

was 91.7%, 83.3%, 50.0% and 91.7% for age, BMI, surgery to the lower limbs and presence of infection/inflammation, respectively.

Conclusions: VTE risk assessment upon admission and at 24 hours is relatively low and needs improvement. A further enquiry is necessary to evaluate the reasons for defective VTE assessment.

37 Accuracy of Venous Thromboembolism Risk Assessments in The Trauma and Orthopaedics Wards of The Gloucestershire Royal Hospital

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Introduction: Venous thromboembolism (VTE) risk assessment is crucial for patients undergoing orthopaedic surgery. An accurate risk assessment leads to patient stratification into risk groups for appropriate VTE prophylaxis.

Aim: To evaluate the accuracy of VTE risk assessment in the orthopaedic wards of the Gloucestershire Royal Hospital (GRH).

Method: We used the drug charts available on the wards of GRH which follow the NICE Clinical guideline [CG92]. We identified four variables out of the 19 questions that assess thrombosis risk: age, BMI, presence of infection/inflammatory conditions and surgery to the lower limb. Drug charts from the 10th of November to the 15th of November 2020 were assessed for completeness and accuracy. The number and accuracy of drug charts with VTE risk assessments on admission and 24 hours after admission were assessed.

Results: Fifty-seven drug charts with VTE risk assessments were identified over this period. Only 66.7% of VTE risk assessments were complete on admission and 21.1% were complete 24 hours after admission. Accuracy of assessment on admission was 92.1%, 86.1%, 81.6% and 79.0% for age, BMI, categories of surgery to the lower limbs and presence of inflammation, respectively. Accuracy of assessment at 24 hours