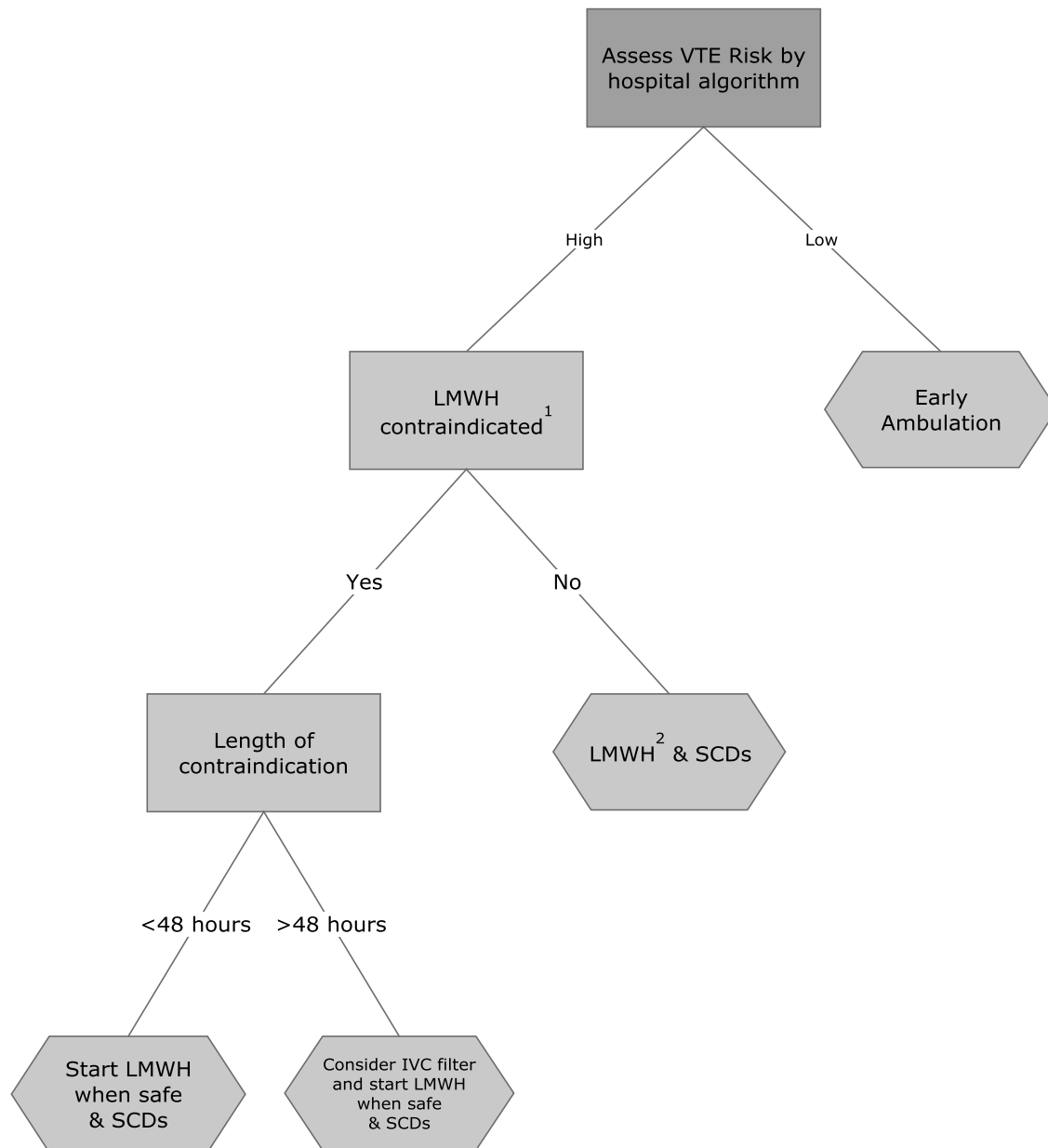


Figure Z: VTE Prophylaxis Algorithm



VTE prophylaxis algorithm

1. Contraindications to LMWH
 - a. Unstable Hemoglobin
 - b. Solid Organ Injury
 - i. Patients can be started on LMWH once the patient has had <1 gram drop in Hb over 24 hours and there are no other contraindications
 - c. Intracranial bleed and spinal cord injury
 - i. Neurologic injuries have high incidence of VTE and also high morbidity associated with further bleeding. LMWH should be started as soon as possible as determined by neurosurgical/neuropedics consultation
 - d. Coagulopathy
 - i. defined as a platelet count $<50,000 \times 10^9/\text{mm}^3$ or an international normalized ratio or activated partial thromboplastin time >1.5 times normal
 - e. Creatinine > 1.6
 - i. These patients should be started on subcutaneous heparin 5000 units q 8 hours if there are no other contraindications to chemoprophylaxis
2. LMWH should be dosed 30mg q 12 hours
 - a. If patient is >150 kg then the dosing should be increased to 40mg q 12 hours
 - b. If creatinine is > 1.6 then patients should be started on subcutaneous heparin 5000 units q 8 hours