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Venous thromboembolism prevention protocol for adapting prophylaxis recommendations  
to the potential risk post total knee replacement: a randomized controlled trial

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## Online Appendix. Suggested VTE risk stratification tool for total knee replacement

Name: \_\_\_\_\_

Hospital ID: \_\_\_\_\_

VTE risk Stratification for TKR Surgeries		
Patient-specific risk factors		
<input type="checkbox"/> Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + 2 weak risk factors (one point risk factors) or 1 two points risk factor	<input type="checkbox"/> Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + 3 weak risk factors (one point) <u>or</u> 1 two points risk factor + one point risk factor	<input type="checkbox"/> Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + > 3 weak risk factors (one point risk factors) <u>or</u> >1 two points risk factor <u>or</u> ≥ 1 three or five points risk factors
Surgery-specific risk factors		
Zero point risk factors	One point risk factors	Two Points risk factors
<input type="checkbox"/> Day surgery or fast track surgery* or ≤ 3 days <input type="checkbox"/> Regional anesthesia <input type="checkbox"/> Duration of surgery ≤ 120min	<input type="checkbox"/> Length of Hospital stay 4-5 days with limited mobility for less than 72hrs. <input type="checkbox"/> Duration of surgery > 120 min	<input type="checkbox"/> Length of hospital stay > 5 days with limited mobility or bed ridden ≥ 72 hrs. <input type="checkbox"/> General anesthesia
<input type="checkbox"/> Low High risk ≤ 7 points	<input type="checkbox"/> Moderate High risk (8-9)	<input type="checkbox"/> Very High risk ≥ 10
During hospital stay: Choices are <input checked="" type="checkbox"/> Enoxaparin** 40 mg QD <input checked="" type="checkbox"/> Rivaroxaban*** 10mg QD <input checked="" type="checkbox"/> UFH 5000IU TID	During hospital stay: Choices are: <input checked="" type="checkbox"/> Enoxaparin 40 mg QD <input checked="" type="checkbox"/> Rivaroxaban 10 mg QD <input checked="" type="checkbox"/> UFH 5000 IU TID	During hospital stay: Choices are: <input checked="" type="checkbox"/> Enoxaparin 40 mg QD <input checked="" type="checkbox"/> Rivaroxaban 10 mg QD <input checked="" type="checkbox"/> UFH 5000 IU TID
Upon discharge: <input checked="" type="checkbox"/> Aspirin 325 or 160mg QD up to 14 - 28 days post operation	Upon discharge: Choices are: (Oral anticoagulant) Doses for: <u>Body weight 40-100 kg and CrCl ≥ 30 mL/min</u> <input checked="" type="checkbox"/> Rivaroxaban 10 mg PO QD 12-14 days <input checked="" type="checkbox"/> Apixaban 2.5 mg PO BID 14 days <input checked="" type="checkbox"/> Dabigatran**** 220 mg QD 10 days <input checked="" type="checkbox"/> Warfarin 2-5 mg QD (INR target 2.5 range 2-3)	Upon discharge: Choices are: (Subcutaneous) or (Oral) Doses for: <u>Body weight 40-100 kg and CrCl &gt; 30 mL/min</u> <input checked="" type="checkbox"/> Enoxaparin 40mg SC QD <input checked="" type="checkbox"/> Rivaroxaban 10 mg PO QD <input checked="" type="checkbox"/> Apixaban 2.5 mg PO BID <input checked="" type="checkbox"/> Dabigatran**** 220 mg QD 10 days <input checked="" type="checkbox"/> Warfarin 2-5 mg QD (INR target 2.5 range 2-3) All 14- 28 days post operation

\* Defined as: surgery after which patients are mobilized within hours post-operatively and fully mobilized no later than on the day after surgery, with discharge no later than the fifth day. \*\*Enoxaparin 40mg subcutaneous daily (WT < 150kg, CrCl > 30mL/min) 30mg subcutaneous daily (WT < 150kg, CrCl = 10-29mL/min) 30mg subcutaneous BID (WT > 150kg, CrCl > 30mL/min),\*\*\* Rivaroxaban: If the creatinine clearance <30mL/minute do not use rivaroxaban. In cirrhotic patients with moderate hepatic impairment, rivaroxaban plasma levels may be significantly increased which may lead to an increased bleeding risk. \*\*\*\*Dabigatran: Age >75 years, patients receiving amiodarone or verapamil, the dabigatran dose is reduced to 75 mg 1-4 hrs following surgery followed by 150mg once daily 12-24 hours later for 9 days

**Note:** This sheet suggest common, effective prophylaxis options. It is not designed to discuss comprehensively all possible options. In some cases, alternative options may also be considered.