

MED/SURG SERVICES  
VENOUS THROMBOEMBOLIC (VTE) PROPHYLAXIS ORDERS (ADULT)

ORDER NUMBER: MS-27.0  
DATE OF ORIGIN: 08/03

LAST REVIEWED/REVISED: PILOT  
APPROVED:

DATE/TIME: \_\_\_\_\_ Height/Weight: \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_

**Risk Factors:**  
Any **two or more** is an indication for VTE prophylaxis

- ▶ Age over 40 years
- ▶ Obesity
- ▶ ICU admission
- ▶ Presence of a central venous line
- ▶ Prolonged immobility, more than 24 hours
- ▶ Past history of Chronic Lung Disease or an inflammatory disorder
- ▶ Admitted with or a history of heart failure, pneumonia or serious infection, varicose veins, nephrotic syndrome, sickle cell disease, pregnancy or estrogen use

**“High” Risk Factors:**  
Any **One** is an indication for VTE prophylaxis

- ▶ Major trauma (abdomen, pelvis, hip or leg)
- ▶ Ischemic (non hemorrhagic) stroke or paralysis
- ▶ Malignancy
- ▶ Any prior history of deep vein thrombosis or pulmonary embolism

**Anticoagulant prophylaxis exclusion criteria:**

- ▶ Significant renal insufficiency (affects low molecular weight heparin only!)
- ▶ Uncontrolled hypertension
- ▶ Presence or history of heparin induced thrombocytopenia
- ▶ Recent intraocular or intracranial surgery
- ▶ Spinal tap or epidural anesthesia within the previous 24 hours
- ▶ Any active bleeding
- ▶ Coagulopathy or thrombocytopenia
- ▶ Current treatment with anticoagulants
- ▶ Hypersensitivity to unfractionated heparin or low molecular weight heparin

**LAB:** CBC with diff every 2 days while on Heparin or LMWH (Low Molecular Weight Heparin)

**TREATMENTS:** (please check appropriate boxes for patient)

For patients with three or more risk factors or any two risk factors with one risk factor being stroke/paralysis, cancer, major surgery, trauma, or prior VTE, consider using Enoxaparin every 12 hours or the higher dose of Dalteparin.

1.  Intermittent Sequential Pneumatic Compression Device (SCD) bilateral for the leg/calf

**PHARMACY:** (please check appropriate boxes for patient)

2.  Heparin 5000 units subcutaneously every eight hours
3.  Enoxaparin (Lovenox) injection 40 milligrams subcutaneously daily or  
 Enoxaparin (Lovenox) injection 30 milligrams subcutaneously every 12 hours
4.  Dalteparin (Fragmin) injection 2500 units subcutaneously daily or  
 Dalteparin (Fragmin) injection 5000 units subcutaneously daily
5.  No VTE Prophylaxis at this time

Physician  
Signature: \_\_\_\_\_

date

Pager



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CBASH CFMH CGMH CMC-CRCH CMC-CRMH CNRV CSAH BMH

PHYSICIAN STANDING ORDERS, vte\_1\_protocol3

PATIENT IDENTIFICATION