

# Thromboprophylaxis

CC: None

Updated: 7/7/11

## Physical Examination / Labs:

- Lower extremity: swelling, warmth, muscle strength, Homan's, Liskers
- Vitals: tachypnea/tachycardia
- Lung exam
- Factor V Leiden mutation, Prothrombin gene (G20210A) mutation, Antithrombin III, Protein C, Protein S, homocystine
- Antiphospholipid antibodies: anticardiolipin antibody and lupus anticoagulant
- Consider LE Doppler if symptoms of DVT

## Orders:

Thrombophilia with h/o VTE	Orders
Single VTE, transient risk factor no longer present	<input type="checkbox"/> Surveillance, postpartum tx
Single idiopathic VTE, not on long term anticoagulants	<input type="checkbox"/> Prophylactic LMWH <input type="checkbox"/> Minidose UFH or moderate dose UFH, or <input type="checkbox"/> Surveillance, postpartum tx
Single VTE, thrombophilia or strong FH, not on long term anticoagulants	<input type="checkbox"/> Prophylactic or intermediate LMWH, or <input type="checkbox"/> Minidose UFH or moderate dose UFH, or <input type="checkbox"/> Postpartum tx
Antithrombin III deficiency, compound heterozygous prothrombin G20210A and Factor V Leiden, or homozygous with history of DVT	<input type="checkbox"/> Intermediate dose LMWH, or <input type="checkbox"/> Moderate dose UFH <input type="checkbox"/> Postpartum tx
Thrombophilia no h/o VTE	Orders
Antithrombin III deficient, homozygous for factor V Leiden or prothrombin gene mutation	<input type="checkbox"/> Adjusted dose LMWH or UFH <input type="checkbox"/> Postpartum tx
Other thrombophilia, no history of VTE	<input type="checkbox"/> Surveillance, OR <input type="checkbox"/> Minidose UFH or prophylactic LMWH <input type="checkbox"/> Postpartum tx
Pregnancy risk/APLAs	Orders
Habitual miscarriage, h/o severe preeclampsia, IUGR, abruption AND APLAs	<input type="checkbox"/> ASA & <input type="checkbox"/> Minidose -moderate dose UFH, OR <input type="checkbox"/> Prophylactic LMWH
Thrombophilia and habitual miscarriage, h/o IUFD, severe or recurrent preeclampsia, abruption	<input type="checkbox"/> ASA & <input type="checkbox"/> Minidose heparin, OR <input type="checkbox"/> Prophylactic LMWH
APLAs, h/o DVT	<input type="checkbox"/> Adjusted dose LMWH or UFH & <input type="checkbox"/> ASA
APLAs, no prior VTE (Not antiphospholipid syndrome)	<input type="checkbox"/> Surveillance, or <input type="checkbox"/> Minidose heparin, or <input type="checkbox"/> Prophylactic LMWH, &/OR ASA

## History:

- Habitual miscarriage (3 or more consecutive SAB <10 weeks)
- History of fetal loss (>10 weeks), morphologically normal, no other explanation
- History of VTE (DVT, PE, stroke)
- Strong family history of VTE
- Antiphospholipid syndrome

## Other considerations:

- All gravid postoperative patients should have graduated compression stockings
- Post-operative patients with "high risk" for VTE should also get prophylactic LMWH 6-8 hours postoperatively once hemostasis confirmed.
- Give prophylactic LMWH to postoperative patients with BMI > 35

## Notes:

- Risk factors for VTE: prior VTE, thrombophilia, age >35, prolonged rest/immobilization, obesity, surgery, concomitant comorbid illness
- See also Acute DVT in pregnancy (references included there)

**Discharge:** Patient understands self-injection, NST/AFI 2x/week at 32 weeks, Bleeding precautions, Check platelets 2 weeks after initiation of anticoagulation