

Mental Health Inpatient

Venous thromboembolism prophylaxis

Awareness of VTE risk in mental health settings is poor^{1,2}. There is also a lack of high-quality studies regarding the benefits of VTE prevention for mental health patients^{1,2}.

Immobility or reduced mobility is a recognised risk factor for VTE in medical and surgical patients. However, it should also be considered in the context of psychiatric settings, especially catatonia, neuroleptic malignant syndrome, over-sedation, use of physical restraints, severe depression, bed rest in anorexia nervosa and other acute states of reduced activity³.

In the absence of a specific validated risk assessment model for mental health inpatients, Queensland Health recommends using the [Padua Prediction Score](#)⁴.

Before prescribing VTE prophylaxis, review contraindications and bleeding risk.
VTE prophylaxis is **NOT** required if patient is **already anticoagulated**.

VTE Risk	Recommendations for VTE Prophylaxis
Low VTE Risk Padua Prediction Score less than 4	VTE prophylaxis is NOT recommended. Encourage and discuss the importance of mobilisation and maintaining fluid intake. Reassess risks whenever clinical condition changes.
High VTE Risk Padua Prediction Score 4 or more	Pharmacological prophylaxis
	Start on admission. Use: Enoxaparin 40 mg [#] subcutaneous ONCE daily Ensure VTE risks are reassessed for prolonged admission.
	Duration Continue until mobility has returned to an anticipated / clinically acceptable level or when discharged from hospital, whichever is sooner.
	Mechanical prophylaxis (if pharmacological is contraindicated)
	If pharmacological prophylaxis is contraindicated, graduated compression stockings (GCS) may be suitable following consideration of any additional risks.
	Duration Continue until mobility has returned to an anticipated / clinically acceptable level or when discharged from hospital, whichever is sooner.
# Dose adjustment may be required if: • Estimated kidney function less than 30 mL/min or increased risk of bleeding, or • Bodyweight 50 kg or less, or • BMI 30 kg/m² or greater. Refer to dose adjustments in general recommendations.	

References

1. Takeshima M, Ishikawa H, Umeta Y, et al. Prevalence of asymptomatic venous thromboembolism in depressive inpatients. *Neuropsychiatr Dis Treat*. 2020;16:579–587. doi: 10.2147/NDT.S243308
2. Kunutsor SK, Seidu S, Khunti K. Depression, antidepressant use, and risk of venous thromboembolism: Systematic review and meta-analysis of published observational evidence. *Ann Med*. 2018;50(6):529–537
3. Chari D, Chithiramohan T, Sawhney I, Mukaetova-Ladinska EB, Beishon L, Subramaniam H. Risk of venous thrombosis and pulmonary embolism in older in-patients with mental illness: systematic review. *BJPsych Bulletin*. Published online 2025:1-13. doi:10.1192/bjb.2025.9
4. Barbar, S, et al. A risk assessment model for the identification of hospitalized medical patients at risk for venous thromboembolism: the Padua Prediction Score. *Journal of Thrombosis and Haemostasis*, 2010, Vol. 8, pp. 2450-2457.

Definitions

Term	Definition
BMI	Body mass index
GCS	Graduated compression stockings
VTE	Venous thromboembolism

Endorsement

Advisory group	Contact details	Endorsement date
Statewide Anticoagulant Working Party	<i>Via medicationsafety@health.qld.gov.au</i>	28 May 2026
Queensland Psychotropic Medication Advisory Committee		7 May 2026

Approval and implementation

Guideline custodian	Contact details	Approval date	Approver
Statewide Medication Safety Team, Medication Services Queensland	medicationsafety@health.qld.gov.au	24/06/2026	Deputy Director-General

Version Control

Version	Date	Comments
1.0	14/12/2018	Initial version developed by Statewide Venous Thromboembolism Prevention Working Party
2.0	24/06/2026	Dalteparin deleted as no longer on the Pharmaceutical Benefits (PBS) or Queensland Health List of Approved Medicines (LAM). Inclusion of mechanical prophylaxis for high-risk patients if appropriate and if anticoagulants are contraindicated.

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