

**Start Pharmacologic DVT Prophylaxis for all RICU Admissions:**

1. Preferred: Enoxaparin 30 mg subcutaneous injection Q12H
2. Creatinine clearance <30 mL/min: Heparin 7500 units subcutaneous three times daily

**Suspicion for Hypercoagulable State:**

Signs of hypercoagulability:

- Clot noted when inserting/removing lines
  - Clotting of CRRT or hemodialysis circuit
  - Gross D-Dimer elevation (>35 mg/L) in the setting of elevated fibrinogen
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1. Consider low-dose heparin infusion using ACS/Afib nomogram (goal Anti-Xa 0.2-0.5)
  2. Duration of therapy: TBD. Vascular surgery guidelines recommend 1-2 months, but it may be reasonable to discontinue at the resolution of critical illness or transfer out of ICU if pre-anticoagulation suspicion is low.

**Identified DVT or Pulmonary Embolism:**

1. Start heparin infusion using DVT/PE nomogram (goal Anti-Xa 0.3-0.7) or enoxaparin 1 mg/kg Q12H (if renal function appropriate)
2. Duration of therapy: 3-6 months\*  
\*Patients with a history of DVT/PE and a newly diagnosed DVT/PE should receive life-long anticoagulation