AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

Venous Thromboembolism Prevention Clinical Care Standard – Quick Facts for Consumers

What is venous thromboembolism (VTE)?

Venous thromboembolism (VTE) is the name given to blood clots that may form in people during illness, injury, or after surgery. These clots can be serious, so it is important you know how to reduce your risk of developing them, starting from when you are first admitted to hospital.

There are two different kinds of blood clots:

- **Deep vein thrombosis (DVT):** occurs when blood clots form in veins, usually deep inside the legs or in the pelvis, where they may cause symptoms like pain, tenderness, redness, or swelling of the leg.
- **Pulmonary embolism (PE):** occurs when a blood clot breaks off and moves through the veins to block blood vessels in the lungs. This may cause symptoms like shortness of breath, coughing up blood, chest pain, faintness, and loss of consciousness. If the clot blocks enough blood vessels in the lungs, the person can die.

Take an active role in your health care

The *Venous Thromboembolism Prevention Clinical Care Standard* contains seven quality statements describing the care you should expect to receive during and after your hospital stay to help prevent blood clots. Each quality statement outlined below describes what your clinician should do, and what you can do to help reduce your risk.

What your clinician should do	What you can do
1 Assess and document your risk of blood clots	
An important part of your care is assessing and recording your personal risk of developing blood clots, and whether you need preventive care.	Ask if you are at risk of blood clots, and tell your doctor about all of your medical conditions and any medicines you are taking.
2 Develop a clot-prevention plan, balancing the risk of clots against bleeding	
Your clot-prevention plan needs to balance your risk of developing blood clots against your risk of bleeding. This is because some methods used to prevent blood clots are more likely to cause bleeding for certain people. Some clot-prevention methods are better suited for some patients than others.	Be involved in the development of your clot-prevention plan by asking what will be done in hospital to help reduce your risk of blood clots and how this affects your risk of bleeding.

What your clinician should do	What you can do
3 Inform and partner with patients	
Your clinician will inform you about blood clots and the likely benefits and risks of available clot-prevention methods.	Ask for information about blood clots, how you can tell if they are developing, and what you can do to help reduce your risk (for example, whether you need to do any physical activity such as walking). Where there are options, talk to your clinician about your preferences for clot prevention. 
4 Document and communicate your clot-prevention plan	
Your clot-prevention plan should be written down so it can be seen by all the people involved in your care.	Know that all of the people involved in your care should be able to see your clot-prevention plan. 
5 Use appropriate clot-prevention methods	
If you need to have clot prevention, then it's important your plan follows your hospital's clinical guidelines, and is suited to your needs.	Ask questions to make sure you understand how to use your clot-prevention methods correctly, and the risks and benefits of their use. 
6 Reassess your risk and monitor for clot-related complications	
Your clot-prevention plan should be regularly reviewed in case it needs to change, for example, if your health changes. You should also be aware that some blood clots may occur despite prevention, and if so they need to be treated.	Tell your clinician if you think your condition has changed, or if you think you have any problems as a result of your clot prevention (such as bleeding), or symptoms that might be caused by a clot that is developing (such as pain, tenderness or swelling of the leg, shortness of breath or chest pain). Do not ignore any symptoms of blood clots that you might experience. 
7 Organise your safe discharge from hospital and any ongoing care	
A blood clot may occur up to three months after leaving hospital so your clot prevention may need to continue for some time. In this case, it is important that you, your doctors, and other clinicians who are caring for you after leaving hospital are fully aware of the on-going clot-prevention plan.	Before you leave hospital, ask what you need to do to help reduce your risk of blood clots after you have been discharged (for example, whether you need to see your general practitioner). It is important that you continue any care that is recommended to prevent blood clots after a hospital stay. 

Find out more: www.safetyandquality.gov.au/ccs

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

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