



THROMBOPROPHYLAXIS IN THE EMERGENCY DEPARTMENT. ADEQUACY OF THE PRESCRIPTION

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Background and importance

In Europe, the VITAE study estimates an annual incidence of venous thromboembolic disease (VTD) of 243/100,000 inhabitants.

About 25% of VTD cases are related to hospital admissions and 50-75% of VTD cases occur in non-surgical hospitalized patients. PRETEMED is a validated thrombotic risk (TR) scale for clinical prediction that have been designed to be used in daily clinical practice. As well, it is recommended to assess the bleeding risk (BR) with another validated scale called IMPROVE scale before starting thromboprophylaxis (TP).

Material and methods

Prospective observational cohort study, carried out in a 2nd level hospital during a period of 10 days. Adult patients in the ED awaiting admission to the hospital ward were included.

Patients with therapeutic effort limitation, COVID-19 patients, those who had been transfused in the last 48 hours, bleeding patients or those with underlying pathology that require anticoagulation were excluded.

Using the PRETEMED / IMPROVE scales, the TR/BR was determined, as well as the indication of thromboprophylaxis.

Aim and objectives

Determine the (TR / BR) and analyze whether the prescription of thromboprophylaxis in patients from the Emergency Department who are going to be admitted to the hospital ward is adequate.

Results

62 patients. 31 women (50%). The median age [range] was 71 [18-93] years. 31 patients with TP regimen, no interventions had to be performed, they had an adequate indication with PRETEMED > 4 and IMPROVE < 7. 31 patients without TP regimen; 7 (23%) of them had indication for TP and they went into the operating room with PRETEMED > 4 and IMPROVE < 7. 7 (11.3%) of the patients required pharmaceutical intervention to adequate their TP, all of them by default.

Conclusion and relevance

The prescription of TP in adults who visit the ED could be considered adequate in a high percentage, however it can be optimized according to the PRETEMED and IMPROVE guidelines. It is essential to recommend on the use of scales that assess TR / BR for the correct decision-making in the prescription of TP. The limitation of the study was the small sample size.

