

To assess whether venous thromboprophylaxis in Covid-19 patients is prescribed according to trust guidance on the Acute Medical Unit (AMU) and Larch C (elderly care) wards.

Background

Patients with Covid-19 are known to be at a higher risk of developing a venous thromboembolism (VTE) or a pulmonary embolism (PE) ⁽¹⁾.

Use of low molecular weight heparins (LMWH) is recommended ⁽²⁾. It was suspected that the trust guidance on thromboprophylaxis in covid-19 patients was not being followed.

Methodology

- ❖ Data was easily obtained.
- ❖ Collected over 4-weeks.
- ❖ Data collection form created, trialled and amended; and stored in a locked drawer.
- ❖ Data collected: bed number, hospital number, gender, age, weight (kg), estimated glomerular filtration rate (eGFR), creatinine, creatinine clearance (CrCl), VTE risk assessment completion, whether enoxaparin is prescribed and the dose.
- ❖ Data was entered into a password protected spreadsheet allowing CrCl to be calculated, establishing if the dose was appropriate.

Results

- ❖ A total of 29 patients were included.
- ❖ 48% of patients were incorrectly prescribed VTE prophylaxis.
- ❖ 21% of patients were prescribed an underdose of enoxaparin.
- ❖ 14% had been over-prescribed enoxaparin
- ❖ 13% were not prescribed any prophylaxis.

*Refer to figure 1 below

Breakdown of Enoxaparin Prescribed Incorrectly

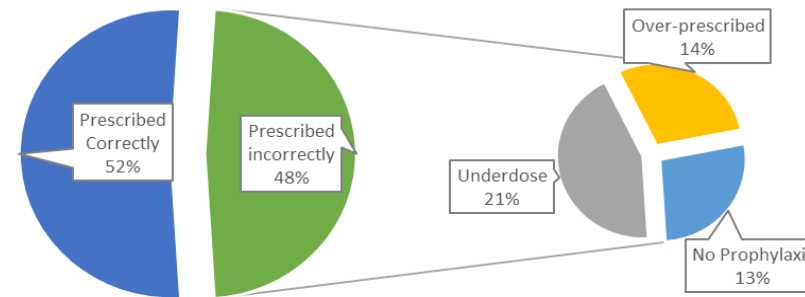


Figure 1 – Breakdown of enoxaparin prescribed incorrectly

Discussion

- ❖ The results reflect that the main issue on the wards were patients being underdosed on VTE prophylaxis.

Improvements made:

- ❖ Doctors were emailed the guidance, as well as it being displayed in the doctors office, allowing accessibility.
- ❖ Pharmacy staff asked to note issues when reviewing and conducting a medicines reconciliation for such patients.

Limitations:

- ❖ No weight recorded - unable to work out CrCl, resulting in data being discounted. Discussed with ward managers in the nursing daily huddle and nursing staff were aiming to improve.
- ❖ Reducing number of Covid-19 patients - Determined the length of the study, as well as making it difficult to re-audit.

Future work: Implement covid guidance within the current VTE prophylaxis guidance for non-covid patients, as the numbers decrease, a separate guidance may not be required.

References:

- (1) Middeldorp, S., Coppens, M., Haaps, T., Foppen, M., Vlaar, A., Müller, M., Bouman, C., Beenen, L., Kootte, R., Heijmans, J., Smits, L., Bonta, P. and Es, N. Incidence of venous thromboembolism in hospitalized patients with COVID-19. *Journal of Thrombosis and Haemostasis*, [online] 18(8), pp.1995-2002. 2020 Available at: <<https://onlinelibrary.wiley.com/doi/full/10.1111/jth.14888>> [Accessed 8 March 2021].
- (2) Nice.org.uk. 1 Patients with COVID-19 pneumonia managed in hospital | COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s with COVID-19 | Guidance | NICE. [online]. 2021 Available at: <<https://www.nice.org.uk/guidance/ng186/chapter/1-Patients-with-COVID-19-pneumonia-managed-in-hospital>> [Accessed 8 March 2021].