Thromboprophylaxis Guidelines

All patients should be risk assessed for VTE according to local guidelines. In general:-

- ALL lower limb/pelvic/abdo/chest/spine/head admissions should receive antiembolism stockings unless contra-indicated. These should be applied certainly to the "good" leg(s) and to the "bad" leg if the injuries permit this to be done safely.
- ALL lower limb/pelvic/abdo/chest admissions should appropriate chemical thromboprophylaxis unless contra-indicated
- Spinal and head-injured patients need special consideration, preferably in consultation with the neuro/spinal surgeons, but should receive appropriate chemical thromboprophylaxis unless contra-indicated.
- ALL upper limb patients will need at the least an assessment of risk. If in doubt they should receive antiembolism stockings unless contra-indicated. If there is particular risk, especially if they are immobile (e.g. following a flap reconstruction) they should receive appropriate chemical thromboprophylaxis unless contra-indicated
- Where chemical thromboprophylaxis is contra-indicated by active bleeding or a high risk of bleeding (e.g. conservatively managed solid organ injury) or another reversible reason the contra-indicating risk MUST be reviewed regularly and frequently so that appropriate chemical thromboprophylaxis can be started as soon as safely possible.
- In some high-risk patients where chemical thromboprophylaxis is contra-indicated a caval filter may be appropriate. This is a decision that needs to be made at a senior level. Make sure that VTE prohylaxis is something you discussed regularly.
- Chemical thromboprophylaxis should be stopped 12 hours before surgery and restarted 6—12 hours post surgery. **If a patient is postponed for theatre then this requires an active decision to give any dose that would otherwise have been omitted.**
- Hip fracture patients require their chemical thromboprophylaxis continued to 35 days post-surgery EVEN IF THEY GO HOME rather than to a rehab unit.
- Make sure that, as with any decision about patient management, decisions about VTE prophylaxis are recorded in the notes.

Chemical thromboprophylaxis doses may need to be reduced for renal impairment

Revised by Alastair Marsh, 05/06/2018