



**Appendix C. Modified Padua Risk Assessment Model – Adult – Inpatient – Venous Thromboembolism (VTE) Prophylaxis – CPG**

Risk factors for venous thromboembolism (VTE) in the medical patient

Risk Factor	Points
Critically Ill	4
Inflammatory Bowel Disease	4
Active Cancer	3
Previous VTE	3
Reduced Mobility	3
Thrombophilic Condition	3
Recent (< 1month) Trauma/Surgery	2
Age ≥ 70 years	1
Heart or Respiratory Failure	1
Acute Myocardial Infarction or Ischemic Stroke	1
Acute Infection or Rheumatologic Disorder	1
BMI ≥ 30	1
Ongoing Hormonal Treatment	1

VTE prophylaxis recommendations based on risk score

Points	Risk	Recommendation
< 4	Low VTE Risk	VTE prophylaxis not needed
≥ 4	High VTE Risk and <b>Low</b> Bleed Risk	Pharmacologic Prophylaxis
	High VTE Risk and <b>High</b> Bleed Risk	Mechanical Prophylaxis

Patient Population	VTE Prophylaxis Regimens	
	Preferred Option	Alternative Option
High VTE Risk	Enoxaparin 40 mg SQ every 24 hrs	Heparin 5000 units SQ every 8-12 hrs
Renal impairment (CrCl < 30 mL/min)*  *Not on renal replacement therapy	Heparin 5000 units SQ every 8-12 hrs	Enoxaparin 30 mg SQ every 24 hrs
Extreme obesity (BMI > 40 kg/M <sup>2</sup> )	Enoxaparin 40 mg SQ every 12 hrs	Heparin 5000 units SQ every 8 hrs
Low body weight (weight < 50 kg)	Heparin 5000 units SQ every 8-12 hrs	Enoxaparin 30 mg SQ every 24 hrs
High Bleeding Risk	Intermittent pneumatic compression devices (IPC)	Graduated compression stockings (GCS) or Venous foot pumps (VFP)

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