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Physical findings	Examination or interview for VTE and bleeding before initiating VTE prophylaxis	Proposed treatment in unclear (including stroke) patients unless assessed risk of bleeding outweighs likely benefit. We recommend against the use of mechanical VTE prophylaxis
American College of Chest Physicians		
Nonorthopedic surgical patients	Assess risk with Caprini ²⁹ or Rogers ³⁰ score	Very low risk (<0.5%) (ambulation [not quantified]), low risk (1.5%) (mechanical VTE prophylaxis*), moderate risk (10-15%) (partial-dose VTE prophylaxis), high risk (6%) (pharmacologic ³¹) and mechanical VTE prophylaxis ³²
Medical patients	Acutely ill medical patient with active cancer, sepsis, IBD, or confined to bed	Pharmacologic VTE prophylaxis*
Hemoblastosis Canada		
General surgical patients	Assess risk as individual (Caprini score ²⁹) or as part of a group (undergoing surgery)	LMWH in most cases until discharge and for up to 30 d in patients at high risk for cancer
Acute myocardial infarction or ischemic stroke		1
Ongoing hormonal treatment		1
Obesity (body mass index >30)		1
Acute infection and/or rheumatologic disorder		1
IMPROVE VTE RAM: score ≥2 indicates increased VTE risk*		
Previous VTE		3
Known thrombophilia ³³		2
Lower limb paralysis ³⁴		2
Active cancer		2
Immobilization ≥7 d		1
ICU/CCU stay		1
Age >60 y		1
MPROVE bleeding RAM: score ≥7 indicates high bleeding risk†		
Renal failure (GFR 30-59 vs ≥60 mL/min per m ²)		1
Male vs female		1
Age 40-80 vs <40 y		1.5
Current cancer		2
Rheumatic disease		2

Risk of rVTE after discontinuation of anticoagulation

Risk or rVTE	1 st year	Thereafter
1 st VTE provoked by surgery	1%	0.5%
1 st VTE provoked by a nonsurgical factor	5%	2.5%
1 st unprovoked VTE	10%	5%
2 nd episode unprovoked VTE	15%	7.5%

Class III patients: pharmacological prophylaxis addressing the following comparisons

Any heparin vs no heparin

MWH vs unfractionated heparin

ely or critically ill patients: mechanical prophylaxis addressing the following comparisons

Mechanical vs pharmacological prophylaxis

Mechanical vs no prophylaxis

Mechanical combined with pharmacological vs mechanical alone

Mechanical combined with pharmacological vs pharmacological alone

Intermittent pneumatic compression

Cs in acutely ill medical patients

DOACs vs prophylactic LMWH

Extended-duration DOACs vs

Fixed-duration outpatient prophylaxis vs inpatient

Acutely ill medical patients

Critically ill medical patients

nically ill patients or nursi

Pharmacological prophylaxis vs no prophylaxis

•cal outpatients with minor provoking factors

Prophylaxis vs no prophylaxis

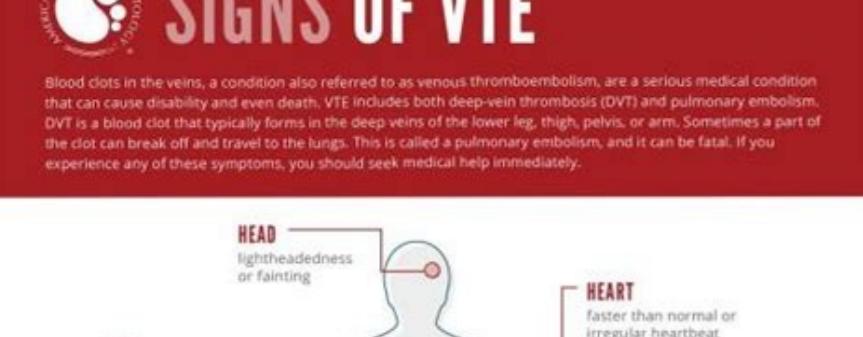
-distance travelers: prophesy

Graduated compression stockings

LMWH

Aspirin 1

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