Prevention of Hospital Acquired Thrombosis (HAT)
Prevention of deep vein thrombosis during your hospital stay and after discharge

Blood clots (thromboses) develop when the body is injured or blood stops flowing. Deep Vein Thrombosis (DVT) is clot formation in the legs. Clots formed in the legs can be dislodged and travel to the lungs. This is called Pulmonary Embolism (PE) and can be life threatening.

Who is at risk of developing thromboembolism?

While you are in hospital you may not be mobile as usual. When this happens for more than a few days, there is a risk you may develop a blood clot. Certain illnesses and operations can also increase the risk of you developing a blood clot. The risk is even higher if you smoke and/or you are obese.

A blood clot that develops while you are in hospital is called Hospital Acquired Thrombosis (HAT). The doctors and nurses will assess your individual risk and you may be offered treatment to reduce your risk of developing a blood clot.

Deep vein thrombosis: what are the signs and symptoms?

Pain and tenderness in the calf muscles, and possible swelling in that area.

Pulmonary embolism

Sharp chest pain and difficulty in breathing and/or coughing up blood.

How is the risk assessment carried out?

Nurses and doctors may ask you a series of questions which will then be entered onto your electronic patient record.
What are the preventative treatments?

- Daily injections of an anti-clotting agent (if you are having an elective hip or knee replacement operation you may be given oral medication in place of the daily injections. This medicine is only licensed for hip or knee replacement operations)
- Anti-embolism stockings
- Mechanical compression devices may be recommended for patients who are confined to bed for long periods

You will be offered treatment according to the risk assessment.

What are anti-embolism stockings?

These are elasticated stockings which will help increase the blood flow in your legs during the times when you are less mobile.

You will be assisted by the nursing staff to ensure they fit correctly during your stay.

What will the anti-clotting medicine injection involve?

This a tiny amount of fluid which is injected under the skin.

What if I refuse the treatment?

The treatment is recommended for your own safety and to prevent further complications.

If you decide to refuse the treatment your doctor will explain the risks to you and this will be documented in your medical records.

Are there any risks associated with preventative treatment?

Some patients should not use anti-embolism stockings. These include patients with dermatitis, gangrene, leg ulcers, cellulites, known allergies to stockings, gout, recent skin graft, extreme limb deformity, peripheral neuropathy, peripheral vascular disease, leg oedema.

You also need to remember that if you do not wear your anti-embolism stockings in the correct manner they will not work.

The use of anti-clotting medicine is common and most patients do not have any problems. However, like many medicines it may occasionally cause side effects in some people. The most common of these include pain, skin rashes and or minor bruising at the site of injection.

The leaflet in the medication package contains a full list of possible side affects and you are advised to read it.

What if you are having an elective hip or knee replacement operation you may be given oral medication in place of the daily injections. This medicine is only licensed for hip or knee replacement operations?
If I have concerns who can I discuss this with?
The nursing staff, doctors and pharmacists and other staff will be only too happy to help and advise.

During your stay the nursing staff will carry out a daily check to ensure that you are still comfortable with your treatment.

If you have any concerns following discharge you should contact the ward manager or alternatively your GP or district nursing practice.

What can I do to help myself avoid a HAT?

If you are prescribed anti-embolism stockings ensure you are wearing them correctly at all times.

Try to mobilise as much as possible.

If you are confined to bed you will be encouraged to do leg exercises.

It is important you do not become dehydrated, so drink fluids regularly or as directed by the nursing staff.

If you suspect that you are suffering any of the symptoms of a HAT you must let the nursing or medical staff know immediately. If this occurs after discharge you must contact your GP or district nurse urgently.

Will my treatment stop when I have been discharged?

In some cases it is advisable for treatment to continue for a period after you are discharged. If this is necessary your discharge prescription will be explained to you.

Also your GP will be advised. They will be able to offer you further support and assistance.

Nursing staff will train you to self administer anti clotting agent if you are happy to do this.

Where can I find out more information about thrombosis?

The following charitable websites have additional patient focussed resources that may be helpful to you:

http://www.thrombosis-charity.org.uk/home.php

https://www.stoptheclot.org/

Notes
For further information on this leaflet, it’s references and sources used, please contact 0161 206 0349.