

Algorithm

Not Applicable – guideline contains no algorithm.

Annotations

Reorganized the Main Table “Thromboembolic Prophylaxis For Adult Hospitalized Patients” to reduce redundancy and to add a section devoted to monitoring for Heparin Induced Thrombocytopenia. Updated recommendations and suggestions within neuraxial blockade management. Added Low, Moderate and High categorization within the “Major Procedures (inpatient), Caesarean, Laparoscopic or Outpatient Procedures” table.

#3) Called out Transurethral Urologic Resection of the Prostate (TURP) as a risk category. Added annotation for table 3 “Special Situations/Procedures – High Risk of Bleeding.” (Forrest, American Urological Association, 2008)

#5) Added an annotation to table 5, “Special Situations – Dose Adjustment of Antithrombotics.” The new language delineates the different uses of low-molecular-weight heparin (LMWH) versus heparin, based upon the lower reliability of LMWH in certain circumstances. Warfarin-focused suggestions and recommendations were added. Language addresses how many days prior to surgery warfarin ought to be discontinued. Postoperatively, criteria to hold off on warfarin dosing (INR >3) was included. (Nutescu, 2009)

Postoperative LMWH guidance addresses removal of indwelling catheter, which varies by INR. Recommendations distinguish between when to start LMWH on a single daily dosing schedule versus a twice daily dosing. (Horlocker, 2010; Nutescu, 2009)

#6) An inquiry was raised when the guideline was approved last year about the source of the recommendation of 5,000 units of subcutaneous unfractionated heparin (UFH) twice daily. This year, language was added to address the safety issues pertinent to UFH dosing, including spinal hematoma as a separate risk than surgical-related bleeding. Resultant guidance on thrice (3x) dosing was also offered. (Horlocker, 2010).

As with the prior table #5, in table #6 “Special Situations – Neuraxial Blockade in Patients Receiving Antithrombotics.” Language was added to address warfarin use postoperatively and LMWH postoperatively (single and twice daily dosing). (Horlocker, 2010).

#8) Added annotation, included a note about caesarean delivery and neuraxial blockade situations on table #8 (American College of Obstetricians and Gynecologists, 2011).

Titled as “Major Procedures (Inpatient), Caesarean, Laparoscopic, or Outpatient Procedures”. Moved repetitive Heparin-Induced Thrombocytopenia (HIT) statements to a different section of the Main Table. Improved readability by making low, moderate, and high risk procedures grouped and labeled together.

#10) Titled as “Orthopedic Surgery – Hip Fracture, Hip/Knee Arthroplasty”. This is now the combined recommendations of three tables formerly known as: “Orthopedic Surgery – Hip Fracture;” “Orthopedic Surgery – Hip Replacement;” and “Orthopedic Surgery – Knee Replacement.”

#12) Added table, “Heparin Induced Thrombocytopenia Monitoring” to offer HIT guidance for a variety of agents in a single place.

Order Set

Corrected the enoxaparin recommendations for BMI greater than or equal to 40 to be only 40 mg subcutaneous every 12 hours or 50 mg subcutaneous every 24 hours.

Aims & Measures

No changes

Appendices

No changes