Treatment of Pediatric VTE

What it covers
- Treating VTE in pediatric patients

Why it matters
- The incidence of VTE in children at a population level is very low, but it is higher in hospitalized children (in fact, hospital acquired VTE is said to be the second most common cause of preventable harm in hospitalized children – behind infection).
- VTE treatment and complications are different for children spanning a wide age range.
- Children are one of the most challenging patient populations to treat because VTE always occurs in the context of another serious diagnosis that also must be treated.
- Research in pediatric VTE is very limited.
- Much of the existing evidence is extrapolated from adult practice.

Who it affects
- Very ill children, newborns through 18 years of age; most common in small children and teenagers
- Pediatricians, pediatric hematologists, pediatric oncologists, pediatric intensivists, and neonatologists

What are the highlights
- Sometimes DVT causes symptoms, and sometimes it is found incidentally in an imaging study for something else. These guidelines inform how to treat these different situations. This distinction has not been addressed by guidelines in the past.
- Central venous line-associated clots are the most common clots in children.
- If the central venous line is not working and the child is at the end of treatment, it should most likely be removed.
- Renal vein thrombosis, the most common spontaneous VTE in children, should all receive anticoagulation therapy.
- Due to the low level of existing evidence, additional research is required to develop more evidence-based care recommendations.

Total number of panel recommendations: 30

REFERENCE