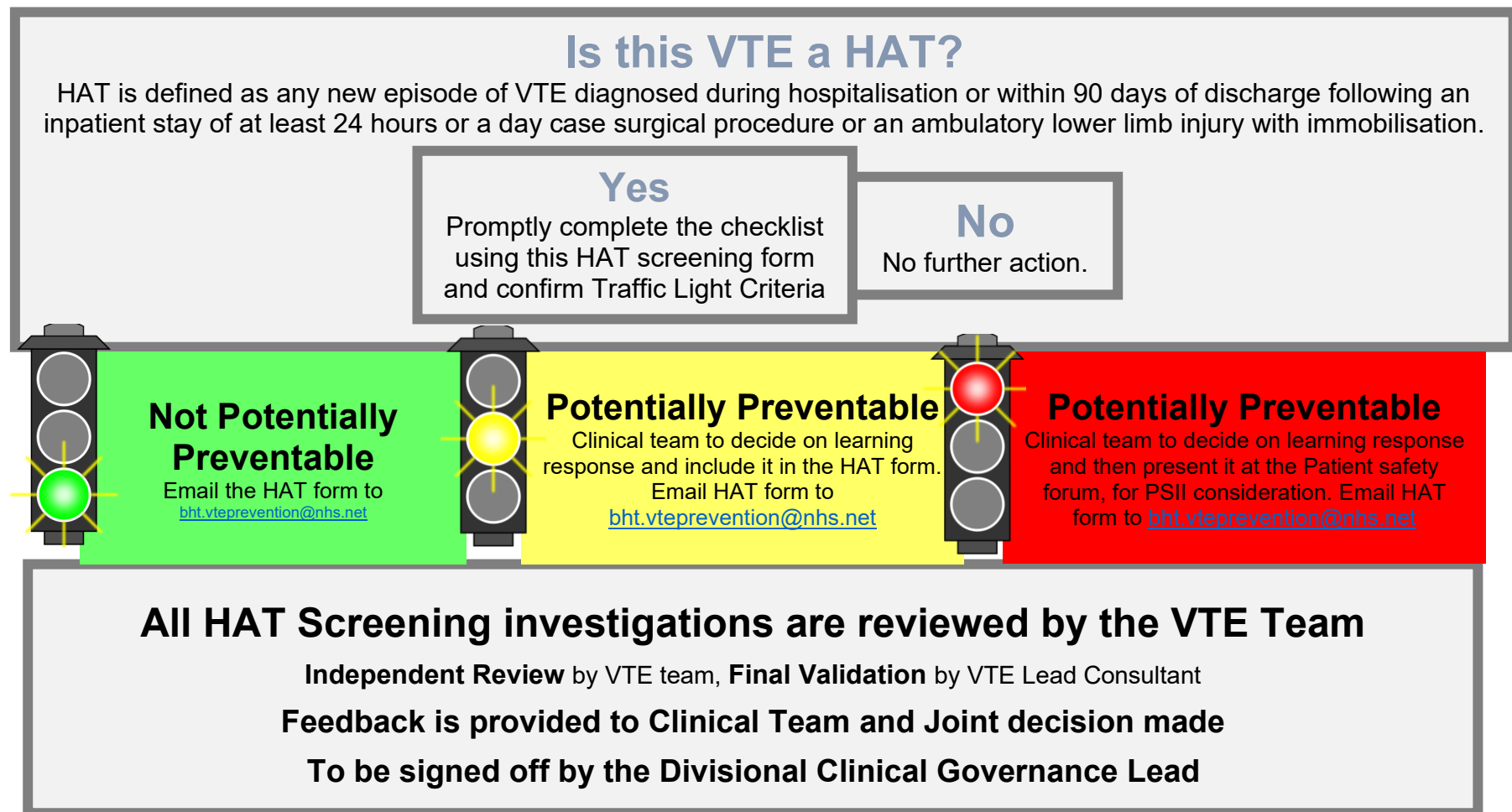


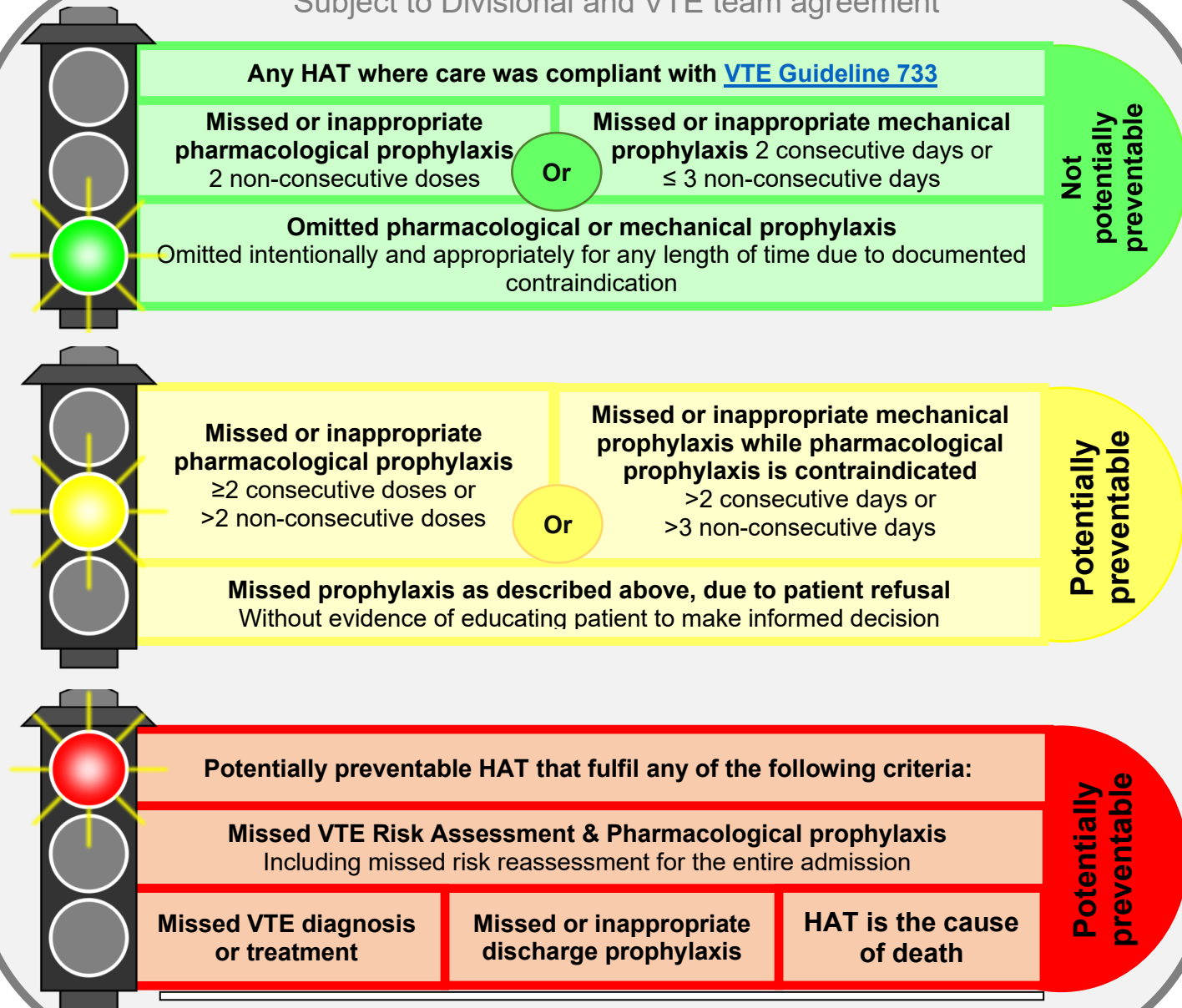
Hospital Acquired Thrombosis (HAT) Screening Template

NHS England and Commissioners require all cases of HAT to be investigated following the PSIRF approach to enable learning from practice.



Decision aid - HAT Traffic Light Criteria

Subject to Divisional and VTE team agreement



This is a tool designed to assist in HAT screening decision making

To be used by everyone involved in HAT screening

The HAT screening outcome is a joint decision between the clinical team and the VTE team.

The HAT screening investigation can be carried out by any senior member of the multidisciplinary team.

