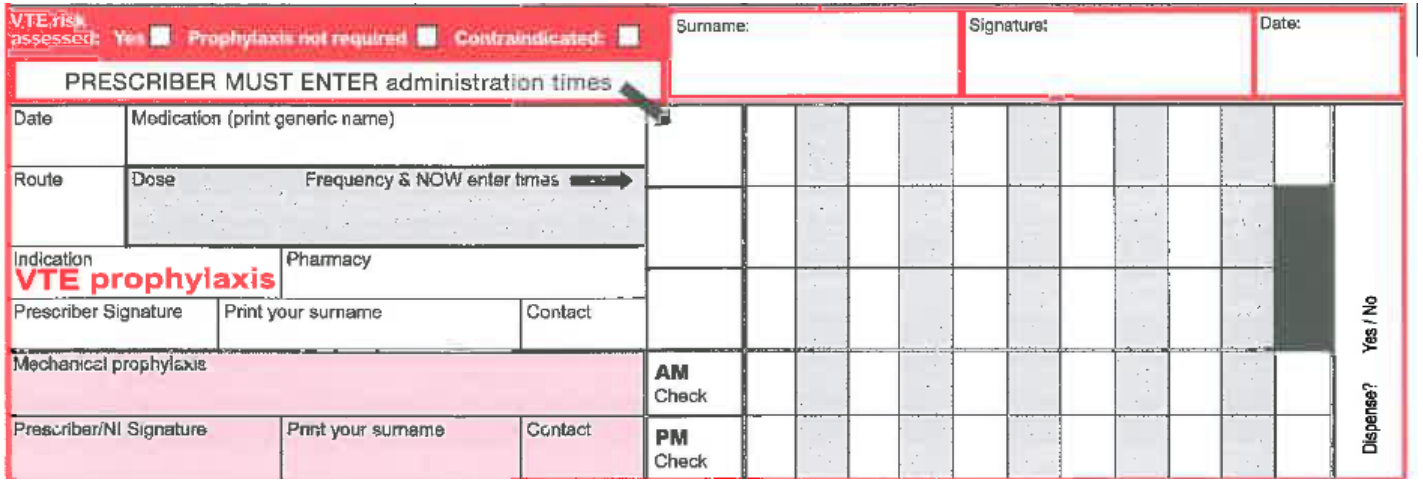
VTE is a major cause of death in Australia

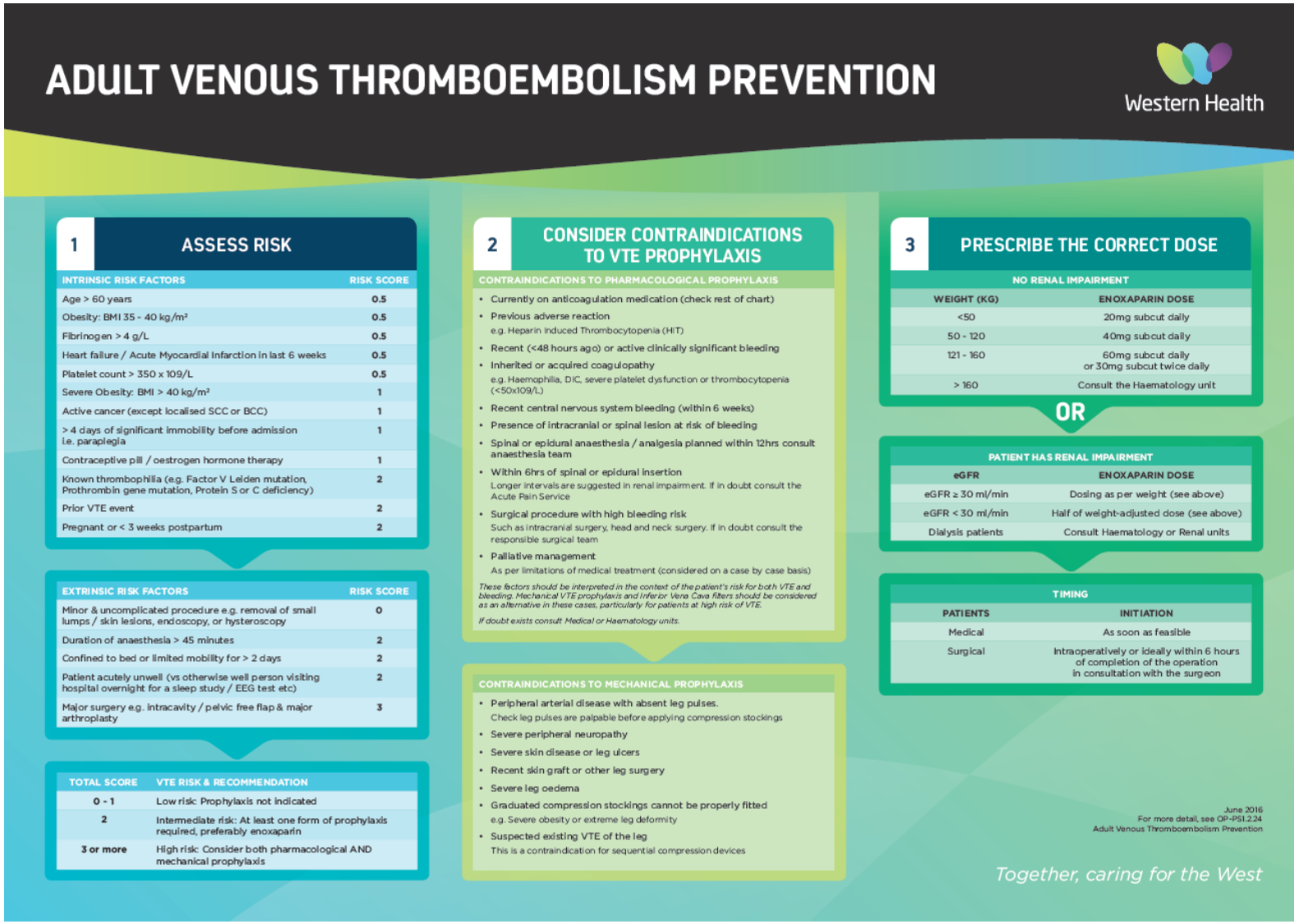
- it causes more deaths than bowel Ca, breast Ca and car accidents

