# ADULT VENOUS THROMBOEMBOLISM PROPHYLAXIS GUIDELINES

**Step 1:** Select the patient’s VTE risk category (low, moderate or high) and choose a prophylaxis regimen (All patients presumed to be at MODERATE Risk unless criteria for high or low risk are met)

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>DVT Risk Without Prophylaxis</th>
<th>Prophylaxis Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td><strong>&lt;10%</strong></td>
<td>No specific prophylaxis Early and aggressive ambulation</td>
</tr>
<tr>
<td></td>
<td>• Ambulatory patients with no additional risk factors • Ambulatory patients with expected length of stay &lt; 3 days • Same day /minor surgery patients</td>
<td></td>
</tr>
<tr>
<td>Moderate Risk</td>
<td><strong>10-40%</strong></td>
<td>Enoxaparin 40mg once daily(^\text{a}) Enoxaparin 40mg BID (BMI &gt;40) (^\text{#} ) UFH 5,000 units TID(^\text{#} ) Fondaparinux 2.5mg once daily(^*) If CrCl &lt; 30 ml/min UFH 5,000 units TID or BID if &lt; 50kg or &gt;75 yo Enoxaparin 30mg once daily</td>
</tr>
<tr>
<td>(Patient presumed to be at moderate risk if Low or High risk criteria not met)</td>
<td><strong>Examples</strong></td>
<td>Mechanical prophylaxis(^*) (Consider adding anticoagulant when no longer contraindicated)</td>
</tr>
<tr>
<td></td>
<td>• Most general, open gynecologic or urologic surgery patients • Medical patients, bed rest</td>
<td></td>
</tr>
<tr>
<td>Moderate VTE risk plus anticoagulation contraindication</td>
<td><strong>40-80%</strong></td>
<td>Enoxaparin 30mg BID(^#) Enoxaparin 40mg BID (BMI &gt;40)(^#) Fondaparinux 2.5mg once daily(^*) Warfarin (target INR 2-3) If CrCl &lt; 30 ml/min UFH 5,000 units TID Enoxaparin 30mg once daily</td>
</tr>
<tr>
<td>High Risk</td>
<td><strong>40-80%</strong></td>
<td>Extended Duration Prophylaxis:</td>
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<tr>
<td></td>
<td>• Hip, pelvic or severe lower extremity fractures • Lower extremity arthroplasty • Major trauma (lower extremity, head, fractures, face, chest abdomen) • Acute spinal cord injury • Paraplegia • Abdominal/pelvic surgery for cancer</td>
<td></td>
</tr>
<tr>
<td>High VTE risk plus anticoagulation contraindication</td>
<td></td>
<td>Mechanical prophylaxis(^*) (Consider adding anticoagulant when no longer contraindicated)</td>
</tr>
</tbody>
</table>

\(^*\)Caution: When epidural or spinal anesthesia or spinal puncture is employed, patients anticoagulated for DVT prophylaxis are at risk of developing an epidural or spinal hematoma which can result in long-term or permanent paralysis. See guidelines titled “Epidural Co-administration with anticoagulants posted to the anticoagulation section of the Clinical Intranet for recommendations.

\(^#\) Use caution in CrCl < 50 mL/min, contraindicated in CrCl <30 mL/min

UHS Anticoagulation Safety Committee
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Step 2: Assess the presence of contraindications for pharmacologic anticoagulation

### Possible Contraindications for Anticoagulation

- General surgery w/ in 24 hrs
- Already receiving IV heparin or other anticoagulant
- Thrombocytopenia < 50,000
- Active hemorrhage from wounds, drains, or lesions
- Recent intraocular, intracranial or spinal surgery
- Multiple trauma with bleeding risk
- Suspected Intracranial Hemorrhage
- Bleeding Risk
- Bleeding Risk-End-stage liver disease, liver surgery, major abdominal surgery
- Comfort Care
- Hypertensive Crisis
- Hemophilia

Step 3: Assess the presence of contraindications for SCDs

### Possible Contraindications for SCDs

- Edema of the legs greater than 3+
- Pulmonary Edema
- Local condition which may be worsened by a compression sleeve
- Severe peripheral vascular disease

### DVT/PE Risk Factors

- Surgery
- Trauma
- Immobility, lower extremity paresis
- Cancer
- Cancer therapy
- Venous compression
- Previous VTE
- Increased Age
- Pregnancy/postpartum period
- Estrogen-containing oral contraceptives
- Hormone replacement therapy
- Selective estrogen receptor modulators
- Erythropoiesis-stimulating agents
- Acute medical illness
- Inflammatory bowel disease
- Nephrotic syndrome
- Myeloproliferative disorders
- Paroxysmal nocturnal hemoglobinuria
- Obesity
- Central venous catheterization
- Inherited or acquired thrombophilia

References: