

PROTOCOL # 6

Venous Thromboembolism Risk Assessment & Prophylaxis PHYSICIAN ORDER Sheet

Complete Assessment at ADMISSION, POST-OP, AND TRANSFER

DVT/ PE RISK LEVEL & PROPHYLAXIS ORDERS	
<input type="checkbox"/> Low Risk Observation patients, expected LOS <48 hrs: Minor/ Ambulatory surgery or Age< 50 and 0-1 other risk factors , or Already on therapeutic anticoagulation	<input type="checkbox"/> Early ambulation, education <input type="checkbox"/> Education
<input type="checkbox"/> Moderate Risk Most medical /surgical patients CHF,pneumonia, active inflammation, advanced age, dehydration, varicose veins, less than fully and independently ambulatory, many other factors. All patients not in the Low or Highest Risk Categories (see reverse for more risk factors)	CHOOSE ONE PHARMACOLOGIC option <input type="checkbox"/> Enoxaparin 40 mg SC q 24 hrs <input type="checkbox"/> Enoxaparin 30 mg SC q 24 hrs (renal insufficiency dosing) <input type="checkbox"/> Heparin 5000 units SC q 8 hrs <input type="checkbox"/> Heparin 5000 units SC every 12hrs (if weight <50kg or age> 75)
<input type="checkbox"/> Highest Risk Elective hip or knee arthroplasty Acute spinal cord injury with paresis Multiple major trauma Abdominal or pelvic surgery for cancer	CHOOSE ONE PHARMACOLOGIC option <input type="checkbox"/> Enoxaparin 40 mg SC q day <input type="checkbox"/> Enoxaparin 30 mg SC q 24 hrs (for renal insufficiency) <input type="checkbox"/> Heparin 5000 units SC q 8 hrs (End stage renal disease only) <input type="checkbox"/> Enoxaparin 30 mg SC q 12 hrs (knee replacement) <input type="checkbox"/> Fondaparinux 2.5 mg SC q day <p style="text-align: center;">AND</p> <input checked="" type="checkbox"/> Sequential compression device
OR	
The risk of adverse effects of pharmacologic prophylaxis outweighs the risk of DVT / PE Contraindication to pharmacologic prophylaxis (see reverse): _____ <input type="checkbox"/> Mechanical prophylaxis with sequential compression device OR <input type="checkbox"/> Contraindicated (peripheral vascular disease or wounds)	

SIGNATURE / PROVIDER ID

DATE / TIME