Profilaksa venske tromboembolije kod akutno oboljelih internističkih pacijenata Opće bolnice Zadar

Prophylaxis of venous thromboembolism in acutely ill medicine patients of Zadar General Hospital

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CILJ: Cilj ovoga istraživanja je procijeniti rizik od venske tromboembolije u hospitaliziranih bolesnika na Internom odjelu Opće bolnice (OB) Zadar te ustanoviti prema smjernicama broj bolesnika koji bi trebao primati profilaksu venskog tromboembolizma (VTE), kao i vidjeti koliko je bolesnika tu profilaksu zaista primilo.

PACIJENTE I METODE: Provedena je retrospektivna analiza povijesti bolesti bolesnika zaprimljenih na Interni odjel OB Zadar u siječnju 2013. god. Za procjenu rizika VTE te evaluaciju provođenja trombopofilakse korištene su smjernice ACCP (The American College of Chest Physicians) iz 2012. god. koje su preuzele model procjene rizika (Padua Prediction Score) koji bolesnike razvrstava u niskorizične (manje od 4 boda) i visokorizične (4 ili više bodova).

REZULTATI: U analiziranom razdoblju na odjel je hospitalizirano ukupno 352 bolesnika. Kada se iz analize isključe bolesnici koji su prehospitalno primali antikoagulanse (79) te oni sa kontraindikacijama za antikoagulantnu terapiju (65), onda je ostalo 207 bolesnika za analizu modelom Padua Prediction Score. Od njih je 110 (53,1%) imalo 4 ili više bodova tj. bili su visokorizični i trebali su primati intrahospitalnu trombopofilaksu. Od 110 gore navedenih bolesnika je svega 8 primilo profilaksu, što je 7,2%.

ZAKLJUČAK: Ovom retrospektivnom analizom je ustanovljeno da u prosjeku svaki treći pacijent zaprimljen na interni odjel ima indikaciju za trombopofilaksu, no ona se gotovo uopće ne provodi u OB Zadar unatoč objavljenim preporukama i smjernicama te visokovrijednim dokazima o učinkovitosti i sigurnosti trombopofilakse. Stoga je od iznimnog značaja uložiti napore kako bi se ustanovili razlozi tako niske stope profilakse u OB Zadar te razviti strategiju unaprjeđenja implementacije odgovarajuće trombopofilakse u kliničkoj praksi, a u svrhu smanjenja morbiditeta i mortaliteta te povećanja kvalitete skrbi za pacijenta.

INTRODUCTION: The aim of this research was to assess the risk of venous thromboembolism in hospitalized patients at Department of Internal Medicine in Zadar General Hospital together with establishing, according to recent guidelines, the number of patients who should receive prophylaxis of venous thromboembolism (VTE) and to see how many of patients had actually received mentioned prophylaxis.

PATIENTS AND METHODS: We conducted a retrospective analysis of the medical history of the patients received at Department of Medicine Zadar General Hospital in January 2013. To estimate the risk of VTE and evaluation of the implementation of prophylaxis were used ACCP guidelines (the American College of Chest Physicians) from 2012 that have taken the risk model (Padua Prediction Score) that patients classify as low risk (less than 4 points) and high (4 or more points).

RESULTS: In the analyzed period, at the department was hospitalized 352 patients. When the analysis excluded patients who received prehospital anticoagulants (79) and those with contraindications to anticoagulation (65), were 207 patients analyzed with Padua Prediction Score. Of them, 110 (53.1%) had 4 or more points and were classified as high risk patient and therefore should receive the intrahospital thromboprophylaxis. Of these, only 8 patients received prophylaxis (7.2%).

CONCLUSION: This retrospective analysis showed that, on average, every third patient admitted to an internal department has an indication for thromboprophylaxis but it is hardly implemented in Zadar General Hospital despite published recommendations and guidelines as well as high-quality evidence on the efficacy and safety of prophylaxis. It is therefore of utmost importance to make efforts to establish such low rates of prophylaxis in Zadar General Hospital and develop a strategy for improving the implementation of appropriate prophylaxis in clinical practice in order to reduce morbidity and mortality and to increase the quality of patient care.

LITERATURE

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