Table 1. Clinical practice guidelines for venous thromboembolism prophylaxis in medically ill patients

Guidance	Recommendation	Grade of evidence
ACCP 2012[491]	For acutely ill, hospitalized medical patients at increased risk of thrombosis, anticoagulant thromboprophylaxis with LMWH, LDUH bid, LDUH tid or fondaparinux is recommended	1B
	For acutely ill, hospitalized medical patients at low risk of thrombosis, the use of pharmacological prophylaxis or mechanical prophylaxis is not advised	1B
	For acutely ill, hospitalized medical patients experiencing bleeding or who are at high risk of bleeding, anticoagulant thromboprophylaxis is not recommended	1B
	For acutely ill, hospitalized medical patients at increased risk of thrombosis who are experiencing bleeding or who are at high risk of major bleeding, the optimal use of mechanical thromboprophylaxis with graduated compression stockings or intermittent pneumatic compression is recommended over no mechanical thromboprophylaxis	2C
	When bleeding risk decreases, and if VTE risk persists, pharmacological thromboprophylaxis is recommended to be substituted for mechanical thromboprophylaxis	2B
	In acutely ill, hospitalized medical patients who receive an initial course of thromboprophylaxis, extending the duration of thromboprophylaxis beyond the period of patient immobilization or acute hospital stay is not recommended	2B
ACP 2011[492]	Assessment of the risk for thromboembolism and bleeding in medical (including stroke) patients prior to initiation of prophylaxis of VTE is recommended	Moderate
	Pharmacological prophylaxis with heparin or a related drug for VTE in medical (including stroke) patients is recommended, unless the assessed risk of bleeding outweighs the likely benefits	Moderate
	The use of mechanical prophylaxis with graduated compression stockings for prevention of VTE is not recommended	Moderate
International Consensus Statement* 2013[493]	All acutely ill medical patients should be routinely assessed for risk of VTE and considered for thromboprophylaxis	N/A
	For acutely ill medical patients, prophylaxis with LDUH 5000 IU bid or tid, or LMWH (enoxaparin 40 mg od or dalteparin 5000 IU od) for 6–14 days, is recommended. An alternative option is fondaparinux 2.5 mg od	High
	In patients with suspected or proven haemorrhagic stroke and in those with ischaemic stroke in whom the risks of prophylactic anticoagulant therapy are perceived to outweigh the benefits, graduated compression stockings combined with intermittent pneumatic compression is recommended	Moderate

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ACCP, American College of Chest Physicians; ACP, American College of Physicians; bid, twice daily; IU, international units; LDUH, low-dose unfractionated heparin; LMWH, low molecular weight heparin; N/A, not available; od, once daily; tid, three times daily; VTE, venous thromboembolism.