

Retrospective Casenote Audit of Venous Thromboembolism Prophylaxis in Maxillofacial Patients

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Abstract : Abstract—SIGN Guideline 122 recommends that all patients who are admitted to hospital are assessed for venous thromboembolism risk within 24 hours of admission. NHS Greater Glasgow and Clyde provide guidance on this in the form of a proforma. Patients are then subsequently prescribed either thrombo-embolic-deterrent stockings (TEDS)/low molecular weight heparin (LMWH) for the prevention of VTE based on their score. A retrospective casenote audit of a random sample of fifty oncology and trauma inpatients at the QEUH in December 2019 was performed. 90% of patients had a risk assessment conducted as evidenced by a completed proforma. In 78% of these patients, the proforma fully completed. Overall 94% of patients had some form of thromboprophylaxis prescribed in the form of TEDS or LMWH. A lack of 100% compliance against the given standards highlighted potential implications for patient safety, but also medico-legal ramifications for staff. Clinical judgement can only be relied upon if there is written documentation as evidence. Further staff education and the suggestion of a written prompt to the clerk-in documentation will hopefully improve compliance, whilst a repeat audit should demonstrate any improvement.

Keywords : Maxillofacial , Thromboembolism, Thromboprophylaxis , Prescription

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