consultant at weekends)

- Jerlin Kailath: Specialist Pharmacist – Anticoagulation
  - Bleep: 5323

- Karen French – VTE Nurse Specialist
  - ext: 25508 Bleep: 2953
- karen.french@uhcw.nhs.uk

Any Questions

