Inpatient VTE Prevention Pathway
Arnold Palmer Hospital for Children

*Risk Factors**

- ☐ Cardiovascular compromise
- ☐ Inflammatory disease (SLE, IBD)
- ☐ Peds ICU admission
- ☐ Mechanical ventilation
- ☐ Mobility decreased from baseline
- ☐ Severe dehydration requiring intervention
- ☐ Systemic or severe local infection
- ☐ Major Trauma
- ☐ Orthopedic surgery
- ☐ Spine surgery
- ☐ Cancer (active, not in remission)
- ☐ Estrogen therapy received within past month
- ☐ Obesity (BMI >99th percentile)
- ☐ Protein losing disorders (nephrotic syndrome, protein losing enteropathy, draining Chylous effusion)
- ☐ Age ≥12 years or post-pubertal
- ☐ Anticipated hospitalization >72 hours
- ☐ Surgery >90 mins within previous 14 days (abdominal. Orthopedic, thoracic)
- ☐ Burns
- ☐ Sickle Cell disease

Total Score_____

☐ Low Risk ☐ Moderate Risk ☐ High Risk

Inclusions:*
Anticipated LOS >24 hrs.
> 1yr of age & ≤ 18 yrs. of age

Exclusions:
NICU
PCICU
Currently being treated for a DVT

Personal or 1st degree family history of unprovoked VTE (<40 yrs. of age) or severe thrombophilia+

YES

Severe Thrombophilia+

- Antithrombin deficiency
- Homozygous Factor V Leiden mutation
- Homozygous prothrombin mutation
- Protein C deficiency
- Protein S deficiency
- Antiphospholipid Syndrome
- 2 or more Thrombophilia traits

NO

Central Venous Line (including PICC, Broviac, Mediport, Femoral/ Jugular Line?

YES

0-1 additional Risk factors

Moderate Risk
Early Mobilization
+
Active Range of Motion
+
Mechanical Prophylaxis

≥ 2 additional Risk factors

High Risk
Early mobilization
Active range of motion
Mechanical prophylaxis
+pharmacologic prophylaxis (see dosing***) if no contraindications
Hematology Consult
Physical Therapy consult for mobility screen and therapeutic exercise education.

NO

0-2 additional Risk factors

Low Risk
Early Mobilization
+
Active Range of Motion

3 additional Risk factors

Moderate Risk
Early Mobilization
+
Active Range of Motion
+
Mechanical Prophylaxis

≥ 4 additional Risk factors

High Risk
Early mobilization
Active range of motion
Mechanical prophylaxis
+pharmacologic prophylaxis (see dosing***)
if no contraindications
Hematology Consult
Physical Therapy Consult for mobility screen and therapeutic exercise education

! Patient may have multiple risk factors that are offset by clinical judgement, pt. acuity level or family refusal. If question remains about whether or not to initiate prophylaxis, consult Hematology

ORLANDO HEALTH®
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Patients with cystic fibrosis often fall outside these guidelines so they will be assessed individually for their risk for VTE and treated appropriately

CONTRAINDICATIONS TO PHARMACOLOGIC/MECHANICAL PROPHYLAXIS AND DOSING

Contraindications to Anticoagulation

- Ongoing and uncontrolled bleeding
- Uncorrected coagulopathy
- Congenital bleeding disorder
- Intracranial hemorrhage
- Intracranial mass
- Acute large territorial arterial ischemic stroke
- Incomplete spinal cord injury with suspected or known paraspinal hematoma
- Known AVM, aneurysm, MoyaMoya
- Uncontrolled severe hypertension
- Epidural catheter or lumbar puncture in last 24 hrs
- Epidural (discuss with Anesthesia prior to initiating pharmacologic prophylaxis)
- Within 72hr of a neurosurgical procedure or TBI
- IV thrombolytic therapy in last 24 hrs
- Allergy to heparin or enoxaparin
- Heparin induced thrombocytopenia (current or historical)
- Platelet count <50,000/mcl
- Fibrinogen unable to be maintained >100 mg/dL
- Patient is likely to require an invasive procedure within 24 hours of starting enoxaparin

Contraindications to Mechanical Prophylaxis

- Distal/peripheral IV access (i.e. IV in foot)
- Suspected or existing deep vein thrombosis (CAN use compression stockings-see extremity precautions procedure)
- Skin conditions affecting extremity (i.e. dermatitis, burn, etc.)
- Acute fracture- Ok to use device on unaffected extremity. Obtain orthopedics clearance prior to placing on same side of fracture
- No appropriate size pneumatic sequential compression device SCD) available
- Lower extremity conditions which result in significant pain with compression (i.e. solid tumor, vaso-occlusive episode in sickle cell disease, etc.)
- Surgical or anesthesia contraindication to sequential compression during a procedure

Labs prior to the initiation of Lovenox
CBC, PT, PTT, Fibrinogen, Creatinine

*****Pharmacologic Prophylaxis Dosing**

Enoxaparin (Lovenox®) Subcutaneous Injection

Enoxaparin Dosing#	
Age ≤2 months	0.75 mg/kg every 12 hrs
Age >2 months and weight <60 kg	0.5 mg/kg every 12 hrs (max 30 mg/dose)
Weight ≥60 kg	40 mg every 24 hrs or 30 mg every 12 hrs^

^Consider q12 hr dosing in post-surgical and trauma patients
For high risk post-operative patients, discuss with Surgery/Hematology
#For patients with renal dysfunction, discuss with Pharmacy/Hematology

Dose Rounding

- Patients <10 kg: round to the nearest 0.1 mg
- Patients 10-40 kg: round to the nearest 1 mg
- Patients >40 kg: round to the nearest 10 mg

Early Mobilization defined as:
Ages 3-5: physical activity throughout day goal of 180+ minutes of active play

Ages 6+: 60 minutes per day of activity; walking, stationary cycling.