

NOF Postoperative DVT Prophylaxis Quick Reference Sheet

(adapted from Western Health Guidelines – Adult Venous Thromboembolism Prevention
-see complete Guidelines on intranet)

Patients with hip fracture are at HIGH risk of venous thromboembolism and routinely require extended-duration VTE prophylaxis

- Prophylactic dose clexane should be prescribed for **28 days** post-op for ALL patients with hip fracture except:
 - Patients who have been recommenced on their usual anticoagulation (eg. Warfarin for mechanical MVR).
 - Patients with a relative contraindication to clexane. – See section 8.2.3.1 *Pharmacological VTE Prophylaxis Relative Contraindications from the Adult Venous Thromboembolism Prevention PPG on intranet*
 - Unacceptable risk of falls, as determined by treating geriatrician.
- Prophylactic clexane should be withheld for 12 hours prior to surgery, and restarted as soon as practicable, ideally 6 hours post-operatively, unless advised otherwise by orthopaedic surgeon due to concerns about bleeding.
- If prophylactic clexane is withheld, the patient must be placed on intermittent pneumatic calf compressors. Use of TEDS can be considered, but is often contraindicated in patients with hip fracture due to poor skin integrity.

Clexane Dosing

Weight (kg)	Dose
< 50	20 mg subcut daily
50 – 120	40 mg subcut daily
120 - 160	60 mg subcut daily or 30 mg subcut BD [#]
> 160	Consult the Haematology unit*
Renal function	
eGFR ≥ 30 ml/min	Dosing as per weight
eGFR < 30 ml/min	Half weight dose
Dialysis patients	Consult the Haematology or Renal unit

[#] Clearance may be increased in the obese patients so consider BD dosing

* Scientific evidence to guide Enoxaparin dosing in morbidly obese patients is limited and clinical judgement is required. Consider monitoring anti-factor Xa levels

Discharge Planning

- Patients moving from an acute ward to a subacute ward should have prophylactic clexane continued on transfer.
- Patients being discharged to residential care will need to have clexane included on their discharge prescription to supply a total of 28 days of clexane from the date of surgery
- Patients being discharged home will need to have clexane included on their discharge prescription to supply a total of 28 days of clexane from the date of surgery. Consider:
 - Is the patient able to learn to self-administer clexane? If yes, discuss with nursing staff early during post-operative period so that there is adequate time to train the patient.
 - Alternatively, is a carer able and available to administer a daily dose of clexane to the patient at home? If yes, discuss with nursing staff early during post-operative period so that there is adequate time to arrange carer training.
 - If neither the patient nor a carer will be able to administer clexane at home, discuss with nursing staff the need for referral to Bolton Clarke for home medication administration, at least 2 days prior to estimated day of discharge.