

Thrombo-prophylaxis in adult out-patients (>16yrs) with non-surgical lower limb immobilisation

This email has been sent individually to all GPs and Practice Managers within Vale of York CCG

19 February 2015

Dear recipient,

It is now current practice within York NHS Teaching Hospitals Foundation Trust to risk assess, and in appropriate individuals, prescribe thrombo-prophylaxis to ambulatory non-surgical trauma patients requiring lower limb immobilisation

This decision was made following guidelines released by the Emergency Medicine Network (GEMNet) and a review of adverse outcomes locally (at both York and Scarborough hospitals) in this group of patients.

<http://secure.collemergencymed.ac.uk/code/document.asp?ID=6656>

After risk assessment in Emergency Department, eligible patients will be offered prophylactic treatment with dalteparin 5000 units once daily subcutaneously (or if GFR <30mL/min enoxaparin 20mg daily subcutaneously) until the immobilising device is removed or the patient is fully weight bearing. Patients will be issued with an initial two week supply. The patient will be reviewed in the orthopaedic clinic in due course and a decision made whether further prophylaxis with dalteparin (or enoxaparin) is required. Patients often need up to six weeks treatment in total.

Vale of York and Scarborough and Ryedale CCGs have agreed that the GP may continue prescribing dalteparin (or enoxaparin) beyond the initial two week supply. The orthopaedic clinic will communicate to the GP the planned duration of low molecular weight heparin prophylaxis required when the patient is assessed.

Please therefore continue prescribing for the duration advised by orthopaedic clinic either	
Normal renal function	Impaired renal function

(GFR \geq 30mL/min)	(GFR $<$ 30mL/min)
Dalteparin 5000 units once daily subcutaneously	Enoxaparin 20mg daily subcutaneously

Notes

1. Patients who are seen at minor injury departments e.g. Malton, Bridlington, or Whitby Hospital will be referred to York or Scarborough Hospital as soon as possible for risk assessment and appropriate initiation of thrombo-prophylaxis.

2. Patients who are unable to self-administer low molecular weight heparin as a subcutaneous injection will be offered the options outlined below. The consultant will prescribe the full course of apixaban which will be supplied by the hospital. GPs will not be asked to prescribe.

GFR $>$ 15mL/min : Apixaban 2.5mg twice daily (oral)

GFR $<$ 15ml/min : Enoxaparin 20mg daily subcutaneous injection with district nurse administration

3. Patients who are prescribed thrombo-prophylaxis post orthopaedic surgery will continue to have the full treatment course supplied by the hospital.

Yours sincerely,

Shaun O'Connell, Greg Black & VTE Committee York Teaching Hospital NHS Foundation Trust

All medicines management communications can be found at:

<http://www.valeofyorkccg.nhs.uk/rss/index.php?id=prescribing-communications>



