

VTE RISK STRATIFICATION

Low Risk	Intermediate – to – High Risk	Very High Risk																														
<ul style="list-style-type: none"> 0 risk factors (or expected LOS \leq 2 days), plus patient ambulatory, or Minor Surgery (same day or < 45 minutes OR time) 	Any VTE risk factor below.	<ul style="list-style-type: none"> Acute ischemic stroke Acute spinal cord injury Multiple major trauma Abdominal or pelvic surgery for cancer Orthopedic patients: elective hip or knee arthroplasty; hip, pelvic, or severe leg fracture 																														
<p>↓</p> <p>VTE RISK FACTORS</p>																																
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CONTRAINDICATIONS TO PHARMACOLOGIC VTE PROPHYLAXIS

ABSOLUTE	RELATIVE	Within
Spine surgery	Intracranial hemorrhage	1 year
Active hemorrhage	GI hemorrhage	1 month
Hemorrhage from severe trauma to head or spinal cord (< 1 month)	GU hemorrhage	1 month
	Craniotomy	2 weeks
	Intraocular surgery	2 weeks
	Epidural catheter insertion	12 hours
	Epidural catheter removal	4 hours
	Post-operative bleeding concerns	
	Active intracranial lesions/neoplasm	
	Hypertensive urgency/emergency	
	Thrombocytopenia (<50K) or falling platelet count	
	Coagulopathy (INR > 2, or PT > 18)	
	End stage liver disease	
	Other: _____	

Consider as Appropriate Prophylaxis Options (for each VTE risk level):

Very High Risk: Enoxaparin 40 mg SQ q 24, Enoxaparin 30 mg SQ BID, Fondaparinux 2.5 mg SQ q24, Warfarin with INR > 2, or any therapeutic anticoagulation

Intermediate-to-High Risk: Enoxaparin 40 mg SQ q 24, Heparin 5,000 units SQ q8, Heparin 7,500 units SQ q 12 hrs, or Heparin 5,000 units SQ q 12 (if age > 75 yrs), Fondaparinux 2.5 - 7.5 mg SQ q24, or any therapeutic anticoagulation

Low Risk (or Contraindications to Anticoagulation): documented ambulation q shift, Graduated Compression Stockings or TED hose, or Pneumatic/Bilateral Sequential Compression Devices

End Chart Abstract Form – Stop Here – Thank you