

Barnes Jewish Hospital/Washington University
ACCS Patient DVT Prophylaxis Guideline

All ACCS Patients will be placed on DVT Prophylaxis unless the following indications exist:

Heparin Induced Thrombocytopenia

Plan to go to OR within next 12 hours

Plan to go to OR with Neurosurgery within next 24 hours

Liver or spleen injury diagnosis <24 hours old or unstable

Hemodynamically unstable secondary to bleeding

Trauma patients should be placed on Enoxaparin 30 mg SQ q12 hours unless:

- Their BMI <20, then consider dosing change
- Their BMI >40 and >100 kg then place on Enoxaparin 40 mg SQ q12 hours
- Cr Cl <30 ml/min then place on Heparin Sodium 5,000 unit SQ TID or 7,500 based on BMI >40
- They have an epidural, then place on Heparin Sodium 5,000 unit SQ TID

ACES patients should be placed on Enoxaparin 40 mg SQ qPM

Any patient that develops DVT may be changed to treatment dose of unfractionated heparin (gtt) or fractionated heparin (1mg/kg sq BID) at Attending discretion. If they cannot be anticoagulated fully – consider an IVC filter, depending on condition and location of clot.

Note: Individualized, clinical judgment supersedes all written guidelines.

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