

Thromboprophylaxis in ambulatory trauma patients

STEP 1: INCLUSION CRITERIA: Temporary immobilisation proposed in patient with isolated traumatic injury:

- Isolated limb injury suitable for ambulatory care
- Age over 16 years
- Any immobilisation proposed (including splint, NWB crutches, back-slab) regardless of weight bearing status

UPPER Limb

LOWER Limb

STEP 2: ASSESS THE PATIENT'S RISK FACTORS FOR VTE.
Consider thromboprophylaxis if the patient has any of the following:

- Active cancer or cancer treatment
- Personal history of VTE
- Pregnant or postpartum <6 weeks
- Achilles tendon rupture

NO

If no additional risk factors then instruct patient to keep active, drink plenty of water and given then the "PREVENTING BLOOD CLOTS" advice leaflet

NO

YES

If one or more additional risk factors then take baseline bloods including FBC and Clotting and proceed to **STEP 3**

YES

STEP 3: Assess risk for bleeding

- Untreated inherited bleeding disorder (e.g. haemophilia, vWD)
- Low platelet count (<75 x 10⁹/L)
- Acute stroke (discuss with stroke team)
- Uncontrolled severe hypertension >230/120mmHg
- Current anticoagulation (warfarin, rivaroxaban, apixaban etc)
- Active bleeding
- Lumbar puncture within previous 4 hours or within next 12 hours
- Acquired bleeding disorder (such as acute liver failure)

NO

Alternative prophylaxis advised by haematologist?

YES

YES

NO

Thromboprophylaxis NOT advised

If no risk factors for bleeding – check blood results and proceed to STEP 4.

STEP 4: Prescribe appropriate thromboprophylaxis:

Prescribe 20-day course of **prophylactic** dalteparin (Nurse to hand out 2 packs of the prepacked drugs and needles with small sharps container)

- Obtain baseline eGFR and platelet count in all patients over 60 years, those with suspected or known renal impairment or thrombocytopenia
- Adjust dose if eGFR <50ml/min as per pharmacy guidelines
- Educate patient in subcut injection technique **OR** arrange district nurse referral for on-going injections before patient leaves the ED
- Provide patient with information leaflet and advise on safety-netting: potential bleeding complications, compartment syndrome, other complications seen following the application of a back slab (provide 'cast information' card)
- If fracture clinic is delayed (later than 5 days) following discharge from ED, all patients must be reviewed by GP and have a platelet check.
- **ALL OF THE ABOVE MUST BE DOCUMENTED IN THE CLINICAL RECORD**

Body weight (kg)	<100kg	101-150kg	>150kg	Extremes of Body Weight
Prophylactic dalteparin dose (units)	5000U OD	5000U BD	7500U BD	Contact haematology