

DOCUMENTING THE DECISION MAKING PROCESS FOR INITIATION OF PHARMACOLOGICAL VENOUS THROMBOEMBOLISM PROPHYLAXIS/TREATMENT FOR PSYCHIATRIC INPATIENTS

H. Al-Taiar

Psychiatry, Oxford Health NHS Trust, Oxford, UK

Introduction: This audit forms part of a wider project looking at the effective identification and management of risk of thromboembolism on psychiatric wards.

The risk of thromboembolism for psychiatric patients has been recognised as a major cause of physical co morbidity.

Methods: Thirty eight Patients were prescribed pharmacologic venous thromboembolism prophylaxis in the last 2 years.

We looked at the following points:

1. Indication for venous thromboembolism prophylaxis or treatment.
2. Documentation of the decision for initiation of treatment.

Results: The indications were:

1. Prophylaxis of venous thromboembolism in patients who sustained lower limb/pelvic fractures .
2. The second most common cause was that patients were already on VTE prophylaxis even before admission to our psychiatric wards.

The use of Low Molecular Weight Heparin that was initiated or suggested by the psychiatric team in six inpatients (16%).

In sixteen inpatients (42%) the decision was made by another medical professionals (GP, Medical team, DVT clinic etc) whose recommendation was subsequently followed.

In the 42% of cases there was no clear documentation regarding the decision to start venous thromboembolism prophylaxis.

We set our goals at 100% and we have seen adequate documentation in only 20% of cases.

Discussion: Proper documentation of decision making to start venous thromboembolism prophylaxis/treatment is required in all cases.

Recommendations: More explicit explanation of the indication and decision to start venous thromboembolism prophylaxis is required.

To repeat this audit six to nine months after the introduction of the local trust policy that included robust assessment of Thromboembolic risk.