

27 March 2018

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Sarah Bourke
Assistant Coroner
Inner North London
Poplar Coroner's Court
London
E14 0AE

Our ref: EH90899

Dear Ms Bourke,

I write in response to your Regulation 28: Report to Prevent Future Deaths, sent on 15 March 2018, regarding the death of Mrs Georgia Polydorou. I was very sorry to learn of Mrs Polydorou's death.

We have considered the circumstances of Mrs Polydorou's death and the concerns you have raised, in relation to the work of NICE.

Our guideline on venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (NG89) was published earlier this month (updating and replacing an earlier guideline). It covers assessing and reducing the risk of venous thromboembolism (VTE) and deep vein thrombosis (DVT) in people aged 16 and over in hospital.

It includes the following new recommendation regarding the use of blood thinning agents for people acutely ill in hospital:

- 1.4.6 Offer pharmacological VTE prophylaxis for a minimum of 7 days to acutely ill medical patients whose risk of VTE outweighs their risk of bleeding:
- Use LMWH^[5] as first-line treatment.
 - If LMWH^[5] is contraindicated, use fondaparinux sodium^[6]. [2018]

[5] At the time of publication (March 2018), LMWH did not have a UK marketing authorisation for use in young people under 18 for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

[6] At the time of publication (March 2018), fondaparinux sodium did not have a UK marketing authorisation for use in young people under 18 for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision.

Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

We note that Mrs Polydorou was prescribed aspirin, clopidogrel and enoxaparin. It's not clear whether she was on all of these at the one time - the use of all of these blood thinning agents at once may have played a factor in the development of the sudden subdural haematoma.

We also have a guideline on the assessment and early management of head injury (CG176). This guideline includes recommendations on performing CT head scans in patients on warfarin (who have no other indications for CT head scan), reflecting the available evidence. The guideline developers considered there to be limited evidence regarding patients using other antiplatelet or anticoagulant drugs within studies deriving or validating clinical decision rules for determining which patients need CT head scans - particularly, evidence in determining whether they are at increased risk of intracranial haemorrhage. The guideline developers therefore made a research recommendation on this issue.

Following our considerations, we believe both guidelines appropriately reflect the available evidence and do not need to be amended at this time. Nevertheless, the issues have been logged with the NICE guideline surveillance team, and will be taken into account when the guidelines are next considered for review.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sir Andrew Dillon', written in a cursive style.

Sir Andrew Dillon
Chief Executive