Low molecular weight heparin (LMWH) compliance on discharge following elective colorectal surgery

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Aims

• Audit LMWH discharge prescriptions for enhanced recovery patients following colorectal cancer surgery

• Audit impact of instituting prolonged postoperative LMWH on our enhanced recovery service
NICE Guidelines (CG 92) Feb 2010

- “Extend pharmacological venous thromboembolism (VTE) prophylaxis to 28 days postoperatively for patients who have had major cancer surgery in the abdomen or pelvis.”

- November 2011
  LMWH on discharge for all cancer patients

- May 2012
  DVT in patient with past history VTE
Method

• Retrospective audit of ERAS database, EPR and electronic prescribing record
Audit May 2012-Jan 2013

- 47 consecutive colorectal cancer patients
- 29 (62%) not discharged on LMWH
- No recognisable pattern
Close audit cycle

• ER practitioner & CRNS collaboration
• Ward managers informed of ongoing audit
• Discussed daily at ward huddle
• FY1 teaching sessions
• Improved preoperative patient information
Audit June – September 2013

- 43 patients discharged
- 1 patient discharged with TED’s only (clinical decision)
- 3 patients discharged on oral anticoagulants
- Success!! 39 patients given LMWH
- 27 patients self administering LMWH
- 12 (31%) patients required district nurse administration – no delays to discharge, but LMWH given haphazardly by district nurses
Conclusions

- LMWH prescription for all ERAS patients entirely achievable even over weekend discharge
- Significant amount of patient, doctor and ward staff education
- Significant resource issues if involving district nurse