



# Venous Thromboembolism Prophylaxis

## REFERENCE CARD

### Risk Factors for VTE

Surgery	Estrogen-containing oral contraceptives or hormone replacement therapy
Trauma (major trauma or lower-extremity injury)	Erythropoiesis-stimulating agents
Immobility, lower-extremity paresis	Acute medical illness
Cancer (active or occult)	Inflammatory bowel disease
Cancer therapy (hormonal, chemotherapy, angiogenesis inhibitors, radiotherapy)	Nephrotic syndrome
Venous compression (tumor, hematoma, arterial abnormality)	Myeloproliferative disorders
Previous VTE	Paroxysmal nocturnal hemoglobinuria
Increasing age	Obesity
Pregnancy and the postpartum period	Central venous catheterization
Selective estrogen receptor modulators	Inherited or acquired thrombophilia





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## R E F E R E N C E C A R D

### Thromboembolism Risk and Thromboprophylaxis in Hospital Patients

Levels of Risk	DVT Risk Without Thromboprophylaxis	Suggested Options
<b>LOW RISK</b>		
Minor surgery in mobile patients	< 10%	No specific thromboprophylaxis Early and “aggressive” ambulation
Fully mobile medical patients		
<b>MODERATE RISK</b>		
Most general, open gynecologic or urologic surgery patients	10–40%	LMWH, UFH bid or tid, fondaparinux
CHF		Mechanical prophylaxis
Medical patients, bed rest or sick		
COPD, pneumonia		
<b>HIGH RISK</b>		
Hip or knee arthroplasty, HFS	40–80%	LMWH, fondaparinux, VKA (INR 2–3)
Major trauma, SCI		Mechanical prophylaxis may be used if risk of bleeding is high; switch to anticoagulants when risk decreases
Abdominal/pelvic cancer surgery		
Adapted from Geerts WH, et al. <i>Chest</i> . 2008;133:381-453.		