

## VENOUS THROMBOEMBOLISM PROPHYLAXIS

Critical care patients are at risk of developing DVT with rates varying from 22% to 35%. DVT prophylaxis should be considered in all ICU patients.

Pharmacological prophylaxis commonly used in our unit:

Nardroparine (Fraxiparine) 0.3ml daily sc

Note that treatment for established DVT- Fraxiparine dose should be adjusted to body weight

Body Weight (kg)	Vol of Fraxiparine (ml) Q12H sc
< 50	0.4
50-69	0.5
60-69	0.6
70-79	0.7
80-89	0.8
>90	0.9

Enoxaparine 40mg daily sc  
Treatment: 1mg/kg Q12H sc

Caution – need to reduce dose of LMWH in renal impairment  
In patients where LMWH is contraindicated (e.g. coagulopathy, thrombocytopenia, cerebral haemorrhage, GI bleeding), consider mechanical prophylaxis – graduated compression stockings  
Sequential compression device

For postoperative patients, please inform surgeon before commencing LMWH.

### *Reference:*

1. John Attia, Joel G. Ray, Deborah J. Cook et al. Deep vein Thrombosis and Its Prevention in Critically Ill adults. *Arch Intern Med*, 2001; 161; 1268-1279.