



Physician Orders - ADULT
Order Set: VTE Prophylaxis (SURGICAL) Orders

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Intracranial or Intraocular Procedures		
NOTE: If bleeding risk exists, and no contraindication to SCD, place order below:		
<input type="checkbox"/>	Sequential Compression Device Apply (SCD Apply)	T;N, Apply To Lower Extremities
NOTE: If no bleeding risks exist place order below:		
<input type="checkbox"/>	heparin	5,000 units, injection, subcutaneous, q12h, Routine
Total Joint Repl(Hip/Knee or Hip Fracture Surgery)		
NOTE: If bleeding risk exists, and no contraindication to SCD, place order below:		
<input type="checkbox"/>	Sequential Compression Device Apply (SCD Apply)	T;N, Apply To Lower Extremities
NOTE: If no bleeding risk exists, place either Enoxaparin and both CBC w/o Diff orders below OR place the Fondaparinux and both CBC w/o Diff orders below:		
<input type="checkbox"/>	enoxaparin	T;N + 720, 30 mg, Injection, Subcutaneous, BID, Routine, Comment: 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. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1
OR		
<input type="checkbox"/>	fondaparinux	T;N + 720, 2.5 mg, Injection, Subcutaneous, QDay, Routine, Start on morning of post-op Day 1, Pharmacist may adjust administration times after first dose.
OR		
<input type="checkbox"/>	Pharmacy Consult-Warfarin Dosing	T;N, Routine
AND BOTH CBCs		
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Time Study, T+2;0400, Every Other Day, Type: Blood
NOTE: Apply immediately post op if no contraindication:		
<input type="checkbox"/>	Sequential Compression Device Apply (SCD Apply)	T;N, Apply To Lower Extremities, postop
OR, ONLY IF SCD IS CONTRAINDICATED		
<input type="checkbox"/>	A-V Impulse Device Apply	T;N, Apply To Lower Extremities, postop
<input type="checkbox"/>	Contraindication-VTE Prophylaxis	T;N, Reason: patient has bleeding risk for anticoagulants
<input type="checkbox"/>	Ankle Pumps	T;N, Routine, q1h-Awake, Instruct patient on and then have them repeat 10 times per hour while awake.
General/Thoracic/GYN/OB/URO/Elective Spinal Surgical Procedures		
NOTE: If bleeding risk exists, and no contraindication to SCD, place order below:		
<input type="checkbox"/>	Sequential Compression Device	T;N, Apply To Lower Extremities





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General/Thoracic/GYN/OB/URO/Elective Spinal Surgical Procedures continued		
	NOTE: If no bleeding risk exists, place either Enoxaparin and both CBC w/o Diff orders below OR place the heparin and both CBC w/o Diff orders below:	
<input type="checkbox"/>	enoxaparin	T;N + 720, 40 mg, Injection, Subcutaneous, QDay, Routine, Start on morning of post-op day 1. If CrCl less than 30mL/min, pharmacy to adjust dose to 30mg SQ QDay. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1
	OR	
<input type="checkbox"/>	heparin	5,000 units, Injection, Subcutaneous, q8h, Routine, Start on morning of post-op day 1. Pharmacist may adjust administration times after first dose. Start on morning of Post-Op Day 1
	AND BOTH CBCs	
	CBC w/o Diff	Routine, T;N, once, Type: Blood
	CBC w/o Diff	Time Study, T+2;0400, Ever Other Day, Type: Blood
CABG and Valve Surgical Procedures		
	NOTE: If patient is immediate postop and no SCD contraindications exist, order SCD for both extremities.	
	NOTE: If SCD is contraindicated, order graduated compression stockings (GCS) on both extremities and SCD only for otherwise intact extremity.	
<input type="checkbox"/>	Sequential Compression Device Apply (SCD Apply)	T;N
	NOTE: only if SCD is contraindicated, place GCS order below:	
<input type="checkbox"/>	TED Hose Apply (GCS Apply)	T;N, Routine, apply to bilateral lower extremities
<input type="checkbox"/>	Nursing Communication	T;N, After chest tubes are discontinued and if no additional bleeding risk is present, place order for "Heparin 5000 units, inj, subcutaneous, q12h, routine, T;N"
<input type="checkbox"/>	CBC w/o Diff	Routine, T;N, once, Type: Blood
<input type="checkbox"/>	CBC w/o Diff	Time Study, T+2;0400, Every Other Day, Type: Blood
Do Not Administer VTE Prophylaxis		
	NOTE: Consider ambulation as early as possible.	
<input type="checkbox"/>	Contraindication-VTE Prophylaxis	T;N, Reason: patient has bleeding risk for anticoagulants, and SCDs are contraindicated.
<input type="checkbox"/>	Ambulate	T;N
BLEEDING RISK FACTORS		
	NOTE: documented bleeding disorder	
SCD CONTRAINDICATIONS		
	NOTE: known or suspected deep vein thrombosis or PE	

Date _____

Time _____

Physician's Signature _____

MD Number _____