**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:**

<table>
<thead>
<tr>
<th>Reason VTE Prophylaxis Not Received</th>
<th>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</th>
</tr>
</thead>
</table>

### VTE ORDERS

**If Bleeding Risk is Present, place SCD order (and Reason/Contraindication order for not ordering Pharmacological VTE prophylaxis ) below:**

<table>
<thead>
<tr>
<th>Sequential Compression Device Apply</th>
<th>T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present</th>
</tr>
</thead>
</table>

**If NO Bleeding Risk Present, place ONE Heparin or Enoxaparin order below and place both CBC orders:**

<table>
<thead>
<tr>
<th>heparin</th>
<th>5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.</th>
</tr>
</thead>
<tbody>
<tr>
<td>heparin</td>
<td>5,000 units, Injection, subcutaneous, q8h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.</td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>enoxaparin</th>
<th>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.</th>
</tr>
</thead>
</table>

**AND BOTH CBCs:**

<table>
<thead>
<tr>
<th>CBC w/o Diff Routine</th>
<th>Routine, T;N, once, Type: Blood,</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC w/o Diff Time Study</td>
<td>Routine, T+2:0400, QODay, Type: Blood</td>
</tr>
</tbody>
</table>

**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)
VTE (Medical) Prophylaxis Orders

[ ] 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 exist

**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

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Date __________________________ Time __________________________ Physician’s Signature __________________________ MD Number __________________________

VTE MEDICAL PROPHYLAXIS Orders 22225-QM1008-
Rev.082614