



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





Physician Orders ADULT: VTE SURGICAL Prophylaxis Plan

- 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)*



* 1 1 1 *



Physician Orders ADULT: VTE SURGICAL Prophylaxis Plan

- 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





Physician Orders ADULT: VTE SURGICAL Prophylaxis Plan

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

