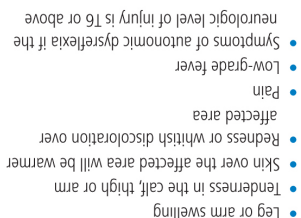


COMMON SIGNS AND SYMPTOMS OF PULMONARY EMBOLISM

- Acute illness that requires hospitalization/ prolonged immobilization
- Prolonged sitting past your norm without the ability to range and stretch especially over 4 hours
- Trauma
- External pressure anywhere on the legs or arms, especially on the back of the knee, groin, elbow or underarm
- Constrictive clothing such as elastic leg bag bands, wrinkled or rolled stockings or socks, constrictive pants or shirts
- Some cardiac abnormalities like arrhythmia
- Predisposition to increased blood clotting
- Increasing age
- Oral contraceptives, hormone replacement therapy
- Surgery
- Previous blood clot creates higher risk for a new one
- Genetic predisposition

- ☐ I have paralysis or spinal cord injury which puts me at high risk for a DVT.
- ☐ I have had a previous DVT or I have a family history of DVT.
- ☐ I take blood thinners to prevent DVT or I have recently stopped taking blood thinners for DVT.



- Blood thinners (anticoagulation)
 - Low-molecular-weight heparin (best choice in SCI)
 - Unfractionated heparin
- Surgery
 - Filter placed in the blood vessel to block clot passage (invasive with high risk).
 - Thromboembolectomy (removal of the clots)
- Clot dissolving (clot buster) drugs
 - Tissue plasminogen activator t-PA
 - Urokinase
 - Streptokinase

WHAT TO DO AFTER DIAGNOSIS

MEDICAL HISTORY

Neurological Location of Injury:

Primary Healthcare Provider:

Phone Number:

Allergies:

EMERGENCY CONTACT

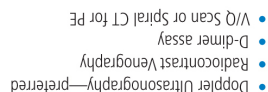
In Case of Emergency Call:

Relationship:

Phone Number:

The information contained in this card is presented for the purpose of informing you about paralysis and its effects. Nothing contained herein is to be construed or intended as a medical diagnosis or treatment. Contact your physician or other qualified health care provider should you have questions on your health, treatment, or diagnosis.

*Produced by the Christopher & Dana Reeve
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(award no. U59DD000838).*



Treatment for individuals with paralysis is the same as for any individual.

Watch and treat for autonomic dysreflexia as appropriate.

- Venous Stasis
- Hypercoagulability
- Intimal Injury

rad:

Diagnosis of DVT can be difficult in the individual with paralysis/SCI due to lack of sensation and ability to report pain. Testing is indicated if a DVT is suspected. Most individuals with traumatic SCI will have intravenous filters, which can decrease blood flow return from the limbs to the heart, thus increasing the likelihood of DVT, but will prevent the clot from travelling to the pulmonary artery.

**To the Healthcare Provider
or First Responder**



DEEP VEIN THROMBOSIS (DVT)

WHAT IT IS

Deep Vein Thrombosis (DVT) is a blood clot, most often found in the leg or the arm, which can lead to lack of blood flow to the extremity causing internal tissue damage, edema (swelling) and skin breakdown. The clot can break loose, and travel to the lungs causing a pulmonary embolism (PE), which can affect breathing and heart function, or to the brain which can lead to a stroke and death. If you receive a spinal cord injury (SCI), the risk for a blood clot begins 72 hours after initial injury and lasts throughout life. Most individuals develop a blood clot after SCI. Almost half of those treated for blood clots will develop other clots.

**Deep Vein Thrombosis
is a medical emergency.
See your healthcare
provider immediately.**

It is imperative to follow orders for lab tests in a timely manner to evaluate the status of your blood.

