ADULT VENOUS THROMBOEMBOLISM PROPHYLAXIS
FOR HOSPITAL STAFF

ICRC

ASSESS DVT RISK FOR ALL ADULT PATIENTS ON ADMISSION AND ON CHANGE IN CLINICAL CONDITION

PATIENT DVT RISK ASSESSMENT

- Major abdominal or thoracic surgery OR
- Surgery involves pelvis or lower limb and total anaesthetic and surgical time >60 minutes OR
- Total anaesthetic and surgical time >90 minutes
- Acute multiple trauma/spinal cord injury/hip, pelvis or leg fracture
- Acute surgical admission with inflammatory condition
- Burns >20% BSA
- Reduced mobility >3 days
- Age >40 years
- Dehydration
- 1/+ Significant medical comorbidity (i.e. cardiac/metabolic/endocrine/respiratory/inflammatory conditions)
- Personal/family history of DVT/PE
- Obese (BMI >30kg/m²)
- Active cancer/treatment
- Hormone therapy (CoC/HRT)
- Varicose veins with phlebitis
- Pregnancy or <6 weeks post partum

PATIENT LOW RISK FOR DVT

- Keep patient well hydrated,
- encourage early mobilization
- Re-assess if clinical situation changes

SCORE = 0 or 1

PATIENT AT INCREASED RISK OF DVT

ASSESS BLEEDING RISK FACTORS

- Active bleeding
- Uncontrolled systolic hypertension (≥230/120mmHg)
- Acute stroke
- Acquired bleeding disorders (acute liver failure, liver failure with coagulopathy, be aware LFT monitoring will not always be available)
- Untreated inherited bleeding disorders (haemophilia, von Willebrand’s disease)
- Concurrent use of anticoagulants
- Unacceptable consequences of potential bleeding into vital sites i.e. brain/spinal cord/eye
- Acute thrombocytopenia (platelets <75x10^9/L, be aware platelet monitoring will not always be available)

PHARMACOLOGICAL DVT PROPHYLAXIS

ENOXAPARIN 40mg SC/OD
(Unless contraindicated i.e. allergy, GI ulcer)
(20mg SC/OD in case of severe liver/kidney impairment/patient <45kg)
If possible: check platelets prior to starting Enoxaparin

CONSIDERATIONS FOR SURGERY

- Last dose of Enoxaparin to be given 12 hours before lumbar puncture/epidural/spinal anaesthesia
- For all surgeries listed in ‘Patient DVT Risk Assessment’, graduated compression stockings are to be used during surgery (unless surgery is on lower limbs)
- Enoxaparin to re-commence 12 hours post surgery

CONTINUE PHARMACOLOGICAL PROPHYLAXIS FOR 7 DAYS

DISCHARGE

- Do not delay discharge due to DVT prophylaxis
- Do not continue DVT prophylaxis on discharge
- Counsel patient on signs and symptoms of DVT/PE

Beware!

HEPARIN INDUCED THROMBOCYTOPENIA

Signs: External bleeding, purpura, petechia

DVT

Signs: Pain, swelling, erythema and tenderness of affected limb

PE

Signs: Breathlessness, chest pain, sudden collapse

CONTINUE PHARMACOLOGICAL PROPHYLAXIS FOR 14 DAYS

(OR UNTIL MOBILIZED IF > 14 DAYS)

MECHANICAL DVT PROPHYLAXIS

- Provide patient with graduated compression stockings
- Only consider pharmacological DVT prophylaxis if risk of DVT outweighs the risk of bleeding.

MONITOR PATIENT FOR CLINICAL SIGNS OF HEPARIN INDUCED THROMBOCYTOPENIA*

If platelet monitoring available: check platelets twice a week from day 4-14

YES TO ANY RISK FACTOR?

NO

YES

CONSIDERATIONS FOR SURGERY

RECONSTRUCTIVE ORTHOPAEDIC SURGERY PERFORMED?

NO

YES

BEWARE!

DVT

Signs: External bleeding, purpura, petechia

PE

Signs: Pain, swelling, erythema and tenderness of affected limb

[Diagram of patient flowchart with decision points and medications]