

Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

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Abstract

The Clinical Practice Committee of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine endorses the clinical practice guideline *Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: reviewed for evidence-based integrity and endorsed by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine*. This clinical practice guideline serves as a useful decision aid for Nordic anaesthesiologists managing adult trauma patients in the operating room and in the intensive care unit.

KEYWORDS

AGREE II, antithrombotic drugs, bleeding, clinical practice guideline, trauma

1 | BACKGROUND

Venous thromboembolisms are common in trauma patients despite extensive efforts to support early detection and prevention.^{1,2} Pulmonary embolism, the most severe form of venous thromboembolism, is associated with high mortality and morbidity in trauma patients.³ Clinicians managing trauma patients have to carefully weigh the delicate balance between the desirable effects of pharmacological prophylaxis of venous thromboembolism, i.e., reduced

risk of venous thromboembolisms, and the undesirable effects, including increased risk of bleeding, in particular in patients with head trauma.⁴

The clinical practice guideline *Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: reviewed for evidence-based integrity and endorsed by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine*⁵ provides evidence-based recommendations for the prevention of venous thromboembolism in adults with trauma.

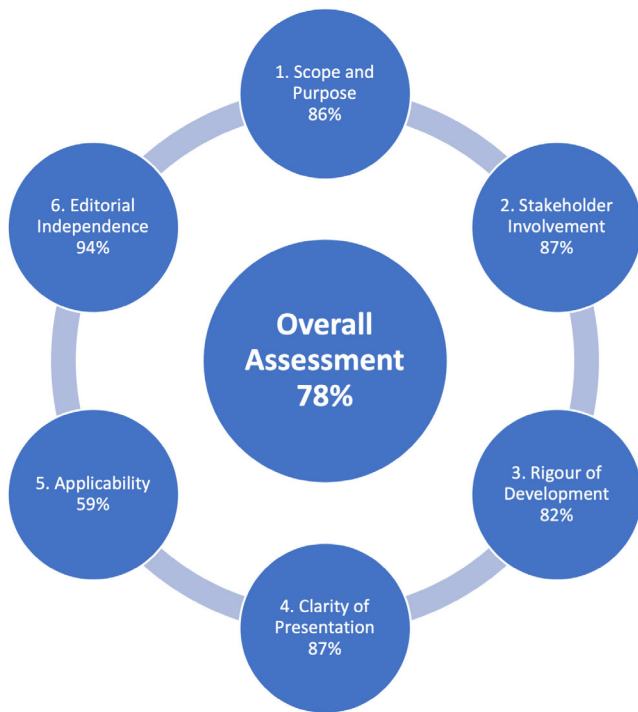


FIGURE 1 Summary of the Appraisal of Guidelines for REsearch and Evaluation (AGREE) II assessment.

2 | METHODS

The Clinical practice committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) decided to assess the clinical practice guideline *Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: reviewed for evidence-based integrity and endorsed by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine*⁵ for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool was used.⁶ Details on the endorsement process are available elsewhere.⁷

3 | RESULTS

All six SSAI CPC members completed the appraisal. The individual domain totals were: Scope and Purpose 86%; Stakeholder Involvement 87%; Rigour of Development 82%; Clarity of Presentation 87%; Applicability 59%; Editorial Independence 94%; Overall Assessment 78% (Figure 1).

The breakdown of the individual appraisers (de-identified) is available in the Supporting Information.

4 | DISCUSSION

Agreement between the SSAI CPC appraisers was high and the overall assessment of the guideline was good. The primary issues

noted related to applicability of the guideline, where implementation strategies and details about monitoring and auditing were lacking.

The guideline can be used in daily clinical practice in the Nordic countries without major adaptation or modification.

The clinical practice guideline *Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: reviewed for evidence-based integrity and endorsed by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine*⁵ serves as a useful decision aid for Nordic anaesthesiologists providing care to adult patients with trauma, including in the operating room and in the intensive care unit.

5 | CONCLUSION

The SSAI CPC endorses the clinical practice guideline *Saudi Critical Care Society clinical practice guidelines on the prevention of venous thromboembolism in adults with trauma: reviewed for evidence-based integrity and endorsed by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine*.⁵

AUTHOR CONTRIBUTION

MIS: drafted the manuscript. All authors contributed the data and revised the manuscript.

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No Clinical Practice Committee member had direct or indirect conflicts of interest.

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DATA AVAILABILITY STATEMENT

All data is available in the online Supporting Information.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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