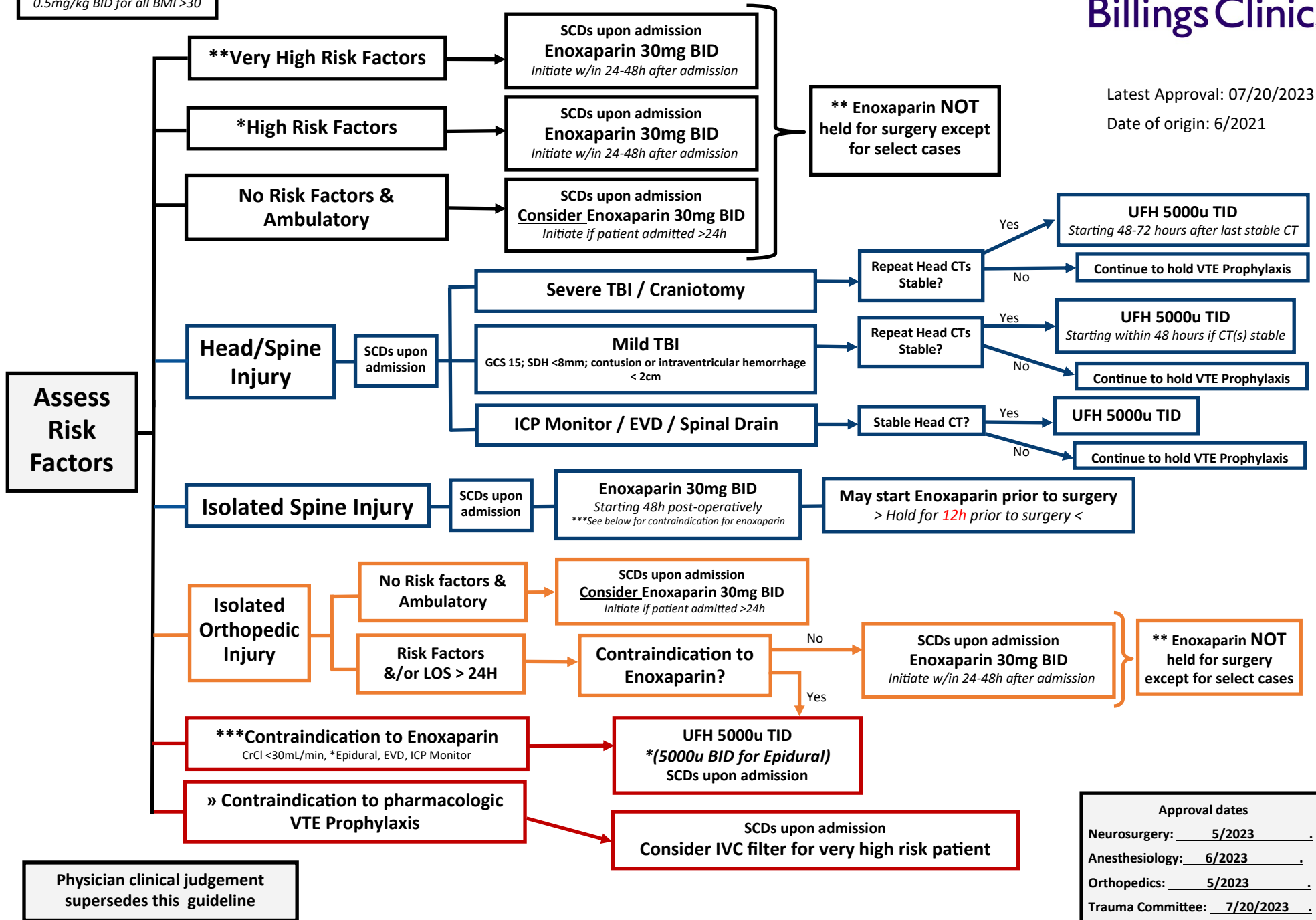


Clinical Practice Guideline (CPG) Trauma VTE Prophylaxis



* May consider weight based dosing for BMI >40
 BMI 35-50: 40mg BID
 BMI >50: 60mg BID
 0.5mg/kg BID for all BMI >30

Latest Approval: 07/20/2023
 Date of origin: 6/2021



Approval dates	
Neurosurgery:	5/2023
Anesthesiology:	6/2023
Orthopedics:	5/2023
Trauma Committee:	7/20/2023

Clinical Practice Guideline (CPG) Trauma VTE Prophylaxis



****Very High Risk VTE**

Spinal Cord Injury
AIS (head and neck) > 3 & long bone fracture
Severe pelvic fracture (posterior elements) and long bone fracture
Multiple (≥ 3) long bone fractures

*****Contraindication to Enoxaparin**

Known hypersensitivity
Epidural catheter
(Hold for 24h prior to epidural placement)
Renal insufficiency (CrCl < 30 mL/min)
ICP monitor
EVD
Spine drain

Solid organ injury, retroperitoneal or pelvic hematoma

Trend Hgb q6 hours
If Hgb drops <1gm/dL over 24 hours Hg is considered stable -> pharmacologic prophylaxis is initiated at 24 hours.

****High Risk VTE**

Age > 50
ISS > 16
AIS ≥ 3 (any body region)
GCS ≤ 9
Pelvic fracture w/ associated long bone fracture
Major artery/vein injury
Severe head injury (head AIS >2)
Shock in ED
Surgical procedure > 120"
Vein injury
Central line
Prolonged immobility
Prior history DVT/PE
Mechanical Ventilation
Obesity
Malignancy

» Contraindication to pharmacologic VTE Prophylaxis

Active bleeding
High risk for bleeding
Traumatic head injury \dagger
Thrombocytopenia (Plt <50,000 w/ bleeding)
Coagulopathy (INR > 1.5 & Plt < 50,000)
Renal failure requiring dialysis
Ocular injury with hemorrhage
Use of anticoagulants in last 24h w/o reversal

IVC Filter

PE & complication of anticoagulation
PE & contraindication to anticoagulation
Recurrent PE on therapeutic anticoagulation
Consider in very high risk w/ planned frequent interruptions in pharmacologic prophylaxis

References:

TP-1011

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