

Interview recordings were transcribed for analysis.

Interview topics included emergency house calls, nursing at home, telemedicine, and the role of family doctors. One hundred twenty questions across all categories were identified from candidate questions for questionnaire-based research covering cost burdens, concerns about family doctors, information sharing, and prior explanations of terminal-stage symptoms. Reasons given for why it felt wrong to contact doctors included “I feel bad about bothering the doctor”. When family doctors cannot respond in an emergency the answers showed that response by another healthcare provider would be accepted “if information was shared”.

We observed differences of opinion on emergency response between healthcare providers and patients/families. To reduce the burden on family doctors when responding to emergencies for patients receiving at-home care the items elucidated through this research should be used in questionnaire-based research to quantify the understanding of all parties involved.

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The availability of screening tests of risk assessment of VTE by Caprini Risk Score ~A retrospective study of patients who underwent Total Knee Arthroplasty~

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【OBJECTIVES】 The aim of this study is to investigate whether Caprini Risk Score (CRS) is available for high risk patients of Japanese postoperative venous thromboembolism (VTE). We retrospectively investigated patients undergoing total knee arthroplasty (TKA). Our goal is to create an evaluation form of the screening test that the patient answers, for example a patient-complemented CRS in Japanese.

【METHOD】 We investigated 181 cases who underwent TKA at A hospital from January 2015 to May 2017

using the medical record. The survey contents are 39 items of CRS before undergo TKA, whether there was VTE in the lower extremity vessel ultrasonography after undergo TKA, and the VTE prophylaxis that patients received during the perioperative period. The obtained scores were calculated and compared to incidence of VTE.

【RESULT】 65 patients (35.9%) had developed VTE after TKA. No patients with a score of 7 and below, all the patients with VTE had a high score of 9 points or more. Patients with VTE had an average score of 10.8, and the patients in 36.5% with a score ≥ 9 developed VTE.

【CONCLUSION】 The following two points were found out about the availability of discrimination of Japanese VTE high risk patients by the Caprini Risk Score.

- 1) Modify CRS for Japanese people.
- 2) To improve items and scores to distinguish high and highest.