

Weight Based Chemoprophylaxis for VTE in Trauma Patients

Revised
October 2023

When to start

- Within 12 hours for all admitted trauma patients with the following exceptions:
 - Evidence of recent hemorrhage should have ppx held until hemostasis is deemed adequate (judgement)
 - TBI with ICH should have ppx started after TBI is determined to be stable according to facility protocol
 - BUMCT - 24 to 72 hours after a stable (unchanged) brain CT with specific timing at neurosurgery attending discretion

Agent, dosing and timing

- Unfractionated heparin:
 - Est CrCl < 30
 - 5000U SQ Q8 hours
 - If BMI > 40 or Wt > 120kg
 - 7500U SQ Q8 hours
 - Epidural catheters in place (or consideration for)
 - After epidural is removed – begin WB lovenox dosing barring no other contraindications
 - TBI with neurosurgery consult
 - Lovenox 30 BID or heparin SQ as determined by neurosurgery with timing per previous slide

Agent, dosing and timing

- Enoxaparin:
 - CrCl > 30
 - Weight Based dosing:
 - < 45 kg = enoxaparin 30 mg SQ QD
 - 45 to 60 kg = enoxaparin 30 mg SQ BID
 - > 60 kg = enoxaparin 0.5 mg/kg BID (rounded up to nearest 10 mg) every 12 hours guided by anti-Xa levels
 - Initial Max dose = 100 mg BID
 - 12-hour dosing occurs at 9am and 9pm

ORDERING DETAILS

Search:

vte

Advanced Options

Type:

All Orders



Folder:

Search within:

All



Filtered Order Sentences

VTE Prophylaxis Advisor

VTE Prophylaxis Post-Op Advisor

apixaban 2.5 mg, Oral, Tab, BID, Indication: VTE Prophylaxis, Hip or Knee Replacement

apixaban 2.5 mg, Oral, Tab, BID, Indication: VTE Recurrent Risk Reduction

dabigatran 150 mg, Oral, Cap, BID, Indication: VTE Treatment

dabigatran 150 mg, Oral, Cap, BID, Indication: VTE Recurrent Risk Reduction

Eliquis 2.5 mg, Oral, Tab, BID, Indication: VTE Prophylaxis, Hip or Knee Replacement

Eliquis 2.5 mg, Oral, Tab, BID, Indication: VTE Recurrent Risk Reduction

Pradaxa 150 mg, Oral, Cap, BID, Indication: VTE Treatment

Pradaxa 150 mg, Oral, Cap, BID, Indication: VTE Recurrent Risk Reduction

rivaroxaban 10 mg, Oral, Tab, QEvening, Indication: VTE Prophylaxis, Hip or Knee Replacement

rivaroxaban 10 mg, Oral, Tab, Daily, Indication: VTE Prophylaxis, Medical

rivaroxaban 10 mg, Oral, Tab, Daily, Indication: VTE Recurrent Risk Reduction

Xarelto 10 mg, Oral, Tab, QEvening, Indication: VTE Prophylaxis, Hip or Knee Replacement

Xarelto 10 mg, Oral, Tab, Daily, Indication: VTE Prophylaxis, Medical

Xarelto 10 mg, Oral, Tab, Daily, Indication: VTE Recurrent Risk Reduction

22101 - BILLING USE ONLY - Partial Exc of Post Vertebral Component for Intrinsic Bony Lesion

22101 - NonHospitalist - Partial Exc Post Vertebral Component for Intrinsic Bony Lesion -CHARGE ONLY

22102 - NonHospitalist - Part Exc of Post Component of Single Lumbar Vertebral Seg - CHARGE ONLY

22103 - BILLING USE ONLY - Partial Exc of Post Vertebral Comp for Intrinsic Bony Lesion each addl

22103 - NonHospitalist - Partial Exc Post Vertebral Comp Intrinsic Bony Lesion Ea addl - CHARGE ONLY

22114 - NonHospitalist - Part Exc of Lumbar Vertebra w/o Decompress of Spinal Nrv Root - CHARGE ONLY

22208 - NonHospitalist - Osteotomy Spine Post/Post Lat 3 Col ea Add Vertebral Segment - CHARGE ONLY

Patient Name: [Redacted]
Location: [Redacted]

Sex: [Redacted]
Age/DOB: [Redacted]

MRN: [Redacted]
FIN: [Redacted]

VTE Risk Assessment - Discern Advisor®

The VTE Risk Assessment Advisor is optional for your documented patient relationship. You may click the Done button to close the Advisor or complete the documentation and orders.

