**Physician Orders - ADULT**

**VTE Intracranial/Intraocular SURGICAL Prophylaxis Plan**

[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:

| Reason Surgical VTE Prophylaxis Not Received | [ ] Bilateral amputations lower extremities [ ] Bilateral lower extremity trauma [ ] IV heparin 24 hrs before/after surgery [ ] Patient refusal [ ] Other Reason: __________________________ |
| Reason No Surg VTE Mech Prophylaxis: | [ ] Active bleeding [ ] Bleeding risk [ ] GI bleed [ ] Hemorrhage [ ] IV heparin 24 hrs before/after surgery [ ] Patient refusal [ ] Thrombocytopenia [ ] Other Reason: __________________________ |

**Intracranial or Intraocular Procedures**

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

| [ ] Sequential Compression Device Apply | T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present |

**NOTE:** If NO bleeding risk exists place order below:

| [ ] heparin | 5,000 units, Injection, subcutaneous, q12h, Routine, T;N+720, Comment: Do not adjust time of first dose as scheduled by pharmacy. |

**AND BOTH CBCs:**

| [ ] CBC w/o Diff | Routine, T;N, once, Type: Blood |
| [ ] 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:

[ ] Patient already receiving anticoagulation therapy with warfarin, heparin, fondaparinux, enoxaparin or other

[ ] Active bleeding

[ ] INR greater than 1.5 and patient NOT on warfarin therapy

[ ] INR greater than 2 and patient ON warfarin therapy

[ ] Solid Organ and Bone Marrow 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 Intracranial 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 exists

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

VTE Intracranial/Intraocular SURGICAL Prophylaxis Plan 25004-PP QM1008-Rev082614