

## VTE PROPHYLAXIS ORDERS

A VTE Risk Assessment and appropriate treatment or a contraindication to treatment is required for all patients.

### Each checked risk factor box = 1 Point

- Age 41-60
- History of prior major surgery within previous 30 days
- Obesity (BMI >30Kg/m<sup>2</sup>)
- Indwelling Central Venous Access
- Inflammatory Bowel Disease (Ulcerative Colitis, Crohn's Disease)
- Varicose veins / Chronic leg edema
- Oral contraceptives or hormone replacement therapy
- Pregnancy or post-partum within previous 30 days

### Each checked risk factor box = 3 Points

- Age > 75
- Family history of thrombosis
- Head Injury
- History of DVT/PE
- Inherited/acquired hypercoagulable state or thrombophilia
- Medical pt with additional risk factors:  
AMI, CHF, Sepsis, Hx stroke, serious lung disease (abnormal pulmonary function, i.e. COPD) or pneumonia
- Major surgery with additional risk factors:  
AMI, CHF, Sepsis, Hx stroke, serious lung disease (abnormal pulmonary function, i.e. COPD) or pneumonia

### Each checked risk factor box = 2 Points

- Age 61-74
- Bed confinement or immobilization >72 Hrs
- Immobilizing cast, lower extremity (within previous 30 days)  
Lower limb paralysis
- Major surgery (Laparotomy or Laparoscopy >45 min.)
- Malignancy (present/previous - other than skin)
- Neuro Operative Procedures

### Each checked risk factor box = 5 Points

- Acute spinal cord injury (paralysis)
- Elective major lower extremity arthroplasty
- Hip or knee replacement (within previous 30 days)
- Hip, pelvis, or leg fracture (within previous 30 days)
- Multiple trauma (within previous 30 days)
- Stroke (within previous 30 days)

**TOTAL RISK SCORE:** \_\_\_\_\_

**0-1 = LOW 2-4 = MODERATE ≥ 5 = VERY HIGH**

Patient has the following VTE Risk:

- LOW VTE RISK (*No prophylaxis needed*)
- MODERATE VTE RISK

(Please Order *EITHER* mechanical (compression device) OR pharmacological prophylaxis)  [Evidence](#)

- HIGH VTE RISK

(Please Order *BOTH* mechanical (compression device) AND pharmacological prophylaxis)  [Evidence](#)


Contraindications

**Reason for withholding Mechanical VTE prophylaxis (check one)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hypervolemia                            | <input type="checkbox"/> Congestive/Chronic heart failure | <input type="checkbox"/> Sensory neuropathy                                       |
| <input type="checkbox"/> Edema of leg                            | <input type="checkbox"/> Palliative care                  | <input type="checkbox"/> Refusal of treatment by patient                          |
| <input type="checkbox"/> Surgical procedure on lower extremity   | <input type="checkbox"/> Injury of lower extremity        | <input type="checkbox"/> At risk for falls  |
| <input type="checkbox"/> Comfort measures                        | <input type="checkbox"/> Dermatitis                       | <input type="checkbox"/> Skin graft disorder                                      |
| <input type="checkbox"/> Amputee-limb                            | <input type="checkbox"/> Peripheral ischemia              | <input type="checkbox"/> Peripheral vascular disease                              |
| <input type="checkbox"/> Deep vein thrombosis of lower extremity | <input type="checkbox"/> Deformity of leg                 | <input type="checkbox"/> History of occlusive arterial disease of lower extremity |
| <input type="checkbox"/> Suspected deep vein thrombosis          | <input type="checkbox"/> Treatment not tolerated          |   |
|  | <input type="checkbox"/> Vascular insufficiency of limb   |   |

**Reason for withholding Pharmacologic VTE prophylaxis (check one)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Blood coagulation disorders      | <input type="checkbox"/> Palliative care (for end of life) | <input type="checkbox"/> At risk for falls               |
| <input type="checkbox"/> Bleeding or at risk for bleeding | <input type="checkbox"/> Comfort measures                  | <input type="checkbox"/> Hemorrhagic cerebral infarction |
| <input type="checkbox"/> Renal impairment                 | <input type="checkbox"/> Anticoagulant allergy             | <input type="checkbox"/> Medications refused             |
| <input type="checkbox"/> Anticoagulation not tolerated    | <input type="checkbox"/> Platelet count below ref          |  |

Apply leg compression device. Must to be placed within 4 hours)  [Evidence](#)



\*\*For Medical patient, dose should be given at 2100 daily. [Evidence \(194453\)](#)

Enoxaparin (Lovenox) 40 mg SubQ daily. Start today at 21:00.  
Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

\*\*For Surgical patient, dose should be given at 0600 daily. [Evidence \(194453\)](#)

Enoxaparin (Lovenox) 40 mg SubQ daily. Start tomorrow at 0600.  
Pharmacy to adjust per renal dosing protocol. May use baseline PLTS if today's PLTS not yet available.

**REMINDERS**

- Critically ill adult patients without a contraindication to anticoagulation should receive DVT prophylaxis with LDUH or an LMWH  [Evidence](#)
- For critically ill adult patients who are at high risk for bleeding, DVT prophylaxis with graduated ES and/or IPC should be used until the risk of bleeding has diminished  [Evidence](#)