

Using the NIMC VTE prophylaxis section

Why have a VTE prophylaxis section in the NIMC?

The VTE prophylaxis section has been developed to prompt:

- VTE risk assessment
- VTE pharmacological prophylaxis prescribing
- VTE mechanical ordering.

The section has been placed above the warfarin section to assist with the recognition of patients who are already receiving therapeutic anticoagulation and do not require additional VTE prophylaxis.

Who should document the patient's VTE risk?

Whoever has responsibility in your hospital for assessing the patient's VTE risk should sign and date the NIMC which notes that the assessment has been done. In some hospitals this will be done by the admitting medical officer, in others it will be done by the nursing staff. The risk assessment should be completed consistent with local hospital policy.

NIMC User Guide

The Commission has developed a user guide to the NIMC that explains all sections of the chart including information on how to use the VTE section. The NIMC user guide is available at:

www.safetyandquality.gov.au/publications/national-inpatient-medication-chart-user-guide-including-paediatric-versions/

Tick this box to indicate VTE risk assessment has been done

Tick this box if VTE risk assessment has been done and VTE prophylaxis is **NOT** required

Tick this box if VTE prophylaxis is **contraindicated** and document contraindication in medical record

Sign and date to indicate risk assessment is complete

VTE risk assessed: Yes <input checked="" type="checkbox"/> Prophylaxis not required <input type="checkbox"/> Contraindicated <input type="checkbox"/>		Signature: <i>B. Jones</i>		Date: 12/5/13	
Date <i>12/5/13</i>	Medicine (print generic name) <i>ENOXAPARIN</i>	Order pharmacological prophylaxis if indicated: name of medicine, route, dose, frequency and administration times		Continue on discharge? Yes/No	Dispense? Yes/No
Route <i>Subcut</i>	Dose <i>40mg</i>				
Frequency and NOW enter times <i>Morning</i>		Administration times <i>0800 PD PD</i>		Duration:days	City:
Pharmacy		AM check <i>PD PD</i>			
VTE prophylaxis		PM check <i>PD</i>			
Prescriber signature <i>B. Jones</i>	Print your name <i>Brian Jones</i>	Contact <i>9847</i>			
Mechanical prophylaxis <i>TED STOCKINGS</i>					
Prescriber/NI signature <i>B. Jones</i>	Print your name <i>Brian Jones</i>	Contact <i>9847</i>			

Order mechanical prophylaxis if required

Document mechanical prophylaxis checks

Document administration of medication

Document discharge medication

Step-by-step guide

Step 1: Document patient's VTE risk assessment

1. Authorised clinician to assess individual patient's risk for VTE based on their risk factors including the reason for hospitalisation utilising local hospital policy.
2. Assess patient's risk of bleeding or contraindications to VTE prophylaxis
3. Formulate an overall risk assessment - risks versus the benefits of VTE prophylaxis
4. Document if VTE prophylaxis is **NOT** required or is **contraindicated** by ticking the appropriate box. Document any contraindications to VTE prophylaxis in the medical record.
5. Document the assessment has been done by ticking the **VTE risk assessed** box and signing and dating in the field provided.

Step 2: Order pharmacological VTE prophylaxis

1. Prescriber to select an appropriate agent if indicated and specify:
 - Route
 - Dose
 - Frequency, and
 - Administration times.
2. Nurse to document the dose given and sign immediately after administration.

Step 3: Order mechanical VTE prophylaxis

1. Clinician (nurse or doctor) to order mechanical prophylaxis where appropriate (e.g. compression stockings). Nursing staff may have responsibility for ordering mechanical prophylaxis depending on local hospital policy.
2. Nurse to sign that mechanical prophylaxis is applied and checked.

Cut Off Section

National Inpatient Medication Chart

VTE section detailed above

National Inpatient Medication Chart

VTE section detailed above