

MEDICATION ORDER - ADULT VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS COMPLETE ALL SECTIONS

Orders for anti-thromboembolic stockings and pneumatic compression devices and labs require Unit Secretary order entry

DRUG SENSITIVITIES PATIENT NAME ROOM NO.

SECTION A

Thrombosis Risk Factor Assessment and Prevention Guidelines (Circle All That Apply)

5	Total hip or knee replacement this admission or recent replacement within past month	2	Age 61-75 years old
5	Hip, pelvis, spine, or leg fracture (< 1 month)	2	Nephrotic syndrome
5	History of stroke (< 1 month)	2	Immobilizing cast (< 1 month)
5	Multiple trauma (< 1 month)	2	Patient confined to bed or immobile (> 24 hours) pre & post admission
4	Undergoing circumferential abdominoplasty	2	Surgery (Anesthesia > 60 minutes)
3	History of DVT/PE	1	Surgery (Anesthesia ≤ 60 minutes)
3	Age over 75 years old	1	Age 41-60 years
3	Inherited or acquired hypercoagulable states (protein C or protein S deficiency, Factor V Leiden and prothrombin mutations, anticardiolipin antibody syndrome, hyperhomocysteinemia, myeloproliferative disorders)	1	History of prior major surgery (< 1 month)
3	Medical-Surgical patients with additional risk factors: MI, CHF, Sepsis, or serious lung disease (abnormal pulmonary function - COPD) or pneumonia	1	Inflammatory Bowel Disease
3	Malignancy (present) except Skin	1	Central venous access (< 1 month)
3	Obesity (BMI ≥ 50)	1	Obesity (BMI = 30-39)
2	Obesity (BMI = 40-49)	1	Oral contraceptive, hormone replacement therapy, or Selective Estrogen Receptor Modulators (SERMs)
		1	Pregnancy or post-partum < 1 month
		1	Significant varicose veins or current swollen legs (> 1 +)

Risk Factor Assessment completed by: _____ RN, MD, PA, NP Date: _____ Time: _____ Total Points:

SECTION B

CONTRAINDICATIONS FOR MEDICATION PROPHYLAXIS

<p>Absolute Contraindications:</p> <input type="checkbox"/> Bleeding (active) <input type="checkbox"/> Spinal or epidural anesthesia within 12 hours (Enoxaparin contraindicated only) <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Concurrent anticoagulants/ concurrent thrombolytics	<p>Relative Contraindications:</p> <input type="checkbox"/> Hemodialysis (Enoxaparin contraindicated only) <input type="checkbox"/> Intra-ocular or intra-cranial surgery within prior 2 weeks <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Pregnancy with anticipated delivery <input type="checkbox"/> Planned continuous epidural/spinal <input type="checkbox"/> Acute spinal cord injury ≤ 72 hours <input type="checkbox"/> Uncontrolled hypertension <input type="checkbox"/> Planned invasive procedure within 24 hours <input type="checkbox"/> Acute hemorrhagic stroke	<p>Contraindications to Heparin Products:</p> <input type="checkbox"/> Hypersensitivity to heparin or enoxaparin (Lovenox®) <input type="checkbox"/> Heparin-Induced Thrombocytopenia (HIT) - prophylaxis may be indicated but consider alternative agent
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Clinical risk of bleeding exceeds the benefit of venous thromboembolism prophylaxis

Use and timing of pharmacological prophylaxis in recent ocular surgery, acute spinal cord injury, intracranial surgery, trauma, elective spine surgery and spinal or epidural puncture should be assessed on an individual basis and is at the discretion of the physician.

SECTION C

Non Pharmacologic Prophylaxis, (Mechanical) Check all that apply

<input type="checkbox"/> Thigh high graduated compression stockings (anti-embolic stockings); <input type="checkbox"/> Intermittent pneumatic compression/pneumatic compression device; <input type="checkbox"/> Foot pumps;	<p>Pre-op / Medicine:</p> <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left	<p>Post-op:</p> <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> bilateral <input type="checkbox"/> right <input type="checkbox"/> left
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No orders for venous thromboembolic mechanical prophylaxis, Reason: _____

SECTION D

Total Points	Risk Level	Prophylaxis Orders
	Low Risk	Early Ambulation (activity > bedrest) Note: Order on separate physician order form.
2	Moderate Risk: Early Ambulation + Prophylaxis Orders Incidence of DVT 10-20%	Choose one of the following medications +/- compression devices or stockings <input type="checkbox"/> Heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> every 12 hours • CBC with platelets daily x 2 days starting today then every other day First Dose: _____ AM / PM Date _____
3-4	High Risk: Early Ambulation + Prophylaxis Orders Incidence of DVT 20-40%	Choose one of the following medications +/- compression devices or stockings <input type="checkbox"/> Heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> Heparin 5000 units subcutaneously every 12 hours (Neurosurgery/High Risk of Bleeding) • CBC with platelets daily x 2 days starting today then every other day First Dose: _____ AM / PM Date _____
5 or more	Highest Risk: Early Ambulation + Prophylaxis Orders Incidence of DVT 40-80%	Choose the following medications and compression devices +/- stockings <input type="checkbox"/> Enoxaparin 40mg subcutaneously every 24 hours <input type="checkbox"/> Enoxaparin 30mg subcutaneously every 12 hours (Trauma, Bariatrics, TKA) <input type="checkbox"/> Heparin 5000 units subcutaneously every 8 hours <input type="checkbox"/> Heparin 5000 units subcutaneously every 12 hours (Neurosurgery / Stroke) • CBC with platelets daily x 2 days starting today then every other day <input type="checkbox"/> Warfarin pharmacy dosing service <input type="checkbox"/> Warfarin orthopaedic algorithm/guideline (Form #3777-BH-RO) • Baseline PT/INR x 1 today First Dose: _____ AM / PM Date _____
All Risk	<p>For Pharmacy Use: Contact prescriber if creatinine clearance <30 mL/min or patient weight > 150 kg or BMI > 40 kg/m² for enoxaparin dose adjustment per Beaumont guidelines</p> <input type="checkbox"/> Alternate Regimen with justification: _____	

No orders for venous thromboembolic medication prophylaxis due to above noted contraindication

Physician Signature/ID Number	Pager No.	Date	Time
Unit Secretary/ID Number	Date	Time	Noted by R.N./ID Number
	Date	Time	