Calvary Health Care Bethlehem
Policy No. 1.8.39
Thromboprophylaxis

Policy Type (Organisational or Departmental)	Clinical Procedure
Ratified by Governance Committee	Continuum of Care
Effective Date/Date Ratified	1/12/2007
Review Date(s)	1/12/2010
Policy Statement (Objective/Rationale)	Thromboprophylaxis is required in unstable, previously ambulatory patients admitted with an acute change in their condition for the prevention of venous thromboembolism, (VTE) which can have a significant effect on morbidity and mortality.
Definition	Primary prophylaxis: The prevention of VTE and its complications through the use of medications or physical preventative measures. Risk factors include: age> 60 years, malignancy, prolonged immobility, sepsis, pathological fracture and spinal cord injury. Secondary prophylaxis: Long term anticoagulation in those patients who have previously had a VTE
Key Performance Indicators (Outcomes)	Minimisation of thrombotic events in appropriate patient group. Compliance with policy.
Policy	Thrombopropylaxis should be considered in previously ambulatory patients, admitted to the inpatient facility with acute change in their condition and mobility. This may include infection, hypercalcemia, recent spinal cord compression, post operative or recent functional decline with restorative care as the goal. Need to take account of the patient's prognosis and the potential effect on quality of life to avoid inappropriate treatment. **Inappropriate patients :** • Terminal phase • Allergy to LMWH • Thrombocytopenia <70,000 • Active bleeding including GI • Recent large cerebral infarct or cerebral haemorrhage • Severe hepatic failure • Cerebral metastasis • Frequent falls or high falls risk • Severe uncontrolled hypertension >200/120 • HITS (Heparin induced thrombocytopenia) • Spinal or epidural catheterizations • Bacterial endocarditis Medication ➢ Patients already stabilised on Warfarin are to remain on their current regime (Warfarin policy) ➢ Low Molecular Weight Heparin is recommended for primary prophylaxis

	• Enoxaparin 40mg sc daily or • Enoxaparin 20mg sc daily if GFR <30ml/min or body wt < 50kg. ➢ Once the patient is mobilizing and spending < 50% of the day in bed, LMWH may be ceased. ➢ Long term anticoagulation is only required if there has been a previous VTE event requiring ongoing treatment. ➢ Review regime if patient goals change ➢ Combine with below knee compressive stockings (if tolerated by patient). ➢ Caution is required if the patient has significant oedema of the lower limb, peripheral vascular disease or lower limb ulcers requiring regular dressings. Complications ➢ HITS- Heparin induced thrombocytopenia. Immune modulated, usually appearing 7 – 14 days after commencing any heparin (or sooner if previously exposed) and resolves on stopping the heparin. Incidence of 1-5%. ➢ Haemorrhage – haematuria, haemothorax, retroperitoneal haemorrhage, GI bleeding, cerebral haemorrhage, bruising, rectus abdominus muscle haematoma ➢ Allergy ➢ Local skin reaction (– the syringe must never be primed prior to administration as blunting of the needle will occur) Monitoring ➢ Platelet count in first 2 weeks of commencing treatment required for patients on LMWH ➢ For patients stable on Warfarin, see Warfarin policy
References	1. Alfred Hospital Thromboprophylaxis Protocol. 2. Fremantle Hospital Thromboprophylaxis protocol 2. Have palliative care teams' attitudes towards thromboembolism changed.? A survey of thromboprophylaxis practice across British specialist palliative care units in the years 2000 and 2005. Noble SI, Finlay IG. Journal of Pain and Symptom Management. 2006 Jul;32(1):38-43 3. Venous thromboembolism and cancer: risks and outcomes. Lee AY, Levine MN. Circulation. 2003 Jun 17;107(23 Suppl 1):117-21. 4. Acceptability of LMWH thromboprophylaxis for inpatients receiving palliative care; a qualitative study. BMJ March 11, 2006; 332 (7541): 577-80 5. Thrombosis risk assessment for surgical and medical patients. Tyco Healthcare Australia.
Prepared by	Palliative Care Registrar: Dr Scott King Pharmacy Advisory Committee
Attachments and/or Hyperlinks	1.8.5 Warfarin Monitoring Policy