

**CLEXANE**  
enoxaparin



**SANOFI** 

רח' בני גאון 10, פארק פולג נתניה דרום, טל': 09-8633700

A World of Experience and Confidence  
in One Anticoagulant

**SANOFI** 

# ASSESSING THE BENEFITS AND RISKS

A risk assessment model for the identification of hospitalized medical patients at risk for venous thromboembolism:

## The Padua Prediction Score<sup>1</sup>

**Risk assessment model (high risk of VTE:  $\geq 4$ )**

Baseline features	Score
Active cancer <sup>A</sup>	3
Previous VTE (with the exclusion of superficial vein thrombosis)	3
Reduced mobility <sup>B</sup>	3
Already known thrombophilic condition <sup>C</sup>	3
Recent ( $\leq 1$ month) trauma and/or surgery	2
Elderly age ( $\geq 70$ years)	1
Heart and/or respiratory failure	1
Acute myocardial infarction or ischemic stroke	1
Acute infection and/or rheumatologic disorder	1
Obesity (BMI $\geq 30$ )	1
Ongoing hormonal treatment	1

<sup>A</sup> Patients with local or distant metastases and/or in whom chemotherapy or radiotherapy had been performed in the previous 6 months.

<sup>B</sup> Bedrest with bathroom privileges (either due to patient's limitations or on physicians order) for at least 3 days.

<sup>C</sup> Carriage of defects of antithrombin, protein C or S, factor V Leiden, G20210A prothrombin mutation, antiphospholipid syndrome.

<sup>1</sup> Barbar S. et al. Journal of Thrombosis and Haemostasis, 8: 2450–2457

<sup>\*</sup> Applied in a prospective cohort study of 1180 consecutive patients admitted to a department of internal medicine in a 2-year period and followed up for up to 90 days

**Possible exclusion criteria for pharmacological VTE prophylaxis<sup>2</sup>:**

Bleeding (active)

Hypersensitivity to UFH or LMWH

Uncontrolled hypertension

Coagulopathy

Heparin-induced thrombocytopenia

**Other relative or absolute exclusion criteria for pharmacological prophylaxis, including surgical procedures placing patients at high risk for bleeding**

**Severe renal impairment<sup>3</sup>:**

A dosage adjustment is required for patients with severe renal impairment (creatinine clearance  $< 30$  ml/min),

The following dosage adjustments are recommended for the **prophylactic dosage ranges**:

Normal Dosing	Severe renal impairment
40 mg SC once daily	20 mg SC once daily
20 mg SC once daily	20 mg SC once daily

2. Cohen et al. Thromb Haemost 2005; 94: 750-9

3. Clexane prescribing Information, Israel, October 2013