

VTE Prophylaxis Guidance for Lower Limb Fractures Discharged from ED

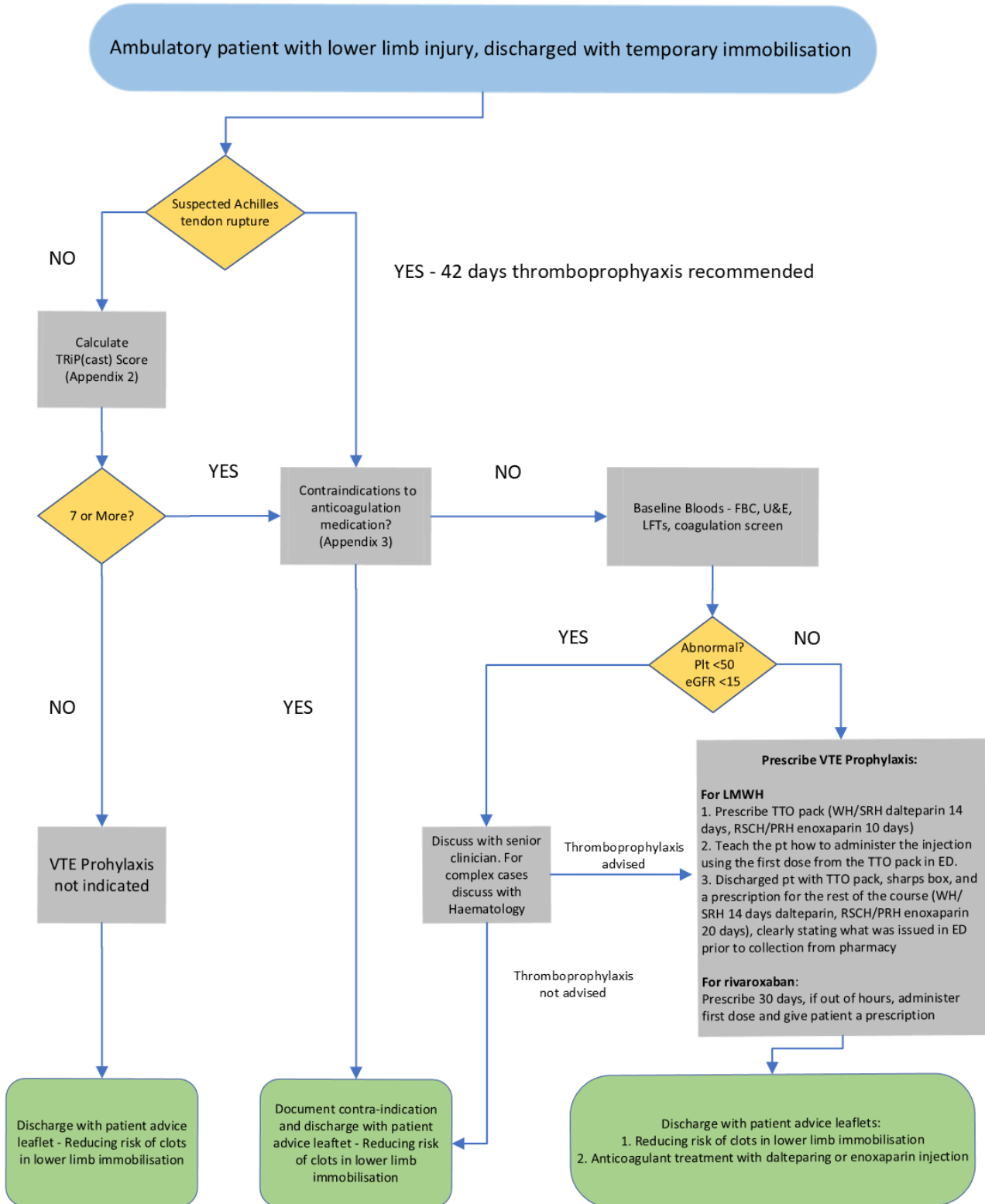
See also: Policy for Thromboprophylaxis in Ambulatory Trauma Patients Discharged from the ED

[Counselling checklist for those being newly prescribed anticoagulation](#)

