

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (v)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Sign/Date/Time every order page

Diagnosis: _____ Allergies: _____

VTE Prophylaxis

Version 3 12/2/13

Step 1: VTE Risk Assessment: SELECT ONE RISK CATEGORY

- LOW RISK- FEW PATIENTS FALL IN THIS CATEGORY** (Includes ambulatory patients WITHOUT additional VTE risk factors [see Appendix 1 for risk factors]) No specific measure required, early ambulation
 - Order for all LOW risk patients IF not already ordered.
 - Ambulate 3 times a day
- MODERATE RISK- ANY PATIENT NOT IN LOW RISK OR HIGH RISK CATEGORY-MOST PATIENTS FALL IN THIS CATEGORY** (Patients with one or more VTE risk factors)
- HIGH RISK- ANY PATIENT NOT IN LOW OR MODERATE RISK CATEGORY** (Includes: Elective major lower extremity arthroplasty, hip, pelvic or surgery, lower extremity fracture, acute spinal cord injury with paresis, multiple major trauma, abdominal or pelvic surgery for cancer)

Step 2: Order Prophylaxis

- Prophylaxis already addressed post-operatively- See post-op orders

> Pharmacological VTE Prophylaxis

- Order for MODERATE and HIGH risk patients unless contraindicated

- No pharmacological prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

CONTRAINDICATIONS

Absolute

- Active hemorrhage or high risk for hemorrhage
- Severe trauma to head or spinal cord WITH hemorrhage in last 4 wks

Relative

- Craniotomy in last 2 weeks
- Intracranial hemorrhage in 12 mos.
- Intraocular surgery in last 2 wks
- GI, GU hemorrhage in last 30 days
- Thrombocytopenia (< 50,000)
- Coagulopathy (PT > 18 sec)
- Active intracranial lesions/ neoplasms
- Hypertensive emergency
- Post-op bleeding concerns
- Scheduled to return to OR in the next 24 hrs
- Epidural catheters or spinal block
- End stage liver disease

OTHER: _____

Medications

enoxaparin (LOVENOX)

- 40 milligram subcutaneously once a day
- 30 milligram subcutaneously once a day for impaired renal function- GFR less than 30 mL/min

heparin

- 5,000 unit subcutaneously every 12 hours
- 5,000 unit subcutaneously every 8 hours

- Select fondaparinux (ARIXTRA) ONLY IF suspected or known history of immune-mediated HIT OR allergy to enoxaparin (LOVENOX)

fondaparinux (ARIXTRA)

- 2.5 milligram subcutaneously once a day DO NOT USE if GFR less than 30mL/min
- Other Medication: _____

Laboratory

- CBC without differential every 3 days IF pharmacological prophylaxis is ordered

> Mechanical VTE Prophylaxis

- Order for HIGH risk patients and MODERATE risk patients without pharmacological prophylaxis

- No mechanical prophylaxis due to the following contraindications: SELECT ALL THAT APPLY

Mechanical Contraindications

- Bilateral lower extremity amputee
- Bilateral lower extremity trauma
- Other: _____

