

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.

Aims:

1. Increase the percentage of hospitalized patients (18 years of age and older) who are assessed for venous thromboembolism risk within 24 hours of admission.
2. Increase the percentage of hospitalized patients (18 years of age and older) who are evaluated for venous thromboembolism prophylaxis upon change in level of care, providers and/or upon discharge.
3. Increase the percentage of hospitalized patients (18 years of age and older) at risk for venous thromboembolism who have received education within 24 hours of admission into inpatient care setting for venous thromboembolism that includes venous thromboembolism risk, signs and symptoms, early and frequent mobilization, and clinically appropriate treatment/prophylaxis methods.
4. Improve the safety of using medications by reducing the likelihood of patient harm associated with the use of anticoagulation therapy in inpatient care setting for patients 18 years of age and older.
5. Increase the percentage of at risk hospitalized patients (18 years of age and older) receiving appropriate prophylaxis treatment.
6. Reduce the risk of complications from pharmacologic prophylaxis for hospitalized and discharged patients 18 years of age and older.
7. Increase the percentage of surgery patients (18 years of age and older) who receive appropriate venous thromboembolism prophylaxis.

Clinical Highlights:

- All patients should be evaluated for venous thromboembolism risk upon hospital admission, change in level of care, providers and prior to discharge.
- All patients should receive proper education regarding venous thromboembolism risk, signs and symptoms, early and frequent mobilization, and clinically appropriate treatment/prophylaxis methods.
- All hospitalized patients who are 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.
- For all patients receiving spinal or epidural anesthesia, precautions should be taken when using anticoagulant prophylaxis to reduce the risk of epidural perispinal hematoma.
- Risk of venous thromboembolism development continues beyond hospitalization, and the need for postdischarge anticoagulation should be assessed.