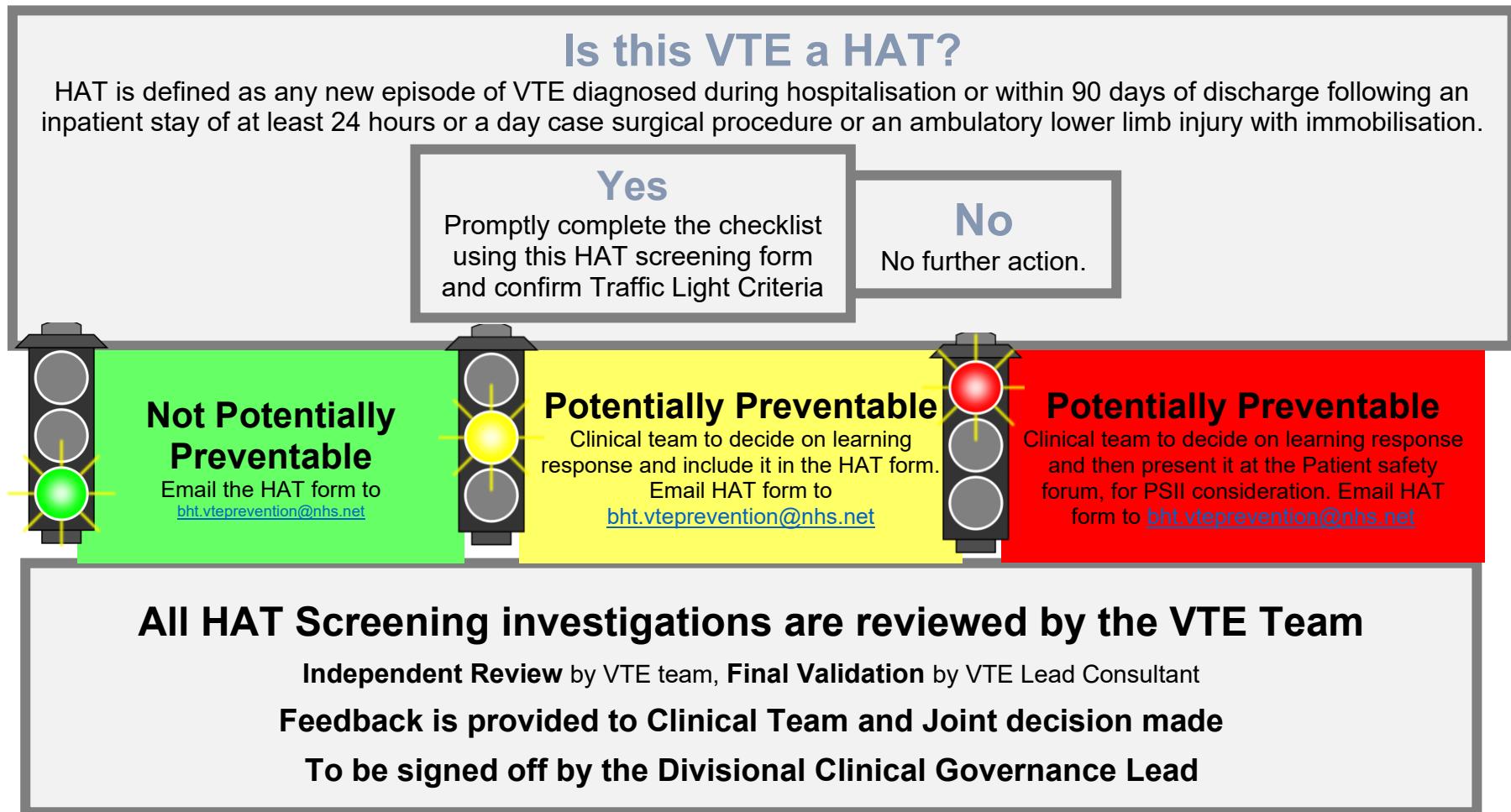
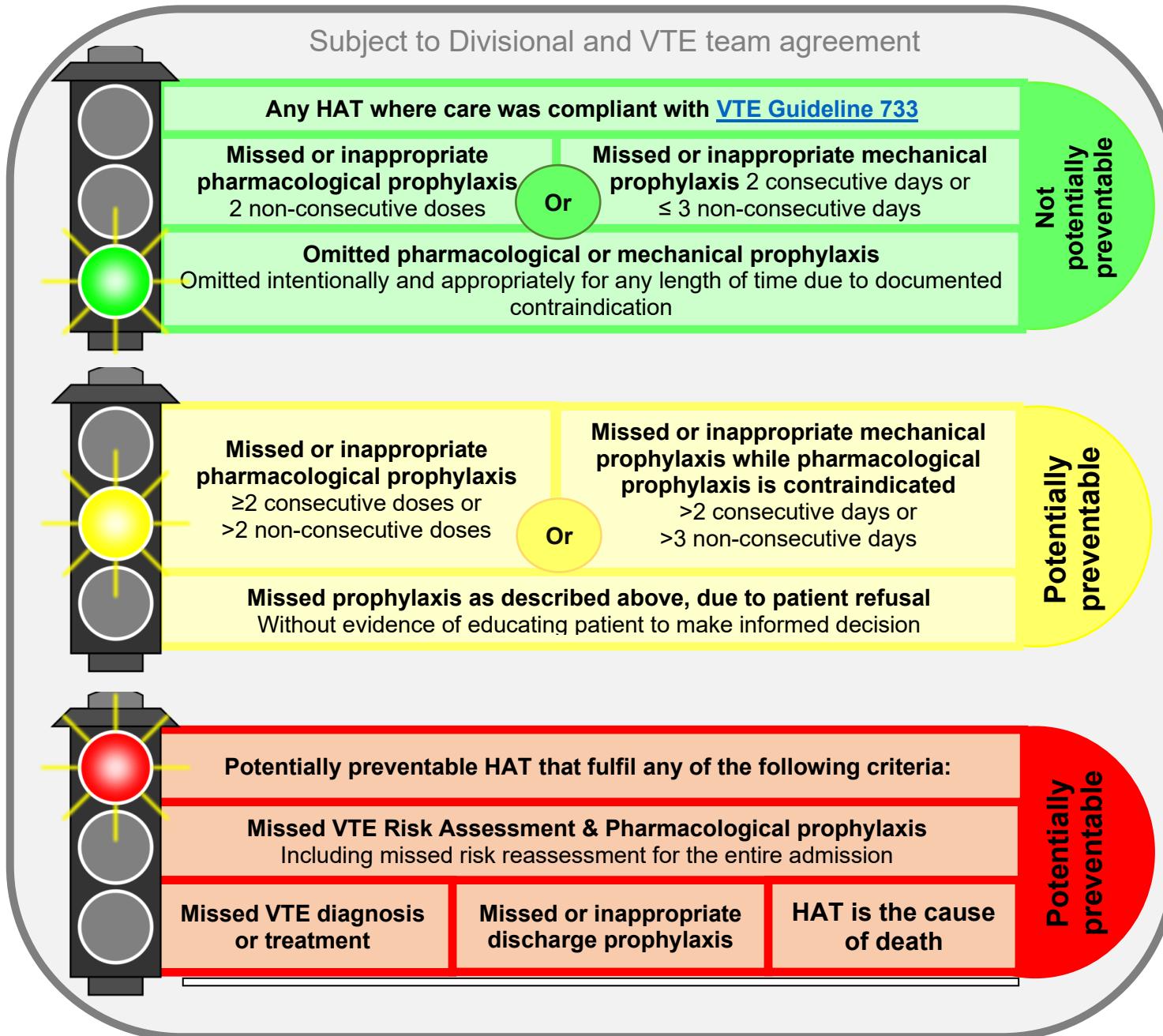


Hospital Acquired Thrombosis (HAT) Screening Template

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



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 – delete as appropriate 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 (include dates):					

Section 2: Prompt Investigation Checklist

REVIEW WHAT IS DOCUMENTED IN THE PATIENT'S NOTES, AND TICK THE BOXES BELOW Please ensure all relevant notes and all charts are available on EVOLVE	Comments <i>e.g. rationale for decisions, past medical history, explain missed and omitted doses, include pertinent blood results and weight</i>
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)	
2. Were all applicable risk factors for VTE identified using the tool?	
3. Was the documented VTE risk assessment outcome appropriate?	
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>	
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?	
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>	
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>	
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	
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>	

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:	