



Physician Orders ADULT: VTE CABG and Valve Prophylaxis SURGICAL Plan

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Non Categorized

Bleeding Risk Factor Assessment criteria is listed below VTE orders.(NOTE)*

Do Not Administer VTE Prophylaxis

If both Mechanical and Pharmacological VTE prophylaxis is contraindicated, place order below:(NOTE)*

- ☐ Reason Surgical VTE Prophylaxis Not Received

CABG and Valve Surgical Procedures

If Patient is immediate post op and no SCD contraindications exist, order SCDs for both extremities.(NOTE)*

- ☒ SCD Apply
Apply to bilateral lower extremities

OR(NOTE)*

If SCD is contraindicated, order graduated compression stockings (GCS) on both extremities and SCD only for otherwise intact extremity.(NOTE)*

- ☐ GCS Apply
T;N, apply to bilateral lower extremities

- ☐ **+12 Hours** heparin
5,000 units, Injection, Subcutaneous, q8h, Start POD #1 @ 0800 .

BLEEDING RISK FACTOR ASSESSMENT:

Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy(NOTE)*

Active Bleeding(NOTE)*

INR greater than 1.5 and patient NOT on warfarin therapy(NOTE)*

INR greater than 2 and patient ON warfarin therapy(NOTE)*

Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000(NOTE)*

Platelet count less than 50,000 (applies to patients with no history of transplant procedures)(NOTE)*

Solid Organ Transplant during this episode of care OR within 30 days of admission(NOTE)*

Documented bleeding or coagulopathy disorder(NOTE)*

Hemorrhagic Stroke within 6 weeks of admission(NOTE)*

Severe Uncontrolled Hypertension(NOTE)*

Recent Intraocular or Intracranial surgery(NOTE)*

Vascular Access or Biopsy sites inaccessible to hemostatic control(NOTE)*

Recent Spinal Surgery(NOTE)*

Epidural or Spinal Catheter(NOTE)*

Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)(NOTE)*

Heparin Induced Thrombocytopenia (HIT)(NOTE)*

Heparin allergy or pork allergy(NOTE)*

No Bleeding Risk Factors exist(NOTE)*

Date

Time

Physician's Signature

MD Number

***Report Legend:**





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DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

