

[Name of Hospital or Healthcare Provider]

DVT PROPHYLAXIS ORDER—MEDICAL

Dear Doctor:

This patient has been evaluated for and is determined to be a candidate for DVT prophylaxis based on the checked risk category. Please select your preferred prophylaxis order.

1. Contraindication to anticoagulants? <input type="checkbox"/> No <input type="checkbox"/> Yes — if yes, please indicate reason below.																
<p style="text-align: center;">POSSIBLE EXCLUSION CRITERIA FOR PHARMACOLOGIC DVT PROPHYLAXIS¹</p> <table><tr><td><input type="checkbox"/> Bleeding (active)</td><td><input type="checkbox"/> Significant renal insufficiency (creatinine clearance <30 mL/min)</td></tr><tr><td><input type="checkbox"/> Hypersensitivity to UFH or LMWH</td><td><input type="checkbox"/> Other relative or absolute exclusion criteria for pharmacologic prophylaxis, including surgical procedures placing patients at high risk for bleeding</td></tr><tr><td><input type="checkbox"/> Uncontrolled hypertension</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> Coagulopathy</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> Heparin-induced thrombocytopenia</td><td></td></tr><tr><td><input type="checkbox"/> Severe thrombocytopenia (platelet count <100,000/mm³)</td><td></td></tr><tr><td><input type="checkbox"/> Recent intraocular or intracranial surgery</td><td></td></tr><tr><td><input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours</td><td></td></tr></table> <p><small>This is a list of possible exclusion criteria. Clinicians are advised to consider other risk factors or conditions that, in the individual patient, may be relative or absolute; clinical judgment should weigh all the factors, balancing the risk of venous thrombosis against possible risk of hemorrhage. In general, however, if the risk of acquiring DVT is greater than the risk of major hemorrhage, pharmacologic prophylaxis should be strongly considered.</small></p>	<input type="checkbox"/> Bleeding (active)	<input type="checkbox"/> Significant renal insufficiency (creatinine clearance <30 mL/min)	<input type="checkbox"/> Hypersensitivity to UFH or LMWH	<input type="checkbox"/> Other relative or absolute exclusion criteria for pharmacologic prophylaxis, including surgical procedures placing patients at high risk for bleeding	<input type="checkbox"/> Uncontrolled hypertension	<input type="checkbox"/> _____	<input type="checkbox"/> Coagulopathy	<input type="checkbox"/> _____	<input type="checkbox"/> Heparin-induced thrombocytopenia		<input type="checkbox"/> Severe thrombocytopenia (platelet count <100,000/mm ³)		<input type="checkbox"/> Recent intraocular or intracranial surgery		<input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours	
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<input type="checkbox"/> Recent intraocular or intracranial surgery																
<input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours																
2. Mechanical method of prophylaxis: <input type="checkbox"/> Graduated compression stockings (GCS) <input type="checkbox"/> Intermittent pneumatic compression (IPC) <input type="checkbox"/> Plantar pneumatic compression																
3. Before medication is initiated obtain: <input type="checkbox"/> PT <input type="checkbox"/> aPTT <input type="checkbox"/> Hemogram with platelets																
4. Medication: <input type="checkbox"/> Low-molecular-weight heparin* <input type="checkbox"/> Low-dose unfractionated heparin <input type="checkbox"/> Other _____																
5. Length of therapy: _____																
6. Discharge assistance: <input type="checkbox"/> Consult social services/case management for discharge planning, assistance with home medications																
7. Monitoring: <input type="checkbox"/> Periodic complete blood counts, including platelet count, hematocrit or hemoglobin, and stool occult blood tests are recommended during treatment with anticoagulants. <input type="checkbox"/> Every ___ days																

Physician Signature _____

Date _____

Time _____

* Please refer to manufacturer's product information for dose recommendations.

