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Venous Thromboembolism: Prophylaxis in Medical and Surgical Patients

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(60 minutes)

UP TO 1 AMA PRA CATEGORY 1 CREDIT™

This activity is designed for primary care physicians, internists, emergency medicine specialists, surgeons, and other healthcare professionals involved in the care of patients at risk for venous thromboembolism.



Venous thromboembolism (VTE) is the leading preventable cause of hospital death in the US. Although the risk of VTE is thought to be most commonly associated with surgical patients, 50 to 70 percent of symptomatic thromboembolic events and 70 to 80 percent of fatal pulmonary embolism (PE) occur in nonsurgical patients. In September 2008, the Acting Surgeon General issued a "Call to Action" to reduce the number of VTE cases in the country, urging a coordinated, multifaceted plan and emphasizing the need for evidence-based practices. In addition, Joint Commission/National Quality Forum VTE voluntary consensus standards for 2009 will be available for data collection and reporting for discharges beginning autumn 2009. In this video, Dr. Steven Cohn provides the latest guidelines and study results pertaining to VTE prophylaxis and offers advice for meeting current and forthcoming quality measures.

LEARNING OBJECTIVES

After taking part in this CME activity, participants should be better able to:

- Describe the incidence and impact of venous thromboembolism (VTE) in medical and surgical patients
- Summarize pathophysiology and risk factors for VTE
- Stratify patients according to their risk for VTE (low, moderate, high) without thromboprophylaxis
- Apply the latest ACCP Guidelines for preventing VTE in medical and surgical patients
- Modify prophylaxis in special populations
- Utilize strategies to improve VTE prophylaxis rates

CME CREDIT DESIGNATIONS

ACCME The Network for Continuing Medical Education (NCME) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA NCME designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

AOA This activity is eligible for up to 1.0 hour of credit in Category 2-A of the American Osteopathic Association.

SUGGESTED RESOURCES

- Cohn SL, Adekile A, Mahabir V. Improved use of thromboprophylaxis for deep vein thrombosis following an educational intervention. *J Hosp Med.* 2006;1(6):331-338.
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- Geerts WH, Bergqvist D, Pineo GF, et al. Prevention of venous thromboembolism: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th edition). *Chest.* 2008;133:381S-453S.
- Lyman GH, Khorana AA, Falanga A, et al. American Society of Clinical Oncology guideline: recommendations for venous thromboembolism prophylaxis and treatment in patients with cancer. *J Clin Oncol.* 2007;25(34):5490-5505.
- Maynard G, Stein J. Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement. Society of Hospital Medicine. AHRQ Publication No. 08-0075. Rockville, MD: Agency for Healthcare Research and Quality. August 2008. www.ahrq.gov/qual/vtguide.
- Spencer FA, Lessard D, Emery C, Reed G, Goldberg RJ. Venous thromboembolism in the outpatient setting. *Arch Intern Med.* 2007;167(14):1471-1475.
- US Dept of Health and Human Services. The Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism. www.surgeongeneral.gov/topics/deepvein/calltoaction/call-to-action-on-dvt-2008.pdf.