

Investigation of unprovoked VTE in the ambulatory care unit

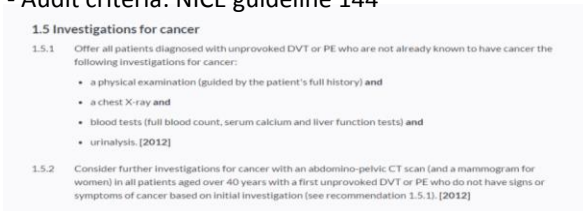
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Background

Malignancy is an important risk factor for venous thromboembolism (VTE). We found inconsistencies in approach to investigating for occult malignancy following diagnosis of unprovoked VTE in our ambulatory emergency care unit (AECU). Proposed reasons for this include complex wordy guideline and a busy unit.

Aims

- To compare our approach to gold standard
- Audit criteria: NICE guideline 144



Methods

Cycle 1: AECU admissions screened March - May '16. Recorded investigations for occult malignancy in new diagnoses of unprovoked VTE.
Cycle 2: AECU admissions screened Feb – Mar '17

Interventions: Simplification of NICE guidelines into easy-to-follow flow chart; display of flowchart around ambulatory care units; education of medical team of audit results.

Results

	Cycle 1	Cycle 2	Improvement %
Sample size	26	22	-
No chest imaging	8/13 = 62%	1/10 = 10%	52%
No full set of bloods	21/26 = 81%	9/22 = 42%	39%
No CT scan	4/22 = 18%	4/21 = 19%	-1%
No mammogram	8/10 = 80%	2/5 = 40%	40%

Did we actually find cancer?

Cycle 1: 2/26 patients found to have cancer based on our investigations = 8%

Cycle 2: 4/22 patients found to possibly have cancer based on our investigations (not yet completed) = 18%

Conclusions

Simplification of the NICE guideline and education of staff around its use greatly improved compliance to the gold standard.

Learning points

- Remember to order a CXR in unprovoked DVT
- Perform a full set of bloods including calcium
- If you're requesting a CT for investigation in a woman >40 also request a mammogram

Next steps

1. Flowchart to remain displayed in AECU and on intranet
2. Continue education of medics rotating through ambulatory unit
3. Re-audit
4. Update flowchart pending NICE guideline changes*

*NICE guidelines to change in near future - likely to clarify use of CT scanning to exclude malignancy in >40 year olds.