



Physician Orders - ADULT VTE OTHER SURGICAL 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: _____

NOTE: Bleeding Risk Factor Assessment criteria is listed below VTE orders.

Do Not Administer VTE Prophylaxis

NOTE: If both Mechanical and Pharmacological VTE prophylaxis is contraindicated, place order below:

<input type="checkbox"/> Reason Surgical VTE Prophylaxis Not Received	T;N, Reason No Surg VTE Mech Prophylaxis: <input type="checkbox"/> Bilateral amputations lower extremities <input type="checkbox"/> Bilateral lower extremity trauma <input type="checkbox"/> IV heparin 24 hrs before/after surgery <input type="checkbox"/> Patient refusal <input type="checkbox"/> Other Reason: _____, Reason No Surg VTE Pharm Prophylaxis: <input type="checkbox"/> Active bleeding <input type="checkbox"/> Bleeding risk <input type="checkbox"/> GI bleed <input type="checkbox"/> Hemorrhage <input type="checkbox"/> IV heparin 24 hrs before/after surgery <input type="checkbox"/> Patient refusal <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Other Reason: _____
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Other Surgical Procedures

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

Sequential Compression Device 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:

<input type="checkbox"/>	heparin	5,000 units, Injection, subcutaneous, q12h, Routine, T;N, Comment: Pharmacist may adjust administration times after first dose.
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous, q8h, Routine, T;N, Do not adjust time of first dose as scheduled by pharmacy.

OR

<input type="checkbox"/>	enoxaparin	40 mg, Injection, Subcutaneous, Qday, Routine, T;N + 720, 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.
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AND BOTH CBCs:

<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood,
<input type="checkbox"/>	CBC w/o Diff	Routine, T+2; 0400, QODay, Type: Blood

NOTE: BLEEDING RISK FACTOR ASSESSMENT- This is a partial list of bleeding risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose patients to DVT/PE. Check all that may apply:

<input type="checkbox"/>	Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other
<input type="checkbox"/>	Active bleeding
<input type="checkbox"/>	INR greater than 1.5 and patient NOT on warfarin therapy
<input type="checkbox"/>	INR greater than 2 and patient ON warfarin therapy
<input type="checkbox"/>	Solid Organ and Bone Marrow Transplant patients with platelet count less than 100,000
<input type="checkbox"/>	Platelet count less than 50,000 (applies to patients with no history of transplant procedures)
<input type="checkbox"/>	Solid organ transplant during this episode of care OR within 30 days of admission
<input type="checkbox"/>	Documented bleeding or Coagulopathy disorder
<input type="checkbox"/>	Hemorrhagic Stroke within 6 weeks of admission
<input type="checkbox"/>	Severe Uncontrolled Hypertension



attach patient label here



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Other Surgical Procedures continued

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<input type="checkbox"/>	Recent Intraocular or Intracranial surgery
<input type="checkbox"/>	Vascular Access or Biopsy sites inaccessible to hemostatic control
<input type="checkbox"/>	Recent Spinal Surgery
<input type="checkbox"/>	Epidural or Spinal Catheter
<input type="checkbox"/>	Pregnancy, Possible Pregnancy or Postpartum (to include up to 6 weeks post partum)
<input type="checkbox"/>	Heparin Induced Thrombocytopenia (HIT)
<input type="checkbox"/>	heparin allergy or pork allergy
<input type="checkbox"/>	No Bleeding Risk Factors exists

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