DON’T BE A CLOT— ensure the prescription of out-patient VTE prophylaxis following lower limb arthroplasty

**Background**

NICE guideline CG92 specifies that patients undergoing hip or knee arthroplasty should start as an in-patient and then continue pharmacological VTE prophylaxis for 28-35 days. This publication (along with others) guided a departmental policy stating all elective hip and knee replacements must be discharged with 4 weeks of Aspirin, LMWH or Warfarin (unless contra-indicated).

Due to the fact that VTE prophylaxis as an in-patient is prescribed on a separate part of the drug chart it was noticed that occasionally it was missed off the prescription of discharge medication.

**Methods**

Retrospective review of discharge summaries and hospital notes for all patients who underwent elective hip or knee arthroplasty surgery in March 2012 gave a baseline measurement of who had out-patient VTE prophylaxis prescribed on their discharge summary, the notes of patients who were not discharged on prophylaxis were reviewed for any contra-indications.

A new electronically completed bespoke Trauma and Orthopaedic discharge summary was created with a discreet area clearly marked for VTE prophylaxis to serve as a reminder to prescribe it to take home.

This method was then repeated for further audit loops.

**Audit loop 1**

- March 2012
  - 93 patients underwent hip/knee arthroplasty
  - 76% (71/93) were prescribed VTE prophylaxis to take home
  - There was no clinical reason explaining the failure to prescribe prophylaxis in the remaining 24%.

**Audit loop 2**

- July 2013
  - 117 patients underwent hip/knee arthroplasty
  - 99% (116/117) were prescribed VTE prophylaxis to take home

**Audit loop 3**

- October 2013
  - 103 patients underwent hip/knee arthroplasty
  - 100% (103/103) were prescribed VTE prophylaxis to take home

**Conclusions**

- A simple but clear change to paperwork, combined with the presentation of initial audit data, at the monthly Audit/M&M meeting brought about a rapid and seemingly lasting change in the prescription of out-patient VTE prophylaxis.
- The improvement was seen before and after a change of the Junior Doctor workforce. This suggesting documentation was the main influencing factor.