



**HEALTHEAST PHYSICIAN ORDERS - ACUTE CARE HOSPITALS
VTE PROPHYLAXIS ORDER SET**

need clinician input for valid order
 indicates automatic order; cross out orders not desired

Providers: Choose Risk Group based on patient age and presence of other risk factors

<input type="checkbox"/> Low Risk: <ul style="list-style-type: none"> ▪ Age <60 years ▪ Minor surgery planned (procedure <30 min.) ▪ Medical patient currently on bedrest ▪ Current pregnancy or 6 weeks post-partum ▪ Oral contraceptives or hormone replacement therapy 	<input type="checkbox"/> Moderate-High Risk: <ul style="list-style-type: none"> ▪ Age >60 years ▪ Central venous access ▪ History of previous malignancy ▪ History of COPD, CHF, Inflammatory bowel disease, and respiratory failure ▪ Family history of thrombosis ▪ Medical patient with additional risk factors: MI, Sepsis, COPD, CHF, respiratory failure, or hx. of malignancy ▪ Major surgery planned with additional risk factors: MI, Sepsis, COPD, CHF, respiratory failure, or hx. of malignancy 	<input type="checkbox"/> Very-High Risk: <ul style="list-style-type: none"> ▪ Age >75 years ▪ Elective hip or knee replacement ▪ Active cancer ▪ Hip, pelvis or leg fracture (<1 month) ▪ Stroke (<1 month) ▪ Acute spinal cord injury or major trauma (<1 month) ▪ Admit to ICU ▪ Personal hx. of DVT, PE, or clotting disorder
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- Patient receiving oral warfarin, Enoxaparin, or Heparin from another procedure/protocol. Follow the specific order or protocol**
- Patient currently therapeutic on warfarin- Continue to follow provider specific orders.**
- Patient received a spinal/epidural injection? If so, contact Anesthesia for timing of pharmacologic prophylaxis

Consider only mechanical prophylaxis if any of the following are checked:

- Platelet count <50,000/mm³.
- Patient with current active bleeding or severe trauma with hemorrhage in the last 3-4 weeks.
- History of HIT (Heparin Induced Thrombocytopenia).
- Uncontrolled HTN (SBP >200 and/or DBP >120).
- Patient has bacterial endocarditis.
- Patient has active hepatitis or hepatic insufficiency.

Providers: Choose appropriate prophylaxis based on patient's Risk Assessment above- if No prophylaxis desired, document reason below

<input type="checkbox"/> Low Risk: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Early ambulation <input type="checkbox"/> Pneumoboots <input type="checkbox"/> SCD's (Sequential Compression Device) - calf length 	<input type="checkbox"/> Moderate-High Risk: <p>Select one mechanical option if patient has multiple risk factors</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Early ambulation <input type="checkbox"/> Pneumoboots <input type="checkbox"/> SCD's - calf length <input checked="" type="checkbox"/> Pharmacologic Prophylaxis indicated: Enoxaparin- all doses to start 12-24 hours after surgery • 40mg SQ every 24 hours-pt. weight 45-115kg and CrCl>30 ml/min • 30mg SQ every 24 hours if pt. weight <45kg or CrCl<30 ml/min • 50mg SQ every 24 hours if pt. weight >115kg and CrCl >30 ml/min <input type="checkbox"/> Other: _____ <p>Lab orders ONLY if pharmacologic prophylaxis Initiated:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serum Creatinine prior to therapy <input checked="" type="checkbox"/> Platelet count for baseline measurement and every other day X 3 	<input type="checkbox"/> Very High Risk: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Early ambulation <input checked="" type="checkbox"/> SCD's- calf length OR <input type="checkbox"/> Pneumoboots <input checked="" type="checkbox"/> Pharmacologic Prophylaxis indicated: Enoxaparin- all doses to start 12-24 hours after surgery • 40mg SQ every 24 hours- pt. weight 45-115kg and CrCl>30 ml/min • 30mg SQ every 24 hours if pt. weight <45kg or CrCl<30ml/min • 50mg SQ every 24 hours if pt. weight >115kg and CrCl >30 ml/min <input type="checkbox"/> Other: _____ <p>Lab orders ONLY if pharmacologic prophylaxis Initiated:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serum Creatinine prior to therapy <input checked="" type="checkbox"/> Platelet count for baseline measurement and every other day X 3
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Admission Height _____ inches Weight _____ kg
 No prophylaxis ordered at this time
Reason: _____

Provider Printed Name: _____ Date: _____
PO1190 5/06, 8/08

