



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

STEP 1: Obtain Risk Factor Score (RFS)				<input style="width: 90%;" type="text"/>
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**
- | | |
|--|---|
| <input type="checkbox"/> Active bleeding from wounds, drains, lesions (within 24-48 hrs) | <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 on 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 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 <12hrs |
| | <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 hrs OR <input type="checkbox"/> Q 12 hrs <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) <i>Consider Pharmacologic + Mechanical Prophylaxis together</i>	<input type="checkbox"/> Heparin 5000 units SC Q 8 hrs <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)	
LABORATORY:	<input type="checkbox"/> CBC 24 hrs 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: _____



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

RISK FACTOR SCORE (RFS) ASSESSMENT

Check (✓) Applicable up to 6 points

1 point EACH		2 points EACH		3 points EACH		5 points EACH	
<input type="checkbox"/> Age 41-59	<input type="checkbox"/> AMI < 1 mo	<input type="checkbox"/> Age 60-74	<input type="checkbox"/> BMI > 35	<input type="checkbox"/> Age 75+	<input type="checkbox"/> BMI > 50	<input type="checkbox"/> Surgery > 3 hrs	<input type="checkbox"/> Elective major lower extremity arthroplasty
<input type="checkbox"/> BMI > 30	<input type="checkbox"/> CHF < 1 mo	<input type="checkbox"/> BMI > 35	<input type="checkbox"/> Surgery 1-2 hrs and/or arthroscopic, laparoscopic of any duration	<input type="checkbox"/> Surgery 2-3 hrs	<input type="checkbox"/> Unprovoked superficial thrombophlebitis	<input type="checkbox"/> Hip, Pelvic or long bone fracture < 1 mo	<input type="checkbox"/> Recent stroke < 1 mo
<input type="checkbox"/> Minor surgery planned	<input type="checkbox"/> Sepsis < 1 mo	<input type="checkbox"/> Surgery 1-2 hrs and/or arthroscopic, laparoscopic of any duration	<input type="checkbox"/> Anticipated immobility > 24 hrs (bedrest)	<input type="checkbox"/> Prior DVT or PE	<input type="checkbox"/> Family history DVT/PE	<input type="checkbox"/> Multiple Trauma < 1 mo	<input type="checkbox"/> Acute spinal cord injury (SCI) < 1 mo
<input type="checkbox"/> COPD				<input type="checkbox"/> Malignancy and/or treatment	<input type="checkbox"/> Hypercoagulable state*:		
<input type="checkbox"/> Swollen legs				Positive Factor V Leiden	Positive Prothrombin variant 20210A		
<input type="checkbox"/> Central venous catheter				Positive lupus anticoagulant	Antithrombin III deficiency		
<input type="checkbox"/> Nephrotic syndrome				Protein C or S deficiency	Elevated anticardiolipin antibody		
<input type="checkbox"/> Hx Inflam. bowel disease				Elevated Factor VIII	Other thrombophilia		
<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							
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 unfractionated 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 hemostasis, 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