



# The College of Emergency Medicine

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## **Additional information regarding recent revision to the clinical guideline for the use of thromboprophylaxis in ambulatory trauma patients requiring temporary limb immobilization**

Since the inception and dissemination of this guidance through the College of Emergency Medicine website, several issues with implementation and pragmatic use have been raised. There has also been a delay to publication in the EMJ, resulting in the need to repeat the searches for the original BET questions. We have used this opportunity of further publication to perform minor revisions to the guidance. The principal themed areas of interest since dissemination have been as follows:

### **1. What do you consider to be immobilisation?**

This was defined in the original guidance. However, we have now included a further section in the CDG applicability section to clarify that any attempt to manage the leg in a way that precludes normal weight bearing status should be considered as immobilisation. All these patients should enter the algorithm.

### **2. Should age be considered a transient risk factor?**

Several clinicians have voiced the concern that inclusion of age as a transient risk factor creates a degree of confusion when using the guidance. This aspect was included based on data from the study performed by Riou et al (1). We accept that the positive odds ratio associated with age in this instance is likely to be the effect of confounding, given that age itself is an independent permanent risk factor for VTE development. We have therefore moved age to the permanent risk factor box and used a cut off of 60 years, as per the data from the EPI-GETBO study group (2).

### **3. Does every patient need a baseline set of bloods to include eGFR and platelet measurement?**

This is a pragmatic query and as such local guidance should be sought prior to implementation. We have included a further box in the CDG to highlight the fact that all those with suspected or known renal impairment/thrombocytopenia should be considered for baseline eGFR/platelet check prior to prescription. We see no reason for measurement of eGFR or platelets in healthy young adults with no risk factors for renal impairment or thrombocytopenia, prior to a short course of prophylactic dose LMWH. If the course continues for greater than 5 days, we would recommend platelet monitoring in line with BNF guidance.

1. Riou B, Rothmann C, Lecoules N, Bouvat E, Bosson JL, Ravaud P, et al. Incidence and risk factors for venous thromboembolism in patients with nonsurgical isolated lower limb injuries. *Am J Emerg Med.* 2007 Jun;25(5):502-8.

2. Oger E. Incidence of venous thromboembolism: a community-based study in Western France. EPI-GETBP Study Group. *Groupe d'Etude de la Thrombose de Bretagne Occidentale. Thromb Haemost.* 2000 May;83(5):657-60.

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