

VTE PROPHYLAXIS

If patient not expected to be ambulating in 24 hrs AND age > 40 OR has risks for VTE (e.g. cancer), use SCDs + pharmacologic agent

- Order CBC Q 48 hrs if enoxaparin or heparin ordered
- Consult anticoagulation service (443-4023) if pt at risk for VTE, cannot walk, and cannot receive enoxaparin or heparin.

- Patients with epidural catheters: discontinue all low molecular-weight heparin**
- Sequential Compression Devices (SCDs) except while patient is walking
- Enoxaparin 40mg SQ daily (*recommended for most adult patients, **Contraindicated if epidural in place***)
 - For postoperative patients, first dose 8 hrs after arrival from OR to PACU (or ICU).
- Enoxaparin 30 mg SQ Q 12 hrs (*patients with abdominopelvic cancer, high risk patients, **Contraindicated if epidural in place***) _____
 - For postoperative patients, first dose at HH : MM today tomorrow (*check today or tomorrow, first dose should be 6-24 hrs after surgery*)
- Heparin 5000 units SQ Q 8 hrs (*recommended if epidural, creatinine >2, wt >150kg, CrCl <30*)
- Patient not eligible for enoxaparin or heparin prophylaxis (reason below)
 - CNS procedure/drain Low-risk pt (age<40, ambulatory) Active bleed OTHER: _____

Signature _____ Provider No. _____ Date _____ Time _____ Pager _____

ORDERS MUST INCLUDE LEGIBLE PROVIDER NUMBER, DATE, AND TIME

Orders checked by _____ R.N. Date _____ Time _____