
SUPPLEMENTAL TABLE 1. Examples of Duplex Screening Protocol Risk Categories.

2008-2012

High-risk

Age >50
 Injury Severity Score \geq 16
 Femoral central venous catheter in trauma resuscitation
 AIS \geq 3 (any body region)
 GCS < 9
 Pelvic Fracture
 Femur/tibia fracture
 Venous injury

Very high-risk

Spinal cord injury
 AIS (head and neck) \geq 3 & long bone fracture (upper or lower)
 Severe pelvic fracture (posterior element), and long bone fracture (upper or lower)
 Multiple (\geq 3) long bone fracture

2017

Very high-risk

Spinal cord injury or paralysis
 Severe traumatic brain injury
 Stroke
 Posterior pelvis + long bone fracture
 \geq 3 long bone fractures
 History of venous thromboembolism event

 AIS, Abbreviated Injury Scale; GCS, Glasgow Coma Scale

SUPPLEMENTAL TABLE 2. Description of Bleeding Events During Hospitalization.

Pt	Description of the Bleeding Event
1	HD 22,23 embolization proximal branch SMA OSHx2, HD 31 CRRT catheter removed, bled, transfused 3PRBC, 2FFP, DDAVP, HD 47 Large bilateral STSG donor sights oozy 4PRBC, 2 FFP, DDAVP+ 2 more overnight
2	Pt on prophylaxis (earlier had been on ASA) HD 14 received 2 units of PRBCs and DDAVP for bloody JP output (CTA-). HD 25 received 1 unit of PRBC for Hgb 6.8
3	Heparin gtt since HD 1. HD 6 held heparin gtt until HD 10 for hemoglobin drifting from HD 3 from a hemoglobin of 9. HD 4 to 6, initiated prophylaxis & Aspirin 325. Received 1 unit total
6	Prophylactic and ASA pt. Lumbar a coiled & psa artery embolization. HD 2 received 1 unit then intraoperatively during orthopedic bilateral ORIF received 2 units
9	HD 10 received 2 units of PRBCs. HD 21 2 units PRBCs. HD 27 2 units of PRBCs. HD 39 Marginal ulcer diagnosed. HD 48 2 units PRBCs. HD 54 2 units for diffuse bleeding from abdominal wound. HD 85 DDAVP and 2 units of PRBCs. HD 96 1 units of PRBCs.
11	Gastrointestinal bleeding resulting in less than two units of product being transfused
16	On HD 21 repeat ERCP with repositioning of stent. Upon removal of stent bleeding noted. Went to IR for embolization of GDA.
20	Contemplating Heparin gtt on HD 2 however blood tinge output from PCN. Required 2u for Hgb of 6.9 on HD 3. Heparin gtt initiated HD 5 with the DVT then HD 8 2 units from bleeding from incision and HD 9-10 3 units for incisional bleeding (Heparin gtt held on HD 9). Filter obtained HD 10
24	HD 15 1u PRBCs while on Heparin gtt for a hemoglobin of 6.9
26	IVC-F patient who was on the floor. He had been on the Heparin gtt for HD 14-29 & developed a gastrointestinal bleed requiring one unit, full dose AC discontinued

A, Artery; AC, Anticoagulation; ASA, Aspirin; CRRT, Continuous Renal Replacement Therapy; CTA, computed tomography angiography; DDAVP, Desmopressin; ERCP, Endoscopic Retrograde Cholangiopancreatography; FFP, Fresh Frozen Plasma; GDA, Gastroduodenal Artery; GTT, drip; HD, Hospital Day; Hgb, Hemoglobin; IVC-F, Inferior Vena Cava Filter; IR, Interventional Radiology; JP, Jackson-Pratt Drain; ORIF, Open Reduction and Internal Fixation; OSH, Outside Hospital; PCN, Percutaneous Nephrostomy; PRBC, Packed Red Blood Cell; PSA, Posterior Superior Alveolar; Pt, Patient; SMA, Superior Mesenteric Artery; STSG, Split Thickness Skin Graft

SUPPLEMENTAL TABLE 3. Discharge Antithrombotic Regimens by Venous Thromboembolism Status.

Pt	VTE	Discharge Antithrombotic Regimen
1	N/A	Aspirin 81 mg daily (IVC filter patient)
2	N/A	Aspirin 81 mg daily
3	N/A	Apixaban completed 10 mg twice daily load followed by 5 mg twice daily
4	N/A	None
5	N/A	Dabigatran 150 mg twice daily
6	N/A	Aspirin 81 mg daily and Effient 10 mg daily (home medications)
7	N/A	Aspirin 81 mg daily
8	N/A	None
9	N/A	Heparin 5000 units three times daily
10	N/A	Aspirin 325 mg daily
11	N/A	None
12	N/A	Aspirin 325 mg daily
13	N/A	None
14	N/A	None
15	N/A	None
16	N/A	Aspirin 325 mg daily
17	DVT	Rivaroxaban completed 15 mg twice daily load followed by 20 mg once daily
18	N/A	Enoxaparin 100 mg daily
19	DVT & PE	Enoxaparin 120 mg twice daily
20	DVT	None (IVC filter patient)
21	PE	Apixaban 10 mg twice daily load followed by 5 mg twice daily
22	DVT	None (IVC filter patient)
23	DVT & PE	Enoxaparin 100 mg twice daily bridge with Coumadin 7.5 mg (IVC filter patient, removed during the same admission)
24	DVT	Coumadin 2.5 mg daily
25	DVT	Coumadin 7.5 mg daily with Aspirin 81 mg daily
26	DVT & PE	None (IVC filter patient, who required one unit of blood on the floor for a gastrointestinal bleed that resulted in stopping the antithrombotic agents)

DVT, Deep Venous Thrombosis; IVC, Inferior Vena Cava; mg, milligrams; N/A, Not Applicable; PE, Pulmonary Embolism; PT, Patient; VTE, Venous Thromboembolism