All patients must have the VTE prophylaxis section of the medication chart completed



Have you assessed your patient's VTE risk and prescribed appropriate prevention?

Look out for the new VTE prevention poster around the wards



ADULT VENOUS THROMBOEMBOLISM PREVENTION

Western Health

1 ASSESS RISK

INTRINSIC RISK FACTORS	RISK SCORE
Age > 60 years	0.5
Obesity: BMI 35 - 40 kg/m²	0.5
Fibrinogen > 4 g/L	0.5
Heart failure / Acute Myocardial Infarction in last 6 weeks	0.5
Platelet count > 350 x 109/L	0.5
Severe Obesity: BMI > 40 kg/m²	1
Active cancer (except localised SCC or BCC)	1
> 4 days of significant immobility before admission i.e. paraplegia	1
Contraceptive pill / oestrogen hormone therapy	1
Known thrombophilia (e.g. Factor V Leiden mutation, Prothrombin gene mutation, Protein S or C deficiency)	2
Prior VTE event	2
Pregnant or < 3 weeks postpartum	2

EXTRINSIC RISK FACTORS	RISK SCORE
Minor & uncomplicated procedure e.g. removal of small lumps / skin lesions, endoscopy, or hysteroscopy	0
Duration of anaesthesia > 45 minutes	2
Confined to bed or limited mobility for > 2 days	2
Patient acutely unwell (vs otherwise well person visiting hospital overnight for a sleep study / EEG test etc)	2
Major surgery e.g. intracavity / pelvic free flap & major arthroplasty	3

TOTAL SCORE	VTE RISK & RECOMMENDATION
0 - 1	Low risk: Prophylaxis not indicated
2	Intermediate risk: At least one form of prophylaxis required, preferably enoxaparin
3 or more	High risk: Consider both pharmacological AND mechanical prophylaxis

2 CONSIDER CONTRAINDICATIONS TO VTE PROPHYLAXIS

CONTRAINDICATIONS TO PHARMACOLOGICAL PROPHYLAXIS

- Currently on anticoagulation medication (check rest of chart)
- Previous adverse reaction
  e.g. Heparin Induced Thrombocytopenia (HIT)
- Recent (<48 hours ago) or active clinically significant bleeding
- Inherited or acquired coagulopathy
  e.g. Haemophilia, DIC, severe platelet dysfunction or thrombocytopenia (<50x109/L)
- Recent central nervous system bleeding (within 6 weeks)
- Presence of intracranial or spinal lesion at risk of bleeding
- Spinal or epidural anaesthesia / analgesia planned within 12hrs consult anaesthesia team
- Within 6hrs of spinal or epidural insertion
  Longer intervals are suggested in renal impairment. If in doubt consult the Acute Pain Service
- Surgical procedure with high bleeding risk
  Such as intracranial surgery, head and neck surgery. If in doubt consult the responsible surgical team
- Palliative management
  As per limitations of medical treatment (considered on a case by case basis)

These factors should be interpreted in the context of the patient's risk for both VTE and bleeding. Mechanical VTE prophylaxis and Inferior Vena Cava filters should be considered as an alternative in these cases, particularly for patients at high risk of VTE.

If doubt exists consult Medical or Haematology units.

CONTRAINDICATIONS TO MECHANICAL PROPHYLAXIS

- Peripheral arterial disease with absent leg pulses.
  Check leg pulses are palpable before applying compression stockings
- Severe peripheral neuropathy
- Severe skin disease or leg ulcers
- Recent skin graft or other leg surgery
- Severe leg oedema
- Graduated compression stockings cannot be properly fitted
  e.g. Severe obesity or extreme leg deformity
- Suspected existing VTE of the leg
  This is a contraindication for sequential compression devices

3 PRESCRIBE THE CORRECT DOSE

NO RENAL IMPAIRMENT

WEIGHT (KG)	ENOXAPARIN DOSE
<50	20mg subcut daily
50 - 120	40mg subcut daily
121 - 160	60mg subcut daily or 30mg subcut twice daily
> 160	Consult the Haematology unit

OR

PATIENT HAS RENAL IMPAIRMENT

eGFR	ENOXAPARIN DOSE
eGFR ≥ 30 ml/min	Dosing as per weight (see above)
eGFR < 30 ml/min	Half of weight-adjusted dose (see above)
Dialysis patients	Consult Haematology or Renal units

TIMING

PATIENTS	INITIATION
Medical	As soon as feasible
Surgical	Intraoperatively or ideally within 6 hours of completion of the operation in consultation with the surgeon

June 2016
For more detail, see OP-PS1.2.24
Adult Venous Thromboembolism Prevention

Together, caring for the West