### Clinical Protocol

**Inpatient Venous Thromboembolism Prophylaxis after Trauma**

#### Recommendations

- **We recommend that pharmacologic VTE prophylaxis should be initiated promptly, without need for risk scoring, unless the patient is ambulatory and has an expected length of stay < 24 hours**

- **We recommend that pharmacologic prophylaxis should be provided early (<24 hrs) and continuously for most trauma patients while avoiding missed doses for orthopedic and other surgical procedures**

#### Dosing

- **We recommend that enoxaparin 40 mg twice daily should be initiated for most trauma patients**

- **For patients who are older than 65 years, weigh less than 50 kg, or have a creatinine clearance of 30 to 60 ml/min, we recommend an initial enoxaparin dose of 30 mg twice daily**

- **For patients with TBI, spinal cord injury, and pregnant patients we recommend an initial enoxaparin dose of 30 mg twice daily**

#### Choice of Pharmacologic Prophylaxis

- **We suggest that enoxaparin is preferable over unfractionated heparin unless there are specific contraindications to enoxaparin**

- **For patients with end stage renal disease or a creatinine clearance of < 30 ml/min, we recommend subcutaneous unfractionated heparin at 5000 units every 8 hours**

#### Blunt Solid Organ Injury

- **We recommend early pharmacologic VTE prophylaxis (24-48 hrs) in patients with blunt solid organ injury**

- **We recommend that early pharmacologic VTE prophylaxis in Grade IV and Grade V injuries should be approached with caution, but initiated promptly once bleeding is stabilized**

#### Traumatic Brain Injury

- **For patients with TBI, we recommend a tiered approach to guide initiation of VTE chemoprophylaxis based on the Modified Berne-Norwood Criteria**

- **We recommend that patients with low risk TBI without progression on follow-up CT scan may have prophylaxis safely initiated at 24 hours post-injury**

- **We recommend that patients with high risk TBI without progression on repeat imaging can have VTE prophylaxis safely initiated at 72 hours post-injury**

#### Spinal Injury

- **For patients with spinal fracture or SCI, we recommend initiation of chemoprophylaxis within 48 hours of injury or spine surgery**

#### Screening Duplex

- **We recommend routine lower extremity screening duplex for asymptomatic patients only if they are considered high risk for VTE**

#### IVC Filters

- **We suggest that IVC filters should only be considered for patients at extremely high risk of complication from VTE and cannot receive chemoprophylaxis for a prolonged period of time**

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**Abbreviations:**  
BMI- body mass index; IVC- inferior vena cava; kg- kilogram; mg- milligram; SCI- spinal cord injury; TBI- traumatic brain injury; VTE- venous thromboembolism