

Date	Adult Venous Thromboembolism (VTE) Prophylaxis Order Form				
Time	(All orders with a <input type="checkbox"/> must be checked to activate. All orders with a <input checked="" type="checkbox"/> are activated.)				
1. Risk factors for the development of VTE:					
Age greater than 40y	Immobility / paralysis	Obesity	ICU admission	Serious infection	Hip, leg, pelvic fracture
Heart failure	Inflammatory disorder	Pneumonia	Respiratory failure	Chronic lung disease	Thrombophilia
Malignancy	Pregnancy	Varicose veins	Nephrotic syndrome	Estrogen use	Active collagen vascular disorder
Prior history of DVT / PE	Ischemic stroke	CVL / catheter	Surgery	Multiple trauma	
2. Select risk stratification for acquiring VTE (check indication):					
HIGH RISK	<input type="checkbox"/> Major orthopedic procedures (including lower extremity arthroplasty / fracture) <input type="checkbox"/> Spinal cord injury, multiple major trauma <input type="checkbox"/> Abdominal / pelvic cancer undergoing operative procedure				
MODERATE RISK	<input type="checkbox"/> Non-ICU patient or stable medical patient with at least one risk factor <input type="checkbox"/> Moderate surgery without risk factors <input type="checkbox"/> Major surgery or moderate surgery with risk factors <input type="checkbox"/> ICU, major medical problem (CHF, mechanical ventilation, sepsis, burns)				
LOW RISK	<input type="checkbox"/> Medical patient – fully mobile, brief admission (anticipate less than 48 hr admission) <input type="checkbox"/> Surgical patient – Procedure less than 30 minutes, mobile, no additional risk factors				
3. Select VTE prophylaxis (select therapy consistent with risk stratification identified above):					
HIGH RISK	Required – Choose one of the following pharmacologic regimens: <input type="checkbox"/> enoxaparin (LOVENOX) 40 mg subcutaneously q24hr <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q12hr (preferred in trauma) <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q24hr (CrCl less than 30 mL/min) <input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously q24hr (Contraindicated if CrCl less than 30 mL/min) <input type="checkbox"/> warfarin (COUMADIN) _____ mg PO daily (maintain INR 2 - 3) Required – Adjunct to pharmacologic regimen: <input checked="" type="checkbox"/> sequential compression devices (SCD) at all times while in bed				
MODERATE RISK	Required – Choose one of the following pharmacologic regimens: <input type="checkbox"/> heparin 5,000 units subcutaneously q8hr <input type="checkbox"/> heparin 5,000 units subcutaneously q12hr (eg. age greater than 75 y or weight less than 50 kg) <input type="checkbox"/> enoxaparin (LOVENOX) 40 mg subcutaneously q24hr <input type="checkbox"/> enoxaparin (LOVENOX) 30 mg subcutaneously q24hr (CrCl less than 30 mL/min) <input type="checkbox"/> fondaparinux (ARIXTRA) 2.5 mg subcutaneously q24hr (Contraindicated if CrCl less than 30 mL/min) Optional – Select as adjunct to pharmacologic regimen if indicated: <input type="checkbox"/> sequential compression devices (SCD) at all times while in bed				
LOW RISK	<input type="checkbox"/> early ambulation				
4. <input checked="" type="checkbox"/> CBC now and every other day with morning labs (moderate or high risk patients as checked above)					
Notify physician if platelet count less than 150,000/mm ³ or 50 % decrease from baseline.					
<input type="checkbox"/> INR daily (if patient receiving warfarin)					
5. If evidence of any bleeding, hold next dose and notify MD.					
6. <input type="checkbox"/> No pharmacologic VTE prophylaxis indicated at this time. Must document reason:					
MD Signature			MD #		

Pharmacy Use Only:
078760-1

Shands
at
the University of Florida
Gainesville, Florida 32610



RX0001

Patient Name:

Patient Identification #:

Physician's Orders
(page 1 of 1)

Distribution: Medical Record – Be sure to fax to Pharmacy.

12/20/07
PS78760