Denver Health Protocol for VTE prophylaxis in TBI

On presentation, does patient meet the following criteria:
- Subdural or epidural hematoma < 9mm
- Largest single contusion ≤ 2cm
- No more than one contusion per lobe
- Isolated subarachnoid hemorrhage with no aneurysm on CTA
- Isolated intraventricular hemorrhage

Blood stable on repeat CT?

All TBI patients*

Low-risk TBI

Chemoprophylaxis no sooner than 72 hours post-injury and 48 hours post-op

High-risk TBI

Chemoprophylaxis 24 hours after second CT

Chemoprophylaxis no sooner than 72 hours post-trauma

Is patient operative?

Surgery within 24 hours of injury?

If surgery later than 24H, discuss most appropriate timing with NSGY

Hemorrhage stable on follow-up CT?

No chemoprophylaxis until hemorrhage stable; consider need for IVC filter based on patient-specific risk factors for VTE

Chemoprophylaxis after 72H post-injury, 24H post-stable CT, and 24 hours post monitor/EVD placement

*NOTE: Enoxaparin 40 mg BID is the default dosing in all DH trauma patients. However agreed-upon agent, dosing and timing may depend on patient-specific factors such as thrombocytopenia, coagulopathy or evidence of early high thrombotic risk.