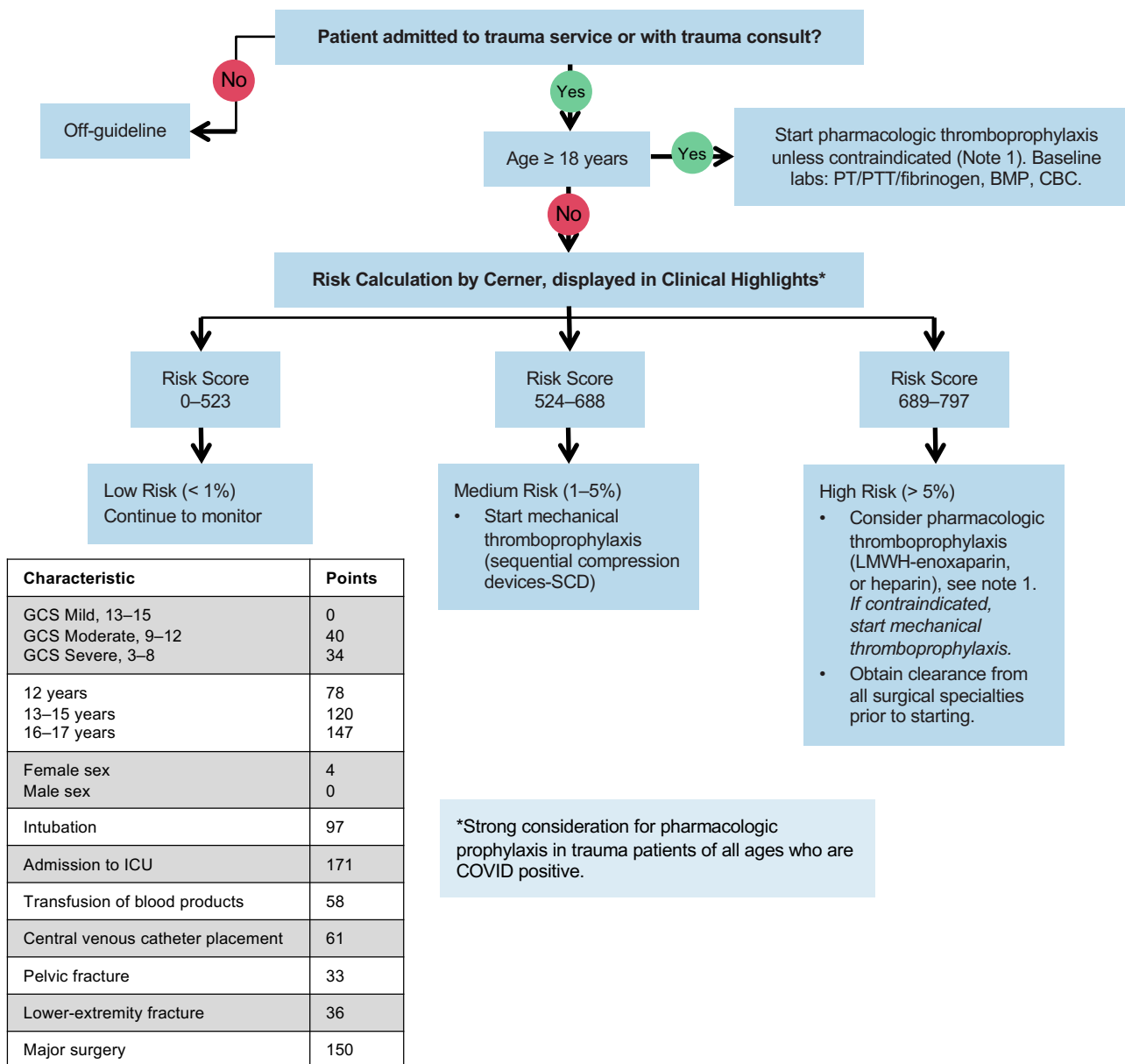


Aim: To reduce the incidence of VTE in children with trauma.



Exclusion guidelines:

Patients **excluded** from this guideline:

- Patients without trauma service involvement
- Age < 12 y

NOTE 1

Pharmacologic VTE Prophylaxis Contraindications

Discuss thromboprophylaxis with any involved surgical services.

Absolute contraindications:

- Active hemorrhage
- Diagnosed bleeding disorder, known or tendency
- Thrombocytopenia (platelets < 25 k)
- Neurosurgery, TBI, or major solid organ injury in last 72 hr
- Recent intracranial hemorrhage or acute stroke
- Thrombolytic therapy within last 24 hr
- Epidural or paraspinal hematoma
- Epidural catheter in place (may use heparin)
- Lumbar puncture or epidural catheter removed in last 6 hr
- Significant uncorrected coagulopathy (e.g. INR > 2 or fibrinogen < 100 or PTT > 40): Consult hematology in this scenario
- Heparin-induced thrombocytopenia, or other hypersensitivity to heparin or LMWH-enoxaparin

Relative contraindications:

- For LMWH-enoxaparin, renal dysfunction (may need dose adjustment)
- Significant uncontrolled hypertension > 99thile
- Pelvic fracture in last 24-48 hr
- Intracranial/spinal lesion at high risk of bleed
- Anti-platelet therapy (discuss management with primary service, e.g. cardiology)
- *For invasive procedures: hold heparin x 6 hours, hold LMWH-enoxaparin x 12-24 hours