The Royal College of Emergency Medicine

Patron: HRH The Princess Royal
7-9 Bream's Buildings
London
EC4A 1DT

Tel +44 (0)207 404 1999
Fax +44 (0)207 067 1267
www.rcem.ac.uk

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PRESS STATEMENT – 31 May 2016

RCEM report reveals Emergency Departments need to improve VTE risk assessments

More needs to be done to minimise the risk of venous thromboembolism (VTE) in patients with lower limb injuries who are discharged from Emergency Departments (EDs) after being put in a plaster cast, according to a new report.

An audit by the Royal College of Emergency Medicine shows that over 72% of patients are not being risk assessed for VTE prior to discharge.

VTE is the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT. If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE. Collectively these are known as VTE and can be life threatening if not treated quickly.

Patients who are treated for lower limb injuries and put into plaster casts are at significant risk of developing the condition.

Based on recommendations published by the College in June 2015, a total of 9916 adults presenting to 167 Emergency Departments (EDs) were included in the audit.

The College recommends that there should be written evidence of the patient receiving or being referred for treatment, and that there is evidence that a patient has been provided with an information leaflet on VTE.

However the report found that:

- in 70% of cases there is no indication in the patient's notes about the need for thromboprophylaxis – the prevention and treatment of VTE
- on discharge, only 13.4% of patients were given an information leaflet outlining the risk and the need to seek medical attention if they develop symptoms of VTE.

Dr Clifford Mann, President or the Royal College of Emergency Medicine called for EDs to take action to minimise the risk posed by VTE: "*In the course of the last 30 years, we have seen venous thromboembolism evolve from being a 'silent killer', largely the product of misfortune, to recognition that our own actions can both promote and diminish the risk substantially.*

"We know that patients with lower limb fractures are particularly vulnerable to thromboembolism and we have a responsibility to ensure that the risk of harm from the treatment we provide – the plaster cast – is minimised.

"Reducing harms to patients before they occur, rather than reacting to consequential emergencies – in this case pulmonary embolus, is an excellent example of pro-active emergency care."

The report recommends that clinicians ensure risk assessments are conducted with the outcomes and the need for treatment clearly documented, along with evidence that patients have been provided with information leaflets on VTE.

Dr Mann said: *"Embedding such best practice into the patient's emergency care pathway is a powerful marker of quality that we strongly recommend.*

"This additional work incurs a cost in clinical time, and this must be recognised by the necessary resource allocation."

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Contact

For further information, or to speak with a spokesperson for The Royal College of Emergency Medicine (between 9am and 5pm), please contact Luke O'Reilly at luke.oreilly@rcem.ac.uk or on 020 7067 1275.

For out of hours enquiries, please contact Gordon Miles at gordon.miles@rcem.ac.uk or on 07715 456 784.

About the Royal College of Emergency Medicine

The Royal College of Emergency Medicine is the single authoritative body for Emergency Medicine in the UK. Emergency Medicine is the medical specialty which provides doctors and consultants to A&E departments in the NHS in the UK and other healthcare systems across the world.

The Royal College works to ensure high quality care by setting and monitoring standards of care, and providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine.

The Royal College has over 6,000 fellows and members, who are doctors and consultants in emergency departments working in the health services in England, Wales, Scotland and Northern Ireland, Republic of Ireland and across the world.