

Assessment of VTE Prophylaxis Practices in ICU Patients: A Clinical Audit Based on NICE Guidelines

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BACKGROUND

- VTE is a common, preventable cause of morbidity and mortality in critically ill patients.
- ICU patients are at higher risk due to immobility, critical illness and invasive interventions.
- NICE advises risk assessment and thromboprophylaxis for all hospitalised patients, yet adherence is often variable.
- Aim:** to assess compliance with NICE NG89 for VTE prophylaxis in our ICU and find areas to improve.

METHODS

- Retrospective clinical audit in the ICU at SKMCH&RC, Lahore, over 3 months (March–May 2026).
- All adult ICU admissions were included; patients aged <16 years, ICU stay <24 h or incomplete records were excluded.
- Data collected on a structured proforma built from NICE NG89 standards: risk assessment, daily reassessment, mechanical and pharmacological prophylaxis.

RESULTS

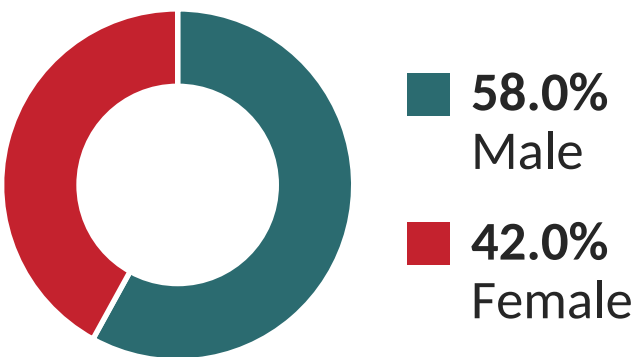
Patient selection, March–May 2026



228 patients screened

Excluded: age <16 years or ICU stay <24 hours

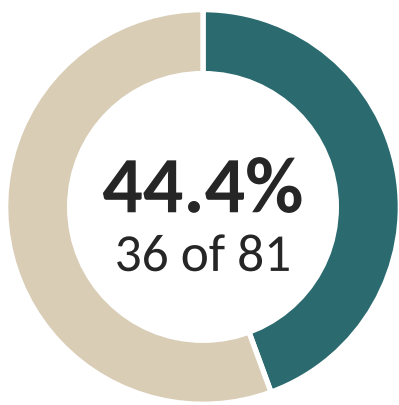
Gender (n = 81)



Compliance with NICE NG89 audit standards (n = 81)



Mechanical modality documented



Not a predefined audit target, but flagged for improvement

CONCLUSION

- Risk assessment (100%) and daily reassessment (98.8%) were excellent; mechanical prophylaxis reached 91.4%.
- Pharmacological prophylaxis was documented in only 11.1%, as drugs are prescribed on consultant judgement, unlike NICE advice.
- Mechanical modality was recorded in just 44.4%.

RECOMMENDATIONS

- Record the specific mechanical modality for every patient.
- Document indications or contraindications for pharmacological prophylaxis.
- Review unit protocol against NICE NG89 and re-audit after changes.

