

## **Consortia**

Burn and Trauma Branch of the Chinese Geriatric Medical Association, Critical Care Group of Burn Surgery Branch of the Chinese Medical Association

## **Consultant experts (in no particular order)**

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**Table S1** Basic information of the participating experts

| Parameters                         | Number (%)  |
|------------------------------------|-------------|
| Recovery rate (%)                  | 100 (100.0) |
| Response rate (%)                  | 100 (100.0) |
| Age                                |             |
| < 45 years                         | 6 (16.2)    |
| 45 – 60 years                      | 20 (54.1)   |
| > 60 years                         | 11 (29.7)   |
| Sex                                |             |
| Male                               | 34 (91.9)   |
| Female                             | 3 (8.1)     |
| Education                          |             |
| Doctor of medicine                 | 32 (86.5)   |
| Master                             | 5 (13.5)    |
| Professional title                 |             |
| Senior professor                   | 33 (89.2)   |
| Vice-senior professor              | 4 (10.8)    |
| Years of professional experience   |             |
| < 20 years                         | 10 (27.0)   |
| 20 – 30 years                      | 12 (32.4)   |
| > 30 years                         | 15 (40.6)   |
| Professional fields                |             |
| Burns/Wound repair/Plastic surgery | 35 (94.6)   |
| Intensive Care Unit                | 1 (2.7)     |
| Medical Journal Editorial Board    | 1 (2.7)     |

**Table S2** Concentration, coordination, and authority of the consensus content

| Consensus                                                                                                                                                              | Mean<br>± SD | Full<br>score<br>ratio<br>(%) | Coefficient of<br>variation | Coordination<br>coefficient | Judgment<br>coefficient | Familiarity<br>coefficient | Authority<br>coefficient |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-----------------------------|-----------------------------|-------------------------|----------------------------|--------------------------|
| VTE is a prevalent complication following burn injuries, particularly in patients with extensive, critical burns                                                       | 8.90 ± 0.35  | 91                            | 0.04                        | 0.28                        | 0.83 ± 0.05             | 0.85 ± 0.04                | 0.84 ± 0.05              |
| Age, obesity, extensive burns, deep venous catheters, prolonged ICU stay, immobility, wound infection, operations, inhalation injuries/trauma are primary risk factors | 8.70 ± 0.52  | 78                            | 0.06                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| CRS is recommended for VTE risk assessment in hospitalized burn patients                                                                                               | 8.65 ± 0.57  | 75                            | 0.07                        | 0.27                        | 0.81 ± 0.06             | 0.83 ± 0.05                | 0.82 ± 0.05              |
| Assess bleeding risk in hospitalized burn patients receiving anticoagulant/antithrombotic therapy                                                                      | 8.55 ± 0.76  | 68                            | 0.09                        | 0.28                        | 0.80 ± 0.07             | 0.82 ± 0.06                | 0.81 ± 0.06              |
| Comprehensive diagnosis of DVT using injury condition, clinical manifestations, CRS, high-sensitivity D-dimer, and imaging                                             | 8.65 ± 0.57  | 75                            | 0.07                        | 0.30                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Ultrasound or CUS for regular screening and diagnosis of DVT in burn patients                                                                                          | 8.40 ± 0.76  | 68                            | 0.09                        | 0.28                        | 0.81 ± 0.07             | 0.83 ± 0.06                | 0.82 ± 0.06              |
| PE screening strategy: suspicion, confirmation, etiology, risk stratification, combining clinical, CRS, D-dimer, and imaging                                           | 8.60 ± 0.76  | 68                            | 0.09                        | 0.27                        | 0.81 ± 0.07             | 0.82 ± 0.06                | 0.81 ± 0.06              |
| CTPA is preferred for diagnosing PE after burns                                                                                                                        | 8.42 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.83 ± 0.05                | 0.82 ± 0.05              |
| Early wound closure, disease course shortening, and early ambulation reduce VTE                                                                                        | 8.65 ± 0.57  | 75                            | 0.07                        | 0.30                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Mechanical prevention, active/passive activities, drug prevention for moderate-high risk, and optional IVC filter                                                      | 8.65 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| IPCD recommended for mechanical prevention in patients without limb burn                                                                                               | 8.55 ± 0.78  | 68                            | 0.09                        | 0.28                        | 0.81 ± 0.07             | 0.83 ± 0.06                | 0.82 ± 0.06              |
| Against routine vena cava filter placement                                                                                                                             | 8.95 ± 0.30  | 94                            | 0.03                        | 0.32                        | 0.85 ± 0.04             | 0.87 ± 0.03                | 0.86 ± 0.04              |
| LMWH is ideal for the prevention and treatment of VTE                                                                                                                  | 8.95 ± 0.30  | 94                            | 0.03                        | 0.32                        | 0.85 ± 0.04             | 0.87 ± 0.03                | 0.86 ± 0.04              |

| Consensus                                                                                                       | Mean<br>± SD | Full<br>score<br>ratio<br>(%) | Coefficient of<br>variation | Coordination<br>coefficient | Judgment<br>coefficient | Familiarity<br>coefficient | Authority<br>coefficient |
|-----------------------------------------------------------------------------------------------------------------|--------------|-------------------------------|-----------------------------|-----------------------------|-------------------------|----------------------------|--------------------------|
|                                                                                                                 | 0.30         |                               |                             |                             |                         |                            |                          |
| Initial medication prevention as soon as safe, duration per risk factors, and scoring                           | 8.65 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Adjust anticoagulation based on drug type, body weight, complications, liver/kidney function                    | 8.65 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Establish standardized diagnostic and therapeutic procedures for VTE risk stratification                        | 8.65 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Perioperative: continue prophylaxis, bridge antiplatelet, cancel surgery for new VTE                            | 8.40 ± 0.76  | 68                            | 0.09                        | 0.27                        | 0.81 ± 0.07             | 0.82 ± 0.06                | 0.81 ± 0.06              |
| Oral NOACs are recommended when required                                                                        | 8.65 ± 0.57  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Suspend/delay anticoagulation in bleeding/coagulation dysfunction/heparin resistance, use mechanical prevention | 8.65 ± 0.58  | 75                            | 0.07                        | 0.29                        | 0.82 ± 0.06             | 0.84 ± 0.05                | 0.83 ± 0.05              |
| Establish a VTE prevention/treatment team, regular education for burn care providers                            | 8.50 ± 0.76  | 68                            | 0.09                        | 0.28                        | 0.81 ± 0.07             | 0.83 ± 0.06                | 0.82 ± 0.06              |
| Emphasize quality control in VTE prevention/treatment as an evaluation indicator                                | 8.50 ± 0.78  | 68                            | 0.09                        | 0.28                        | 0.81 ± 0.07             | 0.83 ± 0.06                | 0.82 ± 0.06              |

VTE venous thromboembolism, ICU intensive care unit, DVT deep vein thrombosis, CRS Caprini risk score, CUS compression ultrasound, CTPA computed tomography pulmonary angiography, PE pulmonary thromboembolism, IVC inferior vena cava, IPCD intermittent pneumatic compression device, LMWH low molecular weight heparin, NOACs new oral anticoagulants, SD standard deviation