

# DEPARTMENTAL POLICY/PROCEDURE

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## 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:

- Patient weight <50kg, place on Heparin Sodium 5,000 unit SQ q12 hours
- Patient BMI >40 and >100 kg, place on Enoxaparin 40 mg SQ q12 hours
- Cr Cl <30 ml/min place on Heparin Sodium 5,000 unit SQ TID or 7,500 based on BMI>40
- Patient has an epidural, place on Lovenox 40mg SQ qPM

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 Enoxaparin (1mg/kg SQ BID) at the Attending's 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

**\*\*\* Controlled Document \*\*\***

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