

**DEEP VEIN THROMBOSIS PROPHYLAXIS
PHYSICIAN ORDERS AND GUIDELINE**

Patient name: _____ **MRN:** _____ **Location:** _____
Reason for admission: _____ **Ht:** _____ **Wt:** _____ **Creatinine:** _____ **CrCl:** _____

I. Activity level: (Please check one.)

Complete bed rest Complete bed rest with bathroom privileges Out of bed to chair Ambulatory

II. Presence of contraindications to anticoagulant therapy:

Absolute: (Check all that apply.)

- Acute hemorrhage from wounds, drains, lesions
- Heparin-induced thrombocytopenia
- Warfarin (Coumadin®) use in pregnancy
- Severe trauma to head, spinal cord or extremities

Relative: (Check all that apply.)

- Previous cerebral hemorrhage
- GI bleed in past 6 months
- Stroke in past 6 months
- Thrombocytopenia
- Coagulopathy
- Intracranial lesion/neoplasm
- Neuraxial anesthesia/spinal block

III. DVT risk assessment: (Check factors and tally assigned number of risk factors.)

- | | | | |
|----------------------------------------------------------------------------|---|-----------------------------------------------------------|---|
| <input type="checkbox"/> Patient age 40-59 years | 1 | <input type="checkbox"/> Obesity (> 20% over IBW) | 1 |
| <input type="checkbox"/> Major surgery or surgery within past 6 months | 1 | <input type="checkbox"/> Burns | 1 |
| <input type="checkbox"/> Immobility or paresis | 1 | <input type="checkbox"/> Patient age > 60 years | 2 |
| <input type="checkbox"/> Prior immobilization > 72 hours pre-op | 1 | <input type="checkbox"/> History of DVT or PE | 2 |
| <input type="checkbox"/> Inflammatory bowel disease | 1 | <input type="checkbox"/> Hypercoagulable state | 2 |
| <input type="checkbox"/> Concurrent cardiac disease (e.g., recent MI, CHF) | 1 | <input type="checkbox"/> Malignancy | 2 |
| <input type="checkbox"/> Severe respiratory disease | 1 | <input type="checkbox"/> Paraplegia or spinal cord injury | 4 |
| <input type="checkbox"/> Stroke | 1 | <input type="checkbox"/> Hip or knee arthroplasty | 4 |
| <input type="checkbox"/> Severe infection | 1 | <input type="checkbox"/> Hip, pelvic or knee fracture | 4 |
| <input type="checkbox"/> Pregnant or post-partum < 1 month | 1 | <input type="checkbox"/> Acute major trauma | 4 |
| <input type="checkbox"/> Hormone replacement or oral contraceptive use | 1 | | |

TOTAL RISK FACTOR SCORE _____

III. Recommend prophylactic therapy based on level of risks and benefits. (Check medication/treatment for risk level.)

If duration not specified, heparin and LMWH orders will be valid for 7 days (warfarin orders for 3 days).

- **Risks of pharmacologic DVT prophylaxis outweigh benefits.**
 - Order compression stockings
- **LOW RISK (0-1 factor).**
 - Early ambulation
- **MODERATE RISK (2 factors).** Check **ONE** of the following:
 - Enoxaparin 40 mg subcutaneously once daily. * Duration _____ days.
 - Heparin 5000 units subcutaneously every 12 hours. Duration _____ days.
 - Compression stockings until fully ambulatory
- **HIGH RISK (3 factors).**
 - Compression stockings until fully ambulatory **AND ONE** of the following:
 - Enoxaparin 40 mg subcutaneously once daily. * Duration _____ days.
 - Heparin 5000 units subcutaneously every 8 hours. Duration _____ days.
- **VERY HIGH RISK (≥ 4 factors).**
 - Intermittent pneumatic compression devices **AND ONE** of the following:
 - Enoxaparin 40 mg subcutaneously once daily. * Duration _____ days.
 - Heparin 5000 units subcutaneously every 8 hours. Duration _____ days.
 - For knee arthroplasty only:** Enoxaparin 30 mg subcutaneously every 12 hours. * Duration _____ days.
 - For hip/knee arthroplasty or hip/pelvic fracture only:** Warfarin PO dose adjusted to target INR 2-3. Duration _____ days.
- * **Renal adjustment for patients with CrCl < 30 mL/min:** Enoxaparin 30 mg subcutaneously once daily. Duration _____ days.

VI. Explain any variance from recommended DVT prophylactic therapy:

MD Printed Name & Signature: _____ **Date:** _____ **Time:** _____

Nurse's Signature: _____ **Date:** _____ **Time:** _____