

Orthopedic Trauma

Discharge VTE Prophylaxis

Not Indicated:

- In general, VTE prophylaxis at discharge is not indicated for the following injuries:
 - isolated upper extremity fractures (i.e. clavicle, humerus, elbow, forearm)
 - non-operative isolated pelvic fractures (i.e. pubic rami, sacral ala)

Indicated:

- In general, if a patient has a lower extremity fracture and is NWB or TTWB for 6 weeks or greater, he/she will require VTE prophylaxis on discharge.
 - Length of recommended VTE prophylaxis begins from the time of surgery for that particular orthopedic injury.
 - If the patient has multiple orthopedic injuries undergoing operative fixation and requiring post-op VTE prophylaxis, pick the longest of the recommended therapies.
- While inpatient, a patient should remain on standard VTE prophylaxis for the trauma patient (typically Lovenox BID) and be continued on VTE prophylaxis upon discharge with the recommended therapy and remaining length of treatment as noted for each specific injury.

Recommendations:

- Operative Pelvis Fracture (i.e. pelvic ring, SI joint, pubic symphysis, acetabulum)
 - VTE Prophylaxis: Lovenox 40 mg subcutaneous daily x 3 weeks followed by Aspirin 81mg PO BID x 3 weeks.
- Hip or Femur Fracture
 - VTE prophylaxis: Lovenox 40mg subcutaneous daily x 3 weeks followed by Aspirin 81mg PO BID x 3 weeks
- Patella Fracture
 - VTE prophylaxis: Aspirin 81 mg BID x 6 weeks
- Tibial Fracture
 - VTE prophylaxis: Lovenox 40 mg subcutaneous daily x 3 weeks, followed by Aspirin 81 mg BID x 3 weeks.

- ***Unless stated otherwise in Dr. Putnam op-note: Aspirin 81 mg BID x 6 weeks

 - Ankle Fracture
 - Typical VTE prophylaxis: Aspirin 81 mg BID x 6 weeks
 - Pilon fracture/Ex-fixed ankle: Lovenox 40 mg subcutaneous daily x 3 weeks followed by Aspirin 81 mg PO BID x 3 weeks.
 - Low risk (no-comorbidities): Aspirin 81 mg BID x 30 days.

 - Operative foot fracture (i.e. calcaneus/talus/navicular/cuboid)
 - VTE prophylaxis: Aspirin 81 mg BID x 30 days

 - Operative Lisfranc injuries (typically ex-fixed initially)
 - VTE prophylaxis: Lovenox 40 mg subcutaneous daily x 3 weeks followed by Aspirin 81mg PO BID x 3 weeks.

 - Lower extremity amputation
 - VTE prophylaxis: none unless considered high risk (co-morbidities, other fractures, etc)

 - Toe amputation
 - Antibiotics: oral antibiotics until 1st follow-up appointment
 - VTE prophylaxis: none
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