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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+ 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".

+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 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)*

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*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