**DATA COLLECTION FORM**

**VTE prophylaxis audit**

Please check with your local ethics service or governing body as to the process requirements for conducting an audit of your own practice.

Data form number _______

<table>
<thead>
<tr>
<th>DETAILS</th>
<th>Gender</th>
<th>Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient ID</td>
<td></td>
<td></td>
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<tr>
<td>Procedure</td>
<td>Age</td>
<td></td>
</tr>
</tbody>
</table>

Was the patient’s VTE risk assessed and documented in the medical record?  

For patients requiring VTE prophylaxis

Was VTE prophylaxis prescribed?  
If yes: (select one or more)
- General (mobilisation, hydration)
- Mechanical
- Pharmacological

Was the patient provided with information to minimise risk of VTE?  

**ADHERENCE WITH GUIDELINES**

Was the prophylaxis prescribed according to local guidelines?  
If no:
Was the reason for the departure from guidelines documented?  

Did the patient have a neuraxial block?  
If yes:
Was the timing of pharmacological prophylaxis provided according to international guidelines?  

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<tr>
<th>Comments</th>
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