

## Appendix 12 – Assessment for Venous Thromboembolism – Exclusion Cohorts

As of April 1<sup>st</sup> 2010 it is national policy to assess the risk of VTE of every adult in-patient or day case on admission to and throughout their hospital stay.

Trusts are measured on their performance by –

1. A monthly data return via the UNIFY system
2. CQUIN target in relation to reducing avoidable death, disability and chronic ill health from Venous Thromboembolism

Guidance received in June 2010 from the Department of Health detailed the 'cohort approach' to risk assessment using the DH/NICE national tool. This allows Medical Directors (local and SHA) to make a clinical decision regarding groups (cohorts) of patients admitted for the same procedure who are felt to have a similar risk profile and are assessed as a group as being not at risk of VTE.

Within County Durham and Darlington NHS Foundation Trust the following patient cohorts have been identified, in line with national guidance, as not being at risk of VTE.

1. Pain Management patient undergoing the following procedures:

- Trigger point injections
- Occipital nerve blocks
- Supra-scapular nerve block
- Ilioinguinal nerve block
- Lateral cutaneous nerve thigh block
- Genito-femoral nerve block
- Intercostal nerve block
- Sacral infiltration
- Guanethidine block
- Epidurals
- Caudals
- Facet joint injections
- Median branch blocks
- Dorsal root ganglion block
- Sacro-iliac joint injection
- Paravertebral nerve block
- Stellate ganglion block

2. Patients attending Rapid Access Medical Assessment Clinics (RAMAC/UAMDU)

3. Patients attending for day case chemotherapy

4. Patients attending Medical Day Unit (DMH)

5. Patients attending Medical Investigations Unit (UHND)

6. Dermatology out-patient procedures carried out with local anaesthetic and lasting < 90 minutes.

7. Dermatology day-case procedures carried out with local anaesthetic and lasting < 90 minutes.

8. Mohs (chemosurgery) procedures lasting < 90 minutes.

9. Cardiac angiography

10. Cardiac catheterisation

11. Pacemaker implantation
12. Stress echocardiogram
13. Myocardial perfusion scans
14. Trans-oesophageal echocardiography
15. Endoscopy procedures (including DSU patients undergoing flexible cystoscopy – Sept 11)
16. A&E ward patients UHND (Passed November 2010)
17. Patients who die prior to clerking (Passed Jan 2011)
18. Patients who take own discharge prior to clerking (Passed Jan 2011)
19. Cardioversion patients admitted under code X50.1 (Passed May 2011)
20. Patients admitted to community hospitals who are on an end of life care pathway. (Passed June 2011)
21. Patients admitted to community hospitals for continuing healthcare (respite care). (Passed June 2011)
22. Patients admitted to the haematology units for bone marrow biopsy. (Passed June 2011)
23. Patients admitted to DSU for flexible cystoscopy (Passed September 2011)
24. Patients attending Clinical Decisions Unit. (Passed October 2011)
25. Local Anaesthetic cataracts (November 2012)
26. Ophthalmic laser treatments (November 2012)
27. Intravitreal injections (November 2012)
28. Day case dental patients (February 2013)
29. Coded procedure G21.2 – Intubation of Oesophagus for pressure manometry