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

PART 1: RISK ASSESSMENT AND GENERAL RECOMMENDATIONS


HIGH RISK FOR VTE
- Active malignancy
- COVID19 diagnosis
- Prior VTE
- Thrombophilia
- Acute spinal cord injury
- Trauma
- Hip replacement
- Knee replacement
- Hip fracture repair
- Burns

AT RISK FOR VTE
- Acute medical illness, including critical illness
- Recent (< 1 month) surgery
- Immobility/bedrest/bathroom privileges only for >3 days
- Age > 40
- Obesity (BMI > 30)
- Central venous access
- Pregnancy/post-partum
- Estrogen/hormonal therapy
- Erythropoesis-stimulating agents
- Multiple transfusions

NOT AT RISK FOR VTE
- Fully ambulatory with no risk factors for VTE

CONTRAINDICATIONS TO PHARMACOLOGIC PROPHYLAXIS?

- Active bleeding within 48-72 hours
- Hypertensive crisis
- Coagulopathy
- Platelet count < 25,000
- Use of tPA for stroke within 24 hrs
- Recent head trauma or CNS hemorrhage
- Multiple trauma with high bleeding risk
- Proven or suspected peri-spinal hematoma
- At high risk for bleeding according to clinical judgment

BMI > 40?

BMI > 40

BMI > 40 with CrCl<30 ml/min

BMI > 40 with CrCl>30 ml/min

1st line: enoxaparin 40mg SQ Q12h
2nd line: LDUH 7500 units SQ Q8H

CrCl < 30 ml/min

LDUH 5000 units SQ Q8H OR
Enoxaparin 30mg SQ Q24H

CrCl > 30 ml/min

NOT AT RISK FOR VTE
- Document lack of risk
- Reassess daily for new risk factors or prolonged length of stay
- Implement appropriate VTE prophylaxis if risk changes

THESE GUIDELINES ARE NOT INTENDED TO SUPERCEDE CLINICAL JUDGEMENT

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)