Trauma VTE Prophylaxis Guideline

Enoxaparin times of administration
0600 and 1800

Weight adjusted dosing (BMI >25)
Enoxaparin 0.5 mg/kg ACTUAL body weight SQ q 12 hours
Dose cap at Enoxaparin 150 mg SQ q 12 hours
  - Attending physician and pharmacist discussion regarding anti-Xa level and dose adjustments

Monitoring
  - If anti-Xa level is warranted a peak anti-Xa level should be obtained 4 hours after the 3rd dose
    o Goal anti-Xa prophylaxis level 0.2-0.6 units/ml
    o Anti-Xa level less than 0.2 units/ml increase enoxaparin by 20 mg/day (10 mg per dose)
    o Anti-Xa level greater than 0.6 units/ml decrease enoxaparin by 20 mg/day (10 mg per dose)

Geriatric trauma patients
Patients > 80 years of age Heparin 5000 units SQ q 8 hours
High VTE risk geriatric patients (femur fracture(s) +/- pelvic fracture(s) +/- spinal cord injury)
  - Attending physician and pharmacist discussion
  - Enoxaparin can be considered with anti-Xa level

Trauma patients requiring spine surgery (Ortho and NSGY)
Hold chemoprophylaxis x 48 hours post-op

Trauma patients with traumatic brain injury
If follow-up head CT stable, chemoprophylaxis initiation 48 hours from time of initial/admission head CT. If follow-up head CT has worsened, team discussion in regards to chemoprophylaxis.