

systolic function. Patients showed high rates of adherence and good tolerance to treatment with a low incidence of side effects.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-224 THROMBOPROPHYLAXIS IN ACUTELY ILL MEDICAL PATIENTS: ASSESSMENT OF THE CURRENT PRACTICES IN A 950 BED HOSPITAL GROUP

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10.1136/ejhp-2021-eahpconf.56

**Background and importance** Despite its safety and efficacy, venous thromboembolism (VTE) prophylaxis has been proved to be misused in acutely ill medical patients, leading to potential deep vein thrombosis or pulmonary embolism.

**Aim and objectives** Our objectives were to assess the current practices of VTE prevention in acutely ill medical patients in our institution and to explore the underlying reasons for our results.

**Material and methods** This multicentre cross sectional study was conducted among medical patients. Three scores were selected to evaluate the risk of VTE (the PADUA score, the IMPROVE VTE RAM and the Geneva score) and two scores for bleeding risk assessment (the IMPROVE BLEEDING RAM and the ACCP 2012 recommendations). To be considered at high risk, patients had to have at least two positive scores for VTE or bleeding.

Our main outcome measure was the prevalence of hospitalised medical patients receiving appropriate thromboprophylaxis (type and dose). The secondary outcome measure was the prevalence of patients receiving an adequate dose among patients receiving LMWH in general, and in special populations. To have a better understanding of our results, a survey of our physicians was performed 1 month later.

**Results** Of the 144 patients included in the study, 52.1% had a high risk of VTE. 70.8% of our patients received

### Abstract 4CPS-224 Table 1 Dose appropriateness among patients receiving LMWH

|                                   | All patients | <50 kg | >100 kg or BMI >40 | Severe renal failure* |
|-----------------------------------|--------------|--------|--------------------|-----------------------|
| Patients with an appropriate dose | 54           | 4      | 1                  | 3                     |
| Patients with LMWH                | 70           | 9      | 8                  | 6                     |
| % of appropriate doses            | 77.1         | 44.4   | 12.5               | 50.0                  |

\*Patients with <30 mL/min (Cockcroft and Gault equation).

appropriate thromboprophylaxis. 18 (9.5%) patients received an unnecessary LMWH and 14 (9.7%) lacked an LMWH.

77% of patients treated with LMWH received an appropriate dose. Only one of two patients with severe renal failure and 24.9% of patients with an extreme body weight received an appropriate dose of LMWH (table 1).

29 physicians answered our subsequent online survey. More than 70% of physicians answered that they had never opened our institutional recommendations and did not follow any specific guidelines when prescribing thromboprophylaxis.

**Conclusion and relevance** VTE prophylaxis in the acutely ill medical patients is not optimal. Improvements must be made, especially regarding communication and healthcare professionals' education.

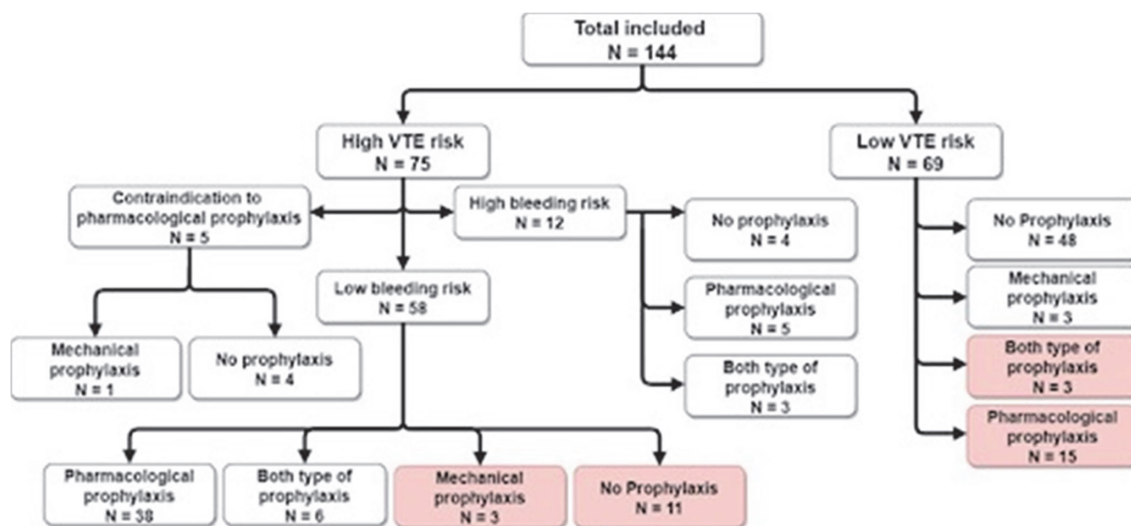
## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-225 IMPLEMENTATION OF A COMPUTER ALGORITHM IN THE ELECTRONIC HEALTH RECORD TO IDENTIFY INPATIENTS WITH UNTREATED ATRIAL FIBRILLATION TO OPTIMISE STROKE PREVENTION

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10.1136/ejhp-2021-eahpconf.57



Abstract 4CPS-224 Figure 1