

***Prophylaxis, Detection and Therapy of Deep Venous Thrombosis and Thromboembolism Algorithm***

**ADULT  
Practice Management Guideline  
Contact: Trauma Center Medical Director**

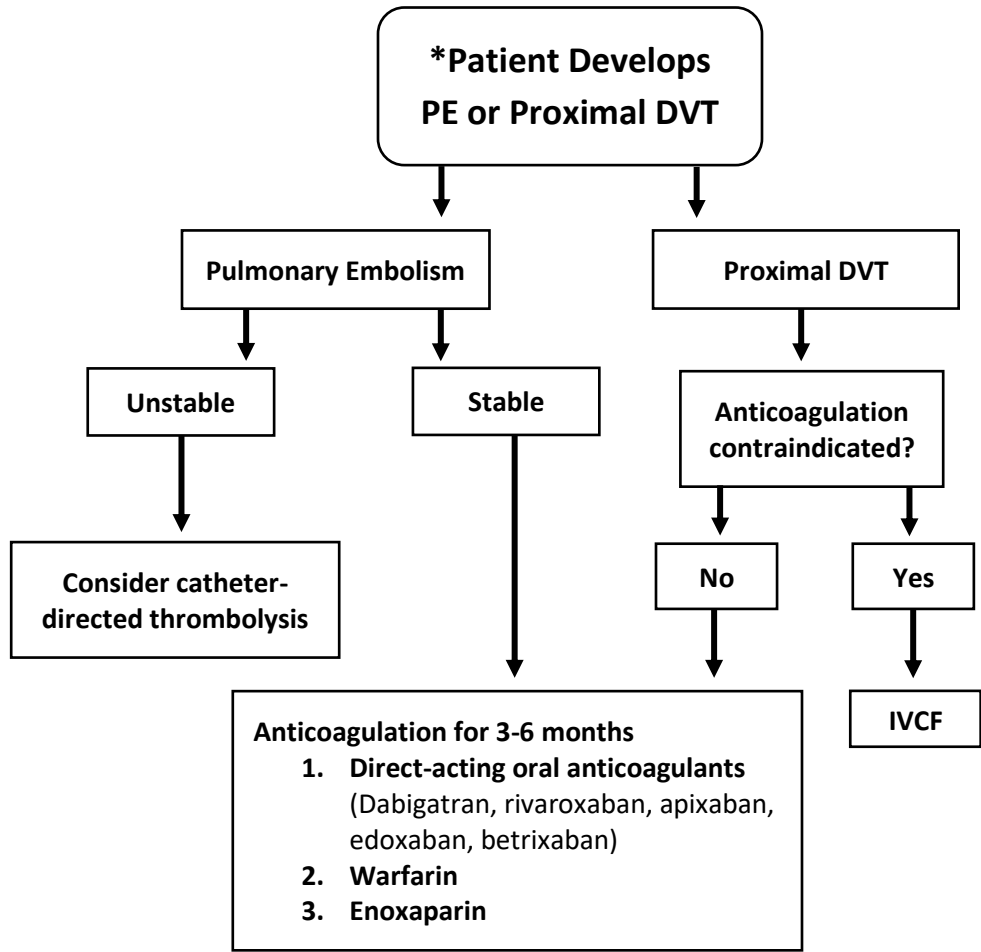
**Effective: 04/2014**

**Last Reviewed: 04/2026**

	Preferred		Alternative	Low Molecular Weight Heparin Monitoring		
				Anti-Xa Goal	If Anti-Xa is Low, then	If Anti-Xa is High, then
<b>Patient Population</b>	<b>CrCl &gt; 30 mL/min</b>	<b>CrCl &lt; 30mL/min</b>				
Weight <50kg	Enoxaparin 30 mg SubQ daily	Heparin 5000 units SubQ BID	Heparin 5000 units SubQ TID			
Traumatic brain injury or spinal cord injury or solid organ injury	Enoxaparin 30 mg SubQ BID	Heparin 5000 units SubQ TID	Heparin 5000 units SubQ TID			
Pregnant or Age > 65 years or CrCl 30-60 mL/min	Enoxaparin 30 mg SubQ BID		Heparin 5000 units SubQ TID	0.2 to 0.4	Increase to 40 mg SubQ BID	Decrease to 30mg SubQ daily
Age < 65 and Weight ≥ 50-120kg and CrCl > 60 mL/min	Enoxaparin 40 mg SubQ BID		Heparin 5000 units SubQ TID	0.2 to 0.4	Increase to 60 mg SubQ BID	Decrease to 30 mg SubQ BID
Age < 65 and Weight ≥ 120kg and CrCl > 60 mL/min	Enoxaparin 60 mg SubQ BID			0.2 to 0.4	Increase to 80 mg BID	Decrease to 40 mg BID
ESRD/HD, CrCl < 30 mL/min		Heparin 5000 units SubQ TID				
Isolated orthopedic injury	Consider alternative monotherapy with Aspirin 81mg PO BID					
Contraindication to Prophylaxis	Lower extremity venous duplex at 48-72 hours, and then at least weekly. Consider SCDs. Start pharmacologic prophylaxis as soon as not contraindicated.					

- Consider Sequential Compression Devices (SCDs) for all patients on admit
- Aspirin 81mg BID for 0-4 weeks at discharge may be used for extended prophylaxis for high risk / limited mobility patients
- Consider GI prophylaxis if patient has a history of gastrointestinal bleed or is older age and on concomitant NSAIDS

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**References:**

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