PA Consortium
Best Practices
Venous Thromboembolism Prevention

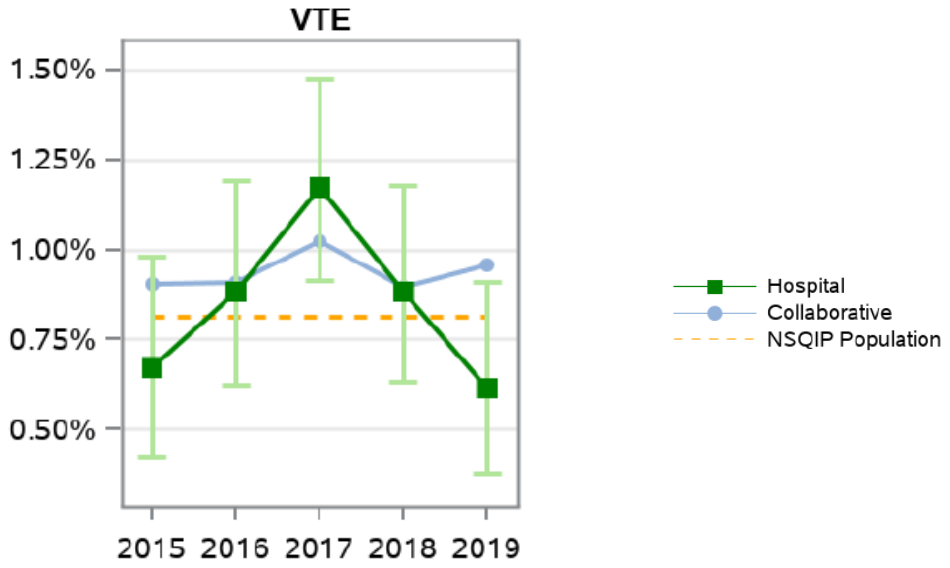
Jean F. Miner, MD, MMEL, FACS and Nicole Teeter, RN,BSN

July 18, 2019

The Guthrie Clinic

- Not for Profit, Physician Led Organization in Sayre,PA

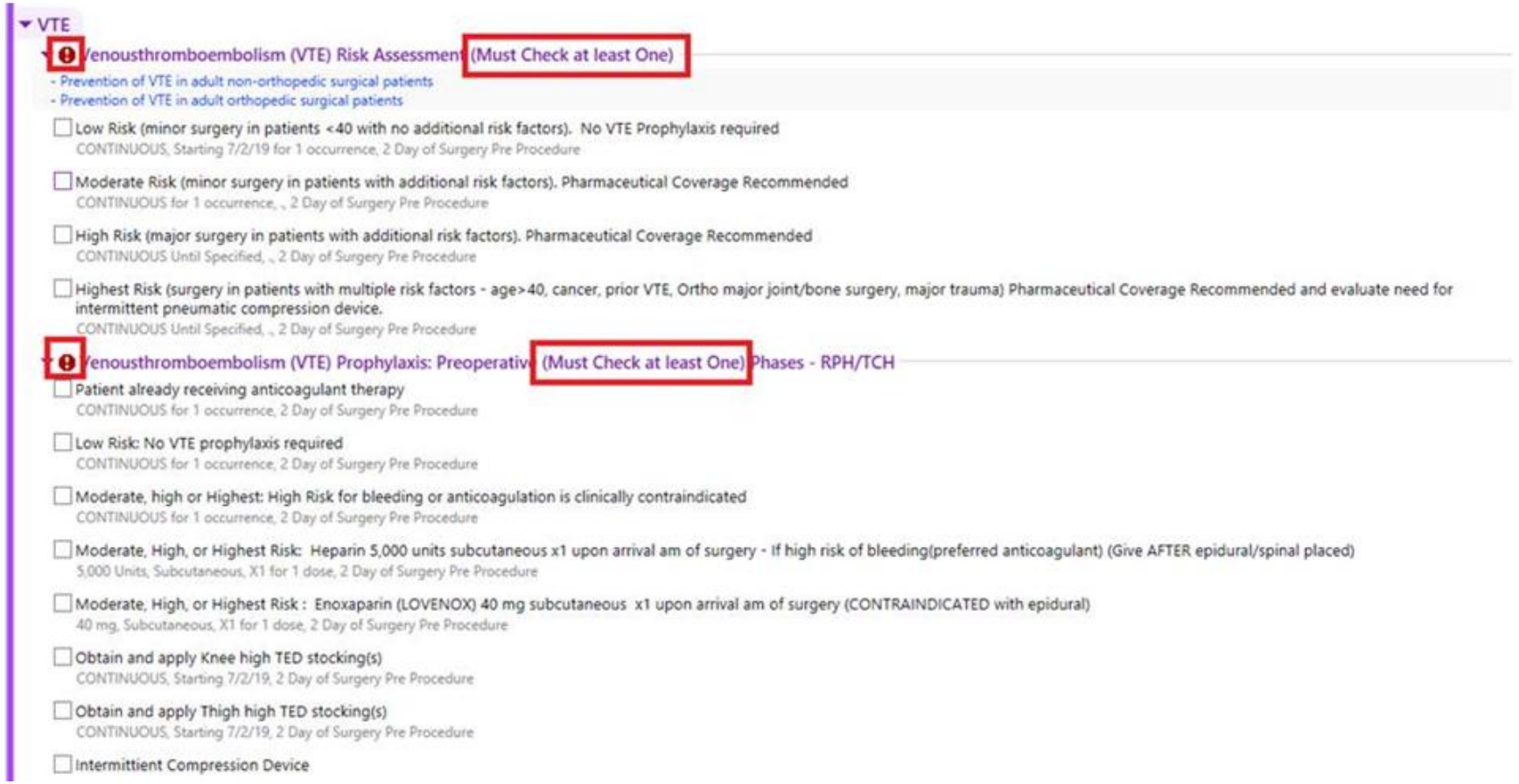
- Robert Packer Hospital
  - Level II Trauma Center
  - 238 beds
  - Tertiary Care Center