Intermittent pneumatic compression

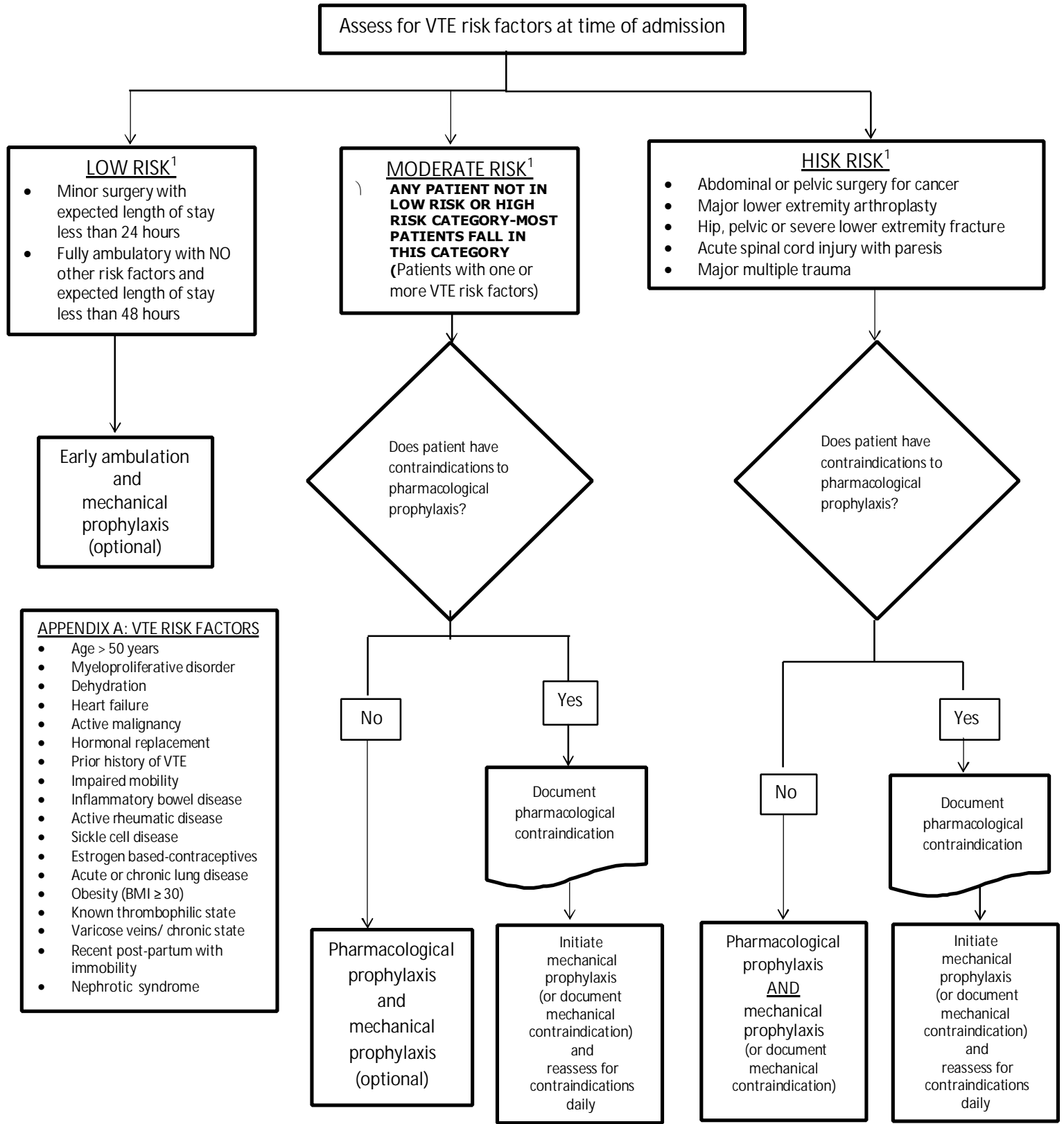
- Sequential compression device (SCD)
- Arterial venous impulses (AVI)

Apply anti-embolic stockings (graduated)

- knee high
- thigh high

Provider Signature: _____ Date: _____ Time: _____

Appendix 1: VTE Risk Factors and Algorithm Decision Tree



- APPENDIX A: VTE RISK FACTORS**
- Age > 50 years
 - Myeloproliferative disorder
 - Dehydration
 - Heart failure
 - Active malignancy
 - Hormonal replacement
 - Prior history of VTE
 - Impaired mobility
 - Inflammatory bowel disease
 - Active rheumatic disease
 - Sickle cell disease
 - Estrogen based-contraceptives
 - Acute or chronic lung disease
 - Obesity (BMI ≥ 30)
 - Known thrombophilic state
 - Varicose veins/ chronic state
 - Recent post-partum with immobility
 - Nephrotic syndrome