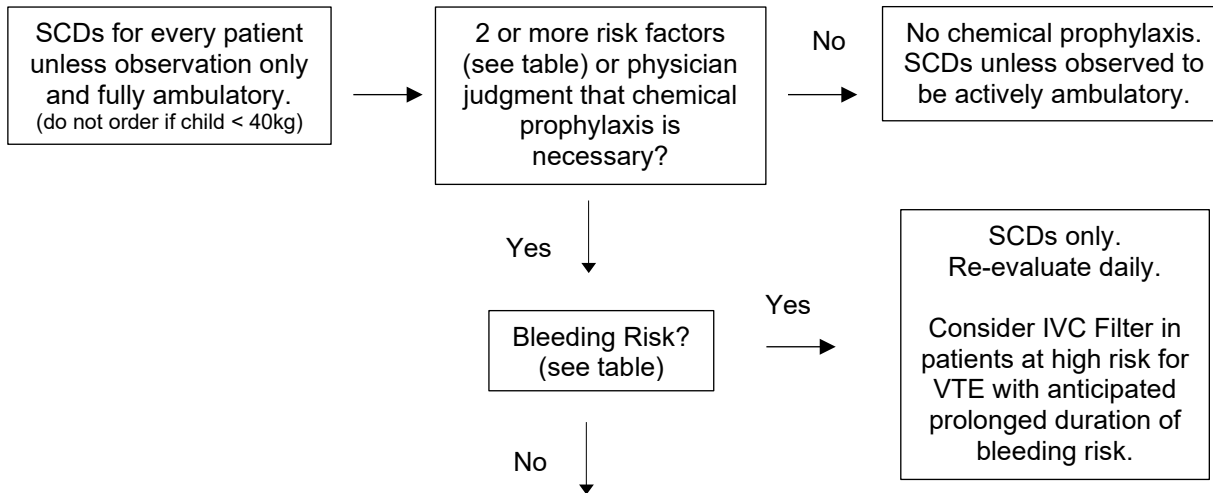


**Regions Hospital Trauma Service**  
**Venous Thromboembolism Prophylaxis Guideline**  
**Adult & Pediatric**



**Enoxaparin**  
 < 60kg – 0.5 mg/kg SQ q12h  
 ≥ 60kg – 30 mg SQ q12h  
 BMI ≥ 40 – 40 mg SQ q12h

Consult pharmacy for dosing / monitoring in patients with  
 BMI > 40, age > 80, or creat clearance < 30ml/min

Duration: discontinue on discharge. Continue x 4 weeks post-discharge for patients with lower extremity and pelvic fractures who are non-weightbearing or limited weightbearing. Consider in patients with history of VTE not already on anticoagulation. Additional indications at the discretion of trauma attending.

**All patients receiving prophylaxis should undergo duplex screening of the lower extremities on hospital day 3 and every 7 days thereafter while in the hospital.**

**Special Cases**

**Orthopedic Surgery – DO NOT hold chemical prophylaxis for surgery. Attending discussion if prophylaxis is to be held.**

Pediatric patients – usually no prophylaxis until puberty

Intracranial hemorrhage (TBI) – may start chemical prophylaxis 24h after stable HCT

Spine surgery – may start chemical prophylaxis on POD 1 even with drain in place (may be held for removal)

DVT above vein ligation or amputation does not require treatment (however, consider other risk factors)

**VTE Risk Factors**

Hx of DVT/PE  
 Coma  
 Limited mobility > 24h  
 Spine Fracture (excludes Isolated TP/SP fractures)  
 Spinal Cord Injury  
 Lower extremity fractures  
 Pelvic fractures  
 Age ≥ 60  
 BMI ≥ 30 (adult)  
 Obesity > 120% of 95<sup>th</sup> percentile (pediatric)  
 Active Covid Infection  
 Surgeon judgment

**Bleeding Risk**

Ongoing resuscitation and/or coagulopathy  
 Intracranial hemorrhage within 24h  
 Incomplete spinal cord injury  
 Neurosurgical procedure (clarify prior)  
 Nonoperative solid organ injury within 24h  
 Significant eye injury within 7 days  
 Pelvic fracture with significant hemorrhage, transfusion or embolization within 24h  
 Epidural catheter, 24h pre- and post-insertion/removal (d/w anesthesia)

**Calf Vein Thrombosis**

Thrombosis below popliteal veins does not require treatment although treatment can be considered based on risk factors. If no treatment, follow with weekly duplex US to monitor for progression (including 1<sup>st</sup> outpatient exam)