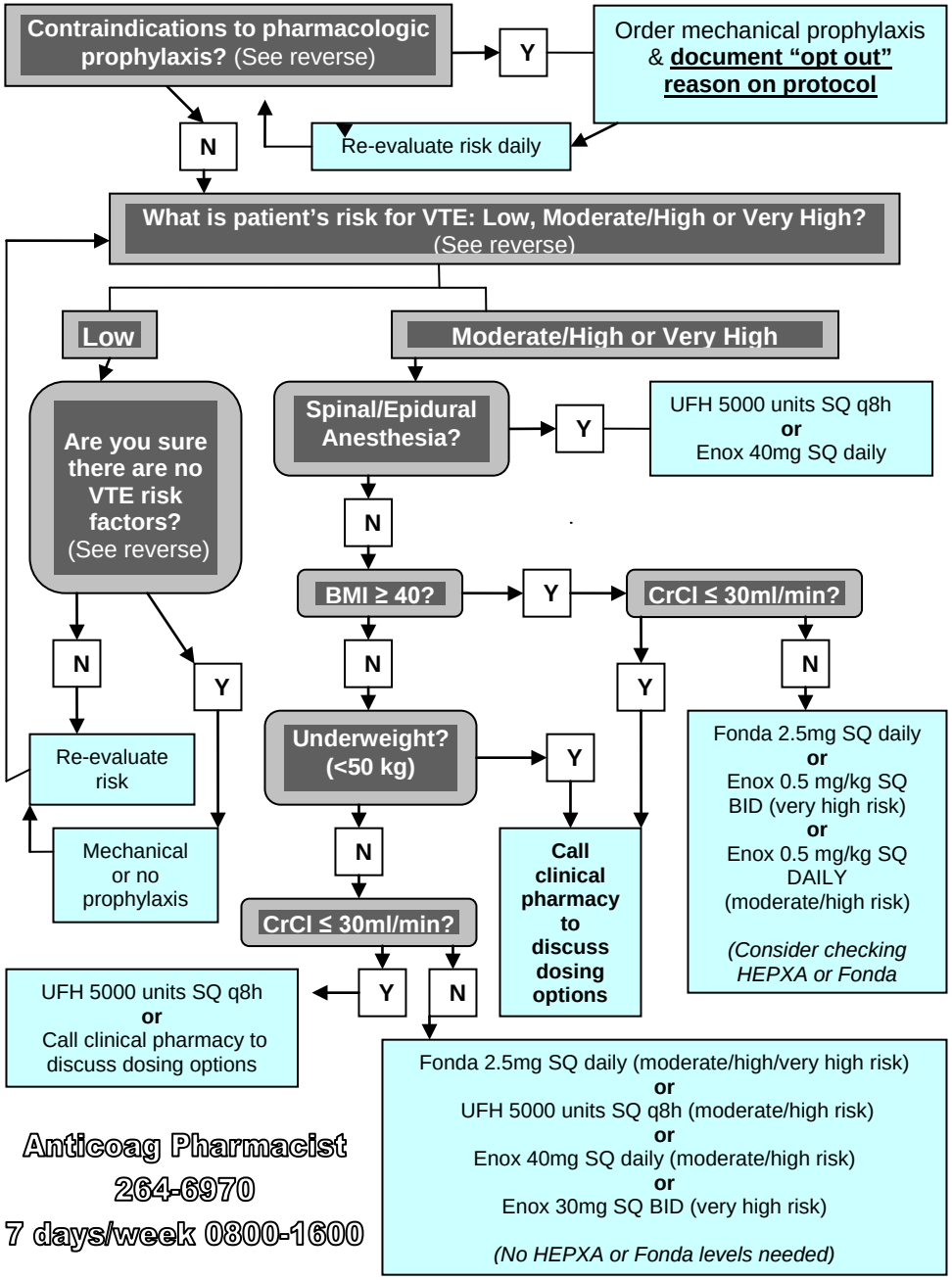
VTE Prophylaxis



Anticoag Pharmacist
264-6970
7 days/week 0800-1600

***UFH= unfractionated heparin**

UNM HOSPITALS

(Call Allison Burnett, PharmD with questions 306-8987)

Other resources:
1) Call your area PCAP
2) anticoagulant dosing guideline on pharmacy webpage
https://hospitals.health.unm.edu/intranet/pharmacy/documents/anticoagulantdosingguideline

Potential Contraindication to VTE Prophylaxis
(INCLUDING BUT NOT LIMITED TO)

Absolute	Relative	Other
• Active hemorrhage • Recent acute major trauma • Spine or intracranial surgery in last 72 hrs • Thrombolytics w/in last 24 hrs	• ICH in last 12 mos. • Craniotomy in last 2 weeks • Intra-ocular surgery in last 2 weeks • GI/GU bleed in last 30 days • PLT <50K or coagulopathy • End-stage liver disease • Active intracranial neoplasm • Hypertensive emergency • Post-op bleeding concerns	• Immune-mediated HIT • Recent arteriotomy • Anticipated admission <48 hrs

The risk vs benefit of VTE prophylaxis must be considered in each patient. Contraindications must be interpreted with caution and analyzed on a case-by-case basis. For example, if a patient has minor bleeding, but their risk of VTE is exponentially greater, it may be advisable to implement pharmacologic VTE prophylaxis with UFH which has a short half-life and is reversible. Conversely, if a patient's bleeding risk is deemed to be greater than clotting risk, mechanical methods may be a better option. Call anticoagulation pharmacist to discuss if you have questions or are unsure (264-6970)

Potential risk factors for VTE
(INCLUDING BUT NOT LIMITED TO)

Acute medical illness
Age > 50 yrs
Anesthesia
Central venous catheter
Dehydration
Diabetes
Erythropoesis-stimulating agents
Estrogen-based contraceptives
Heart failure
History of VTE (family or patient)
Hormone replacement
Hypertension
Immobility
Inflammatory bowel disease
Lung disease (acute or chronic)
Malignancy
MI
Myeloproliferative disorder
Nephrotic syndrome
Obesity
Pregnancy
Post-partum
Rheumatic disease
Sepsis
Sickle cell disease
Spinal cord injury
Stroke
Surgery (moderate to major)
Thrombophilia (eg- FVL, Prot C def)
Trauma
Vasculitis
Varicose veins
Venous access

Risk Level

Low: (<10% of our patients) ambulating as much as they would at home and have none of the VTE risk factors listed above

Moderate/high: (most of our patients) all patients not at low or very high risk

Very high risk: hip/knee arthroplasty, hip fracture, trauma, spinal cord injury