ME2C043

Stony Brook Medicine
Stony Brook, NY 11794

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: ☐

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):

☐ **Yes:** Use non-pharmacologic therapy and re-evaluate for pharmacologic prophylaxis on a daily basis.

☐ **No: Therapy should be based on the risk factor score above**

CONTRAINDICATIONS CAUTION USING PHARMACOLOGIC PROPHYLAXIS

☐ Contraindication to pharmacologic therapy based on clinical judgment (Reason) _____

☐ Patient presently therapeutic anticoagulation

ABSOLUTE CONTRAINDICATIONS

☐ Active bleeding from wounds, drains, lesions (within 24-48 hrs)

☐ Heparin use with history of Heparin-induced thrombocytopenia

☐ Warfarin use in pregnancy

☐ Known hypersensitivity to Heparin or pork products

Use CAUTION when anticoagulants are used on patients with: (specialty consultation should be considered)

☐ Cerebral hemorrhage at any time previously

☐ GI, GU bleed or hemorrhagic stroke within past 6 months

☐ Active intracranial lesions/neoplasms

☐ Recent intraocular/spinal/intracrainial surgery

☐ Planned elective surgery using neuroaxial anesthesia

☐ Severe trauma surgery to head, spinal cord, or extremities with hemorrhage within 4 weeks

☐ Vascular access/biopsy sites inaccessible to hemostatic control

☐ Presence or planned epidural / spinal catheter (see reverse)

☐ Craniotomy past 2 weeks

☐ Suspected peri-spinal hematoma

☐ Diabetic retinopathy

☐ Bacterial endocarditis

☐ Hypertensive crisis

☐ Thrombocytopenia

☐ Coagulopathy

☐ Spinal Tap <12hrs

☐ Use of tPA within 24 hrs or GPIIb/IIIa inhibitor < 24 hrs

✓ RISK LEVEL:	ORDERS:	RN Init.
☐ NON-PHARMACOLOGIC THERAPY	☐ Early aggressive mobilization	
	☐ GEC (graduated elastic compression) to ☐ Bilateral ☐ Left only ☐ Right only	
	☐ SCDs to ☐ Bilateral lower extremities ☐ Left only ☐ Right only	
☐ LOW RISK (RFS 0-1)	☐ Early aggressive mobilization	
	☐ GEC (graduated elastic compression) to ☐ Bilateral ☐ Left only ☐ Right only	
	☐ SCDs to ☐ Bilateral lower extremities ☐ Left only ☐ Right only	
☐ MOD RISK (RFS 2)	☐ Early aggressive mobilization	
	☐ Heparin 5000 units SC Q 8 hrs **OR** ☐ Q 12 hrs	
	☐ Enoxaparin 30 mg SC Q 12 hrs **OR** ☐ Enoxaparin 40 mg SC Q 24 hrs	
☐ HIGH RISK (RFS 3-4)	☐ Early aggressive mobilization	
	☐ GEC (graduated elastic compression) to ☐ Bilateral ☐ Left only ☐ Right only	
	☐ SCDs to ☐ bilateral lower extremities ☐ Left only ☐ Right only	
☐ VERY HIGH (RFS > 4) Consider *Pharmacologic + Mechanical Prophylaxis together*	☐ Heparin 5000 units SC Q 8 hrs	
	☐ Enoxaparin 30 mg SC Q 12 hrs **OR** ☐ Enoxaparin 40 mg SC Q 24 hrs	
	☐ Warfarin _____ mg PO X1 (target INR of 1.8-2.4) **Warfarin to be ordered daily (Prophylaxis for Orthopedic pts. ONLY)**	
LABORATORY:	☐ CBC 24 hrs after initiation of pharmacologic therapy, then every other day (for 14 days when Heparin or LMWH is used)	
	☐ Baseline PT/ INR (REQUIRED if Warfarin is used)	

MD/LIP/NP Signature: ID# Date: Time:

Nurse Signature: ID# Date: Time:

SCAN TO PHARMACY AND PLACE IN PATIENT CHART

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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
☐ Age 41-59 ☐ BMI > 30 ☐ Minor surgery planned ☐ AMI < 1 mo ☐ CHF < 1 mo ☐ Sepsis < 1 mo ☐ COPD ☐ Swollen legs ☐ Central venous catheter ☐ Nephrotic syndrome ☐ Hx Inflam. bowel disease ☐ Recent leg cast or brace ☐ Collagen Vascular Disease ☐ History of prior major surgery ☐ Trauma requiring admission ☐ Paralysis (SCI or CVA) >1 month ☐ Oral contraception, HRT, Tamoxifen ☐ Pregnancy or Post Partum < 1 mo ☐ Hx of unexplained stillborn, recurrent spontaneous abortion ☐ History of toxemia of pregnancy	☐ Age 60-74 ☐ BMI > 35 ☐ Surgery 1-2 hrs and/or arthroscopic, laparoscopic of any duration ☐ Anticipated immobility > 24 hrs (bedrest)	☐ Age 75+ ☐ BMI > 50 ☐ Surgery 2-3 hrs ☐ Unprovoked superficial thrombophlebitis ☐ Prior DVT or PE ☐ Family history DVT/PE ☐ Malignancy and/or treatment ☐ **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	☐ Surgery > 3 hrs ☐ Elective major lower extremity arthroplasty ☐ Hip, Pelvic or long bone fracture < 1 mo ☐ Recent stroke < 1 mo ☐ Multiple Trauma < 1 mo ☐ 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

Renal impairment: Use low molecular weight Heparin with caution in patients with Cr > 2 or CrCL < 30 mL/min.
Patients < 50 kg: consider dose adjustments for pharmacologic prophylaxis in patients with 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.

Recommendations for the Use of Antithrombotic Prophylaxis in Patients with Epidural Catheters / Spinal Catheters / Spinal Anesthesia / Lumbar Puncture (Spinal Tap)

For patients receiving low dose SQ unfractioned heparin (5,000 units):

- 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.

For patients receiving prophylactic doses of Low Molecular Weight Heparin:

- **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 NOT 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 hemostatsis, such as antiplatelet drugs, standard Heparin, or dextran represents an additional risk of hemorrhagic complications perioperatively, including spinal hematoma.

For patients receiving Warfarin:

- Neuraxial catheters should NOT be removed until the INR is < 1.5.

SCAN TO PHARMACY AND PLACE IN PATIENT CHART