

AB181. Venous thromboembolism prophylaxis on colorectal wards: a pilot audit of standard

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Background: Pulmonary embolism (PE) and deep vein thrombosis (DVT) are significant causes of morbidity and mortality in the surgical patient. Venous thrombo-embolism (VTE) prophylaxis using Enoxaparin at prophylactic dosing alongside thrombo-embolic deterrent stockings (TEDS) is the current gold standard used in all surgical patients admitted onto colorectal wards nationally. The purpose of this study was to perform a snapshot audit of our hospital's performance in prescribing VTE prophylaxis in patients on our colorectal ward.

Methods: Two independent reviewers audited the

medication charts of all patients on the colorectal ward in a large university teaching hospital over a 24-hour period. All patients were reviewed for prescriptions of VTE prophylaxis. Inadequate dosing of Enoxaparin or inappropriate use of TEDS was noted.

Results: One hundred and one charts were reviewed. Ninety-one patients (90.1%) were receiving VTE prophylaxis. Including 4 patients (3.9%) receiving therapeutic enoxaparin as well as 13 patients (12.9%) with prophylactic enoxaparin correctly placed on hold. Thirty-seven of these patients (40.7%) were not routinely receiving adequate Enoxaparin dosages or prescribed TEDS. Ten patients (9.9%) were not receiving any DVT prophylaxis. Four beds were empty at the time of auditing.

Conclusions: VTE prophylaxis should be routinely prescribed in the correct manner to all patients in the future. This audit shows that although compliance in this hospital is above the international average, vigilance continues to be required to prevent VTE events.

Keywords: Pulmonary embolism; deep vein thrombosis; prophylaxis; enoxaparin

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