

# Improving venous thromboprophylaxis prescribing in the acute medical unit: a quality improvement project

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## Abstract

Venous thromboembolism (VTE) prophylaxis is an important management plan for every patient admitted to the Acute Medical Unit in a hospital. Pulmonary embolism remains as the leading cause of preventable in-hospital death. Bleeding risk and possible contraindication to antithrombotic agents must be assessed before instituting VTE thromboprophylaxis.

•Based on national and international thromboprophylaxis guidelines, only 40-50% of medical patients received VTE prophylaxis while 60-75% of surgical patients received VTE prophylaxis. The 2018 National Institute of Clinical Excellence (NICE) guidelines recommend to prescribe VTE prophylaxis to all admitted patients who need it within 14hours of admission.

When the assessment of risk favours the use of thromboprophylaxis, low molecular weight heparin or fondaparinux should be administered.

### Method:

Collecting preliminary data, intervention, data collection, reviews of data, meetings with medical staff and ongoing improvement made.

Duration: August 2018 to July 2019, across a year span.

5 patients data are randomly collected every week and Microsoft excel software is used to generate the percentage.

## Biography:

Zaw Thant Iwin is a Senior Registrar in NHS Health Scotland. His research works shows that his interest in explaining quality improvement in acute medical unit. He likes to join with his subordinates in research activities and currently works in a quality project in NHS Health Scotland, United Kingdom.

### Publication of Speakers:

1. Venous thromboembolism in over 16s:reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. (2018). [pdf] NICE2018.
2. Prevention and management of venous: A National Guideline. (2014). [pdf] Healthcare Improvement Scotland: SIGN guideline.
3. Staffnet, NHS Tayside. (2018). Venous Thrombus Disease.

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