

Emergency General Surgery DVT Prophylaxis Practice Guidelines

High Risk for DVT:

- Increasing Age
- Prolonged Immobility
- Stroke
- Paralysis
- Previous VTE
- Cancer
- Major Surgery (abdomen, pelvis, lower extremities)
- Trauma
- Obesity
- Varicose Veins
- Cardiac Dysfunction
- Indwelling Central Venous Catheters
- Inflammatory Bowel Disease
- Nephrotic Syndrome
- Pregnancy
- Estrogen Use

For surgical patients, the incidence of DVT is affected by the preexisting factors listed above and by factors relating to the procedure itself, including the site, technique, and duration of the procedure, the type of anesthetic, the presence of infection, and the degree of postoperative immobilization (Geerts, Heit, Clagett, Pineo, Colwell, Anderson, & Wheeler, 2001).

Low Risk General Surgery Patient:

Minor surgery in patients < 40 yr. with no additional risk factors

Moderate Risk General Surgery Patient:

Minor surgery in patients with additional risk factors
Nonmajor surgery in patients 40-60 yr. with no additional risk factors
Major surgery in patients < 40 yr. with no additional risk factors

High Risk General Surgery Patient:

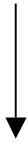
Nonmajor surgery in patients > 60 yr. or with additional risk factors
Major surgery in patients > 40 yr. or with additional risk factors

Highest Risk General Surgery Patient:

Major surgery in patients > 40 yr. plus prior VTE, cancer, or molecular hypercoagulable state
Hip or knee or knee arthroplasty
Hip fracture surgery
Major trauma
Spinal cord injury

The abdominal general surgery patient is considered major surgery, so the patient begins at moderate risk level and then goes to high or highest risk depending on age and risk factors.

Moderate Risk



Heparin 5000 U SC
q12h
Or elastic stockings
Or IPC
(Grade 1A)

High Risk



Heparin 5000 U SC
q8h
Or IPC
(Grade 1A)

Highest Risk



Lovenox 40
mg SC qd
And ES or IPC
(Grade 1C)

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