

# PROTOCOL FOR PREVENTING VTE IN PATIENTS WHO MAY REQUIRE A LOWER LIMB PLASTER CAST (AGE 16YRS +)

Ref No: 2445

**Lead Person** : Dr A Marsh, Consultant in Emergency Medicine  
**Care Group** : Unscheduled Care – Emergency  
**Implemented** : January 2017  
**Last updated** : January 2017  
**Last reviewed** : January 2017  
**Planned review** : January 2020  
**Keywords** :

**(1) Does your patient have a risk of VTE i.e.**

Current hormone therapy (OCP, HRT, Tamoxifen)	
Personal or first degree relative VTE history	
Active smoker	
Hospital admission or major surgery within last 6 weeks	
Pregnant or 6 weeks post partum	
Significant PMH (e.g. DM/CHF/COPD/Renal failure/IBS)	
Extensive varicosities	
Active Cancer	
Obesity	
Known thrombophilia	
Age >60 years	

↓  Yes

**(2) Do they really need an above or below knee plaster (seek senior advice / consider less rigid supports)**

↓  Yes

**(3) Do they have a contraindication to LWMH i.e.**

Haemophilia or haemorrhagic disorder	
Thrombocytopenia or previous heparin induced thrombocytopenia	
Previous cerebral haemorrhage or very high BP	
Active peptic ulcer or recent GI bleeding	
Hypersensitivity to any form of heparin	
Known estimated GFR<30ml/min	
On oral anti-coagulation e.g. warfarin etc.	
Risk deemed to outweigh benefits by clinician	

↓  No

Explain to patient what you propose and why – are they able to self-administer tinzaparin?	
Start tinzaparin at 4,500 units (3,500 units if weight less than 40kg)	
First dose administered in the ED	
Prescription for tinzaparin until seen in fracture clinic or A&E clinic	
Provide written information sheet	

