

Table 5: VTE Prophylaxis Regimens for High VTE Risk General Surgery Patients

Patient Population	VTE Prophylaxis Regimens	
	Preferred Option	Alternative Option
High VTE Risk	Heparin 5000 units SQ every 8-12 hrs ^a	Enoxaparin 40 mg SQ every 24 hrs ^a
Renal impairment (CrCl < 30 mL/min)*	Heparin 5000 units SQ every 8-12 hrs ^a	Enoxaparin 30 mg SQ every 24 hrs ^b
*Not on hemodialysis		
Bariatric Surgery	Enoxaparin 40 mg SQ every 12 hrs ^a	Heparin 5000 units SQ every 8-12 hrs ^c
Major Trauma	Enoxaparin 30 mg SQ every 12 hrs ^a	Heparin 5000 units SQ every 8-12 hrs ^c
Abdominal/Pelvic Surgery for Cancer	Enoxaparin 40 mg SQ every 24 hrs ^b	Heparin 5000 units SQ every 8-12 hrs ^c
High Bleed Risk	Intermittent pneumatic compression devices (IPC) ^a	Graduated compression stockings (GCS) or Venous foot pumps (VFP) ^c
Cardiac	Heparin 5000 units SQ every 8-12 hrs	Enoxaparin 40 mg SQ every 24 hrs
Craniotomy	Intermittent pneumatic compression devices (IPC) ^a	Graduated compression stockings (GCS) or Venous foot pumps (VFP) ^c
Spinal	Intermittent pneumatic compression devices (IPC) ^a	Graduated compression stockings (GCS) or Venous foot pumps (VFP) ^c
Thoracic	Heparin 5000 units SQ every 8-12 hrs	Enoxaparin 40 mg SQ every 24 hrs
Trauma	Enoxaparin 30 mg every 12 hrs ^a	Heparin 5000 units SQ every 8-12 hrs ^c

a: UW Health GRADE Moderate quality evidence, strong recommendation

b: UW Health GRADE Low quality evidence, strong recommendation

c: UW Health GRADE Low quality evidence, weak/conditional recommendation

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