Ascension

Adult Venous Thromboembolism (VTE) Prophylaxis Guideline

Purpose: To provide guidelines for VTE prophylaxis in the adult trauma population.

Scope: Adult trauma patients who are at risk for Deep Venous Thrombosis (DVT) based on injuries. All trauma admissions will be assumed to have potential to develop DVT.

Guideline:

A. Chemical VTE Prophylaxis
   a. Should be initiated within the first 24 hours after patient arrival
   b. Dosing
      i. Lovenox 30mg BID
      ii. If BMI >30 or >100kg increase to Lovenox 40mg BID
      iii. Pharmacy dosing Heparin 5000 units SQ TID for CrCl <30mL/min, patient pregnant or weight <50kg
   c. Contraindications may include
      i. Patients with active bleeding, coagulopathy, or anticoagulation at time of admission and not reversed
      ii. Patients with TBI or spinal injury requiring surgical intervention
   d. Refer to flowchart marked Attachment A
   e. Patients who are ambulatory on admission with anticipated discharge within 24 hours of arrival do not require chemoprophylaxis
   f. Should be considered for up to 35 days post discharge for patients with major spine and spinal cord injury, major pelvic fractures, hip fractures, and femur fractures
      i. To be managed by Orthopedic or Neurosurgical specialist as appropriate
      ii. ASA is not considered VTE prophylaxis for these patients

B. Solid Organ Injuries
   a. Consider chemical VTE prophylaxis within 24 hours of admission and when hemoglobin stabilizes
   b. Refer to Non-Operative Management of Liver / Splenic Injuries and Operative Management of Liver / Splenic Injuries guidelines

C. Traumatic Brain Injury
   a. See Parkland Protocol flowsheet marked Attachment B

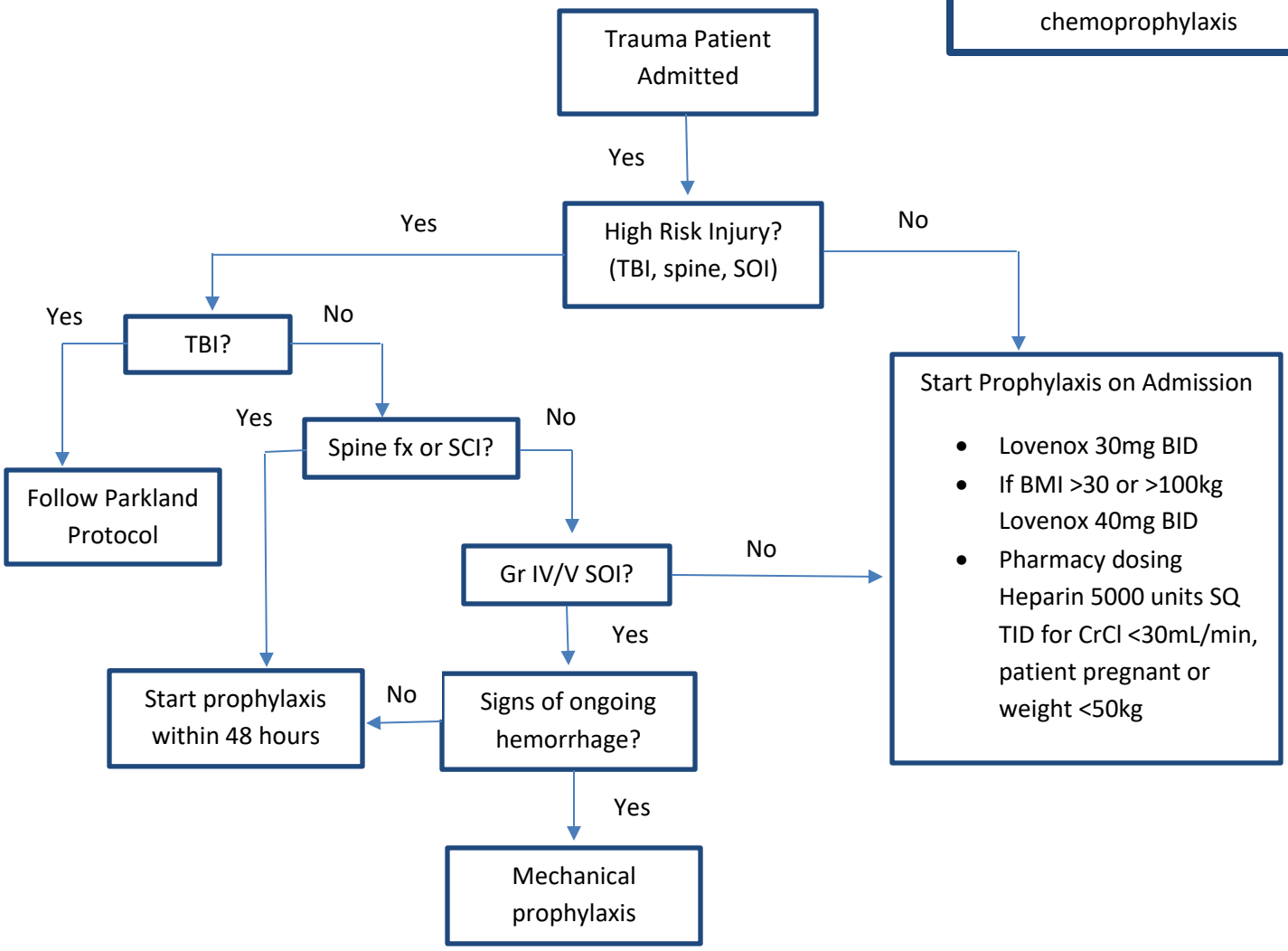
D. Mechanical prophylaxis should be utilized on all trauma admissions unless contraindicated.

