



Deep Vein Thrombosis (DVT) Prophylaxis

To provide guidelines for assessment and prophylaxis of DVT in trauma patients.

1. Routine screening for DVT will occur as follows:
 - a. ICU patients every Monday & Thursday
 - b. Floor patients every Tuesday
 - c. High risk patient will be screened a minimum of twice weekly. Frequency will be based on the injuries, co-morbidities, ability to anti-coagulate and location of DVT.
2. Patients with known DVT will have sequential compression devices (SCD) placed regardless of the DVT.
3. Neurosurgical trauma patients will have:
 - a. SCDs placed
 - b. Determination of anticoagulation by the neurosurgeon
 - c. An IVC filter should be considered if unable to anti-coagulate.
4. Solid organ injury patients will have SCD placed
5. Orthopedic trauma patients with lower extremity, hip and/or pelvic fractures will have:
 - a. SCDs placed
 - b. Anticoagulation as follows:
 - i. In-patient will be managed by primary team
 - ii. At discharge: ASA 81 mg BID times 4 weeks regardless of weight bearing status. Adjustments will be made as needed in clinic
 - iii. Patients anti-coagulated prior to trauma may resume at home regimen on POD 1-2 upon discharge without the need for ASA.
6. Heparin 5,000 units subQ every 8 hr is the preferred chemoprophylaxis.

7. Any patient with PMH of PE, failure of anticoagulation therapy, heparin induced thrombocytopenia and/or clinical risk factors for DVT/PE will have IVC filter placed.