

Clinical Practice Guideline

TITLE: Use of Vena Cava Filters in Trauma Patients

EFFECTIVE: January 30, 2013

PURPOSE: This is a clinical practice guideline for placement of inferior vena cava filters in trauma patients

I. Scope

All injured persons admitted to the George Washington University Hospital, irrespective of admitting service.

This is a guideline only. This does not constitute a standard of care or hospital policy. Clinicians can deviate from this guideline when clinically appropriate but must document a reason for doing so.

II. Background

- A. Pulmonary embolism is the 3rd leading cause of death in those who survive for > 24 hours after injury
- B. Inferior vena cava filters (IVC-F) do not prevent or treat venous thrombosis. Their sole purpose is to prevent clinically significant or fatal PE by trapping venous emboli.

III. Procedures and Interventions

- A. Use of a retrieval IVC filter is recommended in most instances, unless the patient is deemed likely to require life-long placement of the device
 - a. Patients receiving an IVC-F for prophylaxis against PE should have a retrieval filter placed
- B. The use of an IVC-F is recommended in the following circumstances:
 - a. Recurrent venous thromboembolism (VTE) despite anticoagulation
 - b. DVT at or proximal to the knee with a contraindication to anticoagulation
 - c. DVT at or proximal to the knee with a significant bleeding complication while on anticoagulation
 - d. Progression of venous thrombus despite adequate anticoagulation
 - e. Free-floating thrombus at or above the femoral vein
 - f. Tenuous cardiac status where a pulmonary embolus could be fatal
- C. Placement of a prophylactic IVC-F should be considered in the following circumstances:
 - a. High risk for surgical bleeding with inability to give pharmacologic prophylaxis for more than 3 days

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- b. Complex pelvis fracture with anticipated bedrest > 5 days
 - c. 2 or more long bone fractures in 2 separate extremities with resultant inability to ambulate for more than 5 days
- D. Patients who receive a prophylactic filter should have pharmacologic anticoagulation (prophylactic or therapeutic dose) started as soon as it is deemed to be safe
- a. The patient should be evaluated for IVC-F removal as soon as possible following initiation of pharmacologic anticoagulation
- E. Patients who receive an IVC-F should be entered into a database and tracked prospectively for timely removal of the device

Approved by MEC January 2013



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Date

REF:

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