Western Health

Orthogeriatrics Service 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 require <u>extended-duration</u> VTE prophylaxis

→ Prophylactic dose enoxaparin should be prescribed for **28 days** post-op for <u>ALL</u> 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 enoxaparin. – *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 enoxaparin should be charted daily at 2000. On the day of surgery enoxaparin should be administered at 2000 or at least 6 hours post-operatively, unless advised otherwise by orthopaedic surgeon due to concerns about bleeding.

→ If prophylactic enoxaparin 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

DVT prophylaxis chemoprophylaxis options

Enoxaparin is the gold-standard for DVT prophylaxis, however in cases where enoxaparin is not tolerated, rivaroxaban can be considered (renal function permitting, aware this is not PBS funded, limited evidence in hip fractures) as an alternative agent. Dosing is as follows:

1st line/recommended agent - Enoxaparin (clexane):

<u>Weight (kg)</u>	<u>Dose</u>
< 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

<u>OR</u>

2nd line (when enoxaparin not tolerated, limited evidence available) - Rivaroxaban:
10mg oral daily
(contraindicated in severe renal impairment*** check with pharmacy re: cost on discharge)

Discharge Planning

→ Patients moving from an acute ward to a subacute ward should have prophylactic enoxaparin continued on transfer.

→ Patients being discharged to residential care will need to have enoxaparin included on their discharge prescription to supply a **total of 28 days of enoxaparin from the date of surgery**

→ Patients being discharged home with enoxaparin or rivaroxaban will need to have it included on their discharge prescription to supply a total of 28 days from the date of surgery. If discharged home with enoxaparin consider:

- Is the patient able to learn to self-administer enoxaparin? 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 enoxaparin 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 enoxaparin 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.

→ Alternatively, if a patient declines the 28 days of enoxaparin, Rivaroxaban can be prescribed instead, however this is not PBS-funded and a cost may be incurred to the patient

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