Attached patient label here

Methodist Le Bonheur Healthcare

Physician Orders-ADULT

# VTE (Medical) Prophylaxis Orders

**[R]** = will be ordered
T= Today; N = Now (date and time ordered)
Height: _____cm Weight: _____kg

| | | |
|---|---|---|
| **Allergies:** | | [ ] No known allergies |
| [ ] Medication allergy(s): | | |
| [ ] Latex allergy [ ]Other: | | |
| **Uncategorized** | | |
| **NOTE: Indications for Medical Risk Factor Assessment, Bleeding Risk Factor Assessment and Mechanical Device (SCD) Contraindication Assessment criteria is listed below the VTE orders.** | | |
| **NOTE: Do Not Administer VTE Prophylaxis: If both Mechanical and Pharmacological VTE prophylaxis is contraindicated or if patient is at low risk for VTE, place order below:** | | |
| **[ ]** | Reason VTE Prophylaxis Not Received | T;N, Reason: [ ] Patient Does Not need VTE Prophylaxis [ ] Anticoag therapy not warfarin for Afib [ ] IV heparin day of or day after admission [ ] Patient is ambulatory [ ] Patient low risk for VTE [ ] Patient/Family refused [ ] Warfarin prior to adm; on hold high INR |
| **VTE ORDERS** | | |
| **If Bleeding Risk is Present, place SCD order (and Reason/Contraindication order for not ordering Pharmacological VTE prophylaxis )** below: | | |
| **[ ]** | Sequential Compression Device Apply | T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present |
| **If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:** | | |
| **[ ]** | heparin | 5,000 units,Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose. |
| **[ ]** | heparin | 5,000 units,Injection, subcutaneous, q8h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose. |
| **OR** | | |
| **[ ]** | enoxaparin | 40 mg, Injection, Subcutaneous, Qday, Routine, T;N, If CrCl less than 30 mL/min, pharmacy to adjust dose to 30mg SQ Qday. Pharmacist may adjust administration times after first dose. |
| **AND BOTH CBCs:** | | |
| **[ ]** | CBC w/o Diff Routine | Routine,T;N, once, Type: Blood, |
| **[ ]** | CBC w/o Diff Time Study | Routine,T+2;0400, QODay, Type: Blood |
| **INDICATIONS FOR MEDICAL VTE PROPHYLAXIS:** | | |
| **[ ]** | Prolonged immobilization, paralysis, or bed rest ordered | |
| **[ ]** | ICU patient | |
| **[ ]** | Sepsis diagnosis or Active Infection | |
| **[ ]** | Active inflammatory bowel disease | |
| **[ ]** | Cancer and/or presence of malignancy | |
| **[ ]** | Heart Failure | |
| **[ ]** | Respiratory Disease (COPD or Pneumonia) | |
| **[ ]** | Ischemic Stroke (non-hemorrhagic) | |

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| | |
|---|---|
| **INDICATIONS FOR MEDICAL VTE PROPHYLAXIS: continued** | |
| [ ] | Prior history of VTE or Pulmonary Embolism |
| [ ] | Age greater than 45 |
| [ ] | Morbid Obesity (BMI greater than 35) |
| [ ] | Central Line or PICC Line |
| [ ] | Current treatment with estrogens (Oral contraceptives; Hormone Replacement Therapy) |
| [ ] | Hereditary clotting disorder |
| [ ] | Pregnancy with diagnosed clotting disorder or Antiphospholipid Syndrome diagnosis |
| [ ] | Nephrotic Syndrome |
| [ ] | No medical risk factors exist |
| **BLEEDING RISK FACTOR ASSESSMENT:** | |
| [ ] | Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other anticoagulation therapy |
| [ ] | Active bleeding |
| [ ] | INR greater than 1.5 and patient **NOT** on warfarin therapy |
| [ ] | INR greater than 2 and patient **ON** warfarin therapy |
| [ ] | Transplant patients with platelet count less than 100,000 |
| [ ] | Platelet count less than 50,000 (applies to patients with no history of transplant procedures) |
| [ ] | Solid organ transplant during this episode of care **OR** within 30 days of admission |
| [ ] | Documented bleeding or Coagulopathy disorder |
| [ ] | Hemorrhagic Stroke within 6 weeks of admission |
| [ ] | Severe Uncontrolled Hypertension |
| [ ] | Recent Intraocular or Intracranial surgery |
| [ ] | Vascular Access or Biopsy sites inaccessible to hemostatic control |
| [ ] | Recent Spinal Surgery |
| [ ] | Epidural or Spinal Catheter |
| [ ] | Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum) |
| [ ] | Heparin Induced Thrombocytopenia (HIT) |
| [ ] | Heparin allergy or pork allergy |
| [ ] | No Bleeding Risk Factors exists |
| **MECHANICAL DEVICE (SCD) CONTRAINDICATION ASSESSMENT** | |
| [ ] | Known or suspected deep vein thrombosis or pulmonary embolism |
| [ ] | Acute stages of inflammatory phlebitis process |
| [ ] | Disruptions in lower extremity skin integrity ( surgical incision, recent skin graft, dermatitis, etc. ) |
| [ ] | Arterial occlusion |
| [ ] | Instances where increased venous or lymphatic return is undesirable |
| [ ] | Massive lower extremity edema |
| [ ] | Unable to place device |

**Date** **Time** **Physician's Signature** **MD Number**