Supplementary Table 2: Summary of enoxaparin thromboprophylaxis dosing in trauma patients

Authors	Study type	Intervention	Patients	Outcomes
Kopelman *et al*.[30]	Retrospective chart review	Enoxaparin 40 mg every 12 h ↑ goal anti-Xa levels versus 30 mg every 12 h. All patients utilized SCDs unless contraindicated as a result of fractured extremities	124 trauma patients who were admitted to an urban, level 1 trauma center	Higher dosing of enoxaparin was associated with improved anti-Xa levels; this did not cause a statistically significant decrease in VTE in this small trial. One patient experienced event of bleeding (type of bleeding not defined)
Nunez *et al*.[31]	Prospective, nonrandomized cohort study	Weight-based LMWH group (0.6 mg/kg dose every 12 h) versus historical control group (standard 30-mg every 12 h dosing regimen)	37 trauma ICU patients	Weight-based dosing group had significantly more anti-Xa troughs within goal after the third dose and within 7 days ($P<0.0001$). DVT occurred in one patient in the weight-based group who had sustained a penetrating trauma to that extremity. Bleeding occurred in one patient in the weight-based group at the site of a removed central line
Berndtson *et al*.[32]	Prospective cohort study	Preintervention group (historical patients received enoxaparin 30 mg every 12 h) and was compared with new dosing protocol (50-60 kg received 30 mg every 12 h, 61-99 kg received 40 mg every 12 h, and ≥100 kg received 50 mg every 12 h)	Obese trauma patients	New dosing regimen had a higher rate of anti-Xa peak levels, lower VTE incidence. Bleeding events were similar, with one stable retroperitoneal hematoma developed new-onset hemorrhage requiring angioembolization and blood product transfusion
Costantini *et al*.[33]	Prospective cohort study	All patients initially received enoxaparin 30 mg every 12 h, with doses adjusted per protocol to reach the goal anti-Xa peak level (<0.2 IU/mL, increase dose by 10 mg)	61 level 1 academic trauma center	43 (70.5%) were found to have subtherapeutic initial anti-Xa levels on the standard regimen of enoxaparin 30 mg every 12 h
Rostas *et al*.[34]	Prospective cohort study	Received enoxaparin 30 mg every 12 h, adjusted per protocol until the anti-Xa trough was at goal (<0.1 IU/mL, increase each dose by 10 mg)	34 trauma ICU patients	To reach the goal of anti-Xa level, the dose had to be increased for 16 of the 28 patients included in this analysis. Four patients required 40 mg every 12 h, three required 50 mg every 12 h, five required 60 mg every 12 h, three required 70 mg every 12 h, and one patient required 150 mg every 12 h. Adverse events were not reported

SCDs: Sequential compression devices, ICU: intensive care unit, LMWH: Low-molecular-weight heparin, Anti-Xa: Serum anti-factor Xa concentrations, DVT: Deep vein thrombosis, VTE: Venous thromboembolism