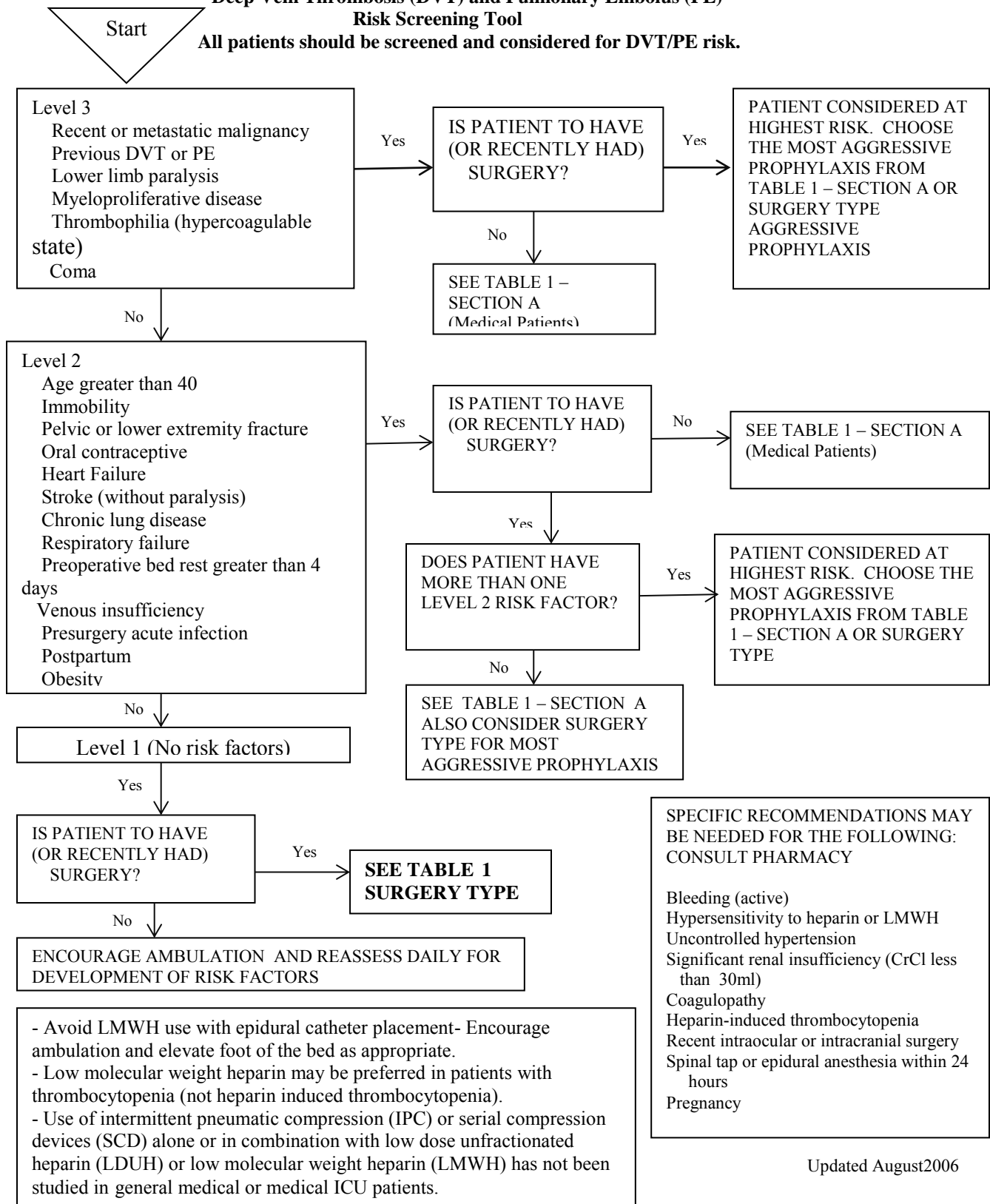




West Virginia University Hospitals

Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE) Risk Screening Tool

All patients should be screened and considered for DVT/PE risk.



