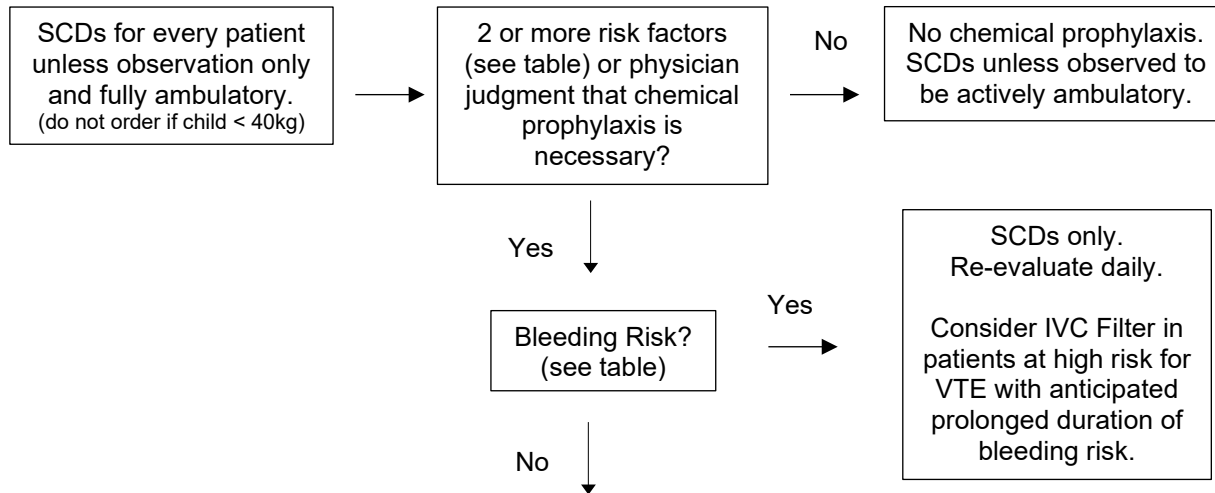


Regions Hospital Trauma Service
Venous Thromboembolism Prophylaxis Guideline
Adult & Pediatric



Enoxaparin

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

Pharmacy is following all of the trauma patients. Discuss with pharmacy if concerns about dosing. For CrCl < 30mL/min order Unfractionated Heparin SQ 5000mg SQ q8h)

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 and Plastic Surgery – DO NOT hold chemical prophylaxis for surgery. Attending to 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 95th 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 1st outpatient exam)