

Scope and Target Population:

This guideline addresses risk assessment for venous thromboembolism, risk assessment for bleeding, and mechanical and pharmacologic therapies to reduce the occurrence of venous thromboembolism in adult hospitalized patients.

Clinical Highlights and Recommendations:

- All patients should be evaluated for venous thromboembolism risk upon hospital admission, change in level of care, change in providers, and prior to discharge.
- All patients should receive proper education regarding venous thromboembolism risk, signs and symptoms of venous thromboembolism, and prophylaxis methods available.
- Early and frequent ambulation should be encouraged when possible in all patient groups.
- All medical and surgical/trauma patients who have a high or very high risk for venous thromboembolism should receive anticoagulation prophylaxis unless contraindicated.
- Aspirin alone is not recommended for routine venous thromboembolism prophylaxis following hip/knee arthroplasty but may be considered in combination with mechanical prophylaxis methods in patients without additional risk factors. Further study is needed.
- Aspirin and antiplatelet drugs are not recommended for venous thromboembolism prophylaxis in other surgical patients or medically ill patients.
- For all patients receiving spinal or epidural anesthesia, precautions should be taken when using anticoagulant prophylaxis to reduce the risk of epidural hematoma.
- Risk of venous thromboembolism development continues beyond hospitalization, and the need for postdischarge anticoagulation should be assessed.

Priority Aims:

1. Increase the percentage of hospitalized adult patients (18 years and older) who are appropriately assessed for venous thromboembolism risk within 24 hours of admission.
2. Increase the percentage of adult patients (18 years and older) who are evaluated for venous prophylaxis upon change in level of care, change in providers, and/or upon discharge.
3. Increase the percentage of hospitalized adult patients (18 years and older) who are at risk for venous thromboembolism who have received education within 24 hours of admission for venous thromboembolism that includes venous thromboembolism risk, signs and symptoms, and treatment/prophylaxis methods.
4. Improve the safety of using medications by reducing the likelihood of patient harm associated with the use of anticoagulation therapy.
5. Increase the percentage of hospitalized adult patients who begin early and frequent ambulation.
6. Increase the percentage of hospitalized adult patients (18 years and older) receiving appropriate pharmacological and/or mechanical prophylaxis treatment within 24 hours of admission.