



**ADULT VENOUS THROMBOEMBOLISM PROPHYLAXIS
ASSESSMENT AND ORDER SHEET**

STEP 1: Obtain Risk Factor Score (RFS)				
Use the assessment on reverse side				ENTER RFS SCORE IN BOX: <input style="width: 80px; height: 25px;" type="text"/>
RFS	0-1	2	3-4	Greater than 4
RISK LEVEL	LOW	MODERATE	HIGH	VERY HIGH
STEP 2: Does patient have a contraindication to pharmacologic prophylaxis (see below):				
<input type="checkbox"/> Yes: Use non-pharmacologic therapy and re-evaluate for pharmacologic prophylaxis on a daily basis. <input type="checkbox"/> No: Therapy should be based on the risk factor score above				
CONTRAINDICATIONS / CAUTION USING PHARMACOLOGIC PROPHYLAXIS				
<input type="checkbox"/> Contraindication to pharmacologic therapy based on clinical judgment (Reason) _____ <input type="checkbox"/> Patient presently on therapeutic anticoagulation				
ABSOLUTE CONTRAINDICATIONS				
<input type="checkbox"/> Active bleeding from wounds, drains, lesions (within 24-48h) <input type="checkbox"/> Warfarin use in pregnancy <input type="checkbox"/> Heparin use with history of Heparin-induced thrombocytopenia <input type="checkbox"/> Known hypersensitivity to Heparin or pork products				
Use CAUTION when anticoagulants are used in patients with: (Specialty consultation should be considered)				
<input type="checkbox"/> Cerebral hemorrhage at any time previously <input type="checkbox"/> Craniotomy past 2 weeks <input type="checkbox"/> GI, GU bleed or hemorrhagic stroke within past 6 months <input type="checkbox"/> Suspected peri-spinal hematoma <input type="checkbox"/> Active Intracranial lesions/ neoplasms <input type="checkbox"/> Diabetic retinopathy <input type="checkbox"/> Recent intraocular/spinal/intracranial surgery <input type="checkbox"/> Bacterial endocarditis <input type="checkbox"/> Planned elective surgery using neuroaxial anesthesia <input type="checkbox"/> Hypertensive crisis <input type="checkbox"/> Severe trauma or surgery to head, spinal cord, or extremities with hemorrhage within 4 weeks <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Vascular access/biopsy sites inaccessible to hemostatic control <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Presence or planned epidural / spinal catheter (see reverse) <input type="checkbox"/> Spinal Tap <12h <input type="checkbox"/> Use of tPA within 24 hrs or GPIIb/IIIa inhibitor < 24 hrs				
<input checked="" type="checkbox"/> RISK LEVEL:	ORDERS:			RN Init.
<input type="checkbox"/> NON-PHARMACOLOGIC THERAPY	<input type="checkbox"/> Early aggressive mobilization <input type="checkbox"/> GEC (graduated elastic compression) to <input type="checkbox"/> bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only <input type="checkbox"/> SCDs to <input type="checkbox"/> bilateral lower extremities <input type="checkbox"/> Left only <input type="checkbox"/> Right only			
<input type="checkbox"/> LOW RISK (RFS 0-1)	<input type="checkbox"/> Early aggressive mobilization <input type="checkbox"/> GEC (graduated elastic compression) to <input type="checkbox"/> bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only <input type="checkbox"/> SCDs to <input type="checkbox"/> bilateral lower extremities <input type="checkbox"/> Left only <input type="checkbox"/> Right only			
<input type="checkbox"/> MOD RISK (RFS 2)	<input type="checkbox"/> Early aggressive mobilization <input type="checkbox"/> Heparin 5000 units SC Q 8 hours OR <input type="checkbox"/> Q 12 hours <input type="checkbox"/> Enoxaparin 30 mg SC Q 12 hrs OR <input type="checkbox"/> Enoxaparin 40 mg SC Q 24 hrs			
<input type="checkbox"/> HIGH RISK (RFS 3-4)	<input type="checkbox"/> Early aggressive mobilization <input type="checkbox"/> GEC (graduated elastic compression) to <input type="checkbox"/> bilateral <input type="checkbox"/> Left only <input type="checkbox"/> Right only <input type="checkbox"/> SCDs to <input type="checkbox"/> bilateral lower extremities <input type="checkbox"/> Left only <input type="checkbox"/> Right only			
<input type="checkbox"/> VERY HIGH (RFS > 4)	<input type="checkbox"/> Heparin 5000 units SC Q 8 hours <input type="checkbox"/> Enoxaparin 30 mg SC Q 12 hrs OR <input type="checkbox"/> Enoxaparin 40 mg SC Q 24 hrs <input type="checkbox"/> Warfarin _____mg PO X1 (target INR of 1.8-2.4) Warfarin to be ordered daily (Prophylaxis for Orthopedic pts. ONLY)			
<input type="checkbox"/> LABORATORY:	<input type="checkbox"/> CBC 24 hours after initiation of pharmacologic therapy, then every other day (for 14 days when Heparin or LMWH is used) <input type="checkbox"/> Baseline PT/ INR (REQUIRED if Warfarin is used)			
MD/LIP/NP Signature: _____ ID#: _____ Date: _____ Time: _____ Nurse Signature: _____ ID#: _____ Date: _____ Time: _____				



