

VTE Assessment Compliance in an Acute General Psychiatric Ward – A Complete Audit Cycle

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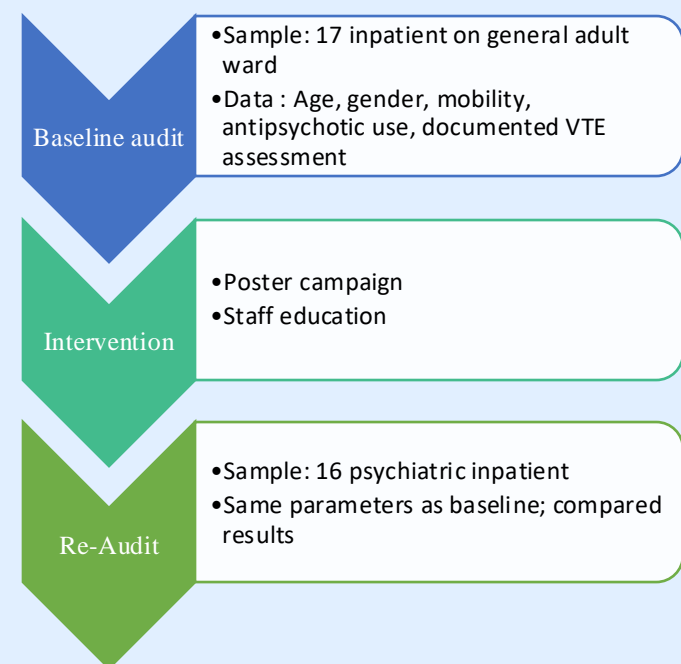
Introduction

- Venous thromboembolism (VTE) is prevalent in hospitalized patients.
- Psychiatric in-patients have unique risk factors: antipsychotic use, physical restraint, and higher incidence of poor nutrition/hydration.
- NICE guidelines (NG 89) recommend prompt VTE risk assessments for psychiatric in-patients upon admission or first consultant review, with reassessment, as necessary. Pharmacological prophylaxis (LMWH or fondaparinux) should continue until the risk decreases.

Aim and hypotheses

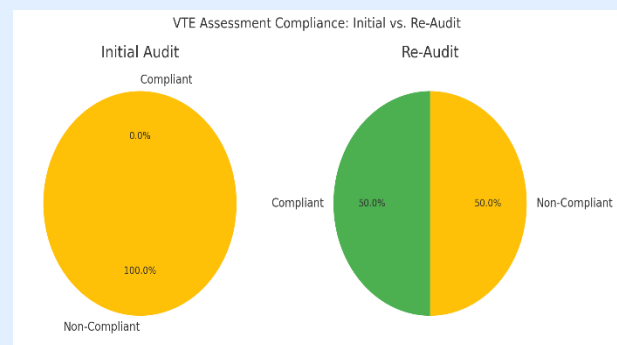
- Evaluate compliance with NICE (NG 89) guidance on VTE risk assessments in psychiatric in-patients
- Hypothesis: Compliance would improve after introducing staff education and visual reminders about VTE risk.

Method



Results

Parameter	Initial audit	Re-audit
Patient on antipsychotic	65%	62.5%
Mobility	100%	100%
Age >60%	12%	6%



Key Observations

- Documented VTE assessments increased from 0% to 50% following the intervention.
- Over 60% of patients in both cycles were prescribed antipsychotics
- All patients were mobile, but other risk factors (e.g., antipsychotic use, age) remained relevant.

Conclusion

- VTE assessment and compliance remains an important aspect of psychiatric inpatient
- Ensure checklists for admission include VTE risk assessments and continue staff training.
- Conduct regular re-audits to sustain improvements.

References

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2. DeLuc, A., Montavon, S., Cancel, O., Carpentier, F., Nowak, E., & Mercier, E. (2013). Venous thromboembolism in psychiatric patients: A retrospective analysis of a cohort. *Thrombosis Research*, 132(5), 644–649. doi:10.1016/j.thromres.2013.09.001
3. National Institute for Health and Care Excellence (NICE). (2018). Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NICE Guideline [NG89])