For the **SURGICAL PATIENT** first select a Risk Level then "Surgical Patient" below. Please Determine and Document the Risk Profile of the patient based on your clinical assessment and criteria listed for development of VTE. Place the appropriate prophylactic treatment suggested OR document contraindications that preclude the same.

Weight: 55.500 Kg
Creatinine Clearance: Unable to Calculate

INR: 1.0 (December 09, 2021 01:44:00 MST)
Platelets: 218 K/MM3 (December 09, 2021 02:03:00 MST)

Surgical Patient

Surgical patient
if holding ppx

	Risk Level	Risk Factors
<input checked="" type="radio"/>	High Risk	<ul style="list-style-type: none"> On ventilator Hip or Knee arthroplasty (i.e. THA or TKA) Hip Fracture surgery Major Lower Extremity surgery Acute CVA COVID-19 Critical Care High Risk with clinical manifestations of smaller vessel thrombosis ⓘ or high risk for thrombosis ⓘ COVID-19 Critical Care with no suspicion of VTE COVID-19 Non-Critical Care High Risk (BMI >= 30 OR D-Dimer > 1500 OR >=4 L O2 OR > 33% FiO2)
<input type="radio"/>	Moderate Risk	<ul style="list-style-type: none"> LOS >48 hours plus one Strong VTE risk factor <ul style="list-style-type: none"> Infection on IV antibiotics Major surgery last 7 days Active Cancer Prior DVT/PE Known thrombophilia (congenital or acquired) Rheumatic disease or Inflammatory Bowel Disorder (e.g UC, Crohns) Acutely bed or chair bound Postpartum LOS >48 hrs. with at least one Intermediate VTE Risk factor(s) ⓘ plus <ul style="list-style-type: none"> Most general, thoracic, gynecologic, urologic, and some orthopedic surgeries (not TKA or THA-see above) (> 24 hrs LOS)

Trauma patients
are high risk

Orders for High Risk Patients

Prophylaxis for High Risk Patient: Choose one pharmacologic option and one mechanical option.

Current Pharmacologic Order:

apixaban (Eliquis) 5 mg, 1 tab, Oral, BID 12/09/2021 13:47

Pharmacologic:

- enoxaparin 30 mg SubCutaneous, Soln-Inj, BID CrCl > 30 mL/min, weight ≤ 150 Kg
- enoxaparin 40 mg SubCutaneous, Soln-Inj, BID CrCl > 30 mL/min, weight > 150 Kg OR COVID-19 Non-VTE Not Suspected
- enoxaparin 40 mg SubCutaneous, Soln-Inj, Daily CrCl > 30 mL/min
- enoxaparin 30 mg SubCutaneous, Soln-Inj, Daily CrCl 15 to 30 mL/min
- enoxaparin 0.5 mg/kg SubCutaneous, Soln-Inj, BID Trauma patients with CrCl > 30 mL/min
- enoxaparin 1 mg/kg SubCutaneous, Soln-Inj, Q12h-interval COVID-19 Critical Care High Risk/VTE Suspected
- heparin 5,000 units SubCutaneous, Soln-Inj, Q8h-interval CrCl < 15 mL/min or on renal replacement therapy
- Currently therapeutic on anticoagulation and will continue during hospitalization
- Reason Pharmacologic Prophylaxis Not Given [Please Click to Choose Reasons](#)

Mechanical:

- Apply Antiembolism Device Intermittent Pneumatic Compression Knee Remove only for walking or bathing.
- Reason Mechanical Prophylaxis Not Given [Please Click to Choose Reasons](#)

Enoxaparin dose adjustment

- Peak Anti-Xa level: drawn after either 3rd or 4th consecutive dose (levels are always drawn at 1pm)
- Goal peak range: 0.2 – 0.5 U/ml
- Dose adjustments – increments (increases and decreases) of 10 mg followed by repeat peak level in the same fashion
- Weekly anti-Xa level once goal range is reached
- Missed doses will restart the dose count for drawing anti-Xa levels
- Trough based dosing
 - May provide better prophylactic coverage (goal > 0.1 U/ml)
 - Check anti-Xa level 1 hour before 3rd or 4th dose (whichever occurs at 8am)
 - Future QI project to compare with peak data