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RISK FACTOR SCORE (RFS) ASSESSMENT			
Check (✓) Applicable up to 5 points			
1 point EACH	2 points EACH	3 points EACH	5 points EACH
<input type="checkbox"/> Age 41-59 <input type="checkbox"/> BMI > 30 <input type="checkbox"/> Minor surgery planned <input type="checkbox"/> Swollen legs <input type="checkbox"/> Central venous catheter <input type="checkbox"/> Nephrotic syndrome <input type="checkbox"/> Hx Inflam. bowel disease <input type="checkbox"/> Recent leg cast or brace <input type="checkbox"/> Collagen Vascular Disease <input type="checkbox"/> History of prior major surgery <input type="checkbox"/> Trauma requiring admission <input type="checkbox"/> Paralysis (SCI or CVA) >1 month <input type="checkbox"/> Oral contraception, HRT, Tamoxifen <input type="checkbox"/> Pregnancy or Post Partum < 1 mo <input type="checkbox"/> Hx of unexplained stillborn, recurrent spontaneous abortion <input type="checkbox"/> History of toxemia of pregnancy	<input type="checkbox"/> AMI < 1 mo <input type="checkbox"/> CHF < 1 mo <input type="checkbox"/> COPD <input type="checkbox"/> Age 60-74 <input type="checkbox"/> BMI > 35 <input type="checkbox"/> Surgery 1-2 Hrs and/or arthroscopic, laparoscopic of any duration <input type="checkbox"/> Anticipated immobility > 24 h (bedrest)	<input type="checkbox"/> Age 75 + <input type="checkbox"/> BMI > 50 <input type="checkbox"/> Surgery 2-3 Hrs <input type="checkbox"/> Unprovoked superficial thrombophlebitis <input type="checkbox"/> Prior DVT or PE <input type="checkbox"/> Family history DVT/PE <input type="checkbox"/> Malignancy and/or treatment <input type="checkbox"/> Hypercoagulable state*: Positive Factor V Leiden Positive Prothrombin variant 20210A Positive lupus anticoagulant Antithrombin III deficiency Protein C or S deficiency Elevated anticardiolipin antibody Elevated Factor VIII Other thrombophilia	<input type="checkbox"/> Surgery >3 Hrs <input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, Pelvic or long bone fracture < 1 mo <input type="checkbox"/> Recent stroke < 1 mo <input type="checkbox"/> Multiple Trauma < 1 mo <input type="checkbox"/> Acute spinal cord injury (SCI) < 1 mo
Total Points	Total Points	Total Points	Total Points
TOTAL RISK FACTOR SCORE (Add the values from each column for the total score)			
SPECIAL CONSIDERATIONS: *Consider SBUMC VTE Team consult for hypercoagulable states			
<p>Renal impairment: Use low molecular weight heparin with <u>caution</u> in patients with Cr > 2 or CrCL < 30 mL/min. Patients < 50 kg: consider dose adjustments for pharmacologic prophylaxis in patients with a weight of < 50 kg. Obesity: Appropriate dosing for obese patients is not well established. Aspirin and/or Clopidogrel (PLAVIX) and/or Drotrecogin (XIGRIS) is not considered adequate VTE prophylaxis. Add non-pharmacologic or pharmacologic prophylaxis Platelet counts that drop greater than 50% from baseline and/or less than 100,000: consider workup for Heparin Induced Thrombocytopenia</p>			
Recommendations for the Use of Antithrombotic Prophylaxis in Patients with Epidural Catheters / Spinal Catheters / Spinal Anesthesia / Lumbar Puncture (Spinal Tap)			
<p>For patients receiving low does SQ unfractionated heparin (5,000 units):</p> <ul style="list-style-type: none"> ➤ Concurrent use of epidural or spinal catheter and SQ dose unfractionated heparin IS NOT CONTRAINDICATED. *Note SQ Heparin can begin immediately after placing epidural/spinal catheter ➤ Ensure an adequate platelet count if on heparin. <p>For patients receiving prophylactic doses of Low Molecular Weight Heparin:</p> <ul style="list-style-type: none"> ➤ Before placing or removing a catheter or performing a neuraxial block WAIT 10-12 hours after a prophylactic dose of low molecular weight heparin is given ➤ Single daily dosing is <u>NOT</u> contraindicated with an epidural catheter in place. ➤ If twice daily dosing is done, an epidural catheter cannot be placed for 24 hours after last dose. ➤ Initiate low molecular weight heparin thromboprophylaxis a minimum of 2 hours after removal of the catheter. ➤ For patients needing anti-inflammatory medications, the use of cyclooxygenase-2 specific inhibitor (celecoxib) is recommended as this medication has minimal effect on platelet function. ➤ Antiplatelet or oral anticoagulant medications administered in combination with LMWH may increase the risk of spinal hematoma. Concomitant administration of medications affecting hemostasis, such as antiplatelet drugs, standard heparin, or dextran represents an additional risk of hemorrhagic complications perioperatively, including spinal hematoma. <p>For patients receiving warfarin:</p> <ul style="list-style-type: none"> ➤ Neuraxial catheters should NOT be removed until the INR is < 1.5. 			