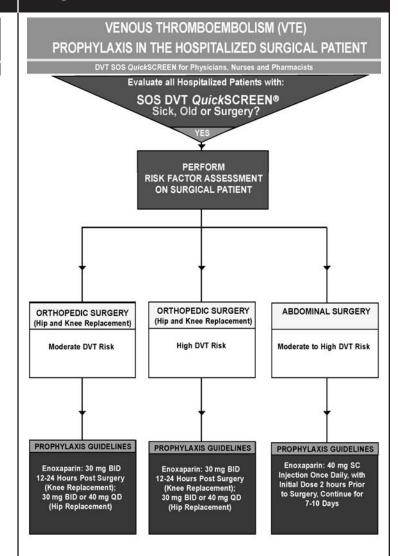
## Figure 1. VTE Prophylaxis in Hospitalized Medical Patient

## **VENOUS THROMBOEMBOLISM (VTE)** PROPHYLAXIS IN THE HOSPITALIZED MEDICAL PATIENT DVT SOS QuickSCREEN for Physicians, Nurses and Pharmacists **Evaluate all Hospitalized Patients with:** SOS DVT QuickSCREEN® Sick, Old or Surgery? RISK FACTOR ASSESSMENT Does the patient have reduced mobility AND is at least ONE of the following VTE risk factors present? VTE RISK FACTORS ☐ Age > 40 years (VTE risk Pneumonia increases with advancing age) ☐ Serious infection ☐ Intensive care unit (ICU) ■ Malignancy admission ☐ Thrombophilia (hematological disor-☐ Prior history of VTE (DVT or PE) ders that promote thrombosis) ☐ Obesity ☐ Active collagen-vascular disorder ☐ Ischemic (non-hemorrhagic) stroke ☐ Inflammatory disorder (e.g., ☐ Heart failure inflammatory bowel disease, etc.) ☐ Chronic lung disease ☐ Central venous line/catheter ☐ Respiratory failure □ Varicose veins This is a partial list of common risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose to VTE. **PROPHYLAXIS GUIDELINES ENOXAPARIN 40 mg** SUBCUTANEOUSLY ONCE DAILY (PREFERRED PHARMACOLOGIC STRATEGY FOR VTE PROPHYLAXIS) TO BE ADMINISTERED UNTIL PATIENT'S CLINICAL STATUS WARRANTS DISCONTINUATION Clinical trials support use of pharmacological prophylaxis for about 7 to 12 days, although a shorter or longer duration of prophylaxis may be appropriate based on clinical factors or length of hospitalization

## Figure 2. VTE Prophylaxis in Hospitalized Surgical Patient



See Figure 3 for VTE prophylaxis exclusionary criteria.

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