



**Missouri Baptist**  
MEDICAL CENTER

BJC HealthCare



## VTE PROPHYLAXIS ORDER SET

STAT

Patient Identification Label

### ORDERS

The following abbreviations are **NEVER** to be used in Medical Record Documentation: IU, U, QD, QOD, MS, MSO<sub>4</sub>, MgSO<sub>4</sub>, Trailing zero-Medication Orders Only (X.0 mg) Lack of leading zero (.X mg)

DATE:

TIME:

#### SECTION A: VTE PROPHYLAXIS ASSESSMENT

Yes  No Patient has orders on this admission to receive heparin, Enoxaparin (Lovenox), Fondaparinux (Arixtra), Warfarin (Coumadin), Argatroban, Lepirudin (Refludan), or pneumatic compression hose.

*Note: This does not include Aspirin, Clopidogrel (Plavix) or Ticlopidine (Ticlid); check the "No" box*

\* If "Yes", assessment is complete – RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\* If "No", answer all questions in Section B below.

#### SECTION B: CONTRAINDICATION ASSESSMENT

- Yes  No Known allergy or hypersensitivity to Heparin or Enoxaparin (Lovenox)
- Yes  No Suspected intracranial or intraspinal bleed (ie subdural hematoma)
- Yes  No Suspected bleeding conditions (ie, GI bleed, nose bleed, bloody urine, vaginal bleeding)
- Yes  No Congenital or acquired bleeding disorder (i.e., hemophilia, factor deficiency)
- Yes  No Hemoglobin level less than 10 grams/deciliter - (if not done, contact House PA for CBC order)
- Yes  No Platelet count less than 140,000/microliter - (if not done, contact House PA for CBC order)
- Yes  No Patient could not reliably answer the above questions.

Explain: \_\_\_\_\_

#### NOTE:

- If all "No" answers in Section B, call the attending physician or the House PA for order to initiate one of the VTE prophylaxis options listed in Section C.
- If there are any "Yes" answers (contraindication) in Section B, select "Apply pneumatic compression hose"; then date, time and sign Section C of the form.

RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### SECTION C: SELECT THE APPROPRIATE ORDER BELOW

##### Anticoagulation (select one):

- Heparin 5,000 units subcutaneously every 8 hours
- Enoxaparin (Lovenox) 40mg subcutaneously daily (creatinine clearance greater than or equal to 30 ml/min)
- Enoxaparin (Lovenox) 30mg subcutaneously daily (creatinine clearance less than 30 ml/min)
- Fondaparinux (Arixtra) 2.5mg subcutaneously daily

##### If either Heparin or Lovenox is ordered above:

- Allergies: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
- Order CBC every 3 days
- Place VTE Prophylaxis notification sticker in progress notes (unit secretary)

##### Mechanical Device

- Apply pneumatic compression hose
- Place VTE Prophylaxis notification sticker in progress notes (unit secretary)
- Physician does not wish to order VTE Prophylaxis at this time

Reason for not ordering: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

NOTE: The VTE Prophylaxis Order Set is not appropriate for every patient and does not imply that every patient requires VTE Prophylaxis. A physician may choose to order VTE Prophylaxis despite the presence of a "Yes" answer above. Other prophylaxis measures may be appropriate but must be prescribed by a physician.

DO NOT WRITE BELOW THIS LINE

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