

## ASH develops practice guidelines for venous thromboembolism

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(HealthDay)—The American Society of Hematology (ASH) has



developed new guidelines for the treatment of venous thromboembolism (VTE); the clinical practice guidelines were recently published in *Blood Advances*.

The guidelines address prophylaxis for hospitalized and nonhospitalized medical patients, diagnosis of VTE, heparin-induced thrombocytopenia, treatment of pediatric VTE, VTE in the context of pregnancy, and the optimal management of anticoagulation therapy.

The guidelines strongly recommend provision of pharmacological VTE prophylaxis in acutely or critically ill inpatients at acceptable bleeding risk and use of mechanical prophylaxis when bleeding risk is unacceptable. Using D-dimer as the initial test reduces the need for diagnostic imaging for patients at low VTE risk, while imaging is warranted for patients at high risk. For estimating pretest probability of heparin-induced thrombocytopenia, use of the 4Ts score is recommended rather than a gestalt approach. Researchers agreed on 30 recommendations for management of pediatric VTE, although additional research is needed. For pregnancy-associated VTE, there was a strong recommendation for low-molecular weight heparin (LMWH) over unfractionated heparin. For use of anticoagulant management, strong recommendations included using patient self-management of international normalized ratio (INR) with home point-of-care INR monitoring for vitamin K antagonist therapy and against LMWH bridging therapy.

"The 2018 ASH guidelines took the latest evidence into account to make recommendations that in some instances will reinforce existing best practices and in other instances will change practice," Adam Cuker, M.D., chair of the ASH VTE Guidelines Coordination Panel, said in a statement.

More information: Prophylaxis for Hospitalized and Nonhospitalized



Medical Patients

Diagnosis of Venous Thromboembolism

Heparin-Induced Thrombocytopenia

Treatment of Pediatric Venous Thromboembolism

Venous Thromboembolism in the Context of Pregnancy

Optimal Management of Anticoagulation Therapy

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