## Venous Thromboembolism (VTE) Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Adopt a VTE risk assessment screening tool				
Instead of selecting patients arriving at the hospital with specific diagnoses or who are presenting for specific procedures, assess <b>every</b> patient upon admission for his/her risk for VTE using the VTE risk assessment screening tool.				
Adopt a standardized risk-linked menu of choices for VTE prophylaxis.				
Develop standard written order sets which link risk assessment results to a specific prophylaxis option.				
Use protocols for dosing and monitoring <i>all</i> chemoprophylaxis agents.				
Use pharmacists to provide key real-time 'decision support' for prophylaxis option selection, discussion of contraindications, and protocol development.				
Make prophylaxis ordering an "opt-out" process instead of an "opt-in" process.				
Use success stories of patients whose positive screenings allowed life-saving early intervention to underscore the benefits of screening and prophylaxis for VTE/PE.				
Give nurses the same tools you give physicians – physicians get a hard stop CPOE process for ordering, coordinate with the IT department to utilize the EMR to identify the VTE at-risk patient for risk assessment.				
If assessments are not being performed reliably, try shifting staff roles – e.g. physicians can do the assessments instead of nurses or pharmacists may use trigger tools to enhance assessments.				





