

Patient details:
(Affix addressograph)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Cwm Taf
Health Board

1000 LIVES
O FYWYDAU

If this protocol is not followed, the prescribing doctor will accept responsibility for any deviation from the thrombosis committees' recommendations and will be required to document the rationale and contraindications in the clinical notes

COMPLETE AND FILE IN
PATIENT'S NOTES
PRESCRIBE PROPHYLAXIS
ON DRUG CHART

THROMBOPROPHYLAXIS FOR ACUTE ORTHOPAEDIC ADMISSIONS

UNLESS CONTRAINDICATED:

(See Reverse)

All patients admitted following orthopaedic trauma should be risk assessed to receive combined thromboprophylaxis with pharmacological and mechanical methods from admission until mobile.

RE-ASSESS within 24 Hours & regularly thereafter ☐

DOES PATIENT HAVE CONTRAINDICATION TO PHARMACOLOGICAL THROMBOPROPHYLAXIS?

- Active bleeding or at risk of bleeding ☐
- Already having therapeutic anticoagulation (excluding anti platelet agents) ☐
- Uncontrolled systolic hypertension $\geq 180\text{mmHg}$ ☐
- Bacterial endocarditis, pericarditis or thoracic aneurysm ☐
- New-onset stroke or risk of central nervous system bleed e.g. head injury or previous SAH ☐
- Severe liver disease ☐
- Known bleeding disorder: discuss with Haematologist ☐
- Thrombocytopenia: platelet count $< 100 \times 10^9 /l$ - discuss with Haematologist ☐
- Admitted for terminal care or on end of life pathway ☐
- Previous heparin induced thrombocytopenia (Use Fondaparinux) ☐
- Known heparin allergy (Use Fondaparinux) ☐

Fondaparinux: In normal renal Function 2.5 mgs once a day by subcutaneous injections 6 hours post surgery. Discuss with Haematologist

NO

YES

PHARMACOLOGICAL METHODS

Prescribe thromboprophylaxis on the patients medication chart according to local formulary and licensed indications:

- Enoxaparin (Clexane) 40mg od ☐

Further advice can be obtained from the Haematologist. ☐

(Aspirin is not recommended for thromboprophylaxis.)

Pharmacological considerations

- Decrease enoxaparin dose to 20mg od if creatinine clearance $< 30\text{ml/min}$ or use UFH
- consider 60mg enoxaparin od in patients $> 110\text{kg}$ (unlicensed dose)
- consider 20mg enoxaparin od in patients $< 50\text{kg}$ (unlicensed dose)

Patients receiving LMWH or UFH need platelet count checking on day 6.

MECHANICAL METHODS*

Choose one of the following

- ☐ Anti-embolism stockings
- ☐ Foot impulse devices
- ☐ Intermittent pneumatic compression devices

* Contraindications to mechanical methods

- Arterial insufficiency
- Cutaneous infections
- Peripheral neuropathy
- Recent skin graft
- Peripheral vascular disease
- Local skin Ulcers
- Acute Stroke
- Cardiac Failure
- Massive Leg Oedema
- Extreme Leg Deformity
- Unusual Leg size or shape
- Known allergy to material

For surgery under spinal/epidural anaesthesia (Contact Consultant Anaesthetist)

- Stop pharmacological thromboprophylaxis at least 12 hours prior to neuraxial blockade.
- Placement or removal of epidural catheter should be delayed for 12 hours after administration of 20mg or 40mg of enoxaparin sodium. Patients receiving higher doses of enoxaparin sodium will require longer delays (24hours). The subsequent enoxaparin sodium dose should be given no sooner than 4 hours after catheter removal.

Clinician Name

Clinician Signature

Date