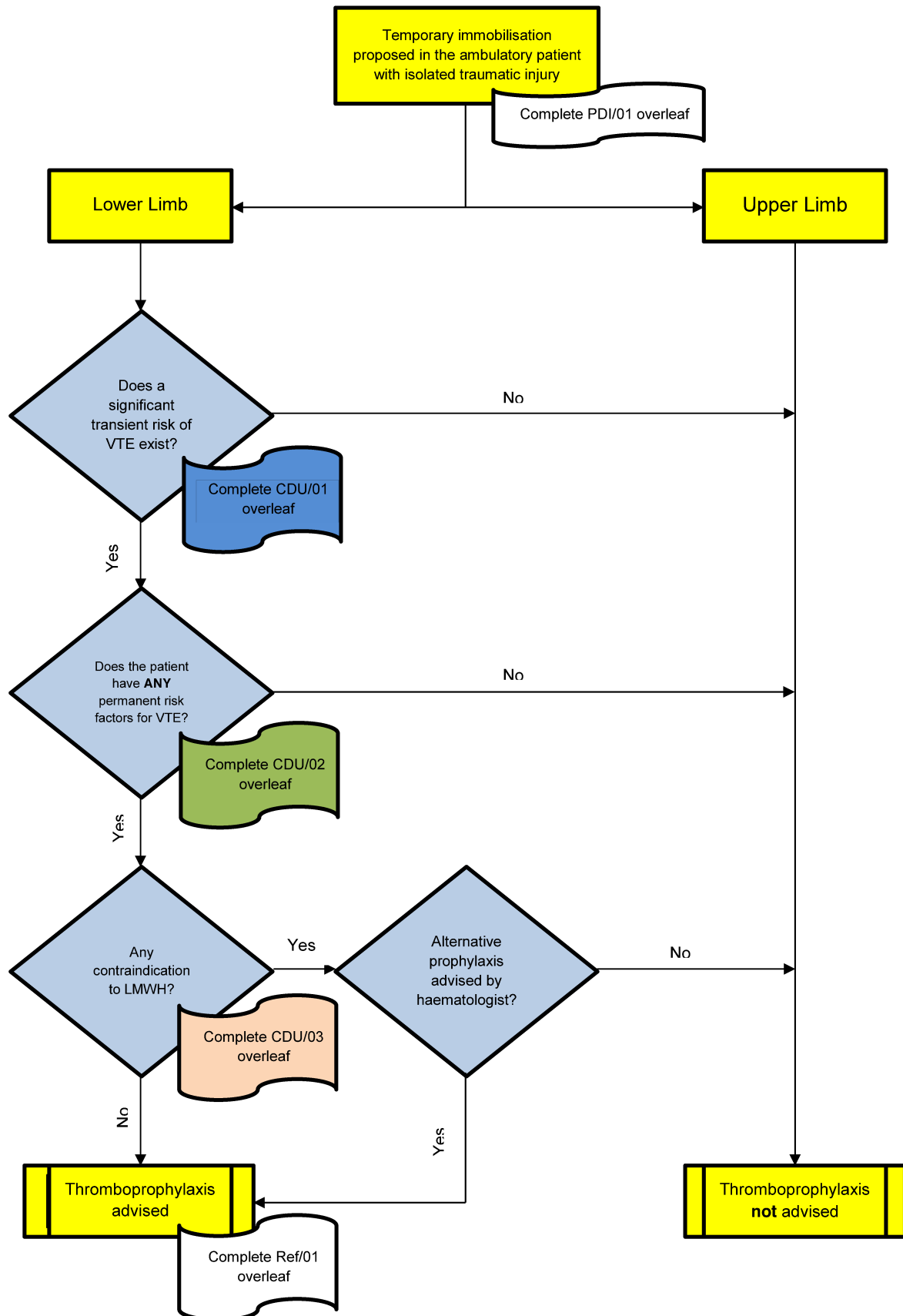


## 8. Evidence-based flowchart



**PDI/01: SUITABILITY FOR PROTOCOL DRIVEN THERAPY**

Isolated traumatic limb injury suitable for ambulatory outpatient care	Yes
Age > 16 years	Yes
Any immobilisation proposed (to include splint, non-weight bearing crutches or any form of plaster cast)	Yes

**CDU/01: DOES A TRANSIENT RISK OF VTE EXIST? (ANY YES)**

Rigid immobilisation in plaster cast	Yes
Non-weight bearing status	Yes
Acute severe injury (dislocation, fracture or complete tendon rupture)	Yes

**CDU/02: DOES ANY PERMANENT RISK OF VTE EXIST? (ANY YES)**

Current hormone therapy (COCP, HRT, Tamoxifen)	Yes
Personal or first degree relative VTE history	Yes
Active smoker	Yes
Any recent hospital admission / major surgery	Yes
Pregnant or immediately post-partum	Yes
Any serious medical comorbidity including cardiac failure/COPD/chronic renal failure or inflammatory bowel disease	Yes
Extensive varicosities	Yes
Active cancer	Yes
Obesity (BMI > 30)	Yes
Known thrombophilia	Yes
Age > 60 years	Yes

**CDU/03: ANY RELATIVE CONTRAINDICATION TO LMWH? (ANY YES)**

Haemophilia / other haemorrhagic disorder	Yes
Thrombocytopenia or previous Heparin induced Thrombocytopenia	Yes
Recent cerebral haemorrhage or severe hypertension	Yes
Active peptic ulcer / recent gastrointestinal bleeding	Yes
Recent major trauma / surgery to eye or nervous system	Yes
Hypersensitivity to any form of heparin	Yes
Known estimated GFR <30ml/min	Yes
Risk deemed to outweigh benefits by clinician	Yes

**REF/01: THROMBOPROPHYLAXIS IS ADVISED (ALL YES)**

Obtain baseline eGFR and/or platelet count for all patients with suspected or known renal impairment and/or thrombocytopenia	Yes
Any patient with baseline moderate or worse renal impairment (eGFR <50ml/min) to be dose adjusted as per BNF/pharmacist guidance	Yes
Prophylactic dose subcutaneous LMWH once daily prescribed until date of clinical / orthopaedic review	Yes
Patients educated regarding s/c injection technique OR district nurse referral for ongoing injections	Yes
Safety net in place re: bleeding complications	Yes
Written guidance to patient and GP regarding signs of HIT/coagulopathy and advice to consider platelet check in 5 days' time if review delayed.	Yes