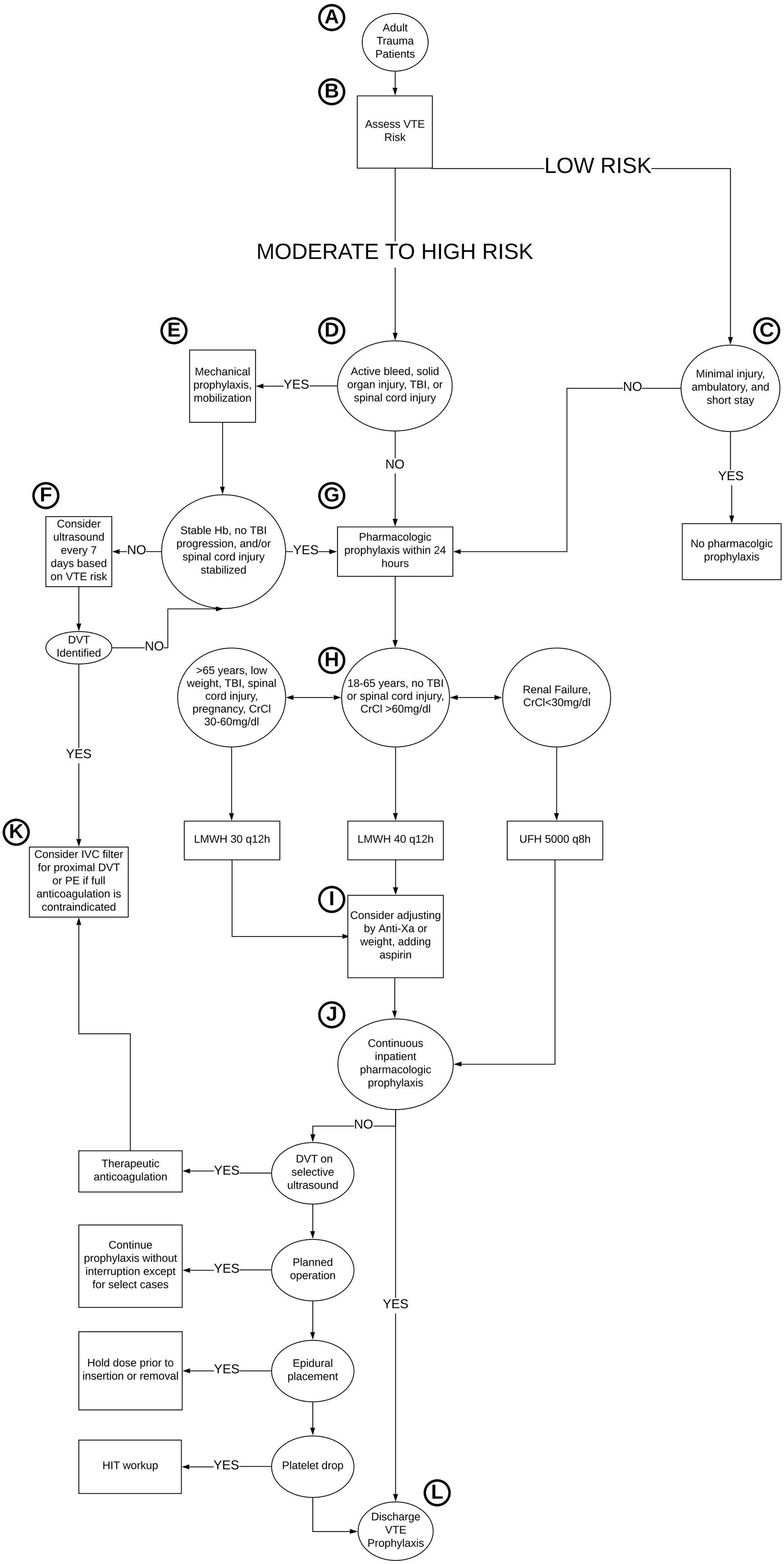
A
Adult Trauma Patients
B
Assess VTE Risk
LOW RISK
MODERATE TO HIGH RISK
E
D
C
Mechanical prophylaxis, mobilization
YES
Active bleed, solid organ injury, TBI, or spinal cord injury
NO
Minimal injury, ambulatory, and short stay
NO
YES
No pharmacolgic prophylaxis
F
G
Consider ultrasound every 7 days based on VTE risk
NO
Stable Hb, no TBI progression, and/or spinal cord injury stabilized
YES
Pharmacologic prophylaxis within 24 hours
DVT Identified
NO
H
>65 years, low weight, TBI, spinal cord injury, pregnancy, CrCl 30-60mg/dl
18-65 years, no TBI or spinal cord injury, CrCl >60mg/dl
Renal Failure, CrCl<30mg/dl
YES
K
Consider IVC filter for proximal DVT or PE if full anticoagulation is contraindicated
LMWH 30 q12h
LMWH 40 q12h
UFH 5000 q8h
I
Consider adjusting by Anti-Xa or weight, adding aspirin
J
Continuous inpatient pharmacologic prophylaxis
NO
Therapeutic anticoagulation
YES
DVT on selective ultrasound
Continue prophylaxis without interruption except for select cases
YES
Planned operation
YES
Hold dose prior to insertion or removal
YES
Epidural placement
HIT workup
YES
Platelet drop
L
Discharge VTE Prophylaxis