

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 on going 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