VTE PREVENTION

CLINICAL GUIDELINE: Post Op Non-Orthopedic VTE Prophylaxis MARCH 2016

Triad HealthCare Network and Cone Health partners have worked to gather and share evidence based guidelines to improve the prevention of VTE. This document is intended to support providers in decision making for post procedure prophylaxis for non-orthopedic surgical patients 18 and over.

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1. The injectable pharmacologic VTE prophylaxis post op preference is currently **enoxaparin (LMWH)** over UFH. This choice results in:
   - Fewer injections for the patient / day (less admin refusals)
   - Drug expense reduction for patient & health system over UFH tid
   - Pharmacy will monitor and advise if enoxaparin dose ordered should be adjusted for renal function.
2. Optimum timing for first post-operative prophylaxis dose is 12-24 hours based on procedural bleeding risk.
3. Calculating a Caprini VTE risk score[2] may help with risk stratification to determine if compression devices are also warranted in combination with LMWH or if prophylaxis should continue after discharge.
   - Some surgeons ask the patient to help gather the risk information during their pre-op visit.

These guidelines apply to common clinical circumstances and may not be appropriate for certain patients and situations. The treating clinician must use judgement in applying guidelines to the care of individual patients.

Reference:

1. Bahl, V., DMD, MPP; Hu, H., PhD; Henke, P. K., MD; Wakefield, T. W., MD; Campbell, D. A. Jr., MD; & Caprini, J. A., MD. (2010). A Validation Study of a Retrospective Venous Thromboembolism Risk Scoring Method. *Annals of Surgery, 251(2)*(February), 344-350. doi:10.1097/SLA.0b013e3181b7fca6
2. On-Line tools: http://venousdisease.com/caprini-dvt-risk-assessment/

Triad HealthCare Network
Physicians Partnering with Cone Health

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