

Sample Protocol # 5



VTE RISK ASSESSMENT ORDERS

DOCTOR: _____
DATE: _____ DIAGNOSIS: _____
PATIENTS NAME: _____ ALLERGIES: _____

VTE Risk Assessment Score (Nurse complete - Circle one)

Low Moderate High

Nurse signature: _____ Date: _____ Time _____

VTE prophylaxis ordered in another order set: Prophylaxis: _____ Date: _____ Time _____

Physician Orders (Check all that apply)

Low Risk

Early aggressive ambulation and discharge is expected within 24 - 48 hours

Receiving therapeutic anticoagulant for other indication (Warfarin, Dalteparin, Enoxaparin, IV Heparin or Fondaparinux)

Moderate and High Risk

(Use of Pharmacologic prophylaxis AND SCD/TEDs recommended for High Risk)

Dalteparin (Fragmin) 6000 units sub-Q every 24 hours (Caution for CrCl <30mL/min)***Preferred Agent***

Fondaparinux (Arixtra) 2.6 mg sub-Q every 24 hours (Contraindicated if CrCl <30mL/min or weight <50kg; use with caution if CrCl = 30-50 mL/min or age > 65)

Heparin 5000 units sub-Q every 8 hours (Reserve for end stage renal disease)

SCD/TED's (Should NOT be ordered alone unless pharmacologic prophylaxis is contraindicated)

The risk of adverse effects outweigh the risk of DVT/PE

Palliative Care/Comfort Measures only

Pharmacologic Prophylaxis Contraindicated (SCD/TEDs should be ordered unless contraindicated)

Contraindication to anticoagulants: _____

SCD/TED's Contraindicated:

Contraindication to SCD/TED's: _____

(See contraindication list on back)

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SIGNED _____ DATE _____ TIME _____



REV: 03-10

Patients Sticker