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Deaconess REGIONAL TRAUMA CENTER

DVT Prophylaxis in the Adult Trauma Patient

Purpose: To provide guidelines for DVT prophylaxis in the adult trauma patient

Definitions: Adult is defined as a patient greater than or equal to 16 years of age

Guidelines:

A. Chemical DVT Prophylaxis
   a. Should be initiated within the first 24 hours after patient arrival
   b. Contraindications may include
      i. Patients with active bleeding, coagulopathy, or anticoagulation at time of admission and not reversed
      ii. Patients who are ambulatory with anticipated discharge within 24 hours of arrival
      iii. Patients who are ambulatory (BMAT 4)
      iv. Patients with intracranial hemorrhage, refer to flowchart marked Attachment A
   c. If the patient is going to the operating room within 24 hours of arrival, may hold chemical DVT prophylaxis until after the surgery. The chemical DVT prophylaxis should be initiated within 24 hours post-op unless contraindicated.

B. Chemical DVT Prophylaxis
   a. Trauma patients with multiple injuries:
      i. Use anticoagulant (i.e. Lovenox/Heparin) for chemical DVT prophylaxis
   b. Trauma patients with intracranial hemorrhage
      i. See Parkland Protocol flowsheet marked Attachment A
   c. Trauma patients with Solid Organ Injuries
      i. Consider chemical DVT prophylaxis within 24 hours of admission when Hgb stabilizes
   d. Trauma patients with isolated orthopedic injuries:
      i. ASA 81mg bid while in the hospital and at discharge as appropriate.
      ii. May use other medications per physician discretion (i.e. Eliquis, Lovenox, Heparin)
   e. Trauma patients with known history of VTE or clotting risk factor (Factor V Leiden, Protein C or S Deficiency) with pelvic to calcaneus fractures
      i. Recommend an anticoagulant for 35 days post discharge

f. Spinal Cord Injury:
    i. Recommend chemical prophylaxis within 72 hours of injury. Consider chemical prophylaxis for up to 35 days post discharge for patients with major spine and spinal cord injury.
    ii. To be managed by Neurosurgical specialist as appropriate

C. 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

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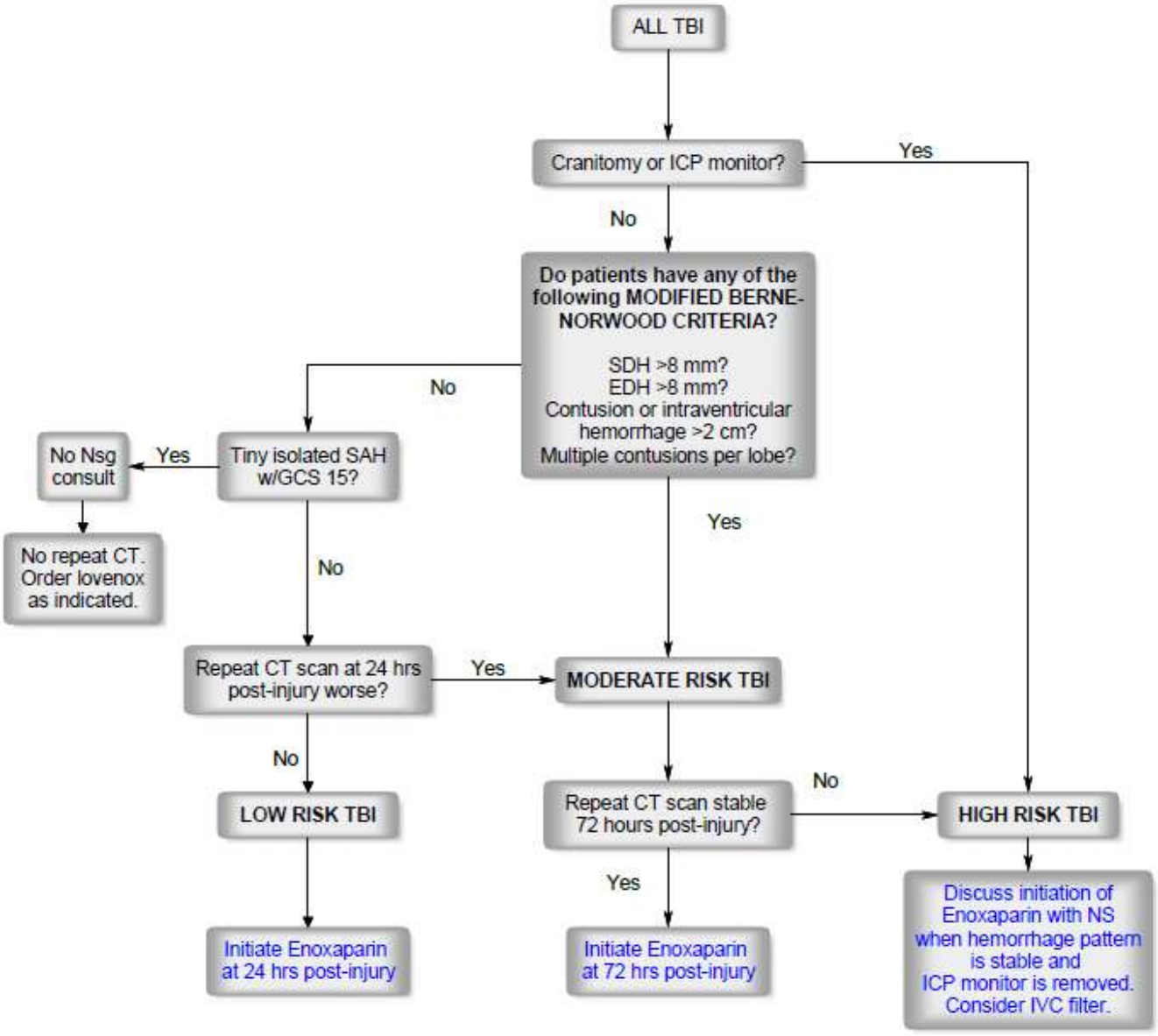
Attachment A

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.

Patients who are ambulatory (BMAT 4) can be excluded per TS discretion.

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