OB/GYN VTE SAFETY RECOMMENDATIONS FOR THE PREVENTION OF VTE IN MATERNAL PATIENTS

antepartum intrapartum postpartum

Applies to: Cesarean and Vaginal Delivery

STEP 1 Admission/Transfer of Care

Assess Patient for VTE Risk and Document

Risk Factor(s) (check all that apply)	2 points	3 points	5 points
 □ Minor surgery planned □ Age over 35 years old □ Prior major surgery < 1 month □ Pregnancy or < 1 month postpartum □ Varicose veins (current) □ Inflammatory bowel disease (history/current) □ Overweight (obesity BMI > 30 kg/m²) □ Oral contraceptives or hormone replacement therapy (history) □ Preeclampsia (history/current) □ Smoking (history/current) □ Postpartum hemorrhage (current) 	 □ Major surgery (> 45 min.) □ Laparoscopic surgery (> 45 min.) □ Patient confined to bed > 72 hrs. □ Currently on bedrest / restricted mobility in the antepartum / postpartum period □ Immobilizing plaster cast (current) □ Central venous catheter (current) □ Cesarean-section delivery (current) □ Diabetes (including pre-gestational diabetes) (history/current) □ Malignancy and/or chemotherapy (history/current) □ Parity > 5 	Patient admitted for chronic major illness: myocardial infarction congestive heart failure kidney disease chronic hypertension Severe sepsis/infection (current) VTE (DVT or PE) (history) Factor V Leiden/activated protein C resistance (history/current) Antithrombin III deficiency (history/current) Protein C or S deficiency (history/current) Prothrombin 20210A (history/current) Homocysteinemia (history/current) Other congenital or acquired thrombophilia (history/current)	In last month, patient has had: Major surgery Elective major lower extremity arthroplasty Hip, pelvis or leg fracture Stroke Multiple trauma Acute spinal cord injury (paralysis) Personal or family history of blood clots or clotting disorders
# of Risk Factors x 1 =	# of Risk Factors X 2 =	# of Risk Factors x 3 =	# of Risk Factors x 5 =

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Recommended Prophylaxis Regimen RFA@___

