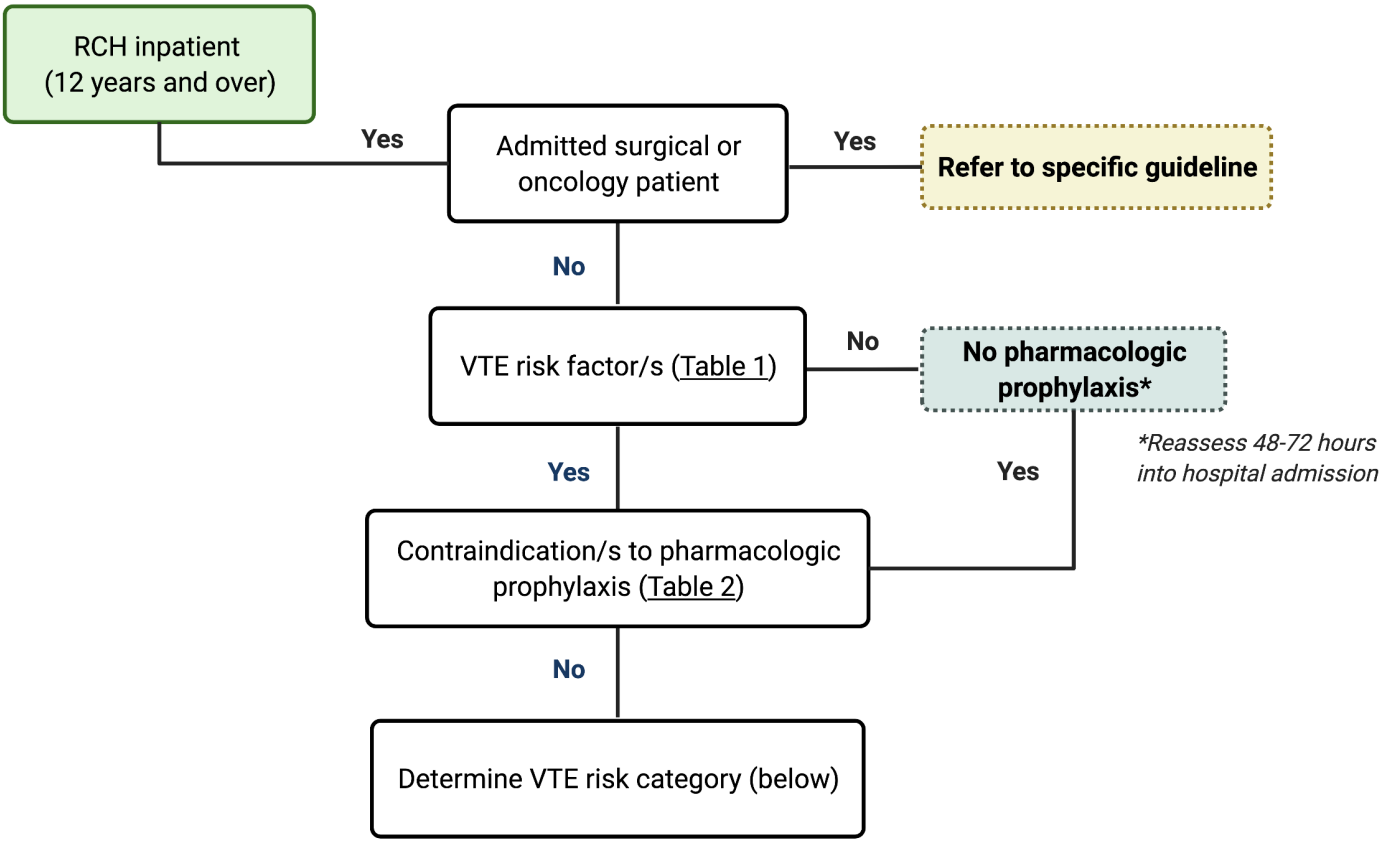
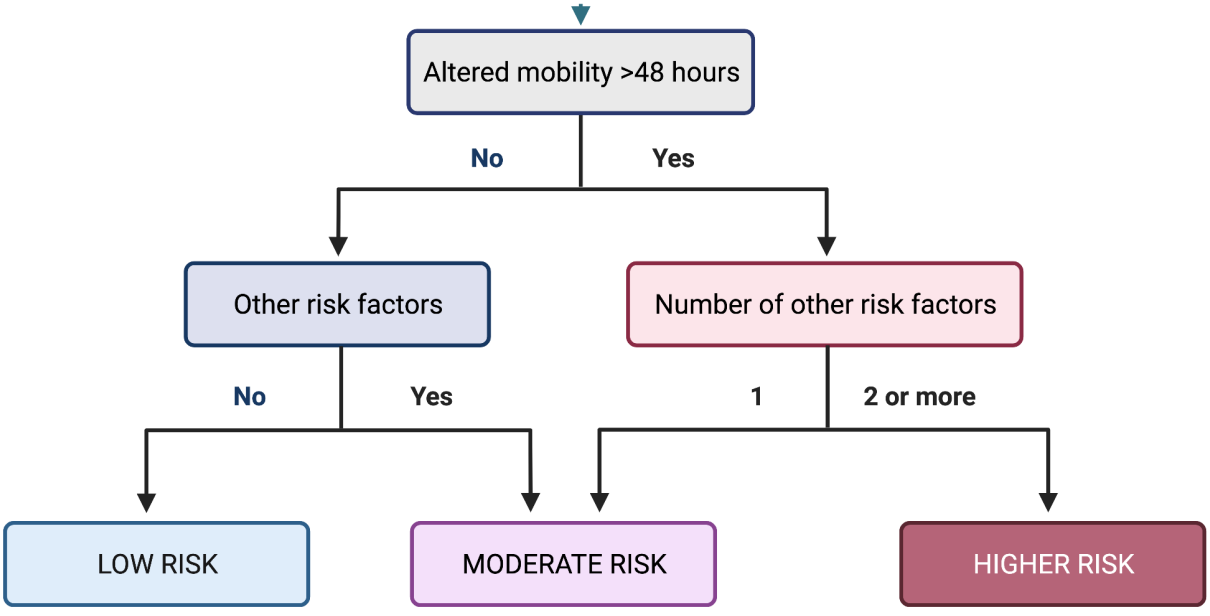
Thromboprophylaxis Guideline: General



