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

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