

P204

REDUCING TREATMENT DOSE ERRORS WITH LOW MOLECULAR WEIGHT HEPARINSColin Campbell, Alison Coackley, Anthony Thompson *Willowbrook Hospice, Prescot, UK*

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Cancer patients have a 1 in 200 risk of a venous thromboembolic event, which is five times higher than the general population. Low molecular weight heparins are used in the treatment of venous thrombo-embolism but a patient weight calculation is required to determine the correct dose. Incorrect weight estimations can lead to serious adverse effects. In general hospices do not have ways of accurately assessing patient weight. Recent guidance from the National Patient Safety Agency has specified guidelines on treatment.

Aim To assess hospice compliance with recommendations from the NPSA.

To initiate appropriate changes in clinical practice relating to prescribing of LMWH.

Method Retrospective audit of clinical records of patients who were on treatment for venous thrombo-embolic disease.

Results

- ▶ 5/ 6 patients with venous thrombo-embolic disease were anticoagulated
- ▶ 0 patients were weighed prior to treatment
- ▶ Limited use of biochemical screening prior to treatment
- ▶ Incomplete documentation/ communication to other healthcare professionals.

Conclusion

- ▶ If weighing equipment not available other methods of assessing patient weight are required
- ▶ Essential information should be documented and communicated when patient care transferred to another setting
- ▶ Discussion of the pros and cons of anticoagulation should be part of routine care for all patients.
- ▶ Need for education for all hospice staff
- ▶ Review of documentation used
- ▶ Need for reaudit within 6 months.