

Venous Thromboembolism Care Pathway

Prevention

Prevention

General	Consider prophylaxis with LMWH for patients with risk factors for VTE
	Do not offer prophylaxis unless risk factors other than cancer alone are present
Surgery	Consider prophylaxis with LMWH or unfractionated heparin for patients undergoing major surgery or lower limb immobilization
	Consider discontinuing estrogen-containing oral contraceptives or hormone replacement 4 weeks prior to elective surgery
	Following surgery, encourage mobilization as soon as possible

Assessment

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Perform diagnostic imaging if suspicion of clinically relevant thromboembolism	→	Follow institutional protocol for DVT, PE or CSVT
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Treatment

Treatment and Resources

Clinically significant thrombosis	Consult thrombosis specialist to direct management including anticoagulation
Central line-associated thrombosis	Consider delayed removal of a central line until after initiation of anticoagulation (days) when central line removal is planned
	Remove the central line in patients where the line is not functioning or not needed
	Consider retaining a functioning central line in patients who continue to require venous access