

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
 - Goal anti-Xa prophylaxis level 0.2-0.6 units/ml
 - Anti-Xa level less than 0.2 units/ml increase enoxaparin by 20 mg/day (10 mg per dose)
 - Anti-Xa level greater than 0.6 units/ml decrease enoxaparin by 20 mg/day (10 mg per dose)

Geriatric trauma patients

Patients \geq 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.