



Physician Orders ADULT: VTE SURGICAL Prophylaxis Plan

VTE SURGICAL Prophylaxis Plan

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

Intracranial or Intraocular Procedures

If bleeding risk exists and NO contraindication to SCDs, place order below:(NOTE)*

- ☐ Sequential Compression Device Apply
T;N, Apply To Lower Extremities, Bleeding Risk Present

If no bleeding risk exists place order below:(NOTE)*

- ☐ **+720 Minutes** heparin
5,000 units, Injection, Subcutaneous, q12h
Comments: Do not adjust time of first dose as scheduled by pharmacy.

AND BOTH CBCs:(NOTE)*

- ☐ CBC w/o Diff
Routine, T;N, once, Type: Blood

- ☐ CBC w/o Diff
Routine, T+2;0400, QODay, Type: Blood

Ortho Procedures

If bleeding risk exists and NO contraindications to SCDs, place order below:(NOTE)*

- ☐ Sequential Compression Device Apply
T;N, Apply To Lower Extremities, Bleeding Risk Present

If No bleeding risk exists, place one of the medication orders and both CBC w/o Diff orders below:(NOTE)*

- ☐ **+720 Minutes** fondaparinux
2.5 mg, Injection, Subcutaneous, QDay, Do not adjust time of first dose as scheduled by pharmacy.
OR(NOTE)*

- ☐ **+720 Minutes** enoxaparin
30 mg, Injection, Subcutaneous, bid
Comments: First dose should be timed to be given at least 12 hours post op, If CrCl less than 30mL/min, pharmacy to adjust dose to 30mg SQ QDay. Do not adjust time of first dose as scheduled by pharmacy.

OR(NOTE)*

- ☐ **+480 Minutes** rivaroxaban
10 mg, Tab, PO, q24h
Comments: first dose should be timed to be given at least 6-10 hours post op, If CrCl less than 30mL/min, use is contraindicated. Pharmacist may adjust administration times after first dose. If the patient had an AM surgery, the first dose should be given that day at 2200. If





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- ☐ *the patient had a PM surgery, the first dose should be given at 0600 the following day.*
- ☐ **+ 720 Minutes** apixaban
2.5 mg, Tab, PO, bid, Routine
Comments: first dose should be timed to be given at least 12 hours post op, If CrCl less than 25mL/min, use is contraindicated. If the patient had an AM surgery, the first dose should be given that day at 2200. If the patient had a PM surgery, the first dose should be given at 0600 the following day.
- OR(NOTE)*
Aspirin is an option for VTE Prophylaxis for patients with hip or knee surgeries only.(NOTE)*
- ☐ **+240 Minutes** aspirin
☐ 81 mg, DR Tablet, PO, QDay, First dose should be timed to be given at least 4-6 hours post op (DEF)*
Comments: "Aspirin For VTE Prophylaxis".
☐ 81 mg, DR Tablet, PO, bid, First dose should be timed to be given at least 4-6 hours post op
Comments: "Aspirin For VTE Prophylaxis".
- ☐ **+240 Minutes** aspirin
325 mg, DR Tablet, PO, QDay, First dose should be timed to be given at least 4-6 hours post op.
Comments: "Aspirin For VTE Prophylaxis".
- OR(NOTE)*
- ☐ Pharmacy Consult - Warfarin Dosing
T;N, Routine, VTE Prophylaxis, No bleeding risk present
AND BOTH CBCs:(NOTE)*
- ☐ CBC w/o Diff
Routine, T;N, once, Type: Blood
- ☐ CBC w/o Diff
Routine, T+2;0400, QODay, Type: Blood
AND apply immediately post op if no contraindication:(NOTE)*
- ☐ Sequential Compression Device Apply
T;N, Apply To Lower Extremities, post op
OR, ONLY IF SCD IS CONTRAINDICATED(NOTE)*
- ☐ A-V Impulse Device Apply
T;N, Apply To Lower Extremities, post op
AND(NOTE)*
- ☐ Ankle Pumps
T;N, Routine, q1h-Awake, instruct patient how to perform and have patient repeat 10 times per hour while awake

Other Surgical Procedures

If bleeding risk exists and NO contraindications to SCDs, place order below:(NOTE)*





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- ☐ Sequential Compression Device Apply
T;N, Apply To Lower Extremities, Bleeding Risks Present
 If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:(NOTE)*
- ☐ **+720 Minutes** heparin
5,000 units, Injection, Subcutaneous, q12h
Comments: Pharmacist may adjust administration times after first dose.
- ☐ **+720 Minutes** heparin
5,000 units, Injection, Subcutaneous, q8h, Do not adjust time of first dose as scheduled by pharmacy.
 OR(NOTE)*
- ☐ **+720 Minutes** enoxaparin
40 mg, Injection, Subcutaneous, QDay
Comments: If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Do not adjust time of first dose as scheduled by pharmacy.
 AND BOTH CBCs:(NOTE)*
- ☐ CBC w/o Diff
Routine, T;N, once, Type: Blood
- ☐ CBC w/o Diff
Routine, T+2;0400, QODay, Type: Blood
- CABG and Valve Surgical Procedures**
 If patient is immediate postop and no SCD contraindications exist, order SCDs for both extremities(NOTE)*
- ☐ Sequential Compression Device Apply
T;N, Apply To 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, Routine, apply to bilateral lower extremities
- ☐ Sequential Compression Device Apply
T;N, apply only to non-surgical lower extremity
 AND(NOTE)*
- ☐ Nursing Communication
T;N, after chest tubes are removed and no additional bleeding risk is present, call physician for order of Heparin 5000 units, injection, subcutaneous, q12h, routine, T;N
- ☐ CBC w/o Diff
Routine, T;N, once, Type: Blood
- ☐ CBC w/o Diff
Routine, T+2;0400, QODay, Type: Blood





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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 then 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:**

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

