A Re-Audit of the Outpatient DVT Service at Barts Health – Should NICE Guidelines Change to Include Risk Factors?

Natalsha Devnathalingam MBBS BSc,1 Lauren Hamlett Scarfe2, Minaka Kanagaratnam2, Marvin Moor,2 Peter MacCallum MD MRCPath FRCP FRCPch,1 Emma Friedman MBBS MRCP FRCP,1 Radiology Department, Royal London Hospital, Whitechapel Road, E1 1BB, London, UK1; Queen Mary University London, Mile End Road, E1 4NS, London, UK2; Deep-Vein Thrombosis Service, Royal London Hospital, Whitechapel Road, E1 1BB, London, UK2; Haematology Department, Royal London Hospital, Whitechapel Road, E1 1BB, London, UK2

INTRODUCTION

This audit was a quality improvement analysis of the revised local protocol of the deep venous thrombo-embolism (DVT) service at Barts Health Trust to ascertain if NICE guidelines should be changed to include risk factors to reduce incidences of missed DVTs.

METHODS

A retrospective analysis was carried out with data obtained from the fast response team database of referred outpatients with suspected DVT, ultrasound findings from PACS and D-dimer levels from patient care systems record (CRS) between 1st April 2014 and 16th March 2015 and 8th February 2016 and 20th June 2016.

RESULTS

Total cohort: n = 948, Exclusions = 97 (due to inaccurate data entry, duplicate data, patient did not attend/have US, arm DVT requests)

Applying the two-level NICE guidelines, 391 (46%) patients were categorised as ‘DVT unlikely’ and 197 (22%) as ‘DVT likely’. 43/197 (22%) of the ‘DVT unlikely’ patients did not have any risk factors and should not have been scanned.

DISCUSSION AND CONCLUSIONS

The implementation of additional risk factors into the revised trust protocol to supplement the NICE guidelines ensured DVTs were not missed, improving patient safety. We did not however comply with the guidelines fully as we continued to scan some low risk patients. This re-audit showed the usefulness of including additional risk factors to supplement the NICE guidelines in order not to miss DVTs. Consideration should be made for the NICE guidelines to be updated to include relevant risk factors to avoid missing DVTs.

FOllOW-UP ACTIONS

- Continue using revised protocol
- Re-educate DVT nurses to improve compliance
- Re-audit in 12 months
- Update local protocol to include relevant risk factors

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