

Assessment Questions

Patient Case Information:

- **HPI:** D.J. is a 68yom with advanced lung adenocarcinoma admitted multiple times in recent weeks for worsening malignant pleural effusions. He returns to the hospital Saturday evening for SOB.
- **PMH:** HTN, multiple DVT/PE (most recent LLE proximal DVT diagnosed 6 weeks ago)
- **Home meds:** lisinopril, apixaban 5 mg BID (held on admission by hospitalist), oxycodone
- He is determined to have reaccumulated malignant pleural effusions and his respiratory status is tenuous on NIPPV. He is admitted to Hospital Medicine with Thoracic surgery and Pulmonologist consults.
- Thoracic surgery c/s: "plan for VATS with possible open thoracotomy," scheduled for hospital day 4
- You round with the primary team Monday morning, hospital day 2 – Apixaban has been held since admission over the prior weekend pending operative planning, and no antithrombotic is currently ordered.

Q1: Which of the following is most accurate regarding this patient's risk stratification for thrombotic and bleeding adverse events?

- a. He is at moderate risk for VTE because his most recent VTE was 1-3 months ago
- b. He would be at procedural bleeding risk if the thoracic surgery team proceeds with open thoracotomy
- c. He is at high bleeding risk based on a validated bleeding risk score for postoperative bleeding
- d. He is at high risk for VTE based on his CHADS-VASc score of 7

Q2: It is currently the morning of hospital day 2. All antithrombotics have been held since admission, and open thoracic surgery is scheduled for hospital day 4. Repeat imaging is negative for current DVT. The patient is hemodynamically stable on NIPPV and there are no current s/s of bleeding. Morning labs reveal a Hg=9.8 (approximating his recent baseline), Plts=250, and SCr=1.2 (estimated CrCl=50mL/min). Which of the following is the most optimal antithrombotic plan to implement today, prior to his major surgery?

- a. Resume apixaban 5 mg PO BID, last dose at PM the night before surgery
- b. Resume apixaban at reduced dose of 2.5 mg PO BID, last dose at PM the night before surgery
- c. Continue to hold oral anticoagulation, start enoxaparin 40 mg SubQ qDay, continue perioperatively
- d. Continue to hold oral anticoagulation, start enoxaparin 1 mg/kg SubQ BID, last dose the AM of the day prior to surgery

Q3: The patient received the preoperative antithrombotic plan you recommended/ordered and underwent successful open thoracic surgery on hospital day 4. You see him on hospital day 5 to find him recovering appropriately on nasal cannula, hemodynamically stable. The surgical team is satisfied with his operative course and hemostasis, though he has a chest tube in place with small amounts of bloody output that they are monitoring and hope to remove tomorrow. Morning labs include Hg=7.8, Plts=200, SCr=1.3 (estimated CrCl=45mL/min). Which of the following antithrombotic management plans are optimal to initiate for this patient postoperatively today?

- a. Enoxaparin 40 mg SubQ qDay until able to resume full therapeutic anticoagulation, ideally tomorrow if he remains stable and without s/s bleeding
- b. Enoxaparin 1 mg/kg SubQ BID starting this morning until able to resume his apixaban 5 mg PO BID
- c. Resume apixaban 5 mg PO BID this morning
- d. Resume apixaban at 2.5 mg PO BID this morning and for the duration of his hospitalization