VTE Prophylaxis for the Patient with Head Injury and Spinal Cord Injury

Traumatic brain and spinal cord injury

- VTE prophylaxis will be initiated 72 hrs after the injury/procedure for most intracranial hemorrhages and after craniotomy.
- Prophylaxis may be started 24 hrs after a stable repeat head CT scan for patients with mild TBI and the following:
  a. GCS of 15 within 30 minutes of injury
  b. Subdural or epidural hematoma < 8 mm
  c. Contusion or intraventricular hemorrhage < 2 cm (single lobe only)
- For patients requiring operative intervention following spinal cord injury, VTE prophylaxis should be held the morning of surgery and may be resumed 24 hrs postoperatively unless otherwise specified by the operating team.
- Enoxaparin is preferred in these patient populations, as well. However, patients with one of the above conditions and an ICP monitor or spinal drain in place should receive heparin 5000 units Q 8 hrs. After removal of the ICP monitor or drain, patients should be changed to enoxaparin 30 mg Q 12 hrs.