

Flow Chart for Prophylactic Anticoagulation in Trauma

Note: Surgical and IR Consultants agree that VTE prophylaxis does not need to routinely held

Are all admission CT scans reported?

No

Initiate PCD (one or both legs unless both contraindicated). Reassess when scans reported.

Yes

Stable Injuries?

Active bleeding, or liver or spleen injury?

Acute Spinal Cord Injury (ASCI)?

Traumatic Brain Injury?

Order daily prophylactic AC to start at 2200 hrs (within 24 hrs)

Dalteparin (or alternate AC for allergies or HIT)

<40 kg: 2500 U QHS SC
40-120 kg: 5000 U QHS SC
>120 kg: 7500 U QHS SC

Initiate PCDs and review AC prophylaxis with Trauma *

Initiate PCDs and review AC prophylaxis with Spine Service *

Initiate PCDs and repeat CT Head in 6-24 hrs. Review ASA (BCVI Rx) and AC prophylaxis timing with Neurosurgery*

**Discussion and plan for VTE prophylaxis with Trauma, Spine or Neurosurgery needs to be supported in an order or clinical note.*

Review VTE Prophylaxis Q12H with CCTC Fellow or Consultant and document plan in Multidisciplinary Rounding Note.
Continue PCD until after first dose of anticoagulation administered.

**If an ordered dose of anticoagulation is held, an order must be entered in One Chart (verbal or direct). The name of the ordering physician and reason for holding must be documented in the MAR comments, and in the Multidisciplinary Rounding note. If VTE prophylaxis remains contraindicated, consideration should be given to IVC Filter placement.*

Any order to hold a previously ordered dose of AC (e.g. for OR, IR or condition change) must be approved by CCTC Fellow or Consultant. If decision to hold, Fellow or Consultant to discuss with Trauma Consultant*.

Contraindication to anticoagulation resolved?