

Thromboprophylaxis following fracture neck of femur and ankle during the COVID 19 emergency

CHFT guidelines for thromboprophylaxis following fracture neck of femur and ankles have been amended due to reduced capacity of district nursing staff. With immediate effect follow pragmatic approach outlined below.

First line Dalteparin

Patients should be strongly encouraged and supported to self-inject. This would include teaching family or friends how to administer.

Second line DOAC

Patients must be told the medicine is unlicensed for this indication and there may be an increased bleeding risk.

Any of the three DOAC's listed below may need to be used if supply becomes a problem.

Apixaban 2.5mg twice daily (Do not use if creatinine clearance < 15ml/min)

Rivaroxaban 10mg Once daily (Do not use if creatinine clearance <15ml/min)

Dabigatran 220mg Once daily (Reduced to 150mg Once daily if creatinine Clearance 30-50ml/min. Do not use if creatinine clearance is less than 30ml/min)

Third line Aspirin 75mg daily

This should only be considered for patients who are unable to have the first 2 options

Duration of thromboprophylaxis

Please document this clearly on the discharge letter.

Procedure	Prophylaxis course length
Fracture neck of femur	28 days
Lower limb fracture/ non weight bearing	Until able to weight bear
Lower limb casts	Continue until cast removed. Consider stopping if immobilisation continues >42 days

Details of course length for other indications can be found in VTE assessment and prevention policy

<https://intranet.cht.nhs.uk/chft-documentation/uploads/694/C-61-2011%20-%20VTE%20prophylaxis%20policy%20v7.pdf>

Patient information

Each patient will be supplied with a product patient information leaflet (PIL)

Wendy Sunter

Anticoagulant and Thrombosis Pharmacist

April 2020