

**Appropriate VTE Prevention and Treatment:***Delivering Quality Care From the Inpatient to the Outpatient Setting*

Please answer the following questions by circling the appropriate answer.

1. The use of anticoagulant prophylaxis to prevent symptomatic VTE in hospitalized medical patients reduces the risk for pulmonary embolism, but also significantly increases the absolute risk for major bleeding.
  - A. Strongly disagree
  - B. Disagree
  - C. Neutral
  - D. Agree
  - E. Strongly agree
  
2. According to the 8th ACCP Guidelines on the Prevention of VTE, hospitalized medical patients are considered to be at the highest level of risk to suffer a VTE.
  - A. Strongly disagree
  - B. Disagree
  - C. Neutral
  - D. Agree
  - E. Strongly agree
  
3. In patients who must discontinue their warfarin therapy prior to surgery, bridging therapy with LMWH or unfractionated heparin is recommended if the patient has suffered a venous thromboembolic event 13 months ago.
  - A. Strongly disagree
  - B. Disagree
  - C. Neutral
  - D. Agree
  - E. Strongly agree
  
4. According to the Wells criteria for predicting risk for DVT, which of the following is correct?
  - A. Cancer that is in remission predicts risk for DVT
  - B. A patient who is bedridden for 24 hours is a clinical characteristic that places a patient at risk for DVT
  - C. A score of 3 is a strong predictor of DVT
  - D. Both A and C are correct
  - E. A, B, and C

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Please answer the following questions by circling the appropriate answer.

5. Overlap of a vitamin K antagonist for at least 3 days is recommended when UFH is used for acute DVT treatment.
  - A. Strongly disagree
  - B. Disagree
  - C. Neutral
  - D. Agree
  - E. Strongly agree
  
6. MP is a 60 year-old male with advanced unresectable non-small cell lung cancer (NSCLC) admitted due to shortness of breath. MP has received front-line therapy with carboplatin/paclitaxel plus bevacizumab. Chest x-ray shows a large right-sided pleural effusion and the patient is admitted to the hospital. PMH is significant for hypertension and diabetes. He is a previous smoker who quit 3 months ago. His blood chemistries and CBC are normal. Which of the following are appropriate interventions with regard to VTE prophylaxis in this patient?
  - A. Early aggressive ambulation
  - B. Unfractionated heparin (weight-adjusted dosing)
  - C. LMWH or fondaparinux
  - D. Both B and C
  - E. A, B, and C
  
7. A 45-year old otherwise healthy female suffers an unprovoked extensive DVT in her left leg. What would be an appropriate intervention?
  - A. LMWH given subcutaneously once or twice daily as an outpatient
  - B. Unfractionated heparin or LMWH given subcutaneously if she requires admission as an inpatient
  - C. If she is admitted to the hospital, hold initiation of warfarin therapy for 48 hours pending anti-Xa level results
  - D. Both A and B
  - E. A, B, and C