

VTE Prophylaxis Audit Data Collection Form

Site: UCSD
 Unit: 6U
 Unit Description: Medical floor
 Primary Unit: Yes
 Month/Year of Audit: 01/2011

*We recommend **NOT** using actual Patient ID numbers. Please review explanations and definitions on reverse of form*

*Please answer 1 and 2 if no Mechanical prophylaxis;
 Please answer 1-3 if no Pharmacologic or Mechanical prophylaxis*

Patient ID	Pharmacologic Prophylaxis?	Mechanical Prophylaxis?	1. Low Risk?	2. Pharmacologic Contraindication?	3. Mechanical Contraindication?	Category	Adequate Prophylaxis?
1	Yes	No				Green	Yes
2	No	Yes	No	No		Yellow	No
3	No	No	No	No	Yes	Red	No
4	Yes	Yes				Green	Yes
5	Yes	No				Green	Yes
6	Yes	No				Green	Yes
7	No	No	Yes			Red	Yes
8	No	No	No	No	No	Red	No
9	No	Yes	No	Yes		Yellow	Yes
10	Yes	Yes				Green	Yes
11	Yes	No				Green	Yes
12	Yes	No				Green	Yes
13	No	Yes	Yes			Yellow	Yes
14	No	Yes	No	No		Yellow	No
15	No	Yes	No	Yes		Yellow	Yes

Definitions & Explanations

Categories:

Green = on pharmacologic alone or with mechanical

Yellow = on Mechanical only

Red = on nothing

Low risk:

Is the patient low risk?

- Ambulating Independently with 0-1 Risk Factors
- Expected LOS <48 hours
- Minor Surgery with NO Risk Factors

Pharmacologic Contraindicated:

Does patient have any obvious contraindication to pharmacologic prophylaxis?

- Does patient have any obvious contraindication to pharmacologic prophylaxis?
- Active hemorrhage now or within last 3 days
- Post operative bleeding concerns (within 24 hours for most surgeries: within 48 hours of transplant surgery or major trauma)
- Platelet count under 50,000: INR > 1.8 : Known bleeding disorder: Hgb < 8.0
- Concern over CNS bleeding (brain or spinal cord surgery in last week, recent intracranial hemorrhage, proximity in time to epidural insertion or removal, for example)
- Hypertensive urgency / emergency
- Comfort care only patient

Mechanical Contraindicated:

Does patient have any obvious contraindication to mechanical prophylaxis?

- Does patient have any obvious contraindication to mechanical prophylaxis?
- Documented refusal
- Peripheral arterial disease / ischemia of the lower extremities
- Open wounds / ulcerations of both lower extremities
- Other

Adequate Prophylaxis:

A patient has "adequate VTE Prophylaxis" if they are:

- Green
- OR Yellow AND Question 1 response is "yes" OR if Question 1 reply is "no" AND Question 2 is "yes"
- OR Red AND Question 1 response is "yes" OR if Question 1 reply is "no" AND BOTH Question 2 and 3 are "yes"