Section 1: Purpose and scope of investigation

DATIX n°: MRN n°:	Date of VTE: Click or tap to enter a date.	COVID-19 positive?	DVT or PE – <i>delete as appropriate</i> Outcome		
Admission Date:	Discharge Date:	Specialty:	Ward:	Consultant:	Primary reason for admission:
<i>Admission 1</i> Click or tap to enter a date.	Click or tap to enter a date.				
<i>Admission 2</i> Click or tap to enter a date.					
<i>Admission 3</i> Click or tap to enter a date.					
Surgeries and invasive procedures <i>(include dates):</i>					

Section 2: Prompt Investigation Checklist

<p>REVIEW WHAT IS DOCUMENTED IN THE PATIENT'S NOTES, AND TICK THE BOXES BELOW</p> <p>Please ensure all relevant notes and all charts are available on EVOLVE</p>	<p>Comments</p> <p><i>e.g. rationale for decisions, past medical history, explain missed and omitted doses, include pertinent blood results and weight</i></p>
<p>1. Was an initial VTE risk assessment completed within 14 hours of admission using the correct <i>BHT VTE assessment tool</i>? (see BHT guideline 733fm)</p>	
<p>2. Were all applicable risk factors for VTE identified using the tool?</p>	
<p>3. Was the documented VTE risk assessment outcome appropriate?</p>	
<p>4. Was a re-assessment of VTE risk carried out as per BHT guideline 733fm? <i>i.e. On day after admission/consultant review, when clinical condition changed, after a maximum of 7 days and on discharge.</i></p>	
<p>5. Was appropriate pharmacological thromboprophylaxis prescribed and administered within 14 hours of admission as per BHT guideline 733fm and according to weight and renal function?</p>	
<p>6. Any missed, omitted or delayed doses of pharmacological thromboprophylaxis? <i>i.e. Delay >14h from admission, or >2h from the prescribed time, or omitted for >12h pre-op, or >6h post-op, or unduly withheld</i></p>	
<p>7. Was appropriate mechanical thromboprophylaxis prescribed and administered within 14 hours of admission, as per BHT guideline 733fm? <i>i.e. If not contraindicated, is recommended for all surgical inpatients, selected day case surgery and paediatric patients, for medical patients with significant VTE risk factors and/or with contraindication to pharmacological thromboprophylaxis. Stockings to be worn until discharge, IPC can be discontinued when patient returns to baseline mobility</i></p>	
<p>8. Contraindications to pharmacological and mechanical thromboprophylaxis identified in the <i>BHT VTE assessment tool</i> and documented in medical notes? Please give details in comments</p>	
<p>9. Was pharmacological or mechanical thromboprophylaxis prescribed on discharge following the completion of a discharge <i>BHT VTE assessment tool</i>, as per BHT guideline 733fm? <i>i.e. extended thromboprophylaxis may be required for gynaecological, orthopaedic, major cancer and major non-cancer surgery, day case surgery, ambulatory lower limb immobilisation, surgical/medical patients with ongoing significant VTE risk factors on discharge, patients with previous history of VTE, patients positive for COVID-19, stroke and spinal cord injury</i></p>	

Section 3: HAT Screening Outcome

Traffic Light Criteria Please indicate the outcome of the investigation (green, yellow or red) with a brief explanation	<i>Rationale:</i>	<i>Rationale:</i>	<i>Rationale:</i>
Learning Response			
Lead Investigator	Name: _____ Role: _____ Date: Click or tap to enter a date.		
Other Investigator/s	Name: _____ Role: _____ Date: Click or tap to enter a date.		

Section 4: VTE Team and Divisional Clinical Governance Lead

Independent Review	Name: _____ Role: _____ Date: Click or tap to enter a date.	Final Validation	Name: _____ Role: _____ Date: Click or tap to enter a date.
Additional information requested by VTE Team			
VTE Team and Clinical Team Joint Decision	<i>Rationale:</i>	<i>Rationale:</i>	<i>Rationale:</i>
Learning Response			
How was the learning shared?	VTE Committee Meeting Date: Click or tap to enter a date. VTE Newsletter Date: Click or tap to enter a date. Other: _____		

Divisional Clinical Governance Lead	
When was the learning shared? All required	Governance meeting Date: Click or tap to enter a date. Medical and pharmacy team Date: Click or tap to enter a date. Nursing team Date: Click or tap to enter a date.
Name: _____ Date: _____	