



Record of venous thromboprophylaxis risk re-assessment within 24 and 72 hours after admission (Closed-loop audit)

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Abstract: According to NICE and local guideline, venous thromboprophylaxis(VTE) assessment must be done on admission, within 24hr and 72hr. A change from paper to electronic patient records (EPR) system makes some mandatory protocols to be omitted. Although VTE risk assessment on admission remains mandatory on EPR, records of VTE risk assessment within 24 and 72hr are no longer mandatory. In our first audit data, a random selection of 100 patients admitted to trauma and orthopaedic ward during October 2019 was performed. Every patient was assessed for VTE on admission. However, 0% of our patient were not recorded for re-assessment within 24 and 72 hr. This action led to the prescription of the incorrect dose and duration of chemical VTE prophylaxis in 20% of our patient in trauma and orthopaedic wards. This data was presented in our local meeting, and implementation of changes were done. A clear instruction of how to record VTE re-assessment on EPR was done on the day of presentation and by putting up posters in the ward. Discussion with EPMA software team was done, resulting in setting up a column for recording re-assessment.



Biography: Dr Myat Aung was graduated from University of Medicine (1), Yangon in 2016. He is also a Member of Royal College of Surgeons of Edinburgh(MRCSEd) since March 2018. He joined NHS in September 2019 and involves in many quality improvement projects at Poole Hospital. He is a current BAME leads (Black, Asian, Minor Ethnic) at the hospital.

Publications:

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