

## APPENDIX A: PREVENTION OF VENOUS THROMBOEMBOLISM GUIDELINES

RISK GROUP	PROPHYLACTIC MEASURES
<b>TRAUMA PATIENTS</b>	
<ul style="list-style-type: none"> <li>Emergency trauma surgical procedures in patients with prohibitive risk of bleeding, or ongoing coagulopathy</li> <li>Emergency trauma surgical procedures in all patients, except patient with prohibitive risk of bleeding (once coagulopathy not present)</li> <li>Isolated major orthopedic surgery of extremities, spine, and pelvis</li> </ul>	<ul style="list-style-type: none"> <li>SCD (sequential compression device) until able to be anticoagulated (ideally start Lovenox within 12 hours of cessation of coagulopathy); see IVC filter and Duplex screening sections below.</li> <li>SCD (unless contraindicated by injury) + Lovenox 30 mg SC BID or 40mg SC QD; alternatively Heparin 5000 U SC q 8 hours</li> <li>SCD (unless contraindicated by injury) + Lovenox 30 mg SC BID</li> </ul>
<b>IVC FILTER PLACEMENT</b>	
<p>Patients with:</p> <ol style="list-style-type: none"> <li>Recurrent PE despite full anticoagulation</li> <li>Proximal DVT and contraindications for full anticoagulation</li> <li>Proximal DVT and major bleeding while on full anticoagulation</li> <li>Progression of iliofemoral clot despite anticoagulation</li> </ol> <p>Patients with established DVT or PE and:</p> <ol style="list-style-type: none"> <li>Large free-floating thrombus in the iliac vein or IVC</li> <li>Following massive PE in which recurrent emboli may prove fatal</li> <li>During/after surgical embolectomy</li> </ol> <p>Very High Risk Patients: those who cannot receive anticoagulation because of increased bleeding risk and :</p> <ol style="list-style-type: none"> <li>Severe closed head injury (GCS&lt;8)</li> <li>Incomplete spinal cord injury with paraplegia or quadriplegia</li> <li>Complex pelvic fractures with associated long-bone fractures</li> <li>Multiple long-bone fractures</li> </ol>	<ul style="list-style-type: none"> <li>Placement of retrievable IVC filter (RIVCF)</li> <li><b>Document if the IVCF is retrievable or not, manufacturer, brand, MRI compatibility, serial number, lot number and exact location</b> in record and TMDS; PE may still occur despite IVC filter</li> <li>“Extended” indications for placement of IVC filter for patients with established DVT or PE</li> <li>Consideration of placement of prophylactic placement of IVC filter.</li> </ul>
<b>ROLE OF DUPLEX SCREENING</b>	
<ul style="list-style-type: none"> <li>Asymptomatic patients</li> <li>Symptomatic patients</li> </ul>	<ul style="list-style-type: none"> <li>Serial duplex ultrasound imaging of high-risk patients is not recommended.</li> <li>Duplex ultrasound may be used without confirmatory venography.</li> </ul>
<b>GENERAL, VASCULAR, UROLOGIC SURGERY</b>	
<b>LOW RISK:</b>	
Minor procedure in patients < 40 years, no risk factors	Early mobilization
<b>MODERATE RISK:</b>	
<ul style="list-style-type: none"> <li>Minor procedure with additional risk factors for thrombosis;</li> <li>Non major surgery in patients 40-60 years, with no additional risk factors;</li> <li>Major surgery in patients &lt; 40 years with no additional risk factors)</li> </ul>	<ul style="list-style-type: none"> <li>SCD + Unfractionated Heparin 5000 units SCq 8 hours or Lovenox 40 mg SC QD</li> <li>Chemical DVT prophylaxis is withheld in patients with high risk of bleeding.</li> </ul>

RISK GROUP	PROPHYLACTIC MEASURES
<b>HIGH RISK:</b>	
<ul style="list-style-type: none"> <li>Non major surgery in patients &gt; 60 years or have additional risk factors;</li> <li>Major surgery in patients &gt; 40 years or have additional risk factors</li> </ul>	<ul style="list-style-type: none"> <li>SCD + Unfractionated Heparin 5000 units SC q 8 hours or Lovenox 40 mg SC QD</li> <li>Chemical DVT prophylaxis is withheld in patients with high risk of bleeding.</li> </ul>
<b>NEUROSURGERY</b>	
<ul style="list-style-type: none"> <li>Intracranial neurosurgical procedures</li> <li>High Risk neurosurgery patients</li> </ul>	<ul style="list-style-type: none"> <li>SCD</li> <li>SCD</li> <li>Chemical DVT prophylaxis following stable CT scan in consultation with neurosurgeon</li> </ul>