Online Appendix. Suggested VTE risk stratification tool for total knee replacement

Name: _____   Hospital ID: _____

VTE risk Stratification for TKR Surgeries		
Patient-specific risk factors		
□ Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + 2 weak risk factors (one point risk factors) or 1 two points risk factor	□ Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + 3 weak risk factors (one point) *or* 1 two points risk factor + one point risk factor	□ Total Risk Factor Score according to Caprini VTE Risk Factor Assessment Tool = 5 + > 3 weak risk factors (one point risk factors) *or* >1 two points risk factor *or* ≥ 1 three or five points risk factors
Surgery-specific risk factors		
Zero point risk factors	*One point risk factors*	*Two Points risk factors*
□ Day surgery or fast track surgery* or ≤ 3 days □ Regional anesthesia □ Duration of surgery ≤120min	□ Length of Hospital stay 4-5 days with limited mobility for less than 72hrs. □ Duration of surgery >120 min	□ Length of hospital stay > 5 days with limited mobility or bed ridden ≥72 hrs. □ General anesthesia
□ Low High risk ≤ 7 points	□ Moderate High risk (8-9)	□Very High risk ≥10
During hospital stay: Choices are ✓ Enoxaparin** 40 mg QD ✓ Rivaroxaban*** 10mg QD ✓ UFH 5000IU TID	During hospital stay: Choices are: ✓ Enoxaparin 40 mg QD ✓ Rivaroxaban 10 mg QD ✓ UFH 5000 IU TID	During hospital stay: Choices are: ✓ Enoxaparin 40 mg QD ✓ Rivaroxaban 10 mg QD ✓ UFH 5000 IU TID
Upon discharge: ✓ Aspirin 325 or 160mg QD up to 14 - 28 days post operation	Upon discharge: Choices are: (Oral anticoagulant) Doses for: Body weight 40-100 kg and CrCl > 30 mL/min) ✓ Rivaroxaban10 mg PO QD 12-14 days ✓ Apixaban 2.5 mg PO BID 14 days ✓ Dabigatran****220 mg QD 10 days ✓ Warfarin 2-5 mg QD (INR target 2.5 range 2-3)	Upon discharge: Choices are: (Subcutaneous) or (Oral) Doses for: Body weight 40-100 kg and CrCl > 30 mL/min) ✓ Enoxaparin 40mg SC QD ✓ Rivaroxaban 10 mg PO QD ✓ Apixaban 2.5 mg PO BID ✓ Dabigatran****220 mg QD 10 days ✓ Warfarin 2-5 mg QD (INR target 2.5 range 2-3) All 14- 28 days post operation

* Defined as: surgery after which patients are mobilized within hours post-operatively and fully mobilized no later than on the day after surgery, with discharge no later than the fifth day. **Enoxaparin** 40mg subcutaneous daily (WT < 150kg, CrCl > 30mL/min) 30mg subcutaneous daily (WT < 150kg, CrCl = 10-29mL/min) 30mg subcutaneous BID (WT > 150kg, CrCl > 30mL/min).*** **Rivaroxaban**: If the creatinine clearance <30mL/minute do not use rivaroxaban. In cirrhotic patients with moderate hepatic impairment, rivaroxaban plasma levels may be significantly increased which may lead to an increased bleeding risk. ******Dabigatran**: Age >75 yearrs, patients receiving amiodarone or verapamil, the dabigatran dose is reduced to 75 mg 1–4 hrs following surgery followed by 150mg once daily 12–24 hours later for 9 days

Note: This sheet suggest common, effective prophylaxis options. It is not designed to discuss comprehensively all possible options. In some cases, alternative options may also be considered.