National Quality Improvement Project 2018/2019
VTE Risk in Lower Limb Immobilisation
Audit questions

This document only contains the audit questions, please see the information pack for full information.

Casemix

1.1	Reference (do not enter patient identifiable data)	
1.2	Date of arrival	dd/mm/yyyy
1.3	Age of patient on attendance	17-40
		41-59
		60 and over

Diagnosis

2.1	What was the documented diagnosis for the lower limb injury? *(tick all that apply)*	Fracture
		Dislocation
		Achilles tendon rupture
		Sprain
		Other soft tissue injury
		Not recorded

Assessment

3.1	Was a VTE and bleeding risk assessment carried out in the ED prior to discharge?	Yes
		No – but the reason was recorded
		No – but VTE risk assessment would have been carried out at follow up (e.g. fracture clinic) within 24 hours of ED attendance
		No
3.1a	(Only answer if YES to 3.1) Was the level of VTE risk (e.g. high/low) explicitly documented in the notes?	Yes
		No
3.2	(Only answer if YES to 3.1) Is there documented evidence on whether or not thromboprophylaxis is indicated?	Yes – indicated
		Yes – not indicated
		Not recorded

Treatment

4.1	Is there written evidence of the patient receiving thromboprophylaxis? *(tick all that apply)*	Low-molecular-weight heparin (LMWH)
		Direct oral anticoagulants (DOAC)
		Unfractionated heparin (UFH)

		Fondaparinux
		Warfarin
		Other – please state
		Patient declined thromboprophylaxis
		No thromboprophylaxis in the ED but referred for this purpose to another service
		Not recorded
4.1.a	(Only answer if 4.1 = pharmacological treatment received in the ED) Did the patient receive a STAT dose in the ED?	Yes No Not recorded

Patient information

5.1	Is there written evidence that an information leaflet on the risk of VTE, symptoms and where to seek medical help was provided to the patient?	Yes
		No – but the reason was recorded
		No

Notes
(Optional space to record any additional notes for local use)

Question and answer definitions

Term	Definition
Pharmacological thromboprophylaxis / pharmacological treatment	Treatment with: • Low-molecular-weight heparin (LMWH) • Unfractionated heparin (UFH) • Fondaparinux • Direct oral anticoagulants (DOAC) • Warfarin • or other pharmacological thromboprophylaxis This does not include non-pharmacological thromboprophylaxis such as anti-embolism stocking, venous ligation, intermittent pneumatic compression, or venous foot pump.
VTE risk assessment	To select the answer YES there should be explicit evidence of the evaluation of recognised risk factors. This will often (if not always) be based on an assessment tool such as: - Department of Health VTE risk assessment tool - GEMNet rule - Plymouth rule - L-TRiP(cast) rule - and sometimes involves a proforma

	NB: Departments with a policy of routine provision of TP for all patients without contraindications may tick YES for all patients here, provided there is evidence of an assessment of the risk of bleeding.
Thromboprophylaxis: Yes – not indicated	If Q3.2 is answered as 'Yes – not indicated', where the patient was risk assessed but thromboprophylaxis was not indicated with good reason, Q4.1 should be answered as 'Not recorded'.

Organisational questions

Please answer these questions once per ED.

1.1	Does your ED have a guideline or protocol to assess the risk of VTE and bleeding in adult patients who are discharged with a new leg cast or boot?	Yes - Assessment tool published by a national UK body
		Yes - Assessment tool published by a professional network
		Yes - Assessment tool published in peer-reviewed journal
		Yes - Locally developed tool
		No guideline or protocol