Reference: 1. National Experts' Consensus Panel for Clinical Excellence in Thrombosis Management. Venous thromboembolism (VTE) prophylaxis in the hospitalized medical patient. Year 2003 DVT Prophylaxis Consensus Panel Guidelines and Recommendations. Available at: <http://www.thrombosis-consult.com/VTED%20Pathway%20rev%204.pdf>. Accessed October 18, 2004.

[Name of Hospital or Healthcare Provider]
DVT PROPHYLAXIS ORDER—ORTHOPEDIC

Dear Doctor:

This patient has been evaluated for and is determined to be a candidate for DVT prophylaxis based on the checked risk category. Please select your preferred prophylaxis order.

<input type="checkbox"/> ELECTIVE HIP REPLACEMENT¹		
<input type="checkbox"/> Low-molecular-weight heparin (LMWH) [*] <input type="checkbox"/> Usual high-risk dose (>3400 IU) started 12 hours before surgery OR <input type="checkbox"/> Usual high-risk dose (>3400 IU) started 12 to 24 hours after surgery OR <input type="checkbox"/> Half the usual high-risk dose started 4 to 6 hours after surgery, then increasing to the usual high-risk dose the following day OR <input type="checkbox"/> Pentasaccharide 2.5 mg started 6 to 8 hours after surgery OR <input type="checkbox"/> Adjusted-dose vitamin K antagonist (INR target, 2.5; INR range, 2.0 to 3.0) <input type="checkbox"/> Started preoperatively OR <input type="checkbox"/> Started the evening after surgery		
LENGTH OF THERAPY (Recommended for at least 10 days and up to 28 to 35 days after surgery) _____		
<input type="checkbox"/> ELECTIVE KNEE REPLACEMENT¹		
<input type="checkbox"/> LMWH [*] usual high-risk dose (>3400 IU) OR <input type="checkbox"/> Pentasaccharide OR <input type="checkbox"/> Adjusted-dose vitamin K antagonist (INR target, 2.5; INR range, 2.0 to 3.0)		
LENGTH OF THERAPY (Recommended for at least 10 days after surgery) _____		
<input type="checkbox"/> OTHER ORTHOPEDIC SURGERY¹		
TYPE OF SURGERY _____ DVT PROPHYLAXIS _____ LENGTH OF THERAPY _____		
<input type="checkbox"/> MONITORING		
<input type="checkbox"/> Periodic complete blood counts, including platelet count, hematocrit or hemoglobin, and stool occult blood tests are recommended during treatment with anticoagulants. <input type="checkbox"/> Every ___ days		
POSSIBLE EXCLUSION CRITERIA FOR PHARMACOLOGIC DVT PROPHYLAXIS²		
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bleeding (active) <input type="checkbox"/> Hypersensitivity to UFH or LMWH <input type="checkbox"/> Uncontrolled hypertension <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Heparin-induced thrombocytopenia <input type="checkbox"/> Severe thrombocytopenia (platelet count <100,000/mm³) <input type="checkbox"/> Recent intraocular or intracranial surgery <input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Significant renal insufficiency (creatinine clearance <30 mL/min) <input type="checkbox"/> Other relative or absolute exclusion criteria for pharmacologic prophylaxis, including surgical procedures placing patients at high risk for bleeding <input type="checkbox"/> _____ <input type="checkbox"/> _____ </td> </tr> </table>	<input type="checkbox"/> Bleeding (active) <input type="checkbox"/> Hypersensitivity to UFH or LMWH <input type="checkbox"/> Uncontrolled hypertension <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Heparin-induced thrombocytopenia <input type="checkbox"/> Severe thrombocytopenia (platelet count <100,000/mm ³) <input type="checkbox"/> Recent intraocular or intracranial surgery <input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours	<input type="checkbox"/> Significant renal insufficiency (creatinine clearance <30 mL/min) <input type="checkbox"/> Other relative or absolute exclusion criteria for pharmacologic prophylaxis, including surgical procedures placing patients at high risk for bleeding <input type="checkbox"/> _____ <input type="checkbox"/> _____
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This is a list of possible exclusion criteria. Clinicians are advised to consider other risk factors or conditions that, in the individual patient, may be relative or absolute; clinical judgment should weigh all the factors, balancing the risk of venous thrombosis against possible risk of hemorrhage. In general, however, if the risk of acquiring DVT is greater than the risk of major hemorrhage, pharmacologic prophylaxis should be strongly considered.		

