

**VTE Protocol Specs: Adult inpatients admitted, transferred between units, or post-op**

Institution: Emory Hospitals Format: Paper Scope: every non-orthopedic patient admitted or transferred to any service from any area including post-op Pages: 1<sup>st</sup> of two pages. Content/Use: any service has the freedom to staple this as an another page in pre-printed order sets, but is foremost encouraged to copy/paste the check box options into revisions of existing order sets while pasting the risk stratification/decision support on the back Formulary: one LMWH (Enoxaparin)



**Standardized VTE Risk Assessment**

Page 1 of 1

**DATE:** \_\_\_/\_\_\_/\_\_\_ **TIME:** \_\_\_\_\_

**VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS and Risk Stratification:**

--For decision support, see tables on reverse: "VTE Risk Stratification" and "Contraindications to Pharmacologic VTE Prophylaxis"--

**Medical & Surgical (Non-Orthopedic) patients**

- Enoxaparin (Lovenox) 40 mg SQ q 24 hr, or
  - Enoxaparin (Lovenox) 30mg SQ q 24 hr (CrCl < 30)
  - Heparin 5000 units SQ q 8 hr, or
  - Heparin 5000 units SQ q 12 hr (inadequate except for age > 75 yrs)
- } **Intermediate – to – High Risk**
- Ambulate q shift
- } **Low Risk**

**Special Situations**

Contraindication(s) to Pharmacologic VTE Prophylaxis (or as supplement to anticoagulation for higher risk patients)

- Graduated Compression Stockings, or
- Pneumatic / Sequential Compression Devices

Contraindication to Heparin-Based Pharmacologic VTE Prophylaxis

- Fondaparinux 2.5mg SQ q24 hr

Alternative prophylaxis

- Patient already on therapeutic anticoagulation
- No order for VTE prophylaxis requires reason here: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**This page printed upside-down on back of 1<sup>st</sup> page above**

**VTE RISK STRATIFICATION**

<b>Low Risk</b>	<b>Intermediate – to – High Risk</b>
<ul style="list-style-type: none"> <li>▪ <b>0 risk factors</b> (or expected LOS <math>\leq</math> 2 days), plus patient ambulatory, or</li> <li>▪ <b>Minor Surgery</b> (same day or &lt; 45 minutes OR time)</li> </ul>	Any VTE risk factor below.



**VTE RISK FACTORS**

<b>Patient Circumstances</b>	<b>Medical or Surgical Conditions</b>	
Age > 40 years	<u>CV</u> Myocardial Infarction (< 3months)	<u>ID</u> Sepsis
Hospitalization for <u>surgery</u> or <u>acute illness</u>	CHF (NYHA Class III or IV)	<u>Hemel/</u> Hypercoagulable state
Obesity (BMI > 30)	Venous stasis/ varicose veins	<u>Onc</u> Sickle cell disease
Immobility (confined to bed or chair)	<u>Pulm</u> Lung disease (acute or chronic)	Malignancy (active)
Previous ischemic stroke w/paresis	<u>Renal</u> Dehydration, severe (>10% weight)	Myeloproliferative disorder
Multiple major trauma*	Nephrotic syndrome	<u>Rheum</u> Rheumatologic disease (active)
Central venous catheter	<u>GI</u> Inflammatory bowel disease	<u>Ortho</u> Elective hip or knee arthroplasty*
History of DVT or PE	<u>Neuro</u> Acute ischemic stroke	Fractured hip, pelvis, femur, or leg
Family history DVT or PE (1 <sup>st</sup> deg relative)	Spinal cord injury*	<u>Gyn</u> Pregnancy or post-partum (<1month)
Recent major surgery ( $\leq$ 3 months)		Estrogen-based therapy (OCP, HRT)

Evidence: *Prevention of venous thromboembolism: the 7<sup>th</sup> ACCP Conference on Antithrombotic and Thrombolytic Therapy. Chest. 2004 Sep;126 (3 Suppl):338S-400S.*

**CONTRAINDICATIONS TO PHARMACOLOGIC VTE PROPHYLAXIS**

<b>ABSOLUTE</b>	<b>RELATIVE</b>	<b>Within</b>
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: _____	

**CONTRAINDICATIONS TO HEPARIN-BASED PHARMACOLOGIC VTE PROPHYLAXIS\***

<p><b>IMMUNE MEDIATED HEPARIN INDUCED THROMBOCYTOPENIA (HIT)</b></p> <p>For management of HIT, see “HIT Algorithm” and “Fondaparinux/Argatroban” order form (available online at MD Support)</p> <p>* Heparin-based pharmacologic prophylaxis = unfractionated heparin, or low molecular weight heparin (Enoxaparin)</p>
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