E. Vena cava filters should be reserved for those patients at extremely high risk of complication from DVT chemoprophylaxis for a prolonged period and cannot be clinically anticoagulated

F. Consider lower extremity screening duplex in asymptomatic patients only if they are considered high risk for VTE and unable to be on chemical VTE prophylaxis

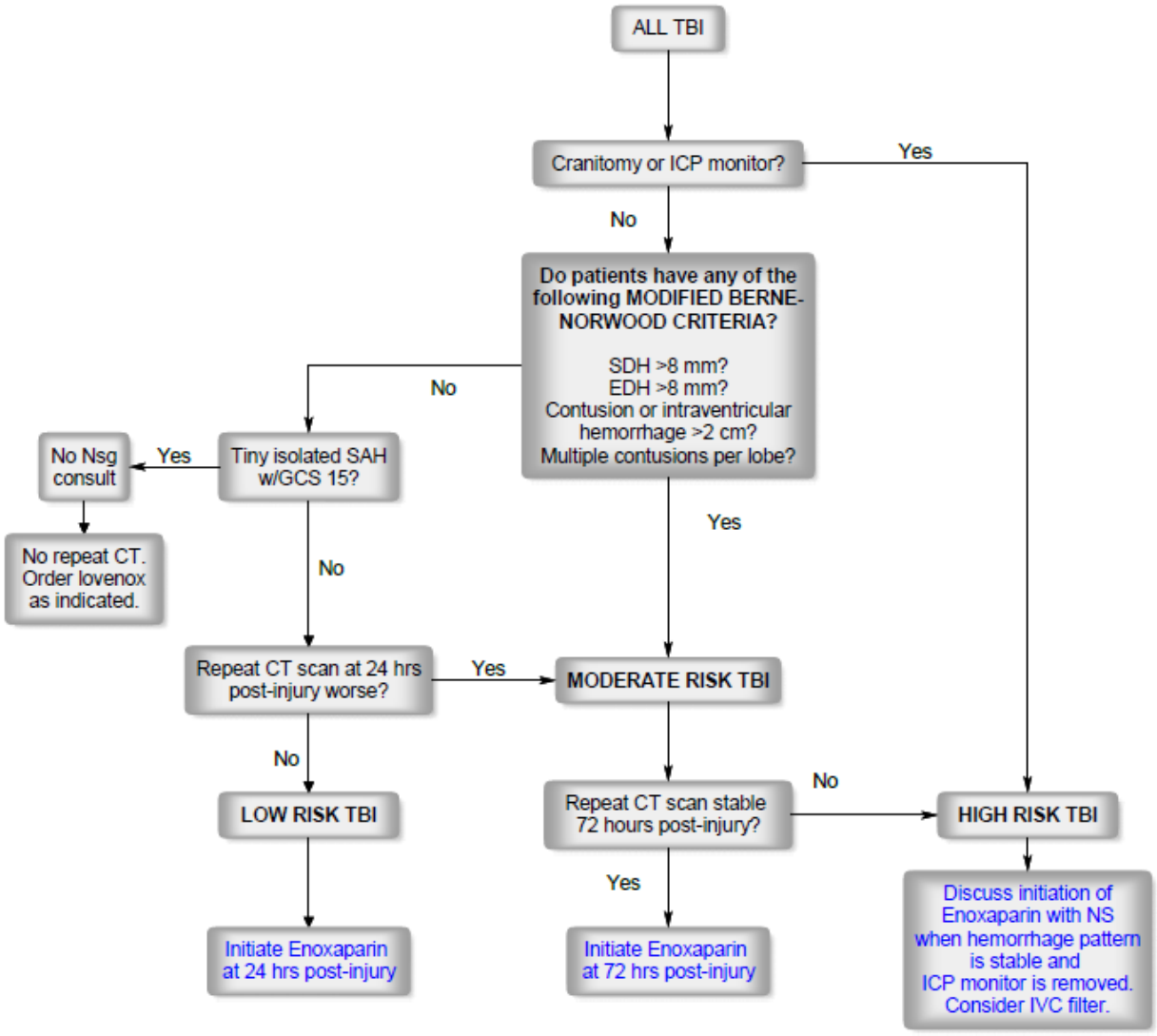
Attachment A

Patients who are ambulatory on admission with expected LOS <24 hours do not require chemoprophylaxis



Attachment B

The Parkland Protocol



If Nsg signs off case, TS can initiate prophylactic enoxaparin.

If positive for DVT/PE, consider placement of IVC filter if therapeutic anticoagulation is contraindicated.

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Review/Revision History:

Review/Revision Date:	Approved by:
Created 09/2014	Trauma Services
Revised 02/2018	Trauma Services
Revised 09/2022	Trauma Services
Revised 08/2023	Trauma Services