



## 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:**

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

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

<input type="checkbox"/>	Sequential Compression Device Apply	T;N, Apply To: Lower Extremities, Comment: Bleeding Risks Present
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**NOTE: If NO bleeding risk exists place order below:**

<input type="checkbox"/>	heparin	5,000 units, Injection, subcutaneous, q12h, Routine, T;N+720, Comment: 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
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<input type="checkbox"/>	CBC w/o Diff	Routine, T+2; 0400, QODay, Type: Blood
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**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 Intraocular 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

Date	Time	Physician's Signature	MD Number
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