23.5.1 THROMBOPROPHYLAXIS

DESCRIPTION
See section 2.8: Venous thrombo-embolism.

GENERAL MEASURES
» All critically ill patients should receive pharmacological (i.e. unfractionated heparin, low-molecular-weight heparin [LMWH]) OR mechanical (intermittent pneumatic compression devices) thromboprophylaxis.
» Pharmacological thromboprophylaxis is superior to mechanical prophylaxis and should be used, unless contraindicated.
» If mechanical thromboprophylaxis is used, it should be provided with intermittent pneumatic compression devices which fit the patient well and cover both legs up to mid-thigh.

MEDICINE TREATMENT

- Low-molecular weight heparin (LMWH), e.g.
- Enoxaparin, SC, 40mg daily.
  - Reduce dose to 20 mg daily if eGFR <30 ml/min.

LoE:IVb[xviii]

<u>If LMWH is unavailable or contraindicated:</u>

- Unfractionated heparin, SC, 5000 IU 12 hourly.

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Note:

» Dose of enoxaparin must be adjusted in kidney disease and for patients with increased body mass.

» Avoid pharmacological thromboprophylaxis in patients with active bleeding, significant coagulopathy, or elevated risk for spontaneous or procedural bleeding.