Physician Signature _____	Date _____	Time _____
* Please refer to manufacturer's product information for dose recommendations.		

References: 1. Geerts WH, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism. The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *Chest*. 2004;126(suppl):338S-400S. 2. National Experts' Consensus Panel for Clinical Excellence in Thrombosis Management. Venous thromboembolism (VTE) prophylaxis in the hospitalized medical patient. Year 2003 DVT Prophylaxis Consensus Panel Guidelines and Recommendations. Available at: <http://www.thrombosis-consult.com/VTE%20Pathway%20rev%204.pdf>. Accessed October 18, 2004.

[Name of Hospital or Healthcare Provider]

DVT PROPHYLAXIS ORDER—SURGERY

Dear Doctor:

This patient has been evaluated for and is determined to be a candidate for DVT prophylaxis based on the checked risk category. Please select your preferred prophylaxis order.

<input type="checkbox"/> LOW RISK¹	<input type="checkbox"/> HIGH RISK¹
<input type="checkbox"/> Early and “aggressive” mobilization	<input type="checkbox"/> LMWH* >3400 IU daily OR <input type="checkbox"/> LDUH SC every 8 hours OR <input type="checkbox"/> IPC
<input type="checkbox"/> MODERATE RISK¹	<input type="checkbox"/> HIGHEST RISK¹
<input type="checkbox"/> Low-molecular-weight heparin (LMWH)* ≤ 3400 IU daily OR <input type="checkbox"/> Low-dose unfractionated heparin (LDUH) 5000 units SC every 12 hours OR <input type="checkbox"/> GCS OR <input type="checkbox"/> IPC	<input type="checkbox"/> LMWH* >3400 IU daily <input type="checkbox"/> with IPC <input type="checkbox"/> with GCS OR <input type="checkbox"/> LDUH SC <input type="checkbox"/> with IPC <input type="checkbox"/> with GCS

LENGTH OF THERAPY

<input type="checkbox"/> MONITORING
<input type="checkbox"/> Periodic complete blood counts, including platelet count, hematocrit, or hemoglobin, and stool occult blood tests are recommended during treatment with anticoagulants. <input type="checkbox"/> Every ___ days

POSSIBLE EXCLUSION CRITERIA FOR PHARMACOLOGIC DVT PROPHYLAXIS²	
<input type="checkbox"/> Bleeding (active)	<input type="checkbox"/> Significant renal insufficiency (creatinine clearance <30 mL/min)
<input type="checkbox"/> Hypersensitivity to UFH or LMWH	<input type="checkbox"/> Other relative or absolute exclusion criteria for pharmacologic prophylaxis, including surgical procedures placing patients at high risk for bleeding
<input type="checkbox"/> Uncontrolled hypertension	<input type="checkbox"/> _____
<input type="checkbox"/> Coagulopathy	<input type="checkbox"/> _____
<input type="checkbox"/> Heparin-induced thrombocytopenia	
<input type="checkbox"/> Severe thrombocytopenia (platelet count <100,000/mm ³)	
<input type="checkbox"/> Recent intraocular or intracranial surgery	
<input type="checkbox"/> Spinal tap or epidural anesthesia within 12 hours	

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Physician Signature	Date	Time
*Please refer to manufacturer’s product information for dose recommendations.		

References: 1. Geerts WH, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism. The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *Chest*. 2004;126(suppl):338S-400S. 2. National Experts’ Consensus Panel for Clinical Excellence in Thrombosis Management. Venous thromboembolism (VTE) prophylaxis in the hospitalized medical patient. Year 2003 DVT Prophylaxis Consensus Panel Guidelines and Recommendations. Available at: <http://www.thrombosis-consult.com/VTED%20Pathway%20rev%204.pdf>. Accessed October 18, 2004.