



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	Score
• Major abdominal or thoracic surgery OR	2
• 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	2
Acute surgical admission with inflammatory condition	2
Burns >20% BSA	2
Reduced mobility >3 days	1
Age >40 years	1
Dehydration	1
1/+ Significant medical comorbidity (i.e. cardiac/metabolic/ endocrine/respiratory/inflammatory conditions)	1
Personal/family history of DVT/PE	1
Obese (BMI >30kg/m ²)	1
Active cancer/treatment	1
Hormone therapy (CoC/HRT)	1
Varicose veins with phlebitis	1
Pregnancy or <6 weeks post partum	1

Regardless of patient risk, encourage early mobilization and ensure adequate hydration

SCORE = 0 or 1 → **PATIENT LOW RISK FOR DVT**

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

SCORE = ≥ 2 → **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 <75x10⁹/L, be aware platelet monitoring will not always be available)

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

YES TO ANY RISK FACTOR?

NO

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

YES

MECHANICAL DVT PROPHYLAXIS

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

MAJOR RECONSTRUCTIVE ORTHOPAEDIC SURGERY PERFORMED?

YES

CONTINUE PHARMACOLOGICAL PROPHYLAXIS FOR 14 DAYS (OR UNTIL MOBILIZED IF > 14 DAYS)

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

NO

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

MONITOR PATIENT FOR CLINICAL SIGNS OF HEPARIN INDUCED THROMBOCYTOPENIA*

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