

Preventing Complications

DVT Prophylaxis:

- Enoxaparin 40 mg SC daily is the preferred regimen for most ICU patients
- Creatinine clearance < 30 mL/min: enoxaparin 30 mg SC daily or heparin 5000 units SC TID
- BMI > 40 kg/m²: enoxaparin 40 mg SC q12h
- BMI > 50 kg/m²: enoxaparin 60 mg SC q12h
- Sequential compression devices should be used in patients with a high risk of bleeding who cannot receive anticoagulants
- Ambulation is the best prophylaxis!

Stress Ulcer Prophylaxis:

- The best prophylaxis is enteral feeding and perfusion. The risks of H2 blockers or PPIs may exceed any potential benefits in patients who are being fed and who are hemodynamically stable.
- Esomeprazole 40 mg IV/PO daily and Ranitidine (either 150 mg PO q12h or 50 mg IV q8h) are appropriate regimens for patients who are on vasopressors or who cannot be fed
- Remember that side effects of stress ulcer prophylaxis, especially PPIs, include ventilator-associated pneumonia, diarrhea, and *C. difficile* colitis. All of these are more common than stress-induced gastric bleeding.

General ICU Supportive Care:

- Use narcotics preferentially for analgesia and sedation, and aim for a RASS of -1 to -2.
- Head-of-bed elevation above 30 degrees helps prevent aspiration.
- Early mobility, including getting out of the bed altogether. The ventilator is not a reason to remain bed-bound.
- Keep the blood glucose between 100 and 180 mg/dL.
- Sunlight is a wonderful thing. Open the blinds.
- Families are a wonderful thing. Encourage visitation.
- Lines and tubes are not natural. Get rid of them as soon as possible, and reassess the need for them every single day.