HIGHEST HIGH RFA **3-4 MEDIUM** LOW **Antepartum** Antepartum Antepartum Antepartum ☐ Pharmacological prophylaxis **not recommended** ☐ Pharmacological prophylaxis **not recommended** ☐ Pharmacological prophylaxis: ☐ Pharmacological prophylaxis: unless indicated: ☐ Ordered if VTE unprovoked and/or □ Ordered: unless indicated: ordered: thrombophilia and/or hormonally provoked: ☐ Prophylactic low-molecular wt. heparin ☐ ordered: ☐ low-molecular weight heparin ☐ Prophylactic low-molecular wt. heparin or \Box if LMWH unavailable: ☐ Prophylactic low-molecular weight or \Box if LMWH unavailable: or if LMWH unavailable: unfractionated heparin BID (I triheparin unfractionated heparin 5000 IU BID unfractionated heparin BID (I trimester 5000 IU; II trimester 7500 IU; or \Box if LMWH unavailable: mester 5000 IU; II trimester 7500 IU; III trimester 10000 IU) □ not ordered (why? unfractionated heparin 5000 IU BID III trimester 10000 IU) □ not ordered (why? ☐ Mechanical prophylaxis prescribed: □ not ordered (why? □ not ordered (why? ☐ Mechanical prophylaxis initiated: ☐ graduated compression stockings & either: ☐ graduated compression stockings & either: ☐ Mechanical prophylaxis initiated: intermittent pneumatic compression ☐ graduated compression stockings & either: ☐ intermittent pneumatic compression **Postpartum** or venous foot pump ☐ intermittent pneumatic compression or venous foot pump ☐ Early ambulation as prescribed by health provider ■ Mechanical prophylaxis: or uenous foot pump ☐ Pharmacological prophylaxis not recommended on patient Mechanical prophylaxis: ☐ properly worn ■ Mechanical prophylaxis: on patient unless indicated (not administered until 12 hours patient provided with information ☐ properly worn on patient after vaginal delivery/epidural removal or 24 hours on proper use and wearing patient provided with information properly worn after cesarean delivery): patient provided with information on proper use and wearing ☐ Ordered if previous VTE, thrombophilia Postpartum on proper use and wearing Postpartum BMI>25kg/m² & antepartum immobilization: ☐ Early ambulation as prescribed by health provider Postpartum ☐ Early ambulation as prescribed by health provider ☐ Prophylactic low-molecular weight Pharmacological prophylaxis considered ☐ Early ambulation as prescribed by health provider (not administered until 12 hours after vaginal ☐ Pharmacological prophylaxis (not administered heparin ☐ Pharmacological prophylaxis (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery): delivery/epidural removal or 24 hours after cesarean delivery): until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery): or UFH 5000 IU BID ☐ not ordered (why? ordered if multiple postpartum VTE Risk ☐ ordered: □ ordered: ■ Mechanical prophylaxis initiated: ☐ Prophylactic low-molecular wt. heparin ☐ Prophylactic low-molecular wt. heparin ☐ Prophylactic low-molecular wt. heparin graduated compression stockings & either: or \Box if LMWH unavailable, unfractionated or if LMWH unavailable, unfractionated or \square if LMWH unavailable, unfractionated ☐ intermittent pneumatic compression heparin 5000 IU TID heparin (UFH) 5000 IU BID heparin (UFH) 5000 IU BID or uenous foot pump ☐ not ordered (why? ☐ not ordered (why? □ not ordered (why? Mechanical prophylaxis initiated: ☐ Mechanical prophylaxis ongoing: ☐ Mechanical prophylaxis initiated: ☐ Mechanical prophylaxis initiated: on patient ☐ graduated compression stockings & either: ☐ graduated compression stockings & either: ☐ graduated compression stockings & either: properly worn ☐ intermittent pneumatic compression ☐ intermittent pneumatic compression ☐ intermittent pneumatic compression patient provided with information or uenous foot pump or venous foot pump or up venous foot pump on proper use and wearing ☐ Mechanical prophylaxis ongoing: ■ Mechanical prophylaxis ongoing: ☐ Mechanical prophylaxis ongoing: on patient on patient ☐ Initiate discharge planning: on patient ☐ properly worn properly worn properly worn ☐ discussed with patient/family patient provided with information patient provided with information patient provided with information anticipated discharge date determined on proper use and wearing on proper use and wearing on proper use and wearing evaluate patient for home use of: ☐ Initiate discharge planning: ☐ Initiate discharge planning: ☐ Initiate discharge planning: ☐ intermittent pneumatic compression discussed with patient/family ☐ discussed with patient/family discussed with patient/family (IPC) anticipated discharge date determined anticipated discharge date determined anticipated discharge date determined or venous foot pump (VFP) evaluate patient for home use of: evaluate patient for home use of: evaluate patient for home use of: or Ino IPC/VFP ☐ intermittent pneumatic compression (IPC) ☐ intermittent pneumatic compression (IPC) ☐ intermittent pneumatic compression (IPC) ☐ if evaluated for IPC/VFP, initiate availability or venous foot pump (VFP) or venous foot pump (VFP) or venous foot pump (VFP) or \square no IPC/VFP on discharge or \square no IPC/VFP or \square no IPC/VFP ☐ if evaluated for IPC/VFP, initiate availability ☐ if evaluated for IPC/VFP, initiate availability ☐ if evaluated for IPC/VFP, initiate availability on discharge on discharge on discharge

Patient Reassessment

Patient Discharge

Repeat assessment if Patient hospitalized longer than 24 hrs., before surgery or with any significant change in patient condition.

SIE	gnilicant change in patient condition.
	Assess Patient for VTE Risk and Document (see step 1)
	Pharmacological prophylaxis: ☐ continued as prescribed ☐ not ordered (why?)
	Mechanical prophylaxis: ☐ not prescribed
	☐ graduated compression stockings or ☐ intermittent pneumatic compression or ☐ venous foot pump
	Mechanical prophylaxis, if prescribed: ☐ on patient ☐ properly worn ☐ patient provided with information on proper use and wearing
	Initiate discharge planning: ☐ discussed with patient/family ☐ anticipated discharge date determined ☐ evaluate patient for home use of: ☐ intermittent pneumatic compression (IPC) or ☐ venous foot pump (VFP) or ☐ no IPC/VFP
	☐ if evaluated for IPC/VFP, initiate availability on discharge

 □ Discharge instructions include: □ healthcare provider contact information □ signs and symptoms of DVT and PE □ evaluate patient for home use of: □ intermittent pneumatic compression (IPC) or □ venous foot pump (VFP) or □ no IPC/VFP
 Discharge instructions: reviewed with patient and read back received by patient
 Patient understands DVT/PE risk factors and how to prevent in postpartum period
☐ Follow up appointment made
 □ If immobility or bedrest required in antepartum period or extending 6 weeks postpartum: □ healthcare provider orders completed, including: □ evaluated patient for home use of: □ intermittent pneumatic compression (IPC) or □ venous foot pump (VFP) □ length of IPC/VFP treatment
durable medical equipment unit notified of start date of IPC/VFP treatment
 □ patient provided with information on: □ purpose of IPC/VFP □ proper use and wearing □ importance on maintaining use at home until MD discontinues □ removed for ambulation and skin inspections (every 8 hrs) □ worn minimally 18- 20 hours per day