



Managing VTE Risk Across the Continuum of Care: Orthopedic Surgery Patients

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| Prehospitalization  | Assess Patients at Risk¹ <ul style="list-style-type: none"> • VTE risk: all hip and knee arthroplasty patients are at high risk; history of prior VTE is another clinical consideration • Bleeding risk: known bleeding disorders (ie, hemophilia) and active liver disease increase risk | Create Medication List² <ul style="list-style-type: none"> • Upon admission • Include all Rx and OTC medications, vitamin/mineral supplements, & herbal supplements |
| Hospital Preoperative | Employ Appropriate Thromboprophylaxis¹ <ul style="list-style-type: none"> • Patients whose only risk for VTE or bleeding are the surgery itself: pharmacologic agents <i>and/or</i> mechanical compressive devices | <ul style="list-style-type: none"> • Patients who have a history of prior VTE: pharmacologic agents <i>and</i> mechanical compressive devices • Consider bleeding risk, known contraindications to anticoagulation, renal function, and type of anesthesia |
| Postoperative | Mobilize Patients as Soon as Feasible¹ Continue Thromboprophylaxis^{1,3} <ul style="list-style-type: none"> • AAOS guidelines recommend that patients and physicians discuss the duration of thromboprophylaxis for each individual situation. | <ul style="list-style-type: none"> • ACCP guidelines recommend that therapy continue for a minimum of 10 to 14 days for all patients; and for those undergoing major orthopedic surgery, prophylaxis should continue >10 days and up to 35 days |
|  Hospital Discharge | Emphasize Ongoing Prevention Efforts^{2,4} <ul style="list-style-type: none"> • Provide patient/caregiver and next site of care (if applicable) with discharge summary and medication reconciliation list • Provide patient/caregiver with education/instructions | <ul style="list-style-type: none"> • Provide prescription for VTE prophylaxis and patient assistance information to help ensure access and coverage of medications • Discuss medication management and adherence • Discuss follow-up care |
| Postdischarge | Follow Up With Patient^{2,4} <ul style="list-style-type: none"> • Ask about: <ul style="list-style-type: none"> – Healing, mobility and pain – Medication adherence; adverse drug reactions – Potential DVT/PE symptoms – Follow-up visits with HCPs | Follow Up With Next Site of Care (if applicable) <ul style="list-style-type: none"> • Ensure that complete information was received |

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Abbreviations: AAOS = American Academy of Orthopaedic Surgeons; ACCP = American College of Chest Physicians; DVT = deep vein thrombosis; HCP = healthcare professional; OTC = over the counter; PE = pulmonary embolism; Rx = prescription; VTE = venous thromboembolism.

References: **1.** American Academy of Orthopaedic Surgeons. Preventing venous thromboembolic disease in patients undergoing elective hip and knee arthroplasty evidence-based guideline. 2011. http://www.aaos.org/research/guidelines/VTE/VTE_full_guideline.pdf. Accessed July 3, 2017. **2.** National Quality Forum. Preferred practices and performance measures for measuring and reporting care coordination: a consensus report. http://www.qualityforum.org/Publications/2010/10/Preferred_Practices_and_Performance_Measures_for_Measuring_and_Reporting_Care_Coordination.aspx. Published October 2010. Accessed July 3, 2017. **3.** Guyatt GH, Akl EA, Crowther M, Gutterman DD, Schünemann HJ; for the American College of Chest Physicians Antithrombotic Therapy and Prevention of Thrombosis Panel. Executive summary: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2012;141(2 Suppl): 7S-47S. **4.** Johanson NA, Lachiewicz PF, Lieberman JR, et al. AAOS clinical practice guideline summary: prevention of symptomatic pulmonary embolism in patients undergoing total hip or knee arthroplasty. *J Am Acad Orthop Surg*. 2009;17(3):183-196.