

# 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<sup>1</sup>. This publication (along with others<sup>2</sup>) 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

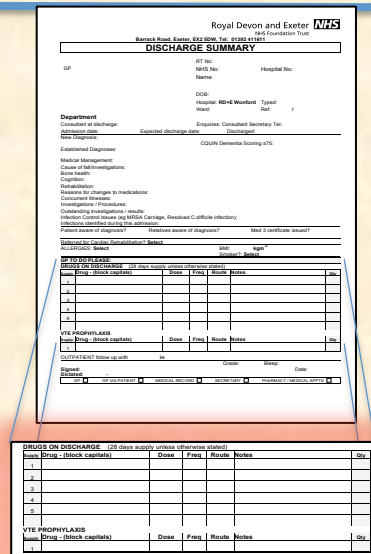
March 2012

- 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%.

## THE CHANGE

February 2013

- ✓ A bespoke discharge summary was launched with a clear and discreet area for prescription of VTE prophylaxis
- ✓ Initial audit findings were presented locally
- ✓ All junior doctors were re-educated on the policy and new documentation



## 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.

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## REFERENCES

- 1 – NICE Guideline CG92 – Venous thromboembolism reducing the risk
- 2 - Executive Summary Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines 2012