ED OBSERVATION UNIT: DVT Prophylaxis Protocol NYC H+H KINGS COUNTY HOSPITAL CENTER

INCLUSION CRITERIA

• All adult patients placed on observation

APPENDIX A. THROMBOSIS RISK ASSESSMENT¹

Choose all that apply.

Risk Factors: 1 point each	Risk Factors: 2 points each	Risk Factors: 3 points each
 Age ≥ 70 Heart and/or respiratory failure Acute MI and/or ischemic stroke Acute infection and/or rheumatologic disorder Obesity (BMI ≥ 30) Ongoing Hormonal treatment 	□ Recent (≤1 month) trauma and/o surgery	 □ Active cancer □ Previous VTE* □ Reduced mobility □ Known thrombophilic condition
Subtotal:	Subtotal:	Subtotal:
Total:		

^{*}excludes superficial vein thrombosis

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APPENDIX B. Bleed RISK ASSESSMENT²

Please note: all bleeding contraindications are RELATIVE, not absolute, except as noted

Contraindications to Pharmacological	Contraindications to Mechanical
Prophylaxis	Prophylaxis
 □ Bleeding in 3 months before admission □ Active gastroduodenal ulcer □ Platelet count < 50,000/mm □ Hepatic failure (INR >1.5) □ At high risk for bleeding according to clinical judgment □ Receiving therapeutic anticoagulation 	 Severe peripheral vascular disease Acute DVT Severe lower extremity ulcers Heart failure

Recommendations			
 Score ≥ 4 (appendix A) and not at increased risk of bleeding (appendix B): Pharmacologic Prophylaxis Weight-based LMWH according to hospital guidelines if no other contraindication* 			
 Score ≥ 4 (appendix A) and at increased risk of bleeding (appendix B): Mechanical Prophylaxis Intermittent pneumatic compression (IPC) 			
□ Score ≤ 3 (appendix A): No prophylaxis, encourage ambulation			

*if history of heparin-induced thrombocytopenia, avoid LMWH or heparin products, consider fondaparinux

Sources

1. Kahn SR, Lim W, Dunn AS, et al. Prevention of VTE in nonsurgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest.* 2012;141(2 Suppl):e195S - e226S.

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2. Decousus H, Tapson VF, Bergmann J-F, et al. Factors at admission associated with bleeding risk in medical patients: findings from the IMPROVE investigators. *Chest*. 2011;139(1):69-79.