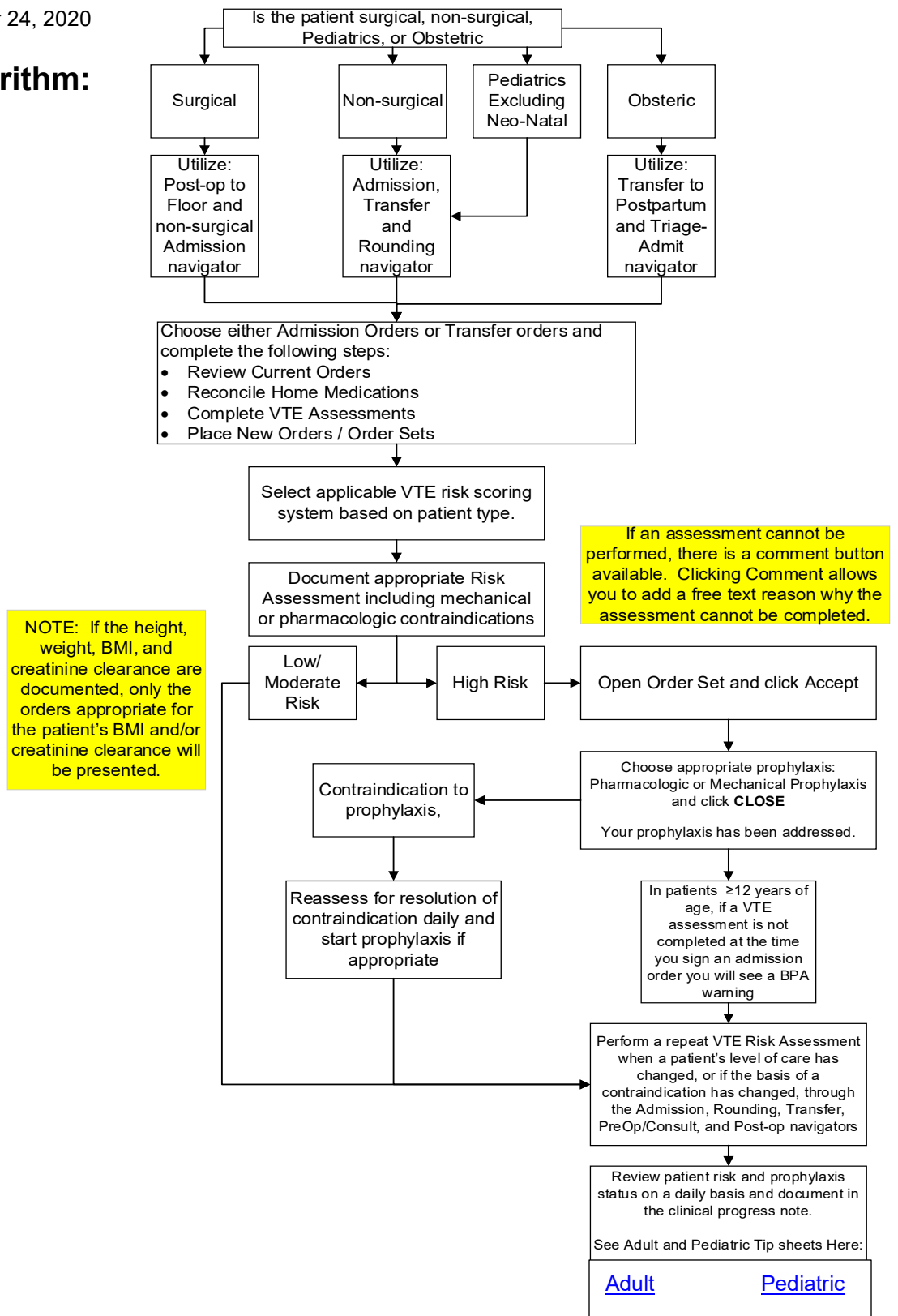


Pathway: Venous Thromboembolism Prevention, Adult and Pediatric, Inpatient

Updated: November 24, 2020

Clinical algorithm:



Clinical pathway summary

CLINICAL PATHWAY NAME: VTE Prevention in the Hospitalized Patient

PATIENT POPULATION AND DIAGNOSIS: All hospitalized patients ages 12+

APPLICABLE TO: All Spectrum Health Sites

BRIEF DESCRIPTION: Patients admitted to the hospital (ages 12+) have a standard workflow for VTE prevention including patient risk assessment and appropriate VTE prophylaxis based on risk level.

Risk assessments by patient type:

Medical

Surgical

Ortho

Bariatric

Antepartum

Postpartum

Trauma

Pediatric

Order sets:

30410001379 Venous Thrombolytic Embolism (VTE) Prophylaxis

30410001358 Pediatric VTE Prophylaxis

OVERSIGHT TEAM LEADER(S): Susan Smith (QSE), Stephanie Burdick MD, Ben Gayed MD, Lisa Mccann-Spry (CNS)

OWNING EXPERT IMPROVEMENT TEAM (EIT): VTE

MANAGING CLINICAL PRACTICE COUNCIL (CPC): Acute Health

OTHER TEAM(S) IMPACTED (FOR EXAMPLE: CPCs, ANESTHESIA, NURSING, RADIOLOGY):

HDVCH VTE Committee. All admitting services are affected.

IMPLEMENTATION DATE: June 17, 2019

LAST REVISED: February 11, 2020

FOR MORE INFORMATION, CONTACT: Susan Smith

Clinical pathways clinical approach

TREATMENT AND MANAGEMENT:

Venous thromboembolism (DVT and PE) is a major cause of morbidity and mortality worldwide, and a major cause of hospital related mortality. There are more than half a million hospitalizations for DVT and PE each year, and 60% of events are likely related to hospitalization. If a patient survives a VTE event, they may require invasive procedures and suffer complications such as post-thrombotic syndrome and chronic thromboembolic pulmonary hypertension. Patients with DVT or PE are committed to months or more of anticoagulation and are at higher risk for suffering a recurrent VTE event. Thus, physicians should make every effort to prevent hospital associated venous thromboembolic events.

Hospitalized patients are often at increased risk of venous thromboembolism (VTE), a common clinical problem associated with significant morbidity and mortality that occurs more frequently when inpatients do not receive appropriate VTE prophylaxis. In addition to managing other medical conditions, it is important for care providers to ensure all inpatients have appropriate risk-based VTE prophylaxis by performing a VTE Risk Assessment. Risk assessment tools may vary by patient type and clinical presentation, with different risk tools validated for medical, surgical, and obstetric patients.

[Adult VTE Risk Assessment](#) is a required part of inpatient care and should be completed on all patients at the time of admission. This assessment includes an evaluation of the patient's risk of VTE, as well as careful consideration of contraindications to providing prophylaxis. Upon completing this VTE Risk Assessment, appropriate VTE prophylaxis orders will be made available from which to choose. These orders will take into account the type of risk assessment that was completed and contraindications to prophylaxis that were selected. VTE prophylaxis should be documented in the daily progress note. If a contraindication to prophylaxis exists in a patient at high risk for VTE, this should be evaluated on a daily basis and prophylaxis should be initiated when the contraindication has resolved. The pediatric risk assessment tip sheet can be found [here](#).

It is also critical to note that if the patient's status, level of care, or clinical team changes, the VTE risk assessment should be completed again at that time. At the time of discharge, extended VTE prophylaxis can be considered on a case-by case basis. Extended VTE prophylaxis may be appropriate for some populations such as patients undergoing surgery for intra-abdominal malignancy, but is not recommended for routine use in all patient groups at this time.

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