

EVALUATION OF ADHERENCE TO THE VENOUS THROMBOEMBOLISM PROPHYLAXIS PROTOCOL IN MEDICAL INPATIENTS

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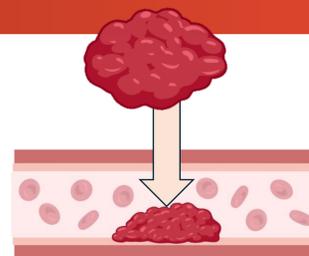
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BACKGROUND AND IMPORTANCE

Venous thromboembolism (VTE) is a preventable in-hospital cause of morbidity and mortality. Evaluating adherence to thromboprophylaxis protocols is essential for patient safety.

AIM AND OBJECTIVES

As **protocol-driven VTE prevention reduces in-hospital morbidity and mortality**, assessing real-world implementation is essential to identify gaps between recommendations and practice and to determine whether **at-risk patients** are managed according to evidence-based standards. The aim of this study was to evaluate **adherence to the VTE prophylaxis protocol** in medical inpatients.



MATERIALS AND METHODS

A cross-sectional, descriptive, retrospective study was conducted in a 450-bed university hospital.

Three-point prevalence assessments were conducted in medical wards between:

late Nov-2024

2/3

mid Nov-2024

1/3

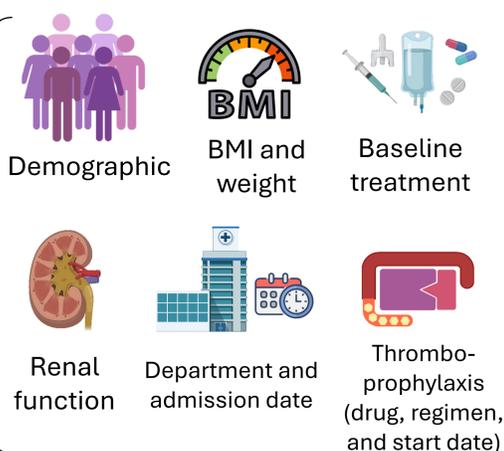
mid Jan-2025

Excluded patients were from:

- Patients in ICU,
- Patients in semi-critical unit
- Psychiatry units
- Patients same-day discharged

Reviewed clinical records

Data collected

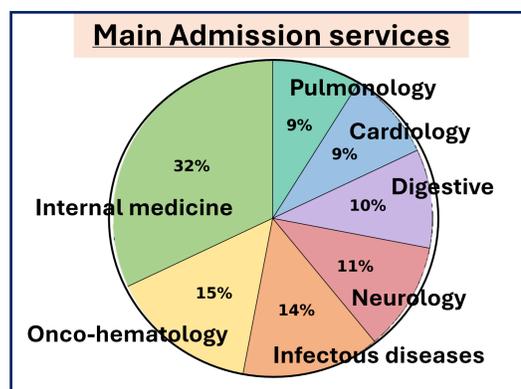


Assessed prescriptions for adequacy (according to the institutional protocol)

In patients **not receiving prophylaxis...**

- ✓ Padua scale → to calculate **thrombotic risk**
- ✓ Review for **pharmacological thromboprophylaxis contraindications**
- ✓ Complex cases were discussed by a **multidisciplinary team**.

RESULTS



A total of **100** patients were included

59% male
Mean age **69±15** years

Excluded

One patient started anticoagulation therapy during hospitalization for **pulmonary thromboembolism (PTE)**

Eligible candidates for VTE prophylaxis (N=68 patients)

35,3% received tromboprophylaxis (N=24 patients)

45,8% initiated it on the admission day (N=11 patients)

Appropriate prescriptions (N=15 patients)

Inappropriate prescriptions (N=6 patients)

64,7% inpatients without prophylaxis (N=44 patients)

Chronic oral anticoagulation (N=31 patients)

83,9% continued treatment on admission (N=26 patients)

12,9% discontinued it for clinical reasons (N=4 patients)

3,2% not prescribed with no justification (N=1 patient)

Due to suboptimal enoxaparin dosing in relation to their weight or body mass index

Justified omissions (total of 29 out of 44 patients) **65,9%**

Padua scale values <4 **36,4%**

Contraindications **29,5%**

High-bleeding risk procedures **11,4%**

Thrombocytopenia **9,1%**

Other reasons **9,1%**

Unjustified omissions (total of 15 out of 44 patients) **34,1%**

Overall, **adherence** to the thromboprophylaxis protocol **was 64.7%**

CONCLUSION AND RELEVANCE

- Adherence to the institutional thromboprophylaxis protocol **was moderate**.
- An electronic calculation tool is being developed to enhance current thromboprophylaxis practices and **optimise dosing based on patient parameters**.
- The **small eligible population**, mainly due to baseline anticoagulation, was the **principal study limitation**.

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Authors declare no conflicts of interest