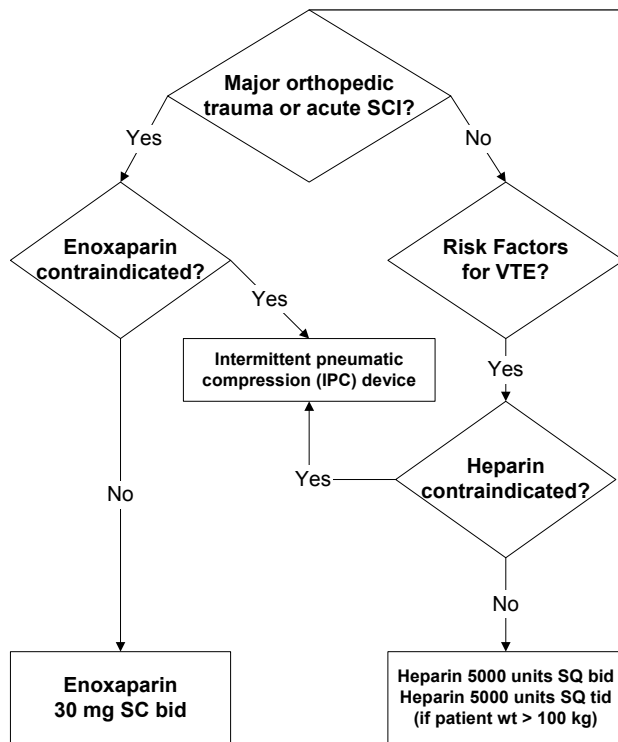


ICU/TSCU

Venous Thromboembolism (VTE) Prophylaxis Protocol

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Indications for enoxaparin

- Major orthopedic trauma with pelvic, femoral shaft, or other complex lower-extremity fractures (open fractures or multiple fractures in one extremity) requiring operative fixation or bedrest > 5 days; and/or
- Acute spinal cord injury (SCI)

Contraindications to prophylaxis

- Contraindications for early heparin or enoxaparin use may include: Intracranial bleeding; uncontrolled major bleeding; DIC; absence of adequate primary hemostasis; intraocular injuries; incomplete spinal cord injuries with significant perispinal hematoma; intra-abdominal solid-organ injuries managed non-operatively; renal failure; and a history of HIT. A risk/benefit analysis of use in these settings should be considered before initiating prophylaxis, and further diagnostic studies and/or clinical monitoring may be required to guide the decision.

Proven risk factors for venous thromboembolism (VTE)

- Age > 65 years
- Obesity
- Smoking
- Prior venous thromboembolism (DVT or PE)
- Prolonged immobility or paresis
- Surgery (particularly involving abdomen, pelvis, lower extremities)
- Trauma
- Acute medical illness
- Cardiac or respiratory failure
- Central venous catheterization
- Inflammatory bowel disease
- Myeloproliferative disorders
- Paroxysmal nocturnal hemoglobinuria
- Nephrotic syndrome
- Inherited or acquired thrombophilia
- Pregnancy and the post-partum period
- Estrogen-containing contraceptives or hormone replacement therapy
- Selective estrogen receptor modulators
- Malignancy
- Cancer therapy (hormonal, chemotherapy, or radiation)
- Varicose veins

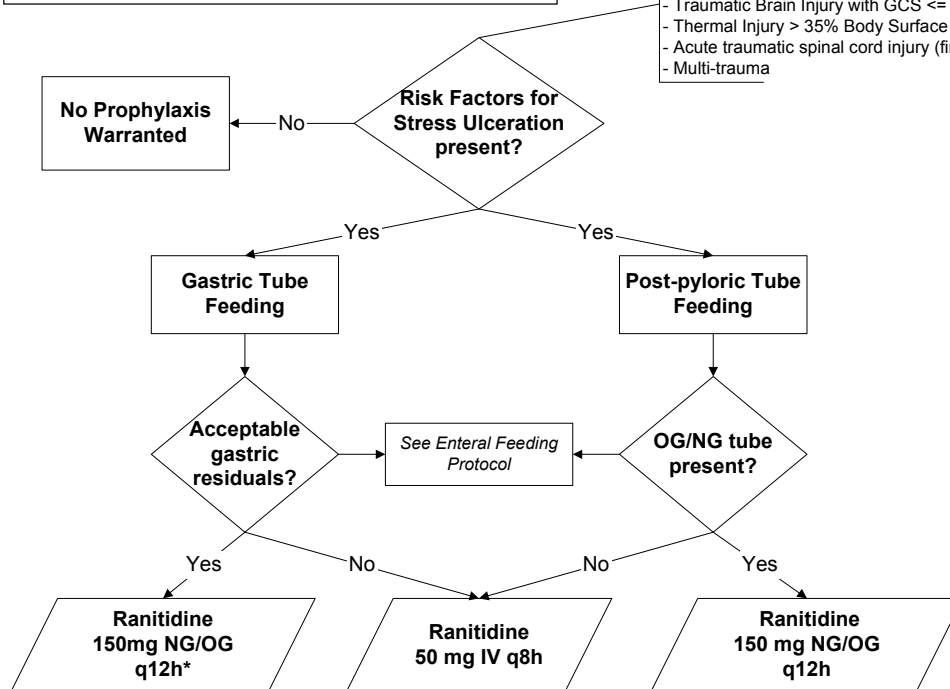
Adapted from Chest 2004;126:338S-400S.

ICU/TSCU

Stress Ulcer Prophylaxis Protocol

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Proven Risk Factors for Stress Ulceration

- Respiratory Failure (Anticipated mechanical ventilation for > 48 hours)
- Coagulopathy (Plts < 50,000, INR > 1.5, PTT > 2.0 x control value)
- Traumatic Brain Injury with GCS <= 10
- Thermal Injury > 35% Body Surface Area
- Acute traumatic spinal cord injury (first 21 days)
- Multi-trauma

Stress ulceration prophylaxis should be continued until risk factors are resolved or patients are tolerating an oral diet. *Option to NOT initiate prophylaxis in gastrically-fed patients with acceptable residuals if the ONLY risk factor is mechanical ventilation.