Day of Surgery

- Standardized and Consolidated VTE Risk Assessment
- Standardized and Consolidated VTE Prophylaxis
- Link to Guidelines
- Hard Stop
- Continuous Resident and Attending Education

Day of Surgery



Postoperative Hospital Stay

Venousthromboembolism (VTE) Risk Assessment (MUST CHECK ONE) Phases

- Prevention of VTE in adult non-orthopedic surgical patients
- Prevention of VTE in adult orthopedic surgical patients:

- [ ] Low Risk (minor surgery in patients <40 with no additional risk factors). No VTE Prophylaxis required
  CONTINUOUS, Starting 7/2/19 Until Specified, 6 Post Op after Recovery
- [ ] Moderate Risk (minor surgery in patients with additional risk factors) Pharmaceutical Coverage Recommended
  CONTINUOUS, Starting 7/2/19 for 1 occurrence, , 6 Post Op after Recovery
- [ ] High Risk (major surgery in patients with additional risk factors). Pharmaceutical Coverage Recommended
  CONTINUOUS, Starting 7/2/19 Until Specified, , 6 Post Op after Recovery
- [ ] Highest Risk (surgery in patients with multiple risk factors - age>40, cancer, prior VTE, Ortho major joint/bone surgery, major trauma) Pharmaceutical Coverage Recommended and evaluate need for intermittent pneumatic compression device.
  CONTINUOUS, , 6 Post Op after Recovery

VTE Post - Operative Prophylaxis - RPH/TCH

- [ ] Patient already receiving anticoagulant therapy
  CONTINUOUS for 1 occurrence, 6 Post Op after Recovery
- [ ] Low Risk: No VTE prophylaxis required
  CONTINUOUS, Starting 7/2/19 for 1 occurrence, 6 Post Op after Recovery
- [ ] Moderate, high or Highest: High Risk for bleeding or anticoagulation is clinically contraindicated
  CONTINUOUS for 1 occurrence, 6 Post Op after Recovery
- [ ] Moderate or High Risk: Heparin (Subcutaneous VTE PROPHYLAXIS) 5,000 unit/mL vial
  5,000 Units, Subcutaneous, Q12H (Heparin), Starting H+20 Hours for 15 days, 6 Post Op after Recovery
- [ ] Moderate or High Risk: Heparin 5,000 units subcutaneous q 8 hrs.
  5,000 Units, Subcutaneous, Q8H (Heparin), Starting H+20 Hours for 15 days, 6 Post Op after Recovery
- [ ] Moderate or High Risk: Enoxaparin (LOVENOX) 40 mg subcutaneous q 24 hrs (MUST be held 12 hours prior to placing or removing an epidural catheter)
  40 mg, Subcutaneous, Q24 HRS, Starting H+20 Hours for 15 days, 6 Post Op after Recovery
- [ ] Highest Risk: Enoxaparin (LOVENOX) 30 mg subcutaneous q 12 hours (CONTRAINDICATED with epidural catheter)
  30 mg, Subcutaneous, Q12 HRS, Starting H+20 Hours for 15 days, 6 Post Op after Recovery
- [ ] Obtain and apply Knee high TED stocking(s)
  CONTINUOUS, Starting 7/2/19, 6 Post Op after Recovery
- [ ] Obtain and apply Thigh high TED stocking(s)
  CONTINUOUS, Starting 7/2/19, 6 Post Op after Recovery
- [ ] Intermittient Compression Device

Post-Discharge

- Surgical Oncology
  - Enoxaparin 40 mg Daily for total of 28 days

- Orthopedic Surgery
  - Enoxaparin 1mg/kg BID for total of 14 days
  - Current transition based on evidence based research to Aspirin 325 mg BID

???Questions???