Venous Thromboembolism Risk Assessment & Prophylaxis PHYSICIAN ORDER Sheet

FAX to PHARMACY FAXED BY:_____ DATE/TIME_____

Complete Assessment at ADMISSION, POST-OP, TRANSFER TO CCU & DISCHARGE

DVT/ PE RISK LEVEL & PROPHYLAXIS ORDERS		U.S.	RN
□ **Low** Risk Observation patients Expected LOS <48 hrs Minor/ Ambulatory surgery **or** Age< 50 and NO other risk factors Already on therapeutic anticoagulation	□ Early ambulation		
	□ Education		
	□ Reassess in 2 days on _____.		
□ **Moderate** Risk Most medical /surgical patients CHF,pneumonia, active inflammation, advanced age, dehydration, varicose veins, less than fully and independently ambulatory, many other factors (SEE MD REFERENCE SHEETS)	**CHOOSE ONE** PHARMACOLOGIC option □ Enoxaparin 40 mg subcutaneous every 24 hrs □ Heparin 5000 units subcutaneous every 8 hrs □ Heparin 5000 units subcutaneous every 12hrs (recommended to use if wt <50kg or > 75 yrs)		
	Also (OPTIONAL) □ Sequential compression device		
□ **Highest** Risk Elective hip or knee arthroplasty Acute spinal cord injury with paresis Multiple major trauma Abdominal or pelvic surgery for CA	**CHOOSE AT LEAST ONE** PHARMACOLOGIC option □ Enoxaparin 40 mg subcutaneous daily □ Enoxaparin 30 mg subcutaneous every 12 hours □ Heparin 5000 units subcutaneous every 8 hrs (only if creatinine clearance is < 30, SCr >2) □ Warfarin daily with goal INR 2-3 (**address separate daily warfarin orders**)along with Heparin or Enoxaparin as above		
	AND □ Sequential compression device □ NO sequential compression device, contraindicated		
OR **If Risk of Relative Contraindication(s) to pharmacological prophylaxis outweigh risk of clot, or if Absolute Contraindications, REASON:**_____ **Then choose ONE option below :** □ Mechanical prophylaxis with sequential compression device and/or □ Contraindicated (peripheral vascular disease or wounds)			
LABS □ CBC with Differential now, prior to initiation of Heparin and Enoxaparin			
□ CBC with Differential every 2 days			

PHYSICIAN SIGNATURE_____Date/Time_____

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