VUH EMERGENCY DERPARTMENT DVT PROPHYLAXIS DISCHARGE MEDICATIONS FOR PATIENTS WITH LOWER EXTREMITY INJURIES REQUIRING NON-WEIGHT BEARING IMMOBILIZATION (SPLINTS & CAM BOOTS)

Version Date: September 25, 2019

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PATIENT DVT RISK ASSIGNMENT	RECOMMENDED MEDICATION TREATMENT DURATION: 30 Days or Until Stopped by Orthopedist *(If Not Otherwise Contraindicated)*
• **Patient has no reported VTE risk factors** or • **Women who take oral contraceptives or hormone replacement medications**	Aspirin 81 mg po daily - **Please give patient Aspirin 325 mg po once in ED prior to discharge**
• **Patient has ≧1 of the following VTE risk factors**: o Cancer currently receiving Chemo, Radiation, or Immunotherapy treatments o Previous history of DVT or Pulmonary Embolism o Spinal Cord Injury (SCI) o Non-ambulatory status at baseline (prior to injury) o Management required tourniquet time (>45 minutes) o Known Thrombophilia ▪ Protein C or S, Factor V Leiden, Prothrombin mutation, Antithrombin deficiency & Antiphospholipid syndrome ▪ Myeloproliferative disease ▪ Essential thrombocytosis & Polycythemia vera	Low Molecular Weight Heparin (LMWH) Enoxaparin 40 mg SQ daily - **Remember to adjust LMWH dosing based on renal function.** - *If Creatinine Clearance 20 – 30ml/min, then adjust to Enoxaparin 30 mg SQ daily* - *If Creatinine Clearance <20 ml/min, Enoxaparin should not be used. Discuss with Heme* - **Important: For patients with cancer, please discuss anticoagulation plan with the patient's oncologist/ hematologist.**
• **Pregnant**	Aspirin 81 mg po daily - **No loading dose in ED** - **Important: Instruct patient to discuss anticoagulation plan with their OB.**