

## PRACTICE GUIDELINE

Effective Date: 9-18-06

Manual Reference: **Deaconess Trauma Services**

**TITLE: DVT PROPHYLAXIS IN THE TRAUMA PATIENT**

**PURPOSE:** To provide guidelines for the DVT prophylaxis in the trauma patient.

### **GUIDELINE**

1. Any surveillance for DVT in the lower extremities in trauma patients be performed on only proximal veins (iliac, common femoral, superficial femoral, and popliteal).
2. No routine Doppler surveillance is recommended.
3. Chemical DVT prophylaxis should be done on all patients unless contraindicated by bleeding risk or expectation for immediate ambulation and discharge within 24 hours.
4. Vena cava filters should be reserved for those patients who have experienced a pulmonary embolus while fully anticoagulated and those patients who have an acute iliac, common femoral, or superficial femoral vein thrombus and cannot be anticoagulated.
5. Patients with major spine and spinal cord injuries, major pelvic fractures, hip fractures, and femur fractures should be offered venous thromboembolism prophylaxis with fractionated heparin or warfarin for thirty-five days post discharge. ASA is not considered DVT prophylaxis for these patients.
6. Chemical DVT prophylaxis should be considered after solid organ injury once hemoglobin stabilizes.
7. Chemical DVT prophylaxis should be considered after intracranial hemorrhage if repeat head CT shows stability or improvement with hemorrhage. See Parkland Protocol Flowchart.

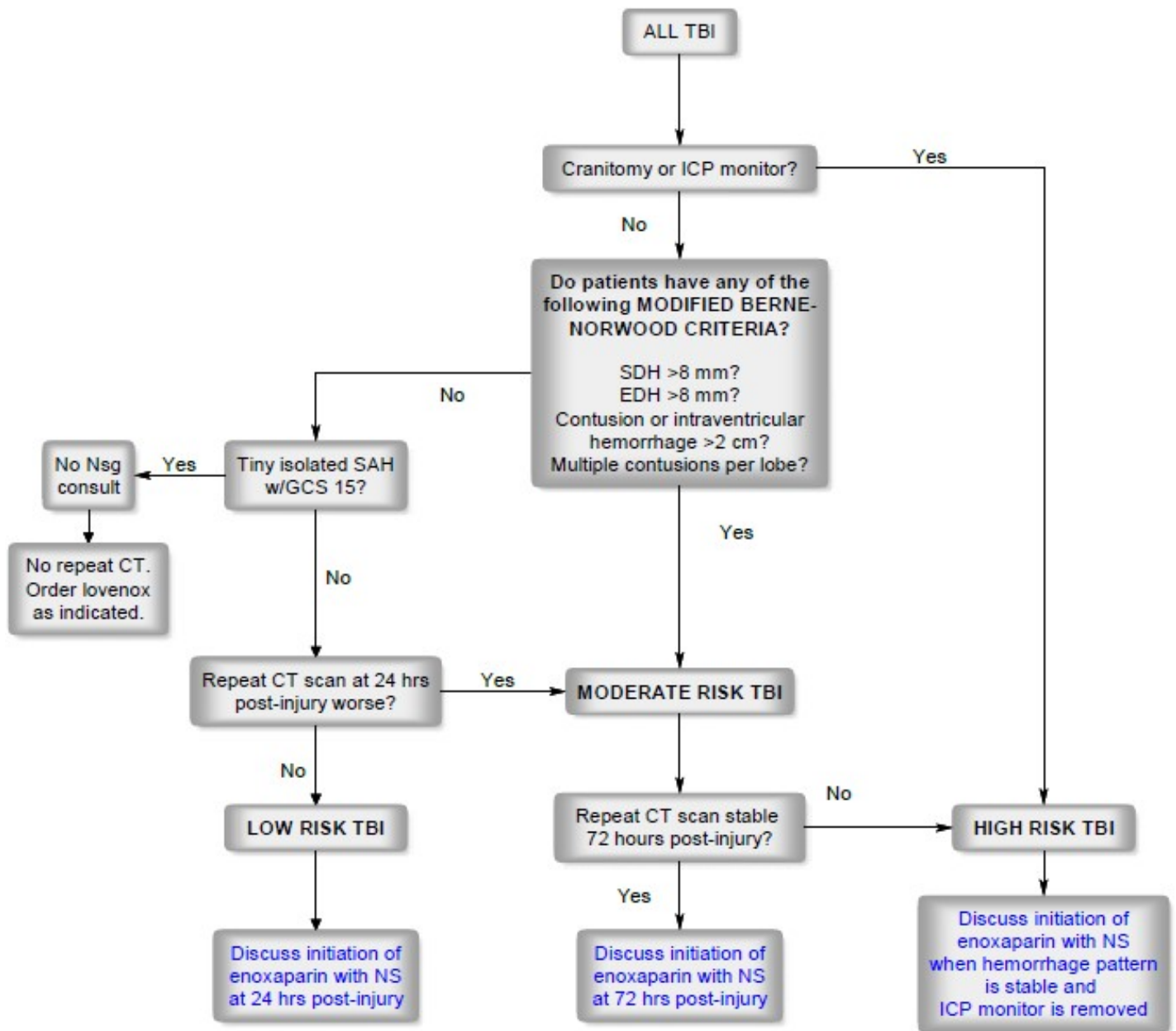
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**REFERENCES:**

- **CHEST** Guidelines, 2012.
- **BTF** guidelines, 2017
- Abdel-Aziz, H; Dunham, C. M., Malik, R. J., and Hileman, B. M. (2015). Timing for deep vein thrombosis chemoprophylaxis in traumatic brain injury: An evidenced based review. *Critical Care*, 19(96), 1-10. Doi: 10.1186/s13054-015-0814z
- Pastorek, R. A., Cripps, M. W., Bernstein, I. H., Scott, W. H., Madden, C. J., Rickert, K. L., Wolf, S. E., & Phelan, H. A. (2014). The Parkland Protocol's Modified Berne-Norwood criteria predict two tiers of risk for traumatic brain injury progression. *Journal of Neurotrauma*, 31, 1737-1743. DOI: 10.1089/neu.2014.3366
- Phelan, H. A., Eastman, A. L., Madden, C. J., Aldy, K., Berne, J. D., Norwood, S. H., Scott, W. W.,...Minei, J. P. (2012). TBI risk stratification at presentation: A prospective study of the incident and timing of radiographic worsening in the Parkland Protocol. *Journal of Acute Care Surgery*, 73, 12-127. DOI: 10.1097/TA.0b013e3182606327

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
Additional dates were removed for space	Dec 2015
JAN 18	Nov 2016
JAN 19	Feb 2017
	Sept 2019

# 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.