

Venous thromboembolism overview

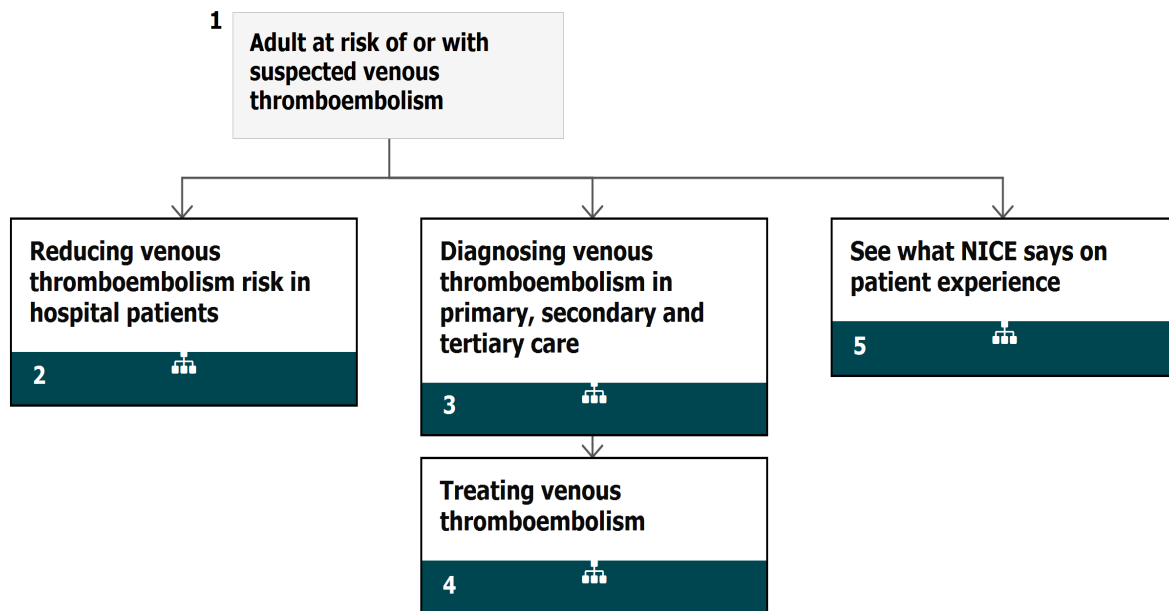
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/venous-thromboembolism>

NICE Pathway last updated: 20 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult at risk of or with suspected venous thromboembolism

No additional information

2 Reducing venous thromboembolism risk in hospital patients

[See Venous thromboembolism / Reducing venous thromboembolism risk in hospital patients](#)

3 Diagnosing venous thromboembolism in primary, secondary and tertiary care

[See Venous thromboembolism / Diagnosing venous thromboembolism in primary, secondary and tertiary care](#)

4 Treating venous thromboembolism

[See Venous thromboembolism / Treating venous thromboembolism](#)

5 See what NICE says on patient experience

[See Patient experience in adult NHS services](#)

APTT

activated partial thromboplastin time

CTPA

computed tomography pulmonary angiogram

Discharge

(in these recommendations, 'discharge' refers to discharge from hospital as an inpatient or after a day procedure)

Discharged

(in these recommendations, 'discharge' refers to discharge from hospital as an inpatient or after a day procedure)

DVT

deep vein thrombosis

Fondaparinux

fondaparinux sodium

HRT

hormone replacement therapy

INR

international normalised ratio (a standardised laboratory measure of blood coagulation used to monitor the adequacy of anticoagulation in patients who are having treatment with a vitamin K antagonist)

LMWH

low molecular weight heparin

LMWHs

low molecular weight heparins

Major bleeding

a bleeding event that results in one or more of the following: death, a decrease in haemoglobin concentration of ≥ 2 g/dl, transfusion of ≥ 2 units of blood, bleeding into a retroperitoneal, intracranial or intraocular site, a serious or life-threatening clinical event, a surgical or medical intervention

PE

pulmonary embolism

Proximal

in the popliteal vein or above; sometimes referred to as 'above-knee'

Provoked

occurring in a patient with an antecedent (within 3 months) and transient major clinical risk factor for venous thromboembolism – for example surgery, trauma, significant immobility (bedbound, unable to walk unaided or likely to spend a substantial proportion of the day in bed or in a chair), pregnancy or puerperium – or in a patient who is having hormonal therapy (oral contraceptive or hormone replacement therapy)

Renal impairment

an estimated glomerular filtration rate (eGFR) of less than 30 ml/min/1.73 m². (For more detailed information on renal impairment, see what NICE says on [chronic kidney disease in adults](#).)

Severe renal impairment or established renal failure

estimated glomerular filtration rate of less than 30 ml/min/1.73m²

Significantly reduced mobility

bedbound, unable to walk unaided or likely to spend a substantial proportion of the day in bed

or in a chair

UFH

unfractionated heparin

Unprovoked

occurring in a patient with: no antecedent major clinical risk factor for venous thromboembolism – for example surgery, trauma, significant immobility (bedbound, unable to walk unaided or likely to spend a substantial proportion of the day in bed or in a chair), pregnancy or puerperium – who is not having hormonal therapy (oral contraceptive or hormone replacement therapy) **or** active cancer, thrombophilia or a family history of venous thromboembolism, because these are underlying risks that remain constant in the patient

V/Q SPECT

ventilation/perfusion single photon emission computed tomography

VTE

venous thromboembolism

Wells score

a clinical prediction rule for estimating the probability of DVT or PE– there are a number of versions of Wells scores available; this guidance recommends the two-level DVT Wells score and the two-level PE Wells score

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not

mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.