SAUDI ASSOCIATION FOR VENOUS THROMBOEMBOLISM
الجمعية السعودية للجلطات الوريدية

VENOUS THROMBOEMBOLISM PROPHYLAXIS ADMISSION ORDER

FILL IN FOR ALL ADMITTED ADULTS PATIENTS
Refer to the summary of guidelines at the back →

☐ Obtain PT, PTT, CBC, Renal Profile if not ordered within last 24 hours

☐ No prophylaxis indicated (Check at the back guidelines for VTE risk stratification →)

☐ Graduated Compression Stockings (GCS) using proper size

☐ Intermittent pneumatic compression (IPC) (Used alone If there is a high risk of bleeding)

(if the patient was immobile > 72 hours without DVT prophylaxis, Doppler ultrasound is needed before starting IPC)

☐ **Heparin** 5000 units sub cut ☐ q8 hours ☐ q12 hours starting time . . . . . hours

OR

☐ **Enoxaparin**

- Dose
  - ☐ 40 mg sub cut q24 hours
  - ☐ 30 mg sub cut q12 hours (in high risk patients)
  - ☐ Other …… (dose needs adjustment in renal failure)
- Starting time

(Suggested starting time: For patients with no invasive procedures and no risk of significant bleeding – start ASAP. For post- operative patient with no risk of significant bleeding – start 6 – 12 hours post operatively. For patients post-ATRAUMATIC spinal anesthesia, epidural catheter placement on lumbar puncture – start after 2 hours. However, in case of traumatic procedure it is recommended to wait 8 hours before starting Enoxaparin).

☐ **Warfarin**

- Dose …… mg p.o. at …….. hours once a day
- Subsequent doses to be given by separate orders as per advice of hematologist
- Daily PT/INR until the patient enters the targeted INR

☐ **Fondaparinux** * (restricted for orthopedic patients mainly)

- ☐ 2.5 mg q24 hours sub cut
- ☐ Other …… (* dose needs adjustment in renal failure)
- Starting time
  - ☐ 6 hours after surgery
  - ☐ Other ……

☐ Hold anticoagulant for …… hours pre-operatively.

(N.B. In epidural anesthesia/analgesia, needle insertion should be delayed at least 8 -12 hours after the subcutaneous dose of LDUH or the twice-daily prophylactic dose of LMWH, or least 18 hours after a once daily LMWH injection.)

☐ **Extended prophylaxis as outpatient**: ☐ **YES** ☐ **NO**

PHYSICIAN'S NAME	BADGE#	SIGNATURE	DATE	TIME

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GUIDELINES SUMMARY FOR ADULTS VENOUS THROMBOEMBOLISM (VTE) PHOPHYLAXIS

CATEGORIES	VTE-RISK LEVEL	RECOMMENDATIONS
GENERAL SURGERY	***Low Risk*** (Minor procedures, ≤40 years old, **AND** have not other risk factors for VTE)	Early ambulation
	Moderate Risk 1. Non- major surgery, age 40-60 with additional VTE risk factor 2. Major Surgery, age < 40 and no additional risk factor	LDUH q12 hours **OR** enoxaparin q day
	Higher Risk 1. Non- major surgery, > 60 years old **OR** have additional risk factors 2. Major Surgery, > 40 **OR** have additional risk factors	LDUH q8 hours **OR** enoxaparin q12 day
	High Risk (Multiple risk factors)	1. Combined pharmacologic (LDUH q8 hours or enoxaparin q12 hours)**AND** mechanical (GCS or IPC) phophylaxis 2. Consider post discharge enoxaparin
	Patient with High Risk of Bleeding	GCS or IPC until bleeding risk decreases
VASCULAR	***No Additional Risk Factor***	Prophylaxis is not recommended
	Additional Risk Factor	LDUH q8 hours or LMWH q24 hours
GYNECOLOGICAL	***Low Risk*** (Brief procedures ≤ 30 minutes for benign disorders)	Early ambulation
	Laparoscopic Gynecologic Procedures (With additional risk factors) ***Moderate Risk*** (Major procedures for benign disorders without additional risk factor) ***High Risk*** (Extensive procedures for malignancy)	LDUH, LMWH, IPC, **OR** GCS **Primary:** LDUH q12 hours **Alternative:** Once daily enoxaparin 40 mg QD **OR** IPC starting before surgery and continue until the patient is ambulating 1. LDUH every 8 hours **OR** enoxaparin q 12 hours 2. Post discharge prophylaxis for 2-4 weeks
LAPAROSCOPIC SURGERY	No VTE Risk Factors	Early ambulation
	VTE Risk Factors	LDUH, LMWH, IPC, **OR** GCS
UROLOGICAL	***Low Risk*** (Trans urethral or other minor procedures)	Early ambulation
	Moderate Risk (Major open procedures)	**Primary:** LDUH q8 - 12 hours **Alternatives:** IPC **AND/OR** GCS OR LMWH
	High Risk (Multiple VTE risk factors)	Combined pharmacologic (LDUH or LMWH) **AND** mechanical (ES or IPC) phophylaxis
MAJOR ORTHOPEDIC SURGERY	**Elective Hip Replacement**	1. Fondaparinux **OR** 2. LMWH **OR** 3. Adjusted dose warfarin
	Elective Knee Replacement **Hip Fracture Surgery**	Post-discharge extended prophylaxis
	Elective Spine No Risk Factors	Early Ambulation
	Surgery Additional Risk Factors	LDUH, LMWH, **OR** IPC
NEUROSURGERY, TRAUMA, ACUTE SPINAL CORD INJURY	**Neurosurgery** Mild-to-Moderate Risk	**Primary:** IPC ± GCS **Alternative:** LDUH or postoperative LMWH
	High Risk (Multiple VTE risk factors)	Combined mechanical (GCS or IPC) **AND** pharmalogic (LMWH or LDUH) prophylaxis
	Trauma	**Primary:** LMWH **Alternative:** Initial mechanical modality (GCS and/or IPC) followed by LMWH
	Acute SCI	**Primary:** LMWH **Alternative:** GCS AND IPC followed ASAP by LMWH or LDUH if there is an initial contraindication to LMWH
	Burns	LDUH **OR** LMWH
Medical conditions	**Acutely ill Medical Patients** No contraindication for thromboprophylaxis	LDUH **OR** LMWH
	With contraindication for thromboprophylaxis	GCS **OR** IPC

LDUH: Low Dose Unfractionated Heparin (Dose 5000 u sub cut every 8-12 hours), **LMWH:** Low Molecular Weight Heparin (Enoxaparin standard dose 40 mg sub cut q24h, dose for high risk patients: 30 mg q12 hours), **IPC:** Intermittent Pneumatic Compression Devie, GCS: Graduated Compression Stockings. **Risk Factors of VTE include but not limited to:** Surgery, Trauma (Major or lower extremity), Immobility, Paresis, Malignancy, Cancer Theraphy (Hormonal, Chemotheraphy, or Radiotherapy), Previous VTE, Increasing Age, Pregnancy and the Postpartum Period, Estrogen-containing oral contraception or Hormone replacement theraphy, Selective estrogen receptor modulators, Acute medical illness, Heart or Respiratory Failure, Inflammatory Bowel Disease, Myeloproliferative Disorders, Paroxysmal Nocturnal Hemoglobinuria, Obesity, Smoking, Varicose Veins, Central Venous Catheterization, Inherited or Acquired Thrombophilia.