



What it covers





Why it matters



Who it affects



What are the highlights

- · Who should receive an intervention and what that intervention should be
- · Interventions considered include blood thinning medications of different types and mechanical compression (e.g., pneumatic compression devices or graduated compression stockings).
- · Medical inpatients, long-term care residents, persons with minor injuries, and longdistance travelers are at increased risk of VTE, which can be fatal (20-25% of all VTE instances occur in these groups).
- It is important to ensure that at-risk patients receive the appropriate measures to prevent VTE without excess bleeding side effects.
- The guidelines recommend the best approaches for preventing VTE in these populations while minimizing unnecessheparin during the hospital stay is preferred over a direct oral anticoagu in hospital or after discharge.
- · The use of combined modalities in medical inpatients (e.g., compression devices plus a blood thinner) is not necessary.
- · Long-distance air travelers who do not have an elevated risk of thrombosis do not need to wear compression socks or take a blood thinner like aspirin to prevent thrombosis. Air travelers at substantially increased risk may benefit from graduated compression stockings or low-molecular-weight heparin.

Total number of panel recommendations: 21

REFERENCE

Schünemann, H. J., Cushman, M., Burnett, A. E., Kahn, S. R., Beyer-Westendorf, J., Spencer, F. A., Rezende, S. M., Zakai, N. A., Bauer, K. A., Dentali, F., Lansing, J., Balduz A., Morgano, G. P., Neumann, I., Nieuwlaat, R., Yepes-Nuñez, J. J., Zhang, Y., & Wiercioch, W. American Society of Hematology 2018 guidelines for manager prophylaxis for hospitalized and nonhospitalized medical patients. Blood Advances. 2018; 2:3198-3225

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