

## PREVENTION OF VENOUS THROMBOEMBOLISM (VTE) SHOULD BE CONSIDERED FOR ALL PATIENTS ADMITTED TO ACUTE CARE

### STEP 1: Is thromboprophylaxis NOT INDICATED?

#### Reasons

- Patient fully mobile
- Length of stay of 1-2 days



#### Actions

- No routine prophylaxis
- Reassess daily

### STEP 2: Is anticoagulant thromboprophylaxis CONTRAINDICATED?

#### Reasons

- Active bleeding
- High risk of bleeding



#### Actions

- Bilateral TED stockings
- Reassess daily

### STEP 3: PROVIDE THROMBOPROPHYLAXIS

For almost all patients, the recommended thromboprophylaxis is: enoxaparin (Lovenox®) 40 mg SC once daily\*

#### \*Exceptions

- reduce dose to 30 mg SC once daily for weight < 40 kg or CrCl < 30 mL/min
- for patients with epidural catheters, give the dose qAM to facilitate catheter removal
- for selected patients (e.g. high risk trauma, obesity), enoxaparin 30 mg to 40 mg SC **BID** should be considered

#### Risk Factors for VTE

- |                                   |  |
|-----------------------------------|--|
| • Major surgery                   | • Previous history of VTE                              |
| • Trauma or leg injury            | • Family history of VTE                                |
| • Active cancer and its treatment | • Central venous catheter                              |
| • Hypercoagulable states          | • Pregnancy, postpartum                                |
| • Immobilization, bedrest         | • Birth control pill, estrogen use replacement therapy |
| • Acute medical illness           | • Severe obesity                                       |
| • Stroke                          | • Increasing age                                       |
| • Heart failure                   |  |



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