VTE prevention after major trauma

Balance bleeding with venous thromboembolism (VTE) risk.

RECOVERY & COMPLICATIONS / ADULT TRAUMA

Make thromboprophylaxis an explicit daily decision, with a documented reason for any delay or interruption.

01 Assess both risks

Review active bleeding, planned procedures, brain or spinal injury and mobility. Reconsider the balance after haemostasis. A contraindication today should have a specified review point, not become an indefinite omission.

02 Start when safe

Use the trauma service's pharmacological prophylaxis pathway as soon as bleeding risk permits. Low-molecular-weight heparin is commonly preferred; dose and monitoring depend on renal function, body size and local guidance.

03 Minimise missed protection

Use mechanical prophylaxis when suitable, including when anticoagulant prophylaxis must be delayed. Encourage safe mobility. Coordinate perioperative and neuraxial timings with the relevant teams to avoid unnecessary missed doses.

04 Plan beyond the ward

Document restart instructions after interruptions and the discharge prophylaxis decision. Selected high-risk patients may require extended prophylaxis. New hypoxia, chest pain or limb swelling requires diagnostic assessment, not simply a prophylaxis change.

WATCH POINT Brain injury, spinal procedures and neuraxial catheters need condition-specific timing. Do not extrapolate a universal schedule.

DISCUSS WITH THE TEAM

If prophylaxis is withheld, what exact event or assessment will allow it to restart?

READ THE SOURCES

[1] Western Trauma Association: VTE prevention algorithm (2020).

Educational summary for clinicians. Apply local protocols and patient-specific judgement.