ICU PROPHYLAXIS

VTE · Stress Ulcer · The Daily Checklist

PREVENT
daily

VTE PROPHYLAXIS

PHARMACOLOGICAL

- Enoxaparin 40 mg SC once daily (CrCl > 30)
- UFH 5000 U SC BD-TDS if CrCl < 30
- Obesity: consider BD dosing or anti-Xa guidance

MECHANICAL

- IPC if drugs contraindicated (bleeding, platelets < 50)
- Combine drug + mechanical in highest-risk (trauma, ortho)

STRESS ULCER PROPHYLAXIS

INDICATED IF

- Mechanically ventilated ≥ 48 h, OR
- Coagulopathy (platelets < 50, INR > 1.5)
- Also: shock, high-dose steroids, liver disease, AKI

Agent: pantoprazole 40 mg IV daily (or famotidine)

REVISE 2024: cut clinically important GI bleeds 1.0 vs 3.5%; no rise in pneumonia / C. difficile. Target genuine high-risk; deprescribe when fed.

THE DAILY CHECKLIST

FAST-HUGS-BID at every ward round

- **F** **Feeding** *enteral started / at target?*
- **A** **Analgesia** *adequate, not excessive*
- **S** **Sedation** *light / daily SAT*
- **T** **Thromboprophylaxis** *VTE cover prescribed*
- **H** **Head of bed** *elevated 30-45 degrees*
- **U** **Ulcer prophylaxis** *indication reviewed*
- **G** **Glucose** *target 140-180 mg/dL*
- **S** **SBT** *spontaneous breathing / de-escalate vent*
- **B** **Bowel care** *regimen in place*
- **I** **Indwelling lines** *review, remove unneeded*
- **D** **De-escalate** *antibiotics; screen delirium (CAM-ICU)*

DRUG DOSES

Agent	Dose	Note
Enoxaparin	40 mg SC once daily	CrCl > 30; 30 mg daily if CrCl < 30
Dalteparin	5000 units SC daily	Alternative LMWH (tinzaparin 4500 U)
Unfractionated heparin	5000 units SC BD-TDS	Renal impairment (CrCl < 30)
Pantoprazole	40 mg IV once daily	Stress ulcer prophylaxis, first-line (REVISE)
Famotidine	20 mg IV BD	SUP alternative (ranitidine withdrawn)
Glucose target	140-180 mg/dL	Avoid hypoglycaemia

PREVENT ICU-ACQUIRED HARM

bundles that cut avoidable complications

VENTILATOR (VAP)

Head of bed 30-45°, daily sedation hold + SBT, oral care, subglottic suction, maintain cuff pressure, avoid unplanned extubation.

DEVICE (CLABSI / CAUTI)

Aseptic insertion bundle, chlorhexidine skin prep, review every line and urinary catheter daily, remove the moment not needed.

SKIN & MOBILITY

Reposition 2-hourly, pressure-relieving surfaces, early mobilisation / physiotherapy, eye and mouth care to limit ICU-acquired weakness.

PEARLS & PITFALLS

- Stress ulcer prophylaxis is not for everyone - review the indication daily and stop when enterally fed.
- Fixed-dose LMWH is often subtherapeutic in obesity and augmented renal clearance - consider anti-Xa.
- Mechanical prophylaxis is a bridge, not a substitute - add drug cover as soon as bleeding risk allows.
- SUP is frequently carried on to the ward unnecessarily - deprescribe at ICU discharge.

References: REVISE, NEJM 2024 · Surviving Sepsis 2021 · ASH 2018 / NICE NG89 · FAST-HUGS-BID (Vincent 2005).

Educational aid; verify doses against local protocol and patient factors.