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## DVT Prophylaxis in the Pediatric Trauma Patient

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**Purpose:** To provide guidelines for DVT prophylaxis in the pediatric trauma patient

**Definitions:** Pediatric is defined as a patient less than 15 years of age

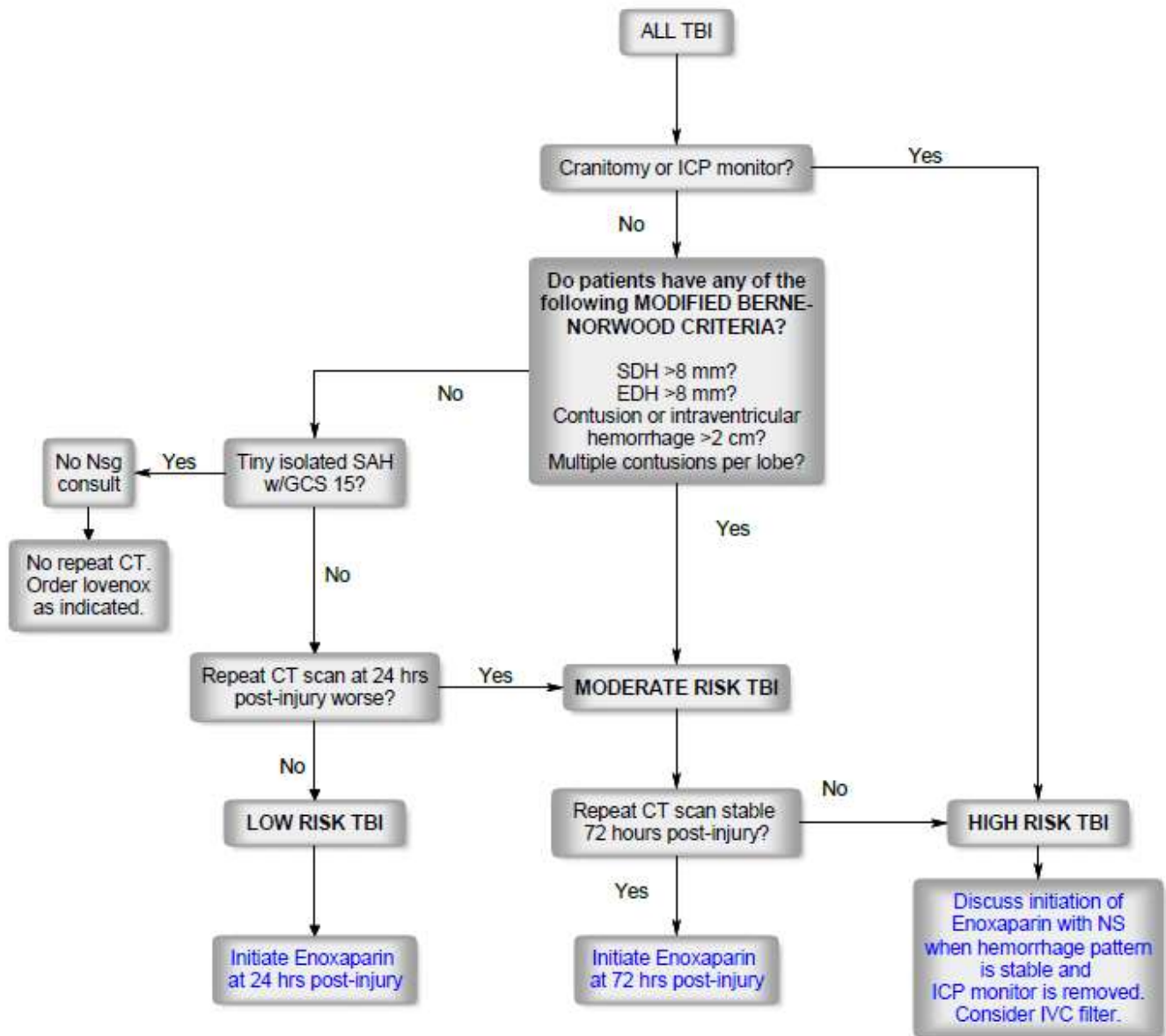
**Guidelines:**

- A. Pediatric trauma patients < 15 years of age should be assessed for DVT risk factors and started on chemical DVT prophylaxis within the first 24 hours after arrival unless contraindicated
  - a. Consider DVT prophylaxis in younger post-pubertal children
  - b. Contraindications may include
    - i. Patients with active bleeding, coagulopathy, or anticoagulation at time of admission and not reversed
    - ii. Patients who are ambulatory with anticipated discharge within 24 hours of arrival
    - iii. Patients who are ambulatory (BMAT 4)
    - iv. Patients with intracranial hemorrhage, refer to flowchart marked Attachment A
  - c. If the patient is going to the operating room within 24 hours of arrival, may hold chemical DVT prophylaxis until after the surgery. The chemical DVT prophylaxis should be initiated within 24 hours post-op unless contraindicated.
- B. High Risk Factors may include
  - a. > 1 lower extremity long bone fractures, complex pelvic fracture, or spinal cord injury
  - b. Obesity
  - c. Major surgical procedure
  - d. History of venous thrombosis
  - e. Bedrest
  - f. Intubation
  - g. Central venous catheter
    - i. includes tunneled, non-tunneled, and PICCs
  - h. Inflammatory disease such as Systemic Lupus Erythematosus, Inflammatory Bowel Disease, etc.
  - i. Thrombophilia, either known or having a family history
  - j. Hyperosmolar state
    - i. serum osmolarity > 320 mOsm/kg

- k. Birth control medication
  - l. Cancer diagnosis
  - m. Nephrotic Syndrome
- C. Chemical DVT prophylaxis should be considered after intracranial hemorrhage if repeat head CT shows stability or improvement with hemorrhage
- a. See Parkland Protocol Flowchart marked as Attachment A
- D. Recommended Dosing
- a.  $< 60$  kg = 0.5 mg/kg/dose sq BID
  - b.  $\geq 60$  kg = 30 mg sq BID

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## The Parkland Protocol



If Nsg signs off case, TS can initiate prophylactic enoxaparin.

If positive for DVT/PE, consider placement of IVC filter if therapeutic anticoagulation is contraindicated.

Patients who are ambulatory (BMAT 4) can be excluded per TS discretion.

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