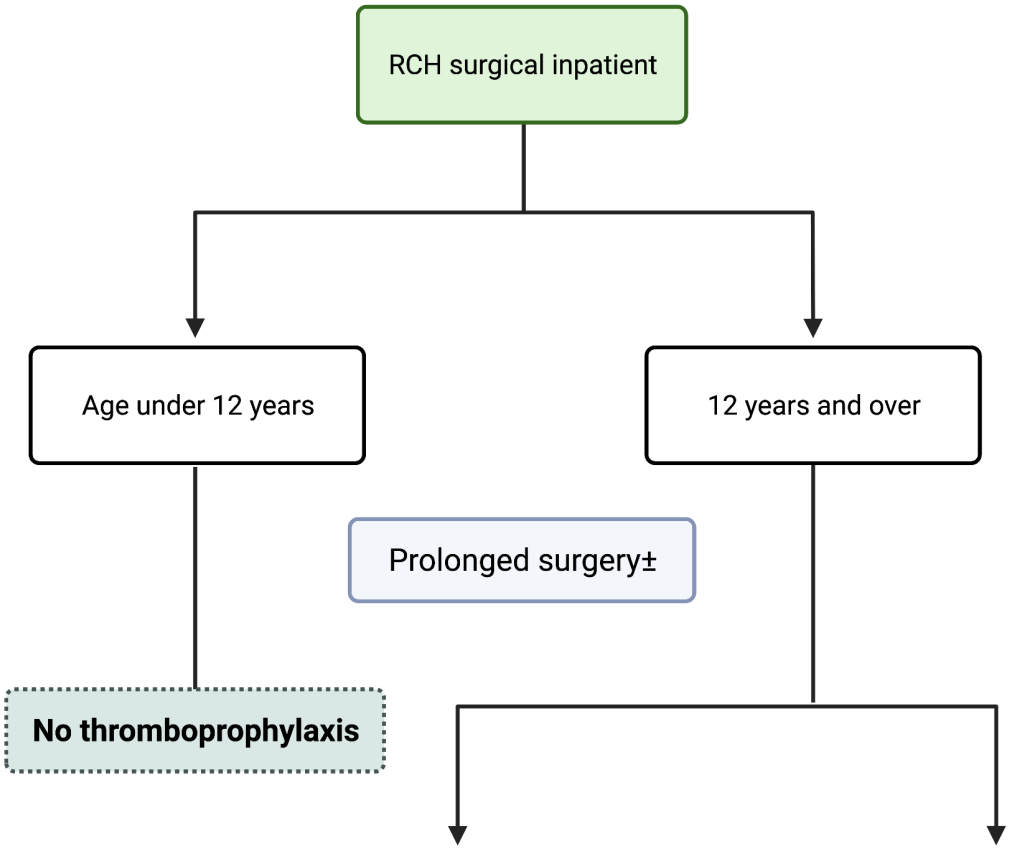


Encourage early ambulation
Mitigate risk factors

As for low risk +
Administer mechanical prophylaxis

As for moderate risk +
Consider pharmacologic prophylaxis:
<50kg: 20mg enoxaparin (Clexane) nocte (max. 0.5mg/kg/dose)
>50kg: 40mg enoxaparin once nocte (max. 0.5mg/kg/dose)

Thromboprophylaxis Guideline: Surgical Inpatient



All patients

Encourage early ambulation
Mitigate risk factors

No VTE risk factors (Table 1)

