## DVT PREVENTION IN THE CHF/CARDIAC PATIENT— **GUIDELINES FOR OUTCOME-EFFECTIVE MANAGEMENT** Patient Risk Stratification • Screening • Inclusionary/Exclusionary Criteria • Management **SAVE® Strategies for Averting Arterial &** Venous Vascular Events & Expenditures DVT PATIENT SCREENING AND IDENTIFICATION Reduce Risk of Deep Venous Thrombosis -Improve Clinical Outcomes Reduce Expenditures Reduce Risk of Pulmonary Embolism Reduce Risk of Clinical Complications ConditionsRisk Factors Earlier Hospital Discharge Screening of Hospitalized Patients with Serious Medical Illness Evaluate and Manage Underlying Medical Conditio No DVT Risk Factors Age Congestive Heart Failure **SAVE®** Systemic Infection • Malignancy • History of DVT • Immobilization (≥ 3 days) PROPHYLAXIS SCREENING No Significant Immobilization · ICU PHASE I Evaluate and Manage Underlying Medical Condition Inflammatory DisordersHypercoagulability Anticipated Three (3) or More Days of Immobilization or Severely Compromised Ambulation Anticipated Specific Cardiac Patients to Be Unanticipated Immobilization Required **SAVE®** Considered for DVT Prophylaxis During Hospitalization PROPHYLAXIS ASSESSMENT CLASS III-IV CONGESTIVE HEART FAILURE Acute Myocardial Infarction PHASE II Ischemic Cardiomyopathy Non-ischemic Cardiomyopathy Evaluate and Manage Underlying Medical Condition Chronic Idiopathic Cardiomyopathy Alcoholic Cardiomyopathy DVT PROPHYLAXIS **EXCLUSIONARY CRITERIA** FOR DVT PROPHYLAXIS Documented Bleeding Disorder Conditions Conferring Risk for Hemorrhage Major Surgery in Past 3 Months (relative) Uncontrolled Hypertension Abnormal Clotting Times Criteria Hypersensitivity to UFH, LMWH Severe Renal Failure • Pregnancy or Possible Pregnancy **SAVE®** No Exclusionary Criterion or Criteria Present PROPHYLAXIS IMPLEMENTATION PHASE III ENOXAPARIN 40mg SC\* for a Minimum of Six (6) Days atient Continues to Be Immobilized with CHF During the Hospital or Post-Hospital Phase Continued DVT Prophylaxis wit ENOXAPARIN 40mg SC Indic Alternative: UFH 5000 SC B.I.D.

April 8, 2002/Supplement to Emergency Medicine Reports