



Venous Thrombo-Embolism (VTE) Prophylaxis Orders

Directions: 1. Indicate choice when options are available by placing a check in the box [checked]
2. Mark through entire line any prechecked item you do not wish to order [checked mark through]

Attending Physician: _____ Diagnosis: _____
[] Observation Status [] Admission for Inpatient Care [] Admit or transfer to: _____ Unit

ALLERGIES: [] NKA ALLERGIC to:

- [] No contraindications to anticoagulants
[] Contraindications to anticoagulants (if yes, see patient care section and consider devices)
[] Active bleeding
[] Uncontrolled hypertension
[] Coagulopathy
[] Spinal tap within 24 hours
[] Hypersensitivity to heparin products
[] Recent intraocular surgery (within 2 weeks)
[] Recent intracranial surgery (within 2 weeks)
[] Epidural anesthesia within 24 hours
[] Heparin induced thrombocytopenia (HIT)/history of HIT
[] Hemorrhagic cerebrovascular accident (CVA) within 3 months
[] Other: _____

ACTIVITY:
[] Bed rest
[] Activity as tolerated
[] Ambulate with assistance
[] Other: _____

MEDICATIONS: (anticoagulants: must order lab testing)

If the patient's estimated GFR is less than 30 ml/minute, heparin is a safer alternative

- [] Heparin 5000 units subcutaneously every 8 hours
[] Heparin 5000 units subcutaneously every 12 hours
[] Dalteparin (Fragmin) 5000 international units subcutaneously once daily
[] Enoxaparin (Lovenox) 40 mg subcutaneously once daily
[] Enoxaparin (Lovenox) 30 mg subcutaneously every 12 hours
[] Enoxaparin (Lovenox) 40 mg subcutaneously every 12 hours (if BMI greater than or equal to 30)
[] Fondaparinux (Arixtra) 2.5 mg subcutaneously once daily

PATIENT CARE: (devices to consider)

- [] Sequential compression device(s) to _____ both lower extremities: _____ right leg _____ left leg
[] Foot pump(s) to _____ both feet _____ right foot _____ left foot
[] Thigh high elastic stocking(s) to _____ both lower extremities _____ right leg _____ left leg

LABORATORY: obtain BEFORE Anticoagulant Therapy Medication Initiation

Laboratory testing before medication to be current within 72 hours of medication order

- [] PT/INR
[] aPTT
[] CBC with Differential now; THEN
[] CBC with Differential every other day while receiving heparin or low molecular weight heparin (LMWH)
[] BMP (basic metabolic panel)

ADDITIONAL ORDERS:

Physician _____ Pager _____ Date ____ / ____ / ____ Time: ____
[] Verbal Order Verification Signature _____ Date ____ / ____ / ____ Time: ____

SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY

Patient Identification