

**VTE Protocol Specs: Adult inpatients**

Institution: Caritas Christi Format: Paper Scope: new patients admitted Pages: 1 Content/Use: this is a standing order

**Caritas Norwood Hospital  
ADULT DVT PROPHYLAXIS  
PHYSICIAN ORDER SHEET**

ALLERGIES (FOOD AND/OR DRUG): [ ] NKA

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HEIGHT:                      WEIGHT:

Risk Factors for Deep Vein Thrombosis / Pulmonary Embolism (DVT/PE) (Check risk factors)	
<b>Major</b> <input type="checkbox"/> Prior DVT or PE <input type="checkbox"/> Malignancy <input type="checkbox"/> Age greater than 60 yrs <input type="checkbox"/> Hypercoagulable state, inherited or acquired <input type="checkbox"/> Central venous access <input type="checkbox"/> Nonhemorrhagic Stroke <input type="checkbox"/> Prolonged Immobility (greater than 72 hrs), or Paralysis <input type="checkbox"/> Major Surgery <input type="checkbox"/> Immobilizing Lower Extremity Cast <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Heart Failure (Decompensated) <input type="checkbox"/> Sepsis or Severe Infection	<b>Minor</b> <input type="checkbox"/> Age 40-60 yrs <input type="checkbox"/> Heart Failure, Compensated <input type="checkbox"/> Obesity (BMI greater than or equal to 30) <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Trauma/Burns <input type="checkbox"/> Smoking <input type="checkbox"/> Minor Surgery <input type="checkbox"/> Pregnancy or less than 1 month postpartum <input type="checkbox"/> Oral Contraceptive, Hormone Replacement Therapy use <input type="checkbox"/> Estrogen Receptor Modulators (i.e. Tamoxifen, Raloxifene) <input type="checkbox"/> Varicose veins

Contraindications for Anticoagulation Therapy		
Hx -Heparin Induced Thrombocytopenia Severe hypertension (uncontrolled) Head or spinal trauma (w/ hemorrhage) Hemorrhagic CVA Dissecting or cerebral aneurysm	Hemorrhagic blood dyscrasia PT or aPTT greater than 1.5 x control Severe thrombocytopenia (Pit below 100,000) Active, uncontrolled bleeding Recent TURP (within 6 weeks)	Active peptic ulcer disease Bacterial endocarditis Threatened abortion Pre/post spinal decompression surgery (within 10 days) Eye or brain surgery (within 48 hours)

**Use of epidural requires clearance by anesthesiology**

**DVT Prophylaxis for Medical and Surgical Patients**

Review risk factors/Contraindications prior to ordering appropriate prophylaxis

Patient Category	Risk Factors (RF)	Risk	Prophylaxis Method
<ul style="list-style-type: none"> <li>Minor procedure and less than 40 yrs and no additional RF</li> <li>Medical inpatient with no major or minor RF</li> </ul>		<b>Low</b>	<input type="checkbox"/> Early ambulation – Prophylaxis Not Indicated
<ul style="list-style-type: none"> <li>Non-major procedure (less than 45 min) and 40-60 yrs or additional RF</li> <li>Major surgery (greater than 45 min) and less than 40 yrs without additional RF</li> </ul>		<b>Moderate</b>	<input type="checkbox"/> Heparin 5000 units subcut every 12 hours
<ul style="list-style-type: none"> <li>Non-major surgery greater than 60 yrs or additional RF</li> <li>Major surgery (greater than 45 min) greater than 40 yrs or additional RF</li> <li>Medical inpatient with any risk factor</li> </ul>		<b>High</b>	<input type="checkbox"/> Heparin 5000 units subcut every 8 hours
<ul style="list-style-type: none"> <li>Knee Replacement Surgery</li> <li>Trauma (Major or Lower Extremity) (warfarin not indicated)</li> </ul>		<b>High</b>	<input type="checkbox"/> Enoxaparin (Lovenox) 30mg subcut Q12h <input type="checkbox"/> Warfarin (Coumadin) orally per MD order
<ul style="list-style-type: none"> <li>Hip Replacement Surgery</li> </ul>		<b>High</b>	<input type="checkbox"/> Enoxaparin (Lovenox) 40mg subcut daily <input type="checkbox"/> Warfarin (Coumadin) orally per MD order
<ul style="list-style-type: none"> <li>Combine with pharmacologic methods in high risk surgical patients and multiple RF</li> <li>Contraindications to anticoagulation therapy</li> </ul>		<b>High</b>	<input type="checkbox"/> Intermittent pneumatic compression device <input type="checkbox"/> Graduated Compression Stockings
<ul style="list-style-type: none"> <li>Check CBC with platelet count on day 2 of heparin or enoxaparin and every third day thereafter. Notify MD if platelet counts falls 50% or more from baseline.</li> </ul>			

Date/Time	Prescriber Signature	Print Name
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