

PHARMACY

FOCUS *on* VTE



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Multidisciplinary team approach to VTE prevention and treatment

A large proportion of in-patients remain at risk for VTE. And, as results of the recent ENDORSE study conclude, hospital-wide strategies to assess risk and implement measures for appropriate prophylaxis should be a priority. Such measures for prevention and treatment of VTE are a multidisciplinary issue. This issue of Pharmacy Focus outlines the central roles of the Pharmacist and Nurse in this team approach to effective strategies



THE ROLE OF THE NURSE IN VTE PREVENTION AND TREATMENT



Emma Coker, Thrombosis Nurse Specialist, King's College Hospital

■ PREVENTION

"Nurses have a vital role to play in the prevention of venous thromboembolic events. Ward, emergency and pre-assessment nurses are well placed to evaluate patients' VTE risk as part of

their holistic patient assessment and prompt implementation of appropriate thromboprophylaxis (TP).

Administration of TP is largely performed by nurses who must ensure they are delivering evidence based care for prophylaxis to be effective as well as counselling their patients and gaining informed consent. The close contact nurses often have with patients means they can be reactive to changes in condition and consider adjustments to TP regimes.

Basic care provided by nurses - encouraging leg exercises, early mobilisation, ensuring patients remain well hydrated and advising on risk factors like long-haul travel and lifestyle - can reduce patients' VTE risk. Much public and professional education is needed to raise the profile of VTE and promote risk awareness. Nurses are well placed to provide this education and ensure that it is put on the agenda.

Auditing TP usage and outcomes is something nurses are involved in along with implementing action plans designed to improve practice derived from analysis of audit data.

The role of the Clinical Nurse Specialist is to be an active member of the hospital thrombosis committee and promote best practice through implementation of national guidelines

and contribute to the formulation and review of local policy. Another large part of the role is supporting ward nurses with education and being an accessible resource person. Specialist nurses need to devise patient education material taking into account communication barriers that patients may have and share best practice by benchmarking.

“ Auditing TP usage and outcome is something nurses are involved in along with implementing actions plans designed to improve practice. ”

■ TREATMENT

Nurse Specialists are instrumental in diagnosing and treating DVT with many patients being treated as outpatients in nurse-led diagnostic DVT clinics, resulting in cost effective, seamless care. Nurses are skilled at assessing and using evidence based practice to treat and counsel patients with DVT to reduce the burden of disease. In collaboration with pharmacists, monitoring and dose adjustment of out-patients on anticoagulants might also be a nursing activity, with specialist nurses able if required to provide advice on dosing for in-patients too.

Ward nurses are vital to ensuring evidence based practice is used to manage acute phases in hospitalised VTE patients and educating patients about their individual risk and how best to manage this. Ward and specialist nurses communicate to ensure that patients with VTE are safely discharged with the appropriate follow-up in place.”

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THE ROLE OF THE PHARMACIST IN VTE PREVENTION AND TREATMENT



Rosalind Perrott, Senior Anticoagulation and Clinical Thrombosis Pharmacist, King's College Hospital

"All hospital pharmacists, regardless of specialty will, to a greater or lesser extent be involved in the management of patients who require TP or treatment for venous thromboembolism.

■ PREVENTION

Pharmacists can play an important role in the development of evidence-based policies and procedures relating to TP. They are well placed to ensure compliance with TP policies at ward level so that all surgical and medical in-patients receive TP in accordance with local and national guidance.

Pharmacists also play a key role in the safe provision of low molecular weight heparin and unfractionated heparin to surgical and medical in-patients. Patient safety is a priority for all NHS trusts and pharmacists are increasingly taking a lead in this area. Thromboprophylaxis initiatives are an important part of increasing patient safety for hospitalised patients. Pharmacists are also involved in auditing outcomes relating to thromboprophylaxis and responding to requirements for improvement in practice.

Participation in the education of other healthcare professionals in the use of TP in both formalised teaching sessions and in an advisory role at ward level is another important role for pharmacists.

■ TREATMENT

Pharmacists have a wide-ranging role in the treatment of VTE. Although there is some pharmacist involvement in the initial diagnosis of VTE, the pharmacist's main role is in the safe management of anticoagulated patients. Pharmacists, along with their nursing colleagues are frequently responsible for the dose adjustment and general management of patients taking oral anticoagulants in the out-patient and increasingly in the in-patient setting.

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Pharmacists possess an ideal skill set to advise on the management of drug interactions and adverse effects associated with anticoagulants

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Pharmacists can also act in an advisory role at ward level to ensure that the initiation of anticoagulation is both safe and effective. Evidence based guidelines produced by pharmacists in conjunction with other healthcare professionals for the use of low molecular weight heparin; warfarin and unfractionated heparin can improve patient safety and provide a more uniform approach to the treatment of VTE. Pharmacists possess an ideal skill set to advise on the management of drug interactions and adverse effects associated with anticoagulants.

Anticoagulants are one of the groups of medicines most frequently implicated in adverse drug events in primary and secondary care. Pharmacists have a responsibility to regularly report adverse incidents involving anticoagulants and to respond to these incidents by implementing changes in procedure, which result in an improvement in patient safety.

The pharmacist also has a key role in educating and counselling patients who take anticoagulants and in ensuring that all patients who are discharged from hospital taking anticoagulants are able to do so safely."



DVT Safety Zone

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A comprehensive range of tools are available to download from the website including:

- training presentations
- template audit forms
- educational booklets for patients
- awareness posters to be displayed in staff areas and wards
- example protocols.

Templates that allow hospitals to share their DVT Safety Zone "good news story" with their local media are also provided. Housing all the materials on the website means it is possible to keep them continually updated and new items can be added when required.

To learn more on how you can help reduce VTE in your hospital, please visit www.dvtsafetyzone.co.uk
Register as a healthcare professional and start today by making your hospital a DVT Safety Zone.