DVT Prophylaxis Guidelines

DVT Screening:
All patients transferred into BIDMC/BWH/MGH after Trauma Day 1, or with a high index of suspicion should have non-invasive venous studies after admission.

Inpatient Prophylaxis: Trauma Patients and Total Joint Patients
Each patient should get ALL methods while on the BIDMC, BWH or MGH Trauma Service
- LMWH
- SCD (foot or lower extremity as possible)
- Early mobilization

LMWH Dosage
- Regular patient: Enoxaparin 40mg SC qPM at 18:00
- Renal impairment (CrCl < 30ml/min): Enoxaparin 30mg SC qPM at 18:00
- Obesity
- Weight 100-120kg: Enoxaparin BID 40mg SC BID
- Weight >120kg: Enoxaparin 0.4mg/Kg SC BID rounded to nearest pre-filled syringe

Contraindications to LMWH
- Ongoing bleeding
- Head bleed (until allowed by NS)
- Spine fracture (until allowed by Spine)
- HIT

Prophylaxis when LMWH is contraindicated
- Low Risk: SCD, TED Hose, Early mobilization
- High Risk: Consider IVC Filter
DISCHARGE PROPHYLAXIS:

Trauma Patients:
If discharged to an EXTENDED CARE FACILITY:
• LMWH x 4 weeks
  A. If discharged to HOME (high-risk, see below conditions):
  • LMWH x 4 weeks
  B. If discharged to HOME (low-risk):
  • Aspirin 325mg PO QD x 4 weeks

Total Joint Patients:
• BIDMC: LMWH for 4 weeks
• BWH: Coumadin for 4 weeks
• MGH: LMWH for 4 weeks

High Risk Medical Conditions
• Active malignancy
• Morbid Obesity
• Oral contraceptive or HRT
• Previous Thromboembolic Disease/DVT/PE

High Risk Orthopaedic Conditions
• Immobility (unable to transfer from bed to bathroom by self)
• Femur, Hip, Pelvic/Acetabular Fractures
• Lower extremity joint replacement

Patients discharged on Coumadin
Patients discharged on Coumadin must have a non-orthopaedic attending responsible for managing the Coumadin. Contact information for responsible physician must be included in the discharge summary. At BWH, Coumadin is managed by the Coumadin clinic (BWHAnticoagreferrals@Partners.org).