Royal United Hospitals Bath
NHS Foundation Trust

Venous thrombosis (blood clot) prevention in hospital



Patients admitted to hospital can be at an increased risk of developing a venous thrombosis or blood clot. This can be either a deep vein thrombosis (DVT) or pulmonary embolism (PE).

What is a DVT and PE?

A DVT is a blood clot that can form in a vein, most commonly in your leg or pelvis. Symptoms may include swelling, pain and discolouration of the arm or leg.

A PE is when all or part of a blood clot breaks free and passes through your blood vessels into your lungs. A PE often causes sudden onset of chest pain, worse on breathing in, and breathlessness; or there may be tightness in the chest or chest or upper back pain. Occasionally a person may also cough up blood or experience light-headedness or blackouts. A PE can cause long-lasting damage or be life threatening.

What other risk factors are there for developing a venous blood clot?

Anyone can develop a venous blood clot, but your risk may be higher if:

- You have had a venous blood clot in the past
- You have active cancer
- You are overweight, with a BMI of more than 30
- You are not very mobile
- You are taking contraceptives containing oestrogen or HRT

- You have had surgery
- You are over 60
- You have suffered a significant injury or trauma
- You are pregnant or have just given birth
- You are dehydrated
- You are a smoker

Hospital acquired thrombosis (HAT)

A venous blood clot that you have developed whilst still in hospital or within 90 days after you have gone home is referred to as a hospital acquired thrombosis or HAT. National guidance recommends that all patients admitted to hospital be assessed for their risk of developing a venous blood clot. This risk assessment will assess your overall risk of developing a venous blood clot as well as your risk of bleeding. This will help the team looking after you determine what measures to undertake in order to reduce your risk of developing a venous blood clot.

How can we prevent HATs?

Medication

Whilst you are in hospital you may be given a blood thinner (anticoagulant) either as an injection or in tablet form to help prevent venousblood clots from forming.

Most patients will receive an injectable anticoagulant called dalteparin, which is usually administered in the stomach or the outer aspect of the thigh. Dalteparin is derived from animal products. If

you object to receiving this then please discuss alternatives with the team looking after you. If you have a latex allergy, you should not use dalteparin and will need an alternative. Please ensure you have notified the team looking after you if you have a latex allergy.

You may be given a course of anticoagulants to take home with you when you leave hospital, for example, if you are expected to be less mobile than usual for an extended period after surgery. The ward team looking after you will explain this to you fully.

Pumps and stockings

Compression stockings and intermittent compression devices (ICD) are what we call mechanical prevention for blood clots. Stockings should be measured by a healthcare professional to ensure the correct fit. The stockings compress your muscles to keep the blood flowing. ICDs are placed around your legs to mimic the movement of your muscles and keep the blood flowing.

What else can you do to reduce your risk?

- Keep hydrated by drinking plenty of fluids, unless you have been told to restrict your fluid intake, and avoiding coffee and alcohol.
- Keep your legs moving as much as possible if you are advised to do so by the team looking after you.
- Avoid smoking – ask the team looking after you for support with this if needed.

What happens when you go home

As mentioned previously you may be given some blood thinners to take home with you. If so, PLEASE take them! It is important to keep moving as much as possible and drink plenty of fluids.

If you have been given a course of injections, please ensure you have also been given a yellow sharps bin so that you can discard your needles safely. The council can then collect these. You or a carer will be taught how to administer the injections before you leave hospital. Some patients may require a district nurse to administer the injections.

You may be asked to wear compression stockings after you have left hospital so try and take a couple of pairs home.

It is important that you look out for for any signs or symptoms that may suggest a venous blood clot and that you seek urgent medical advice if needed. Patients who have been discharged on a course of anticoagulants should look out for for any signs of bleeding. This may include, for example, bleeding from the mouth, in the urine, or in your poo (they may appear black and tarry). If you injure yourself, you will be more likely to bleed. If you injure your head it is very important you seek immediate medical advice.

Where should I go for advice?

If you are concerned you have developed a venous blood clot or are bleeding you should seek urgent medical advice. You can do this by calling 111, your GP, 999 or going to your nearest accident and emergency department.

You can find a wide range of information regarding blood clot prevention at www.thrombosisuk.org

Thrombosis and Anticoagulation Team

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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