

All patients must be assessed for bleeding risk prior to prescription of pharmacological VTE thromboprophylaxis (e.g. tinzaparin).

Table 2: Contraindications to pharmacological thromboprophylaxis

- Active bleeding
- Thrombocytopenia (platelets $<50 \times 10^9/L$)
- Concurrent use of therapeutic anticoagulants (e.g. warfarin with $INR > 2$)
- Lumbar puncture/spinal/epidural anaesthesia within previous 4 hours
- Lumbar puncture/spinal/epidural anaesthesia expected within 12 hours
- Uncontrolled systolic hypertension ($230/120\text{mmHg}$ or higher)
- New stroke
- Known bleeding disorder (*discuss with haematology*)
- Previous heparin induced thrombocytopenia (HIT) or allergy to tinzaparin/ heparin (***must be discuss with haematology for alternatives***)

Where the overall risks of bleeding and VTE are difficult to discern, a senior member of the admitting team and haematology should be involved.

In patients in whom pharmacological thromboprophylaxis is contra-indicated, mechanical thromboprophylaxis should be offered