



APPLICATION TO CONSIDER A CHANGE TO A SIGN GUIDELINE

1.	Contact person(s) proposing change to the guideline
	Alison Hunter, Improvement Advisor, Healthcare Improvement Scotland
2.	Title and number of SIGN guideline
	SIGN 122 – prevention and management of venous thromboembolism
3.	Please define the nature of the change being requested? For example due to new evidence or mandatory advice, such as a NICE MTA or new government policy.
	<p>Revision of evidence as relates to frail elderly patients with a particular focus on risk of bleeding</p> <p>Revision of antenatal and post natal guidance to consider further stratification of risk</p>
4.	Please highlight which sections, recommendations and/or key question that would change under this request
	<p>2.3 thromboprophylaxis in medical patients</p> <p>4.2.2. intermittent pneumatic compression</p> <p>5 thromboprophylaxis in surgical patients</p>
5.	Will the requested change give rise to a new key question? If so please include.
	<p>Recommendations for preoperative thromboprophylaxis for patients admitted on day of surgery</p> <p>Recommendations for thromboprophylaxis for patients with lower limb casts who are not admitted to hospital</p> <p>Recommendations for preoperative thromboprophylaxis for day surgery</p> <p>Recommendations for frail, elderly medical patients</p>

6. Please give a brief indication of the size and strength of the evidence base on which the potential change to the guideline would be based including existing guidelines or systematic reviews in this area.

7. Provide any further information which you would like to be considered (*e.g. links with audit programmes, educational initiatives, economic considerations, benefits of implementation, priorities for patients and carers*)

The VTE collaborative has been running for almost 2 years. It attempts to apply an improvement methodology approach to implement the risk assessment/prevention arm of SIGN 122.

A key element of the programme is to work collaboratively with clinical and improvement teams in NHS Scotland to test and implement processes to deliver risk assessment for VTE.

There are significant challenges in this work, particularly in relation to the negative effect on patients from over thromboprophylaxis. This applies to many groups of medical patients e.g. stroke patients and the frail elderly.

The guideline makes recommendation for thromboprophylaxis for pregnant and post natal women that have been found to be impractical in application for both financial and clinical reasons and work on risk stratification is ongoing

<http://www.knowledge.scot.nhs.uk/sepsisvte/vte.aspx>

In terms of surgical patients, SIGN 122 recommends individual risk assessment which is a significant shift from providing thromboprophylaxis for operative cohorts. This will offer benefit to the significant number of non operated patients in surgical wards but needs to be balanced with an approach that acknowledges that particular operative groups are already receiving appropriate thromboprophylaxis.

Signature _____

Date: _____

Thank you for completing this form.

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