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**Some thought about DVT prophylaxis in ICU.
Part of my presentation on the same topic.**

Question 1: What is the incidence of DVT and PE in current era of widespread thrombo-prophylaxis?

#FOAMed

Question 2: How do you diagnose DVT in ICU?

■■■I think, the best evidence is available for CUS with limited scope for Venography.

And no role of D-Dimer.

#FOAMed

Question 3: Is there any evidence supporting Heparin thrombo-prophylaxis in ICU?

#FOAMed

Yes.

1■Number needed to prophylax to prevent 1 DVT - 20

2■Number needed to prophylax to prevent 1 PE - 52

3■Overall no major bleeding. But bleeding risk need to be individualised.

Question 4: Is there any evidence of LMWH over UFH in VTE Prophylaxis?

#FOAMeYes.

1■LMWH decreases DVT. But no difference in Proximal DVT.

2■No difference in PE.

3■No difference in major bleeding.

4■Lower incidence of HIT in LMWH (PROTECT Trial).

5■Overall advantage LMWH.

Question 5: Is there any role of Mechanical Thromboprophylaxis?

#FOAMed

Question 6: What is the evidence for Pharmacological Thromboprophylaxis in patients with low CrCL?

1■Maximum evidence is for Dabigatran.

2■But unfortunately even on Dabigatran with adequate Anti-factor Xa level maintained both DVT and bleeding risk remains high.

#FOAMed

Question 7: Any evidence in TBI?

#FOAMed

Suggestions.

1■GCS 13-15. No bleed expansion at 48-H. Start.

2■GCS 13-15. Some expansion at 48-H. Start only after 72-H.

3■GCS 3-12. Not before 72 H. But before 7-days.

4■For DAI. No bleeding. Start after 72-H.

5■Consult Neurosurgery.

Question 8: How to treat DVT in ICU?

#FOAMed

1■Standard anticoagulation.

2■Limited role for Catheter Directed Thrombolysis.

Question 9: How do I provide DVT prophylaxis in my ICU?

#FOAMed

1■All ICU patients need DVT prophylaxis.

2■Pharmacological preferred over Mechanical.

3■If DVT prophylaxis not given for some reason, the reason must be documented.

Question 10: Is there any evidence for DOACs?

#FOAMed

1■Yes. For several of them.

2■APEX supports Betrixaban for prophylaxis.

3■Xalia supports Rivaroxaban for treatment.

4■But will be cautious in using them in my patients. Limited evidence in ICU patients. Limited reversal agent.