“On the basis of the best available evidence, we propose a strategy for risk assessment and stratified VTE prophylaxis for hospitalized adolescents” Meier et al (2015).

Reference:

Venous thromboembolism in hospitalized adolescents http://ctt.ec/77TU5+ @ivteam #ivteam

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Abstract:

BACKGROUND: Pediatric hospital-acquired venous thromboembolism (VTE) is an increasingly prevalent and morbid disease. A multidisciplinary team at a tertiary children’s hospital sought to answer the following clinical question: “Among hospitalized adolescents, does risk assessment and stratified VTE prophylaxis compared with no prophylaxis reduce VTE occurrence without an increase in significant adverse effects?”

METHODS: Serial literature searches using key terms were performed in the following databases: Medline, Cochrane Database, CINAHL (Cumulative Index to Nursing and Allied Health), Scopus, EBMR (Evidence Based Medicine Reviews). Pediatric studies were sought
preferentially; when pediatric evidence was sparse, adult studies were included. Abstracts
and titles were screened, and relevant full articles were reviewed. Studies were rated for
quality using a standard rating system.

RESULTS: Moderate evidence exists to support VTE risk assessment in adolescents. This
evidence comes from pediatric studies that are primarily retrospective in design. The results
of the studies are consistent and cite prominent factors such as immobilization and central
venous access. There is insufficient evidence to support specific prophylactic strategies in
pediatric patients because available pediatric evidence for thromboprophylaxis efficacy and
safety is minimal. There is, however, high-quality, consistent evidence demonstrating efficacy
and safety of thromboprophylaxis in adults.

CONCLUSIONS: On the basis of the best available evidence, we propose a strategy for risk
assessment and stratified VTE prophylaxis for hospitalized adolescents. This strategy involves
assessing risk factors and considering prophylactic measures based on level of risk. We
believe this strategy may reduce risk of VTE and appropriately balances the adverse effect
profile of mechanical and pharmacologic prophylactic methods.

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