Post-operative
• Above-knee TED stockings

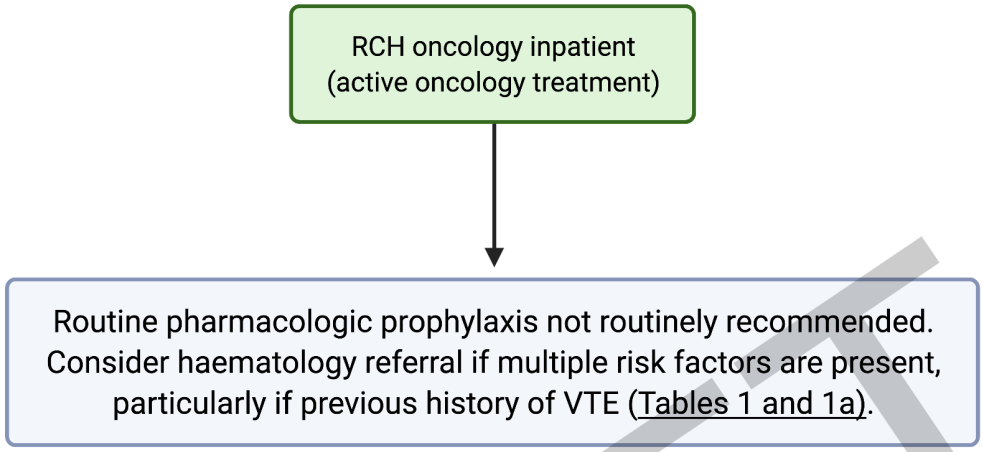
1 or more VTE risk factors (Table 1)

Intra-operative
• Intra-op calf compressors

Post-operative
• Above-knee TED stockings

AND if no contraindication/s to pharmacologic prophylaxis (Table 2):
<50kg: 20mg enoxaparin (Clexane) nocte (max. 0.5mg/kg/dose)
>50kg: 40mg enoxaparin nocte (max. 0.5mg/kg/dose)

Thromboprophylaxis Guideline: Oncology Inpatient



Additional considerations (oncology patients only)

• Withhold Clexane prior to invasive procedure (lumbar puncture, surgery) - final dose 24 hours prior to procedure
• Withhold Clexane if platelet count falls below 30 x109/L, there is coagulopathy and/or active bleeding

• Consider lower threshold to commence Clexane during and after asparaginase therapy if history of VTE associated with previous asparaginase treatment

• The evening dose of Clexane may be given after a lumbar puncture that day provided not multiple attempts or traumatic tap

Thromboprophylaxis Guideline

TABLE 1: VTE Risk Factors

- Bloodstream infection
- CVC (non-tunnelled, tunnelled)
- History of VTE
- Inflammatory diseases (eg IBD, SLE)
- Oestrogen use in past two months
- BMI >95th centile for age
- Orthopaedic procedures (eg hip/knee reconstruction)
- Nephrotic syndrome
- Known thrombophilia† or family history of VTE ^
- Trauma consisting of >1 lower extremity bone fracture, complex pelvic fractures, spinal cord injury

TABLE 1a: Additional VTE Risk Factors in Oncology Patients

- Asparaginase therapy
- Corticosteroid therapy
- Mediastinal mass or solid tumour with evidence of vessel compression

TABLE 2: Contraindications to Pharmacologic Prophylaxis

Absolute
- Bleeding disorder
- Haemorrhage (evidence of or high risk of)
- Platelet count unable to be sustained >50 x 109/L

Relative
- Intracranial mass
- Lumbar puncture or epidural catheter removal in prior 12 hours
- Neurosurgical procedure
- Pelvic fracture within past 48 hours
- Uncontrolled hypertension

Thromboprophylaxis Guideline

Notes

• ± Prolonged surgery beyond 4 hours' duration. In some cases, shorter procedures may also confer a higher risk of acquired thrombosis (Clinical Haematology consultation recommended for these cases)

• † Known thrombophilia is proven factor V Leiden, prothrombin gene mutation, congenital low protein S, C or antithrombin, tested based on clinical or family history of VTE

• ^ Family history is defined as a first-degree relative with VTE at <60 years of age

• Clexane and TEDs can be discontinued when the patient is mobilising freely provided other risk factors have been adequately managed

• No monitoring of Clexane is required unless the patient has concomitant renal failure

• Clexane should be ceased 24 hours prior to invasive procedures - surgery, lumbar punctures etc.

• Clexane must not be administered to patients with epidural catheters in situ

• Clinicians should always check a patient is not receiving thromboprophylaxis prior to lumbar puncture or invasive procedure

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The following are specifically NOT recommended with respect to delivery of primary thromboprophylaxis:

1. Routine thrombophilia screening in children (pre- or post-pubertal)
2. Routine imaging of asymptomatic patients (ie. no clinical signs of thrombosis)
3. Administration of subcutaneous unfractionated heparin (standard heparin)