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Title: *The Appropriateness of Venous Thromboembolism Prophylaxis In Medical Inpatients*

Introduction

Venous thromboembolism (VTE) is an important health problem for every medically ill, hospitalized patient. Consequences of VTE include longer hospital stays and an increased rate of morbidity and mortality. VTE prophylaxis reduces events of VTE; however, its use is underutilized. This study aims to evaluate the risks of VTE and the appropriateness of VTE prophylaxis in medical inpatients based on the results of the Padua Prediction Score (PPS) and compared with the 2012 American College of Chest Physicians Evidence-Based Clinical Practice Guidelines for Prevention of VTE in Nonsurgical Patients.

Methods

A retrospective chart review of 50 electronic medical records of patients was conducted to classify medical inpatients into groups of low risk or high risk of VTE based on the PPS. Patients were at high risk of VTE if they had a cumulative PPS ≥ 4 , and they had an indication for VTE prophylaxis.

Results

Of the total 50 patients, 94% of the patients had at least one risk factor of VTE. Forty two percent of patients had low risk of VTE and 58% of patients were at high risk of VTE based on the PPS. Forty-eight patients received VTE prophylaxis of which 47 received pharmacologic VTE prophylaxis and one patient received mechanical VTE prophylaxis. Of the 21 patients who had a low risk of VTE, 95% received VTE prophylaxis.

Conclusion

Our results indicate that VTE prophylaxis appears not to be associated with the assessment of risks for VTE and resulted in the overuse of VTE prophylaxis in medical inpatients at low risk of VTE. A protocol and education for clinicians should be implemented to improve the assessment of risks for VTE and the appropriateness of VTE prophylaxis in medical inpatients.