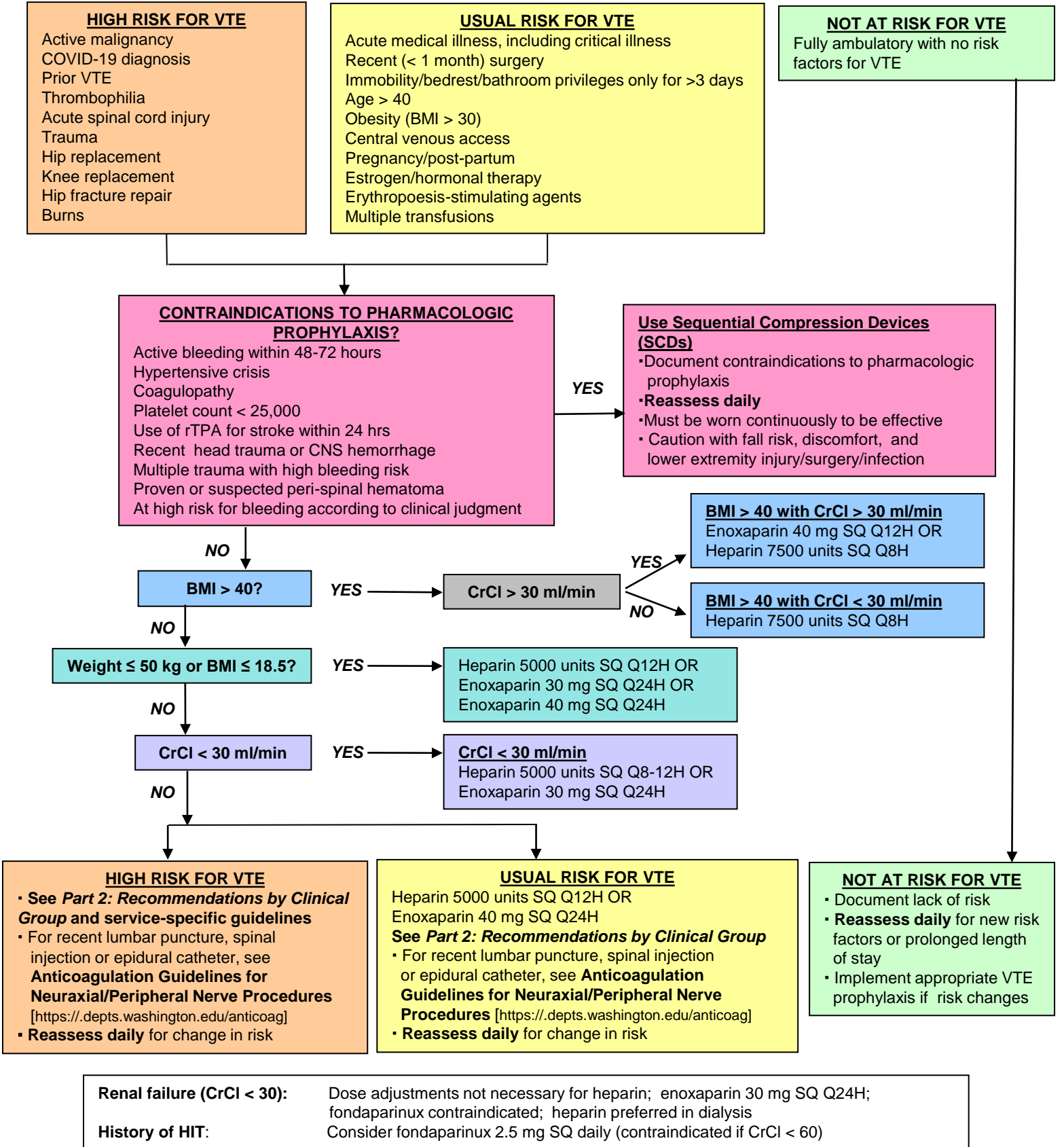


**GUIDELINES FOR PREVENTION OF VENOUS THROMBOEMBOLISM (VTE)
IN HOSPITALIZED PATIENTS**

PART 1: RISK ASSESSMENT AND GENERAL RECOMMENDATIONS

UW Medicine Recommended Practices based on Antithrombotic Therapy and Prevention of Thrombosis, 9th Edition, American College of Chest Physicians Evidence Based Clinical Practice Guidelines; Chest 2012 (suppl 2).



Renal failure (CrCl < 30): Dose adjustments not necessary for heparin; enoxaparin 30 mg SQ Q24H; fondaparinux contraindicated; heparin preferred in dialysis
History of HIT: Consider fondaparinux 2.5 mg SQ daily (contraindicated if CrCl < 60)