

ENOXAPARIN DOSING PROTOCOL FOR VTE PROPHYLAXIS IN OBESE SURGICAL ICU PATIENTS (B3), Heidi Simons, Kyle Ludwig, Mary Mone, Richard Barton, Edward Kimball. University Health Care, Salt Lake City, UT (heidi.simons@hsc.utah.edu), IRB approval received.

Obesity is a risk factor associated with venous thromboembolism (VTE), and is an additive risk factor when combined with other risk factors such as trauma or major surgery. Studies suggest obese patients may require higher than standard doses of enoxaparin for VTE prophylaxis, although no dose is specified in the CHEST guidelines. The objective of this study was to determine if weight-based doses of enoxaparin in obese patients resulted in appropriate prophylactic anti-factor Xa levels. This study included all eligible adult trauma or surgical patients admitted to the surgical ICU for 48 hours or greater. Patients with a BMI greater than 35 kg per meter squared or admit weight greater than 150 kg were eligible for non-standard prophylactic dosing. The investigators implemented and documented the efficacy of a dosing protocol of enoxaparin 0.5 mg/kg subcutaneously twice daily for VTE prophylaxis (using actual body weight and rounding to the nearest 10 mg). Anti-factor Xa levels were monitored as therapeutic endpoints with a goal of 0.2-0.5 IU/mL. The primary outcome was the number of patients achieving goal anti-factor Xa levels. Secondary objectives included rates of VTE during the hospital stay, rates of hospital readmission for bleeds or clots within 30 days,

rates of major and minor bleeding, and incidence of heparin induced thrombocytopenia. Results to be presented.