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DVT Prophylaxis in the Pediatric Trauma Patient

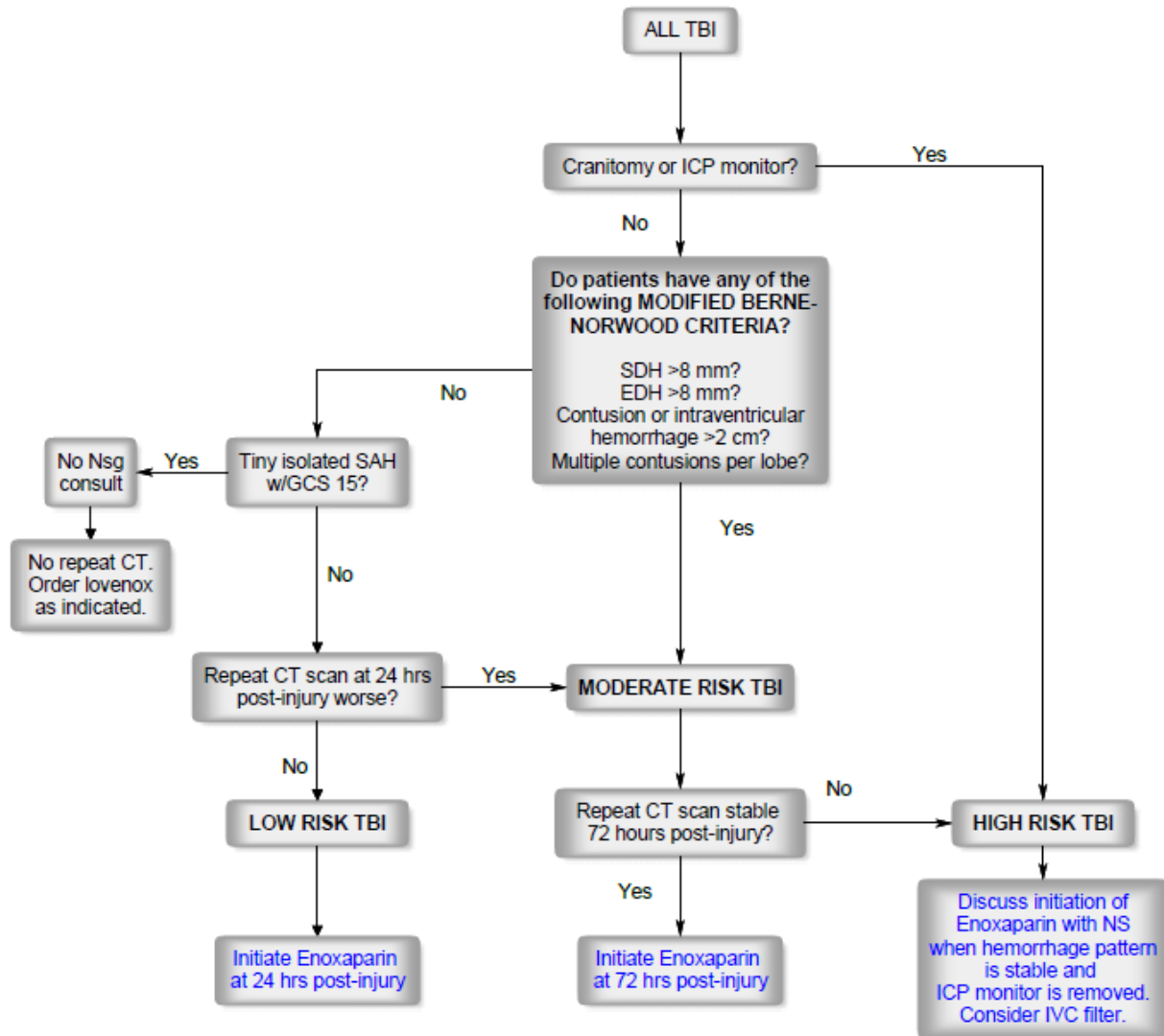
Purpose: To provide guidelines for DVT prophylaxis in the pediatric trauma patient

Definitions: Pediatric is defined as a patient less than or equal to 15 years of age

Guidelines:

- A. Pediatric trauma patients \leq 15 years of age should be assessed for DVT risk factors and started on chemical DVT prophylaxis within the first 24 hours after arrival unless contraindicated
 - a. Consider DVT prophylaxis in younger post-pubertal children
- B. High Risk Factors may include
 - a. > 1 lower extremity long bone fractures, complex pelvic fracture, or spinal cord injury
 - b. Obesity
 - c. Major surgical procedure
 - d. History of venous thrombosis
 - e. Bedrest
 - f. Intubation
 - g. Central venous catheter
 - i. includes tunneled, non-tunneled, and PICCs
 - h. Inflammatory disease such as Systemic Lupus Erythematosus, Inflammatory Bowel Disease, etc.
 - i. Thrombophilia, either known or having a family history
 - j. Hyperosmolar state
 - i. serum osmolarity > 320 mOsm/kg
 - k. Birth control medication
 - l. Cancer diagnosis
 - m. Nephrotic Syndrome
- C. Chemical DVT prophylaxis should be considered after intracranial hemorrhage if repeat head CT shows stability or improvement with hemorrhage
 - a. See Parkland Protocol Flowchart marked as Attachment A
- D. Recommended Dosing
 - a. < 60 kg = 0.5 mg/kg/dose sq BID
 - b. ≥ 60 kg = 30 mg sq BID

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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