

Original Date	04/2007	Revision Date	01/2009	Withdrawn Date	
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DVT PROPHYLAXIS IN PROGRESS (select type below and STOP)

Patient already on anticoagulant

- Coumadin Heparin Enoxaparin (Lovenox)

Calculated Risk Factor (RF) _____ (from nursing assessment)

CONTRAINDICATIONS FOR PHARMACOLOGICAL PROPHYLAXIS

- Active hemorrhage
- Thrombocytopenia (platelet count < 50,000 mm³)
- History of Heparin-Induced Thrombocytopenia (HIT)
- Uncontrolled hypertension (SBP >200, DBP >120)
- Bacterial endocarditis
- Hypersensitivity to UFH or LMWH
- Indwelling epidural catheter
- Other conditions that may increase the risk of bleeding

Please specify _____

If contraindications exist to pharmacological prophylaxis consider sequential compression devices (SCD's)

- CBC, platelet count Q48H if heparin or enoxaparin (Lovenox) ordered
- Creatinine at 48H if not ordered on admission and patient on heparin or enoxaparin (Lovenox)
- Initiate patient education

Low Risk (RF 0-1) Choose one please

- Early Ambulation
- SCD's until fully ambulatory
- TED's (Knee High) –*Remove twice a day for 30 minutes*

Moderate Risk (RF 2) Choose one please

- SCD's until fully ambulatory
- Heparin 5,000 units Subcutaneous Q8H; PTT and INR before starting, then daily.

High Risk (RF 3-4) Choose one please

- SCD's until fully ambulatory
- Heparin 5,000 units Subcutaneous Q8H; Daily PTT and INR labs.
- Enoxaparin (Lovenox) 40mg Subcutaneous Q24H

Very High Risk (RF 5+)

- SCD's and
TED's (Knee High) until fully ambulatory –*Remove twice a day for 30 minutes*

AND

- Enoxaparin (Lovenox) 40mg Subcut Q24H

OR

- Coumadin po daily, Start _____ mg today (Keep INR 2-3) **MD to order daily dose and daily INR**

If Creatinine Clearance <30 and enoxaparin is ordered, 30mg Subcut Q24H will be substituted.

Physician Signature

____/____/____
Date

____:____
Time

