

## **Preventing hospital acquired venous thromboembolism is everyone's responsibility**

Clinical colleagues at UHMBT are being urged to make sure they complete Venous Thromboembolism (VTE) risk assessments for all patients admitted to our hospitals and prescribe/administer VTE prevention in a timely manner, to help prevent Deep Vein Thrombosis (DVT).

DVT occurs in deep veins of the leg and can lead to a life threatening pulmonary embolism (PE). Every 37 seconds someone in the western world dies from a VTE. Around 60% of VTE cases occur following hospitalisation and it remains the main cause of preventable deaths in hospitals. The cost of treating emergency DVT and PE is between £1,427 and £3,618.

VTE predominantly occurs in patients with compromised mobility and those with medical comorbidities such as high BMI and those undergoing major limb or abdominal surgery, therefore patients admitted to hospital are at high risk of developing VTE.

The National Institute for Health and Care Excellence (NICE) has specific guidelines for hospital acquired VTE prevention. These include:

- **All patients must be VTE risk assessed on admission to hospital. This must be done using speciality specific VTE assessment forms on EPR.**
- **All patients are prescribed VTE prevention (mechanical or chemical) as per outcome of assessment.**
- **Prophylaxis must be administered within 14 hours following admission.**
- **VTE risk assessments must be reviewed and documented during consultants' post take ward rounds and regularly thereafter.**
- **Patients are given verbal information and VTE information leaflets.**

During the last four months, the Trust has consistently achieved the 95% VTE risk assessment target. This is definitely a step in the right direction, however clearly much more needs to be done, especially with regards to prescribing and dispensation of VTE prevention, as shown by a recently concluded trust-wide VTE audit.

Mr Gautam Talawadekar, VTE Lead for UHMBT, said: "These are unprecedented times due to the current pandemic, but together we can ensure that our patients are kept VTE safe by following above guidelines. I look forward to active participation

and cooperation from all MBHT clinical staff involved in patient care including consultants, junior doctors, nurses and physiotherapists.”

For more information and any questions on the VTE service, please email Mr Talawadekar at: [gautam.talawadekar@mbht.nhs.uk](mailto:gautam.talawadekar@mbht.nhs.uk)

Here is a link to the Trust's VTE prevention leaflet:

[https://www.uhmb.nhs.uk/application/files/7615/9377/1098/PIL113\\_PLAIN\\_TEXT -  
\\_Preventing Hospital Associated Blood Clots.pdf](https://www.uhmb.nhs.uk/application/files/7615/9377/1098/PIL113_PLAIN_TEXT_-_Preventing_Hospital_Associated_Blood_Clots.pdf)

Here is a link to the Trust's VTE Pregnancy and Birth advice leaflet:

[https://www.uhmb.nhs.uk/application/files/3416/0129/8786/Reducing the risk of ve  
nous thrombosis in pregnancy and after birth.pdf](https://www.uhmb.nhs.uk/application/files/3416/0129/8786/Reducing_the_risk_of_veinous_thrombosis_in_pregnancy_and_after_birth.pdf)