Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis - Inpatient



Patients to be screened: ≥ 12 years, upon change to a higher level of care, and every 7 days.

Prophylaxis Assessment

Low Risk

· Without altered mobility and no additional risk factors

Moderate Risk

- Altered mobility (Braden activity score 1 or 2)
 And / Or
- · Central venous catheter with no additional risk factors

High Risk

- Active clot
- Receiving an anticoagulant
- Personal history of VTE, stroke, myocardial infarction
- Thrombophilia
- Central Venous catheter with additional risk factors
- Altered mobility with additional risk factors (Braden activity score 1 or 2)

Recommended Prophylaxis

Low Risk

• Early ambulation and/or range of motion (ROM)

Moderate Risk

- Early ambulation and/or ROM AND
- · Sequential Compression Devices (SCDs)

High Risk

- Mobility as tolerated (active or passive)
 - AND
- Sequential Compression Devices (SCDs)
- Hematology Consult

Additional VTE Risk Factors

Risk Factors

- Acute infection (e.g. bacteremia, meningitis)
- · Cardiac disease: single ventricle pathology or arrythmias
- Estrogen supplementation
- Major surgery (e.g. open abdominal, pelvis, spine)
- Major trauma (e.g. spine, lower extremities)
- Nephrotic syndrome
- Obesity (> 90th percentile for age)
- Systemic inflammation (e.g. lupus, inflammatory bowel disease)
- Vascular malformations
- COVID-19
- Personal history/family history

Conditions with High Risk of Thrombophilia

- Factor V Leiden
- · Prothrombin mutation
- · Protein C deficiency
- Protein S deficiency
- Antithrombin deficiency
 Antiphospholipid antibody positivity
- Hyperhomocysteinemia
- Elevated lipoprotein (a)
- Elevated Factor VIII

Relative Contraindications to Pharmacologic Prophylaxis

- Ongoing and uncontrolled bleeding, prior history of unexplained spontaneous hemorrhage
- Uncorrected coagulopathy included, but not limited to: platelet count < 50,000, fibrinogen < 100, prolonged PT or APTT
- Neurosurgery, serious head trauma, or large-territory arterial ischemic stroke during prior 7 days
- · Known arteriovenous malformation (AVM), aneurysm, central nervous system (CNS) mass, or Moyamoya
- Anticoagulated nation
- Aspirin or other irreversible platelet inhibitor use within last 7 days
- Known bleeding disorder/tendency
- Uncontrolled hypertension

Absolute Contraindications to Pharmacologic Prophylaxis

- Perioperative/trauma patient with lack of approval by surgeon for prophylactic anticoagulation
- Epidural catheter within 24 hours or 12 hours post lumbar puncture
- Invasive surgical procedure during prior 48 hours
- Upcoming surgery in next 24 hours

Contraindications to Sequential Compression Devices

- Suspected or existing deep vein thrombosis (can use graduated compression stockings)
- Extremity with peripheral intravenous (PIV) access
- Skin conditions affecting extremity (e.g. dermatitis, burns, recent skin grafts, leg wounds)
- · Acute fracture
- Unable to achieve correct fit due to patient size
- Allergy to garment fabric



Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis - Inpatient



Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis – Inpatient References

- Albisetti, M., & Chan, A. K. (2023). Venous thrombosis and thromboembolism (VTE) in children: Risk factors, clinical manifestations, and diagnosis. *UpToDate*. Retrieved May 15, 2025, from <u>Venous thrombosis and thromboembolism (VTE) in children: Risk factors, clinical manifestations, and <u>diagnosis UpToDate</u> (Level V)</u>
- Bauer, K. A., & Lip, G. Y. (2017). Overview of the causes of venous thrombosis in adults. *UpToDate*. Retrieved May 15, 2025, from Overview of the causes of venous thrombosis in adults UpToDate (Level V)
- Deville, J. G., Song, E., & Ouellette, C. P. (2021). COVID-19: Management in children. *UpToDate*. Retrieved May 15, 2025, from COVID-19: Management in children UpToDate (Level V)
- Jaffray, J., Branchford, B., Goldenberg, N., Malvar, J., Croteau, S. E., Silvey, M., Fargo, J. H., Cooper, J. D., Bakeer, N., Sposto, R., Ji, L., Zakai, N. A., Faustino, E. V. S., Stillings, A., Krava, E., Young, G., & Mahajerin, A. (2021). Development of a risk model for pediatric hospital-acquired thrombosis: A report from the Children's Hospital-Acquired Thrombosis Consortium. *The Journal of Pediatrics*, 228, 252. https://doi.org/10.1016/j.jpeds.2020.09.016 (Level III)
- Lassandro, G., Palmieri, V. V., Palladino, V., Amoruso, A., Faienza, M. F., & Giordano, P. (2020). Venous thromboembolism in children: From diagnosis to management. *International Journal of Environmental Research and Public Health*, *17*(14). https://doi.org/10.3390/ijerph17144993 (Level V)
- Monagle, P., Cuello, C. A., Augustine, C., Bonduel, M., Brandão, L. R., Capman, T., Chan, A. K. C., Hanson, S., Male, C., Meerpohl, J., Newall, F., O'Brien, S. H., Raffini, L., van Ommen, H., Wiernikowski, J., Williams, S., Bhatt, M., Riva, J. J., Roldan, Y., ... Vesely, S. K. (2018). American Society of Hematology 2018 Guidelines for management of venous thromboembolism: treatment of pediatric venous thromboembolism. *Blood Advances*, 2(22), 3292–3316. https://doi.org/10.1182/bloodadvances.2018024786 (Level V)
- Walker, S. C., Creech, C. B., Domenico, H. J., French, B., Byrne, D. W., & Wheeler, A. P. (2021). A real-time risk-prediction model for pediatric venous thromboembolic events. *Pediatrics*, *147*(6). https://doi.org/10.1542/peds.2020-042325 (Level III)