VTE Risk at Discharge

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Abstract

There are approximately 900,000 new venous thromboembolism (VTE) events and 100,000 VTE-related deaths every year in the U.S., with more deaths occurring due to VTE than breast cancer, AIDS, and motor vehicle accidents combined. Beyond this obvious impact on the patient population, VTE also greatly affects healthcare costs, with more than $10 billion spent on the management of VTE events. In many cases, VTE is largely preventable. In this retrospective study, one hundred patients who were admitted to AtlantiCare hospitals through the emergency department were evaluated. Specifically, the patients’ VTE risk scores on the day of their discharge were examined. Using the Padua scoring system, 56% of patients were still at high-risk for VTE upon discharge. According to the Geneva score, 78% of patients were at high-risk for VTE. Finally, 24% of patients were high-risk of VTE with the IMPROVE score. This information offers a clear indication for extended VTE prophylaxis after hospital discharge. The APEX and MARINE R trials evaluated Rivaroxaban and Betrixaban for this purpose, and we recommend implementing a new protocol at AtlantiCare for extended VTE prophylaxis for high-risk patients.