TRiP (cast) Score

Component		Points	Patients Score
Trauma Choose one – the most severe trauma	High-risk trauma <i>Fibula and/or tibia shaft fracture</i> <i>Tibial plateau fracture</i> <i>Achilles tendon rupture (should have thromboprophylaxis for 42 days regardless of score if not contraindicated)</i>	3	
	Intermediate-risk trauma <i>Bi or tri-malleolar ankle fracture</i> <i>Patella fracture</i> <i>Ankle dislocation, Lisfranc injury</i> <i>Severe knee sprain (with oedema/haemarthrosis)</i> <i>Severe ankle sprain (grade 3)</i>	2	
	Low-risk trauma <i>Single malleolar ankle fracture</i> <i>Patellar dislocation</i> <i>(Meta)Tarsal bone(s) or forefoot fracture</i> <i>Non-severe knee sprain or ankle sprain (grade 1 or 2)</i> <i>Significant muscle injury</i>	1	
Immobilisation Choose one	Upper-leg cast (above knee)	3	
	Lower-leg cast (below knee)	2	
	Foot cast (ankle free) or any semi-rigid without plantar support	1	
	Other cast or bracing with plantar support (e.g., black boot, cricket pad splint, hinge knee brace)	0	
Patient Characteristics Choose all that apply	Age <35 years	0	
	Age ≥35 and <55 years	1	
	Age ≥55 and <75 years	2	
	Age ≥75 years	3	
	Male sex	1	
	Body Mass Index BMI ≥25 and <35 kg/m ²	1	
	Body Mass Index BMI ≥35 kg/m ²	2	
	Family history of VTE (first degree relative)	2	
	Personal history of VTE or known thrombophilia	4	
	Current use of oral combined contraceptives or oral Estrogenic hormone replacement therapy	4	
	Cancer diagnosis within the past 5 years	3	
	Pregnancy or puerperium	3	
	Immobilisation (other) within the last 3 months <i>Hospital admission, bedridden or flight >6 hours, lower limb paralysis</i>	2	
	Surgery with the past 3 months	2	
	Comorbidity <i>Heart failure, Rheumatoid Arthritis, chronic kidney disease, COPD, IBD</i>	1	
Chronic venous insufficiency (Previously Diagnosed) <i>Varicose veins</i>	1		
Total Score	<i>Sum of Trauma, Immobilisation and Patient components</i>		

Decision Aid for VTE Prophylaxis in Ambulatory Trauma Patients being discharged from ED



Relative Contra-indications to LMWH

	YES	NO
Coagulation disorder e.g. Haemophilia, Von Willebrands Disease		
Thrombocytopenia (platelet count <50)		
previous Heparin induced thrombocytopenia.		
Current therapeutic anticoagulation (warfarin/rivaroxaban/apixaban/dabigatran/edoxaban)		
Current Dual Anti-platelet therapy or Ticagrelor		
Recent Cerebrovascular Haemorrhage within past 6 months		
Severe uncontrolled Hypertension (greater than 230/120 mmHg)		
Active peptic ulcer or recent gastrointestinal bleeding (within 3 months)		
Recent major trauma or surgery to eye/nervous system		
Hypersensitivity to any form of heparin		
eGFR measurement <15mls/min (use Cockcroft-Gault equation if ≥75 years old)		
Risk deemed to outweigh benefits by treating clinician		

Weight Based Dosing for Low Molecular Weight Heparins

For Royal Sussex County Hospital & Princess Royal Hospital:

ENOXAPARIN VTE THROMBOPROPHYLACTIC DOSES

Creatinine clearance	Body Weight			
	<50kg	50-99kg	100 – 150 kg	>150kg
>30ml/min	Enoxaparin 20mg OD	Enoxaparin 40mg OD	Enoxaparin 40mg BD	Enoxaparin 60mg BD
15-30ml/min*	Enoxaparin 20mg OD	Enoxaparin 20mg OD	Enoxaparin 20mg BD	Enoxaparin 20mg BD
<15 ml/min	DO NOT PRESCRIBE ENOXAPARIN			

For Worthing Hospital, St Richard's Hospital & Southlands Hospital:

DALTEPARIN VTE THROMBOPROPHYLACTIC DOSES

Creatinine Clearance	Body Weight			
	< 50kg	50 - 99kg	100 – 150 kg	> 150 kg
> 30 ml/min	Dalteparin 2500 units OD	Dalteparin 5000 units OD	Dalteparin 5000 units BD	Dalteparin 7500 units BD
15 – 30 ml/min*	Enoxaparin 20mg OD	Enoxaparin 20mg OD	Enoxaparin 20mg BD	Enoxaparin 20mg BD
< 15 ml/min	DO NOT PRESCRIBE DALTEPARIN			

Clinical protocol CDL9358 governance and approval

OWNER	Catherine Urch
AUTHOR/FURTHER INFORMATION	Dr Jean Chan and Dr Ronwyn Cartwright
PROTOCOL VERSION	1.0
RELATED POLICIES	UHSC075
RELATED DOCUMENTS	Counselling checklist CDL8932
STANDARDS	N/a
SUPERSEDED DOCUMENTS	
REVIEW DUE	February 2027

Approval		
Trust Thrombosis Group/ Medicine Governance Group	Date approved: 5/12/23	
Professor Catherine Urch	Date approved: 10/01/24.	
Consultation		
Add relevant Trust-wide governance group		
Add other specialist teams or groups as appropriate		
Ratification		
	CDAG approved	
Clinical Document Approval Group	Date approved: 20/02/2024	

Protocol Version Control Log

Change Log – Protocol Name					
Version	Date	Author(s)	Approved by	Date	Comment
1.0	05/12/2023	Dr Jean Chan and Dr Ronwyn Cartwright	CDAG	20/02/2024	