**Guidelines for VTE prophylaxis following Acute stroke**

Apply Flowtrons and remove:

* 30 days post stroke
* At discharge from hospital
* If develop adverse effects
* **First line treatment:** Consider mechanical VTE prophylaxis.

 E.g. Intermittent Pressure Compression (IPC) stockings (Flowtrons – thigh length only)

* Mobilise as able and maintain adequate hydration
* Do not give heparin or LMWH

Contraindications for IPC stockings

* Leg ischaemia secondary to peripheral vascular disease
* Leg ulcerations
* Leg dermatitis
* Severe leg oedema

**NO**

**Consider low dose LMWH**

**(Dalteparin 5000units subcutaneously once daily)**

**YES**

**NO**

* Do not give heparin or LMWH
* Seek senior advice
* Reassess VTE risk at one week post stroke

**YES**

RISK OF HAEMORRHAGIC TRANSFORMATION?

Does the patient have any of the following?

* High infarct volume –NIHSS >14
* Mass effect on neuroimaging
* Recent thrombolysis (<24 hours ago)
* Existing haemorrhagic transformation on scan

**YES**

Has haemorrhagic stroke been excluded?

**YES**

**NO**

* Low risk for VTE.
* Encourage patient to mobilise and maintain adequate fluid intake.
* Reassess within 24 hours and whenever clinical situation changes

RISK STRATIFY FOR VTE

Does the patient have any of the following?

* Significantly impaired mobility
* Previous history of VTE
* Dehydration
* Comorbidity eg malignancy
* Other significant risk factors (see VTE policy on ICD)
* Exit this pathway
* Refer to local trust guidelines for VTE prophylaxis in medical patients

**NO**

**Patient admitted with Acute Stroke?**

**YES**