



PHARMACY STAT
(Place X in Box)



**Doctors
Hospital**

BAPTIST HEALTH SOUTH FLORIDA

ADULT VTE (DVT) PROPHYLAXIS PHYSICIAN ORDERS FOR SURGICAL AND MEDICAL PATIENTS

*For medical patients must start within 24 hours of admission.
For surgical patients must start within 24 hours post-op or reason documented.*

Early ambulation for all patients when possible, with assistance if necessary. See activity order.

No Chemical VTE Prophylaxis needed **Reason:** _____

No Mechanical VTE Prophylaxis needed **Reason:** _____

Chemical Prophylaxis:

Already on therapeutic anticoagulation or secondary VTE prophylaxis

Chemical prophylaxis contraindicated. Active bleeding/Risk of bleeding Other: _____

Start Anticoagulation:

8 hours post op 12 hours post op **Surgery end time:** _____

24 hours post rt-PA (Activase) if no blood seen on 24 hours follow-up CT Brain – **confirm with physician**

Fondaparinux (Arixtra) 2.5 milligrams subcutaneously every 24 hours *(Contraindicated in Patient with CrCl less than 30 milliliters/minute or Actual Body Weight less than 50 kilograms)*

Enoxaparin (Lovenox) 40 milligrams subcutaneously every 24 hours

Enoxaparin (Lovenox) 30 milligrams subcutaneously every 24 hours *(for CrCl 15- 30 milliliters/minute)*

Heparin 5000 units subcutaneously every 8 hours 12 hours

May use one of the following alternative regimens if applicable.

Post op hip or knee replacement patients ONLY: Rivaroxaban (Xarelto) 10 milligrams PO once daily *(Do not use in patients with CrCl less than 30 milliliters/minute)*

Post op hip or knee replacement patients ONLY: Apixaban (Eliquis) 2.5 milligrams PO twice daily beginning 12 hours post op *(Use with caution in patients with CrCl less than 30 milliliters/minute)*

Post op knee replacement patients: Enoxaparin (Lovenox) 30 milligrams subcutaneously every 12 hours.

Post op Bariatric Surgical patients: Enoxaparin (Lovenox) 40 milligrams subcutaneously every 12 hours.

Monitoring orders for patients on chemical prophylaxis:

Baseline CBC, Serum Creatinine, PTT and PT/INR

CBC every 48 hours x 5 days or until discharged, if sooner

Bleeding precautions

Mechanical Prophylaxis:

Intermittent Pneumatic Compression Devices:

Calf Above Knee

Both legs Left only Right only

VFP (Venous Foot Pumps) Right foot Left foot Both feet

Mechanical prophylaxis contraindicated. Reason _____.

T.O. _____
MD Name _____ RN Name _____ RN Signature _____ Date _____ Time _____

Physician's Signature: _____ Date: _____ Time: _____ **SCANNED**

PRINTED BY BAPTIST PRINT SHOP 786-596-6286



**Doctors
Hospital**

BAPTIST HEALTH SOUTH FLORIDA

**ADULT VTE (DVT) PROPHYLAXIS
PHYSICIAN ORDERS FOR
MEDICAL AND SURGICAL PATIENTS**

FORM DH 2100 Rev. 7/14
07600D2100



NOT A PART OF THE PERMANENT MEDICAL RECORD

CONTRAINDICATIONS TO PHARMACOLOGIC PROPHYLAXIS

Relative

- History of cerebral hemorrhage
- Craniotomy within 2 weeks
- GI, GU hemorrhage within the last 6 months
- Thrombocytopenia (symptomatic)
- Coagulopathy
- Active intracranial lesions and Intracranial/spinal lesion /neoplasms/monitoring devices
- Diabetic Retinopathy
- Vascular access/biopsy sites inaccessible to hemostatic control
- Spine Surgery

Absolute

- Active hemorrhage
- Heparin or Enoxaparin (Lovenox) use in patients with heparin- induced thrombocytopenia
- Severe trauma to head, spinal cord or extremities with hemorrhage within the last 4 weeks
- Thrombocytopenia (platelets less than 20 K/microliter)
- Coagulopathy (INR greater than 2)
- Presence of an epidural catheter