



Weekly Post-It

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Treatment of VTE in Pediatrics

Venous thromboembolic (VTE) events in children are rare. The most common risk factor in this population is the presence of a central line. The central line should be removed after 3 to 5 days of anticoagulation.

UFH

1. Loading dose of 75 unit/kg then
 - a. Neonates: 28 units/kg/hour for 3 to 5 days
 - b. Children: 20 units/kg/hour for 3 to 5 days
2. Adjust dose to achieve anti-factor Xa level of 0.35-0.7 unit/mL

LMWH

1. Enoxaparin
 - a. <2 months of age: 1.5 mg/kg/dose Q12 hours
 - b. >2 months of age: 1 mg/kg/dose Q12 hours
2. Adjust dose to achieve anti-factor Xa level of 0.5-1 unit/mL

Warfarin

1. There is no data for safe/effective use in patients < 3 months of age.
2. Initial dose: 0.2 mg/kg PO
3. Goal INR: 2-3
4. If unable to achieve adequate results with warfarin, LMWH should be used.

Duration

1. Neonates: 6 weeks to 3 months
2. Children with idiopathic VTE: at least 6 months
3. Children with recurrent idiopathic VTE; indefinite treatment

Antithrombotic Therapy in Neonates and Children: American College of Chest Physicians Evidence-Based Guidelines (8th edition)
Chest 2008; 133: 887S-968S



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