



Today 13<sup>th</sup> October is World Thrombosis Day! An annual, global initiative to reduce death and disability from Venous thromboembolism (VTE).

**1 in 4 people** die worldwide of conditions caused by VTE, a condition that includes both deep vein thrombosis and pulmonary embolism. VTE is often fatal BUT many, if not most cases, are preventable.

VTE does not discriminate - it affects people of all ages, races and ethnicity and occurs in all sexes.

VTE kills more people each year than breast cancer, road traffic accidents and AIDS combined.

Over next few days we will bring you more facts and figures about VTE

## **KNOW Thrombosis.**

Deep vein thrombosis is a condition where a blood clot forms in one of your deep veins, usually in your leg. DVT can cause pain and swelling and may lead to complications such as pulmonary embolism if the blood clot dislodges and travels to your lung. DVT affects about one in 1000 people every year in the UK. VTE can be difficult to diagnose, and can very easily be confused with less serious conditions. For example, a DVT does not always cause any swelling or changes in the leg, sometimes just pain, and so can be mistaken for a torn leg muscle or a sprain.

Signs and symptoms of a pulmonary embolism usually start suddenly, and can vary widely depending on the size and the site of a PE. Symptoms may include:

- sudden shortness of breath - this can vary in degree from very mild, to very obvious shortness of breath
- chest pain that is sharp or stabbing and that may get worse when breathing in
- rapid heart rate
- unexplained cough, sometimes with bloody mucus
- feeling faint, unwell, or completely collapsing
- there may also be symptoms of a DVT, such as pain at the back of the calf, tenderness of the calf muscles and swelling of a leg or foot.

Sometimes there may be no symptoms at all, which is why VTE is sometimes referred to as 'the silent killer'.

## **KNOW Thrombosis.**

Estimates suggest that there are more than 25,000 hospital deaths in the UK each year from VTE (House of Commons Health Committee Report, 2005).

Most adults admitted to hospital are at risk of developing a DVT without preventative treatment. Potentially every patient may be at risk of VTE so to make the task of assessing who is at risk, the Department of Health has developed a tool that includes a thrombosis risk section which has patient related and admission related risk factors – this has been placed in the inside cover of the regional kardex.

A DVT does not always have obvious symptoms, but given the high percentage of potentially preventable deaths from VTE cases in UK hospitals, it is important to view every patient as a potential VTE candidate. In order to reduce deaths by VTE, it is vital to carry out an initial risk assessment immediately on admission to hospital, as well as regular risk assessments thereafter.

YOU can make a difference by:-

Encouraging patients to MOBILISE

Ensuring they are HYDRATED

ADVISE about clot prevention in hospital, give information leaflet for discharge.

RISK ASSESS patient for VTE is on admission

Give THROMBOPROPHYLAXIS as appropriate and prescribed

Remember! - VTE is the single, most common, preventable cause of death in hospital patients (Lifeblood - The Thrombosis Charity; NICE).

## **KNOW** Thrombosis.

60% of all cases of VTE are linked to hospital admission within the previous 90 days. Of those, it has been calculated that one out of every eight patients will die. One in three surgical patients can develop a DVT if no preventative measures are given.

Most hospital-acquired VTE occur AFTER discharge – the average DVT after surgery is on day seven, the average pulmonary embolism is on day 21- all long after the patient has gone home. So the health professionals looking after the patient in hospital often don't recognise the condition exists

## **KNOW** Thrombosis!