Search:

anti xa



Advanced



Folder:

Anti Xa - Heparin (unfract)

Anti Xa - LMWH



Anti Xa - LMWH

Details for Anti Xa - LMWH

Details Order Comments Diagnoses



Timed Study
Always 1300
HD 2 or 3

Nurse Collect
No for floor
Yes for ICU

See next slide for peak timing

*Specimen Type: Blood

*Reporting Priority: TS

*Nurse Collect: Yes No

Duration:

Label Comment:

Survey ID:

*Collection Priority: Timed Study

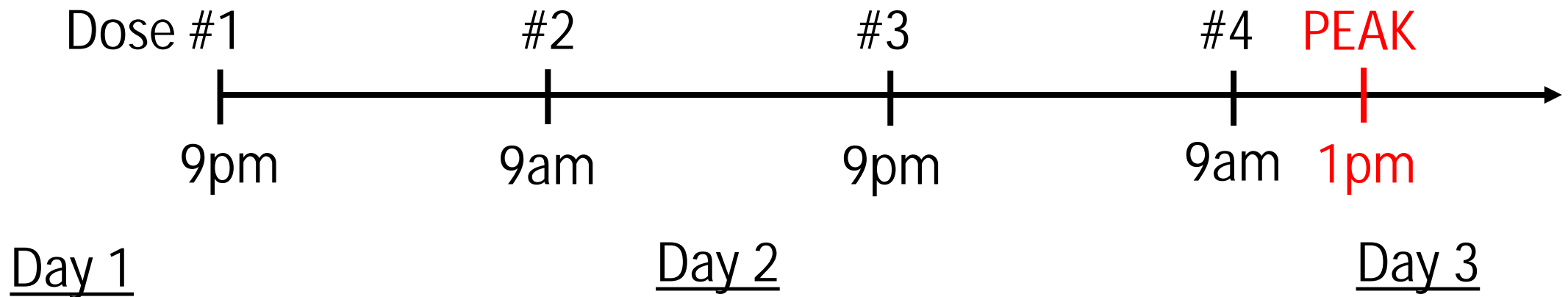
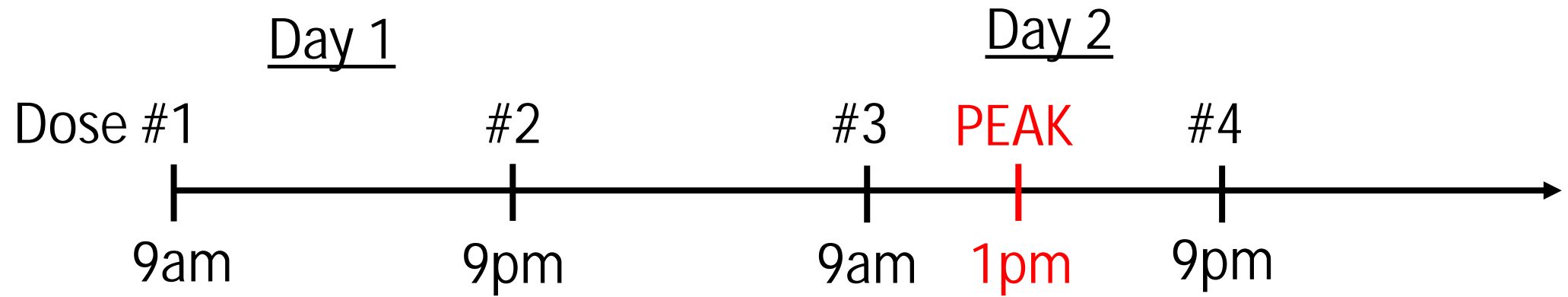
*Collection Date/Time: 12/09/2021 1300 MST

Frequency:

Duration Unit:

Print Label By Order Location: Yes No

2 options for Anti-Xa peak timing



Surgical procedures

- Chemoprophylaxis should not be held for minor surgical procedures
 - Attending discretion
- Each center will have local protocols regarding peri-operative management of chemoprophylaxis
 - Ex: BUMCT spine and neurosurgery