Sheffield Teaching Hospitals NHS
NHS Foundation Trust

THROMBOPROPHYLAXIS
FOR MEDICAL INPATIENTS

Name:

Date of Birth:

Hospital No: *Patient details or sticker*

NHS No:

Consultant:

Date of admission: _____

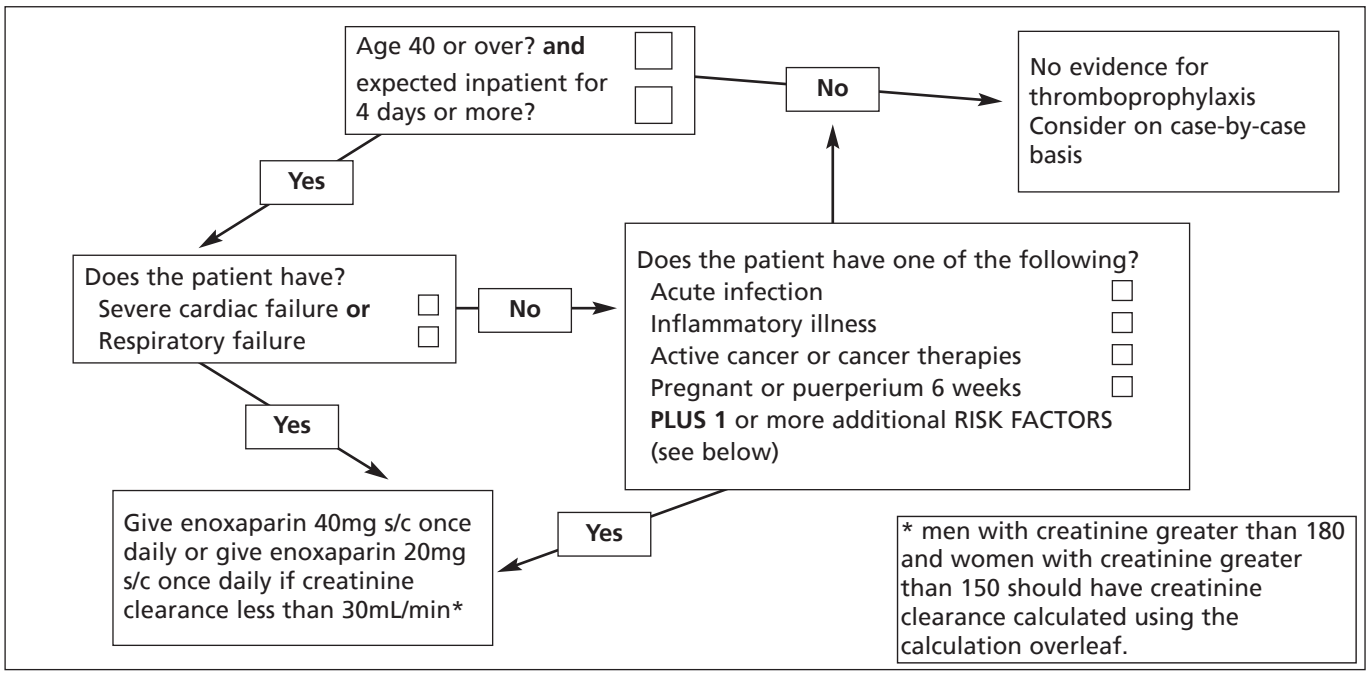
Date of assessment: _____

MUST BE ASSESSED WITHIN 24 HOURS OF ADMISSION

Assessment by _____ (print name) Signature _____

Enoxaparin indicated? Yes ☐ No ☐ If yes and not given, please indicate why _____

Patients should have their VTE risk assessed should there be a change in their clinical condition



RISK FACTORS FOR VENOUS THROMBOEMBOLISM (VTE)

- ☐ Personal or family history VTE
- ☐ Acquired or inherited thrombophilia (incl.antiphospholipid syndrome)
- ☐ Age older than 75 years
- ☐ Obesity
- ☐ Acute infection
- ☐ Inflammatory illness or Behcet's disease
- ☐ Cancer or cancer therapies
- ☐ Heart or respiratory failure
- ☐ Myeloproliferative disease/ paroxysmal nocturnal haemoglobinuria
- ☐ Paraproteinaemia
- ☐ Inflammatory bowel disease
- ☐ Nephrotic syndrome
- ☐ Paralysis/ paresis/ limb in plaster
- ☐ Hormone therapy (antiandrogen or oestrogen)

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Additional Information

ALL PATIENTS:

- Encourage early mobilisation and leg exercises
- Ensure adequate hydration
- Assess patient's risk factors for VTE on admission and prescribe thromboprophylaxis as indicated (see chart overleaf).
- **Patients should be have their VTE risk reassessed should there be a change in their clinical condition**
- All stroke patients admitted to hospital should be assessed for graduated elastic compression stockings (GECS) and for inclusion into multi-centred trial (CLOTs)

Prescription:

- Enoxaparin should be prescribed on the patients drug chart and given once a day at 18.00.
- If heparin exposure within 3 months check full blood count (FBC) next day.
- FBC should be checked after 5-7 days then again after 12-14 days of therapy to exclude heparin induced thrombocytopenia (contact haematology if platelet count falls by 30-50% or less than $150x10^9$ /L).

Contraindications to chemical thromboprophylaxis:

- Known bleeding disorder/thrombocytopenia (platelet count less than 50 x 10^9L)
- On therapeutic anticoagulation (oral anticoagulants / un-fractionated heparin / enoxaparin / fondaparinux)
- Recent haemorrhagic stroke or risk of central nervous system bleed e.g. head injury (caution in recent ischaemic stroke, see separate guidance)
- Active gastrointestinal bleeding
- Bacterial endocarditis, pericarditis or thoracic aortic aneurysm (discuss with cardiologist)
- Heparin induced thrombocytopenia or hypersensitivity to enoxaparin
- Severe hepatic failure

OR

- Other conditions with high risk of serious bleed
- **Discuss with Consultant if risk/benefit balance not clear**

If thromboprophylaxis is contraindicated consider using GECS

NB

- **Enoxaparin is licensed for prophylactic use in medical patients for a minimum of 6 and a maximum of 14 days. Continuation for more than 14 days should be undertaken after assessment of the risk: benefit of prolonged treatment.**

Calculation for creatinine clearance (Cockcroft-Gault Equation)

$$\left(\frac{(140 - \text{age}) \times \text{weight (kg)}}{\text{Serum Creatinine (micromol/L)}} \right) X \begin{matrix} 1.04 \text{ (female)} \\ \text{or} \\ 1.23 \text{ (male)} \end{matrix} = \text{CrCl (ml/min)}$$