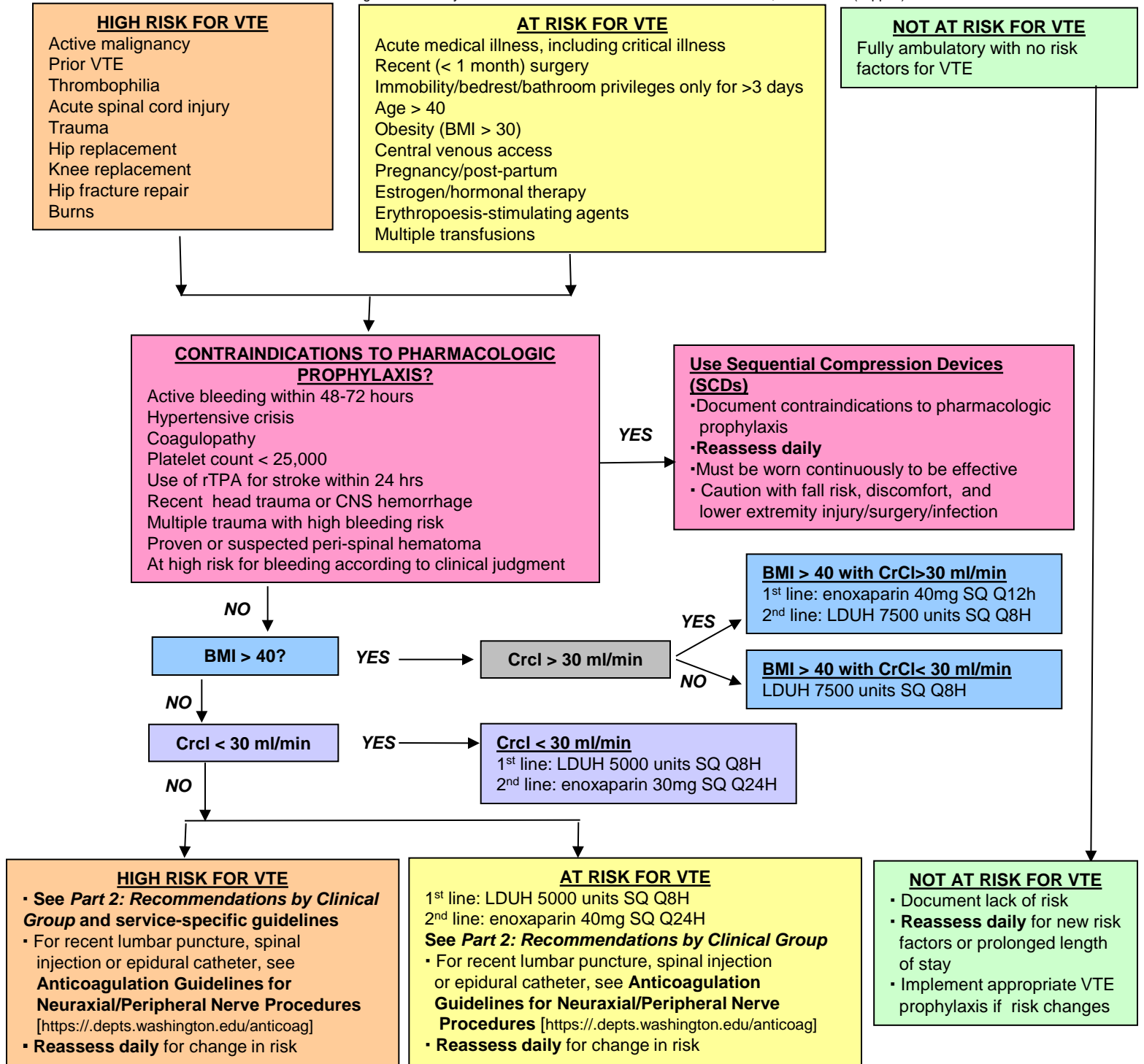


**GUIDELINES FOR PREVENTION OF VENOUS THROMBOEMBOLISM (VTE)
IN HOSPITALIZED PATIENTS**

PART 1: RISK ASSESSMENT AND GENERAL RECOMMENDATIONS

UW Medicine Recommended Practices based on Antithrombotic Therapy and Prevention of Thrombosis, 9th Edition, American College of Chest Physicians Evidence Based Clinical Practice Guidelines; Chest 2012 (suppl 2).



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|------------------------------------|--|
| Cost considerations: | Low dose unfractionated heparin (LDUH) 5000 units SQ: \$1.11/dose; enoxaparin 40mg SQ: \$5.90/dose; |
| Renal failure (CrCl<30): | Dose adjustments not necessary for LDUH; enoxaparin 30mg SQ Q24H; fondaparinux contraindicated; LDUH preferred in dialysis |
| History of HIT: | Consider fondaparinux 2.5 mg SQ daily (contraindicated if CrCl < 60) |