Venous Thromboembolism Prophylaxis- Adult- Inpatient/Ambulatory Clinical Practice Guideline

Appendix A.

VTE prophylaxis in medical patients

Table 1: Modified Padua Risk Assessment Model

Risk Factor	Points
Critically Ill	4
Inflammatory Bowel Disease	4
Admission for Trauma (injured patient with fracture)	4
Active Cancer	3
Previous VTE	3
Reduced Mobility	3
Thrombophilic Condition	3
Recent (< 1month) Trauma/Surgery	2
Age ≥ 70 years	1
Heart or Respiratory Failure	1
Acute Myocardial Infarction or Ischemic Stroke	1
Acute Infection or Rheumatologic Disorder	1
BMI ≥ 30	1
Ongoing Hormonal Treatment	1
	Total Points
Low VTE Risk – no prophylaxis needed	< 4
High VTE Risk – prophylaxis recommended	≥ 4

Table 2: VTE Prophylaxis Regimens for High VTE Risk Medical Patients

Patient Population	VTE Prophylaxis Regimens	
	Preferred Option	Alternative Option
High VTE Risk	Enoxaparin 40 mg SQ every 24 hrs[a]	Heparin 5000 units SQ every 8-12 hrs[a]
Trauma/Injury with fracture	Enoxaparin 30 mg SQ every 12 hours[a]	Heparin 5000 unit SQ every 8-12 hours[c]
Renal impairment (CrCl < 30 mL/min)* *Not on renal replacement therapy	Heparin 5000 units SQ every 8-12 hrs[a]	Enoxaparin 30 mg SQ every 24 hrs[b]
Extreme obesity (BMI > 40 kg/M^2)	Enoxaparin 40 mg SQ every 12 hrs[b]	Heparin 5000 units SQ every 8 hrs[b]
Low body weight (weight < 50 kg)	Heparin 5000 units SQ every 8-12 hrs[a]	Enoxaparin 30 mg SQ every 24 hrs[c]
High Bleeding Risk	Intermittent pneumatic compression devices (IPC)[a]	Graduated compression stockings (GCS) or Venous foot pumps (VFP)[c]

a: *UW Health GRADE Moderate quality evidence, strong recommendation*

b: *UW Health GRADE Low quality evidence, strong recommendation*

c: *UW Health GRADE Low quality evidence, weak/conditional recommendation*

CPG Contact for Changes:
Name: Philip J Trapskin, PharmD, BCPS
Phone Number: 263-1328
Email Address: ptrapskin@uwhealth.org
Revised: 7/2019