NICE recommends a four-hour response to suspected blood clots

By Christian Duffin

Some patients with suspected deep vein thrombosis should receive an ultrasound scan within four hours, according to new guidelines published by the National Institute for Health and Clinical Excellence (NICE) last week.

The guidelines state patients with suspected deep vein thrombosis (DVT) who have ‘likely’ two-level DVT using the Wells scoring system should have a proximal leg vein ultrasound scan within four hours of a request. If the result is negative, they should go on to have a D-dimer test.

If a scan within four hours is not possible, patients should have a D-dimer test and an interim 24-hour dose of a parenteral anticoagulant and a scan within 24 hours, says NICE.

Patients with suspected pulmonary embolism who have a ‘likely’ two-level Wells score should receive an immediate computed tomography pulmonary angiogram (CTPA). If this is not possible, then immediate interim parenteral anticoagulation therapy followed by a CTPA is recommended.

The NICE guidelines also state that people over 40 years of age with a blood clot in the leg or lung for no obvious reason should be tested for cancer. Half of people with untreated leg blood clots go on to develop a clot in their lung, NICE points out, adding that undiagnosed clots caused or contributed to about 17,000 deaths in England and Wales in 2007.

The organisation believes that care quality for patients with venous thromboembolic diseases varies widely across the NHS, and its guidelines show the combination of tests and treatments that work best.

Anticoagulant and thrombosis nurse consultant Hayley Flavell, who helped write the guidelines, said nurses should challenge managers if procedures are not followed.

Ms Flavell, who works at the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust in Dorset, said: ‘The guideline provides nurses with the evidence they need to ensure there is service improvement. Nurses will need to ensure that all patients have a scan within 24 hours, and that the standardised investigations are done. This will help reduce the chance of future complications.’

Compression stockings

Speaking to Nursing Standard at the launch of the guidelines last week, she predicted nurse prescribing of anticoagulants could increase as a result of the guideline. ‘It is important that nurses co-ordinate this care at what is a frightening time for patients,’

Nurses should also ensure that patients understand the importance of wearing graduated compression stockings in reducing the incidence of post-thrombotic syndrome, she added.

Newcastle University professor of vascular surgery Gerrard Stansby, who also helped draw up the guidelines, acknowledged meeting the target out of hours could cause ‘staffing’ issues.

The NICE guidelines are at http://guidance.nice.org.uk/CG144

Nurse research on continence care wins top GP accolade

A nurse-led research paper on improving continence care for people with dementia living at home has been awarded the Royal College of General Practitioners’ research paper of the year.

Nurse Vari Drennan, a professor of health policy from the faculty of health and social care sciences at Kingston University and St George’s, University of London, headed the research, which won the dementias and neurodegenerative diseases category.

Her paper concluded that GPs and nurses should repeatedly ask about toileting and incontinence problems because carers often try to protect people’s dignity by not seeking help until crisis point. Sometimes carers exacerbate problems by limiting people’s fluid intake, she found.

‘The types of problems change as the dementia progresses, but the impact on everyone and the issues of protecting the person’s dignity in the face of embarrassing and stigmatising problems remains,’ Professor Drennan said.

She added it was unusual for nurse-led research to receive the award.

The paper is available at www.biomedcentral.com/1471-2338/11/75