

Author, Year Country Study Design Sample Size	Study Characteristics	Results
(Bigelow et al., 2018) USA Observational N=692	Population: Median Age (IQR): 4.0 (0.8-11.0) yr; Gender: 358 male, 180 female; Setting: Pediatric Intensive Care Units; Etiologies: intracranial head injury, thoracic injury, abdominal/pelvic injury, burn injury, blood vessel injury, lower extremity fracture, upper extremity fracture, crush injury, SCI, coagulation disorder, hemorrhagic condition. Intervention: Mechanical (pneumatic compression device), Pharmacologic (heparin, LMW heparin, direct thrombin inhibitor, oral Xa inhibitor, warfarin) or dual (mechanic and pharmacologic) DVT prophylaxis. Outcome Measures: Factors associated with prophylaxis.	1. There was no significant association between injury diagnoses, without the corresponding procedure (aside from head injury), which was inversely associated with any prophylaxis.
(Leeper et al., 2017) USA Observational N=753 (N=57 SCI)	Population: Median Age (IQR): 4 (1-13) yr for DVT group, 9 (3-14) yr for no DVT group; Gender: 503 males, 250 females. Setting: Pediatric Intensive Care Unit. Intervention: None. Outcomes: Incidence of DVT and PE.	1. Just 5 of 57 individuals with SCI developed a DVT and none developed PE.
(Faustino et al., 2014) USA Observational N=2,484	Population: Age <1 yr: 1,025; Age 1-13 yr: 1,191; Age >13 yr: 268; Gender: 1,389 males, 1,095 females; Setting: 59 Pediatric Intensive Care Units in Australia, Canada, New Zealand, Portugal, Singapore, Spain, and the United States. Intervention: None. Outcome Measures: Predictors of pharmacological and mechanical thromboprophylaxis.	1. The presence of cyanotic congenital heart disease (OR, 7.35; p<0.001) and SCI (OR, 8.85; p=0.008) strongly predicted the use of pharmacologic and mechanical thromboprophylaxis, respectively. 2. The presence of SCI had the highest likelihood of mechanical thromboprophylaxis (OR, 8.85; 95% CI, 1.79–43.82; p=0.008).
(O'Brien & Candrilli, 2011) USA Observational N=135,032 (N=3,172 SCI)	Population: Mean Age (SE): 13.6 (0.1) yr; Gender: 94,204 males, 40,828 females; Setting: Pediatric Critical Care Unit. Intervention: None. Outcomes: Incidence and risk factors of VTE.	1. Among 3,172 patients SCI, 68 (8.2%) developed a VTE. 2. SCI was a significant risk factor for developing a VTE in this pediatric trauma population (OR 1.77, p<0.0001).
(Hanson et al., 2010) USA Observational N=144	Population: Age: 8.6 (2.3-17.9) yr for VTE group, 11.5 (0.4-17.8) yr for non-VTE group; Setting: Pediatric Intensive Care Unit. Intervention: None. Outcomes: Risk factors for developing VTE.	1. SCI was not a significant risk factor for VTE.
(Cyr et al., 2006) Canada Observational N=3,291	Population: Age: <18 yr; Setting: Pediatric Intensive Care Unit. Intervention: None. Outcomes: Incidence of VTE.	1. SCI was a significant risk factor VTE (OR 23.4; 95% CI 3.2-170.8).
(Azu et al., 2005) USA Observational N=13,894	Population: Age: <13 yr, 13-17 yr, >17 yr; Setting: Trauma Registry. Intervention: None. Outcomes: Incidence of VTE.	1. SCI was not a significant risk factor VTE.
(Cook et al., 2005) USA Observational N=116,357	Population: Age 0-13 yr: 72,279; Age 14-17 yr: 44,078; Gender: 75,743 males, 40,511 females; Database: National Trauma Databank (Pediatric): head injury, severe SCI, vertebral fracture, severe pelvic fracture, severe femur fracture, and tibia fracture. Intervention: None.	1. SCI was a significant risk factor associated with vena cava filtration (p<0.001).

	Outcome Measures: Risk factors associated with vena cava filtration placement.	
(Vavilala et al., 2002) USA Observational N=58,716	Population: Age: >16 yr; Setting: Trauma Registry. Intervention: None. Outcomes: Incidence of VTE.	<ol style="list-style-type: none"> 1. Individuals with SCI had a VTE rate of 6.0 per 1,000 patients. 2. SCI was significantly associated with VTE (RR 7.9, CI 1.9-32.7).
(McBride et al., 1994) USA Observational N=28,692 (N=290 SCI)	Population: Mean Age: 9 yr; Setting: National Pediatric Trauma Registry. SCI Severity: 108/290 with paraplegia or tetraplegia. Intervention: None. Outcomes: Incidence of DVT and PE.	<ol style="list-style-type: none"> 1. Just 6 of 28,692 patients had a DVT. 2. Just 2 of 28,692 patients had a PE (no DVT); both patients had sustained a SCI resulting in paraplegia. 3. Among those with a PE, one patient had a vena cava filter placed prior to the PE and died; the other patient had a vena cava filter placed after the PE and survived.
(Radecki & Gaebler-Spira, 1994) USA Observational N=532 (N=87 SCI, N=4 transverse myelitis)	Population: Mean Age: <18 yr; Setting: Pediatric Rehabilitation Unit. Intervention: None. Outcomes: Incidence of DVT and PE.	<ol style="list-style-type: none"> 1. Just 1 of 87 patients with SCI and 1 of 4 patients with transverse myelitis each had a PE. 2. DVT was confirmed in 8 of 87 patients with SCI; just 1 patient with confirmed DVT in SCI was under age 13 yr.