Updated August 2006

LMWH=low molecular weight heparin UH=unfractionated heparin LDUH=low dose unfractionated heparin
IPC=intermittent pneumatic compression GCS=graduated compression stocking PID=post-injury day

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Deep Vein Thrombosis and Pulmonary Embolus (DVT/PE) Prophylaxis
Risk Table and Recommendations

Risk Table and Recommendations		
Section A - Medical Condition	Agent/Method	Dose and Duration–See chart below for enoxaparin renal dosage adjustment.
Medical patients with level 3 risk factors or greater than one level 2 risk factor	LMWH LDUH IV heparin	Enoxaparin 40mg subcutaneously daily LDUH 5000 units subcutaneously every 8 hours Consider full anticoagulation – use heparin protocol
Medical patients with one level 2 risk factor	LDUH LMWH	LDUH 5000 units subcutaneously every 8 hours Enoxaparin 40mg subcutaneously daily
Acute Myocardial Infarction	LDUH IV heparin or LMWH	LDUH 5000 units subcutaneously every 8 hours (IV heparin or subcutaneous LMWH if needed for acute myocardial infarction management)
Ischemic stroke	LDUH LMWH GCS or GCS + IPC if contraindication to anticoagulation	LDUH 5000 units subcutaneously every 8 hours Enoxaparin 40mg subcutaneously daily GCS or GCS + IPC if contraindication to anticoagulation
Central lines for chemotherapy	New guidelines do not support use of prophylaxis to prevent thrombosis in patients with central venous catheters.	
Pregnancy – Multiple variables exist. Contact high risk obstetrics or see Ruby Online. Click on Reference Tools, Physician, DVT Prophylaxis Risk Table and Recommendations.		

Surgery Type		
Trauma – Refer to separate guidelines found on Ruby Online. Click on Departments, Trauma Services, Treatment Guidelines, DVT prophylaxis.		
Orthopaedic (Total hip arthroplasty, total knee arthroplasty, hip fracture) *** Extended prophylaxis 28-35 days for THA and Hip fracture surgery recommended.	LMWH or Warfarin (inpt or outpt) or Pentasaccharide(in pt)	Enoxaparin 40mg sub-q daily or enoxaparin 30mg sub-qy every 12 hours Initiate 5mg daily for 3 days; INR daily and adjust to goal INR 2-3 for 6 weeks Fondaparinux 2.5mg subcutaneously daily for 3-4 weeks with mobility, 5 weeks if slow or no mobility (avoid if CrCl less than 30ml/min)
Ortho with risk factors (level 3 or level 2)	LMWH/IPC's	Enoxaparin 30mg subcutaneously every 12 hours for duration of immobility; start within 48 hours of admission
Spinal Cord Injury or multiple trauma with head injury	LMWH +/- IPC's	(Only after hemostasis is evident). New guidelines recommend against use of IVCF as primary prophylaxis.
Oncologic Surgery Extended prophylaxis recommended for 3wks.	LMWH (see also medical risk)	Enoxaparin 30mg subcutaneously every 12 hours start pre-op for duration of immobility
Bariatric Surgery	LMWH	Enoxaparin 40mg subcutaneously q12h started 8-12 hours post-op for duration of immobility. (May start LDUH 5000 units subcutaneously or LMWH pre-op if no epidural catheter to be used)
Genitourinary/Gynecological Surgery - If no risk factors (see algorithm on reverse), > or = to 30 minutes and for benign disease or low risk urologic procedure recommend early and persistent ambulation.	LMWH LDUH Combination therapy	Enoxaparin 40mg subcutaneously daily for duration of immobility LDUH 5000 units subcutaneously every 8 hours for duration of immobility IPC with LDUH or LMWH until discharge
Vascular – (for patients with additional risk factors)	LDUH LMWH IV heparin	LDUH 5,000 units subcutaneously every 8 hours for duration of immobility Enoxaparin 40mg daily subcutaneously Full anticoagulation dose – use heparin protocol
General/Abdominal Surgery W/o risk factors (see algorithm on reverse) Consider IPC if high risk for bleeding.	LDUH +/- IPC LMWH	LDUH 5,000 units subcutaneously every 8 hrs start pre-op or 1-4 hours post-op Enoxaparin 40mg daily subcutaneously
Neurosurgical	LDUH LMWH IPC +/- GCS	LDUH 5,000 units subcutaneously every 12 hours (PID 5 and stable) for duration of immobility Enoxaparin 40mg daily subcutaneously alone or in addition to LDUH

Avoid LMWH use with epidural catheter placement. Enoxaparin dosage should be adjusted for renal impairment. See chart

Dosage Regimens for Patients with Severe Renal Impairment (creatinine clearance <30mL/minute) – Best to Avoid

Indication	Dosage Regimen
Prophylaxis in abdominal surgery	30 mg subcutaneously daily
Prophylaxis in hip or knee replacement surgery	30 mg subcutaneously daily
Prophylaxis in medical patients during acute illness	30 mg subcutaneously daily
Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction, when concurrently administered with aspirin	1 mg/kg subcutaneously daily
Inpatient treatment of acute deep vein thrombosis with or without pulmonary embolism, when administered in conjunction with warfarin sodium	1 mg/kg subcutaneously daily