



**LONDON**  
Health Sciences Centre  
Critical Care Trauma Centre

**DEEP VENOUS THROMBOSIS PROPHYLAXIS  
PREPRINTED ORDERS**

SAMPLE

KEY: R - REQUISITIONED P - PROCESSED (KARDEX) Approved by MAC 04/95

	R	P
<p><b>I</b>   <input type="checkbox"/>   <b>Deep venous thrombosis prophylaxis NOT required.</b> Reason:</p> <p><b>II</b>   <input type="checkbox"/>   <b>Deep venous thrombosis prophylaxis required.</b></p> <p>1. Measure and apply appropriately sized elastic stockings as per procedure. Remove q 12h for skin inspection. Stockings should not be removed for greater than 30 minutes.</p> <p>2. Select appropriate patient category and therapeutic modality.</p> <p><b>A.</b>   <input type="checkbox"/>   <b>Spinal cord injury, Gullain-Barré syndrome, hip replacement (until warfarin started), trauma</b></p> <p style="margin-left: 20px;"><input type="checkbox"/>   Adjusted Dose Heparin (Goal PTT 31 - 36 sec at 6 hours post dose) _____ units SC every _____ hours (usual starting dose, 7500U SC q 8h)</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 20px;"><input type="checkbox"/>   Sequential Compression Device - if heparin is contraindicated</p> <p><b>B.</b>   <input type="checkbox"/>   <b>Post-op (major surgery), including complicated cardiovascular surgery patients with expected length of stay ≥ 3 days</b></p> <p style="margin-left: 20px;"><input type="checkbox"/>   Supplemented Low Dose Heparin _____ units SC every _____ hours (usual 5000U SC q 8h)</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 20px;"><input type="checkbox"/>   Sequential Compression Device - if heparin is contraindicated</p> <p><b>C.</b>   <input type="checkbox"/>   <b>Neurosurgery (subarachnoid hemorrhage, intracranial hemorrhage)</b></p> <p style="margin-left: 20px;"><input type="checkbox"/>   Sequential Compression Device</p> <p><b>D.</b>   <input type="checkbox"/>   <b>Patient at risk NOT represented above</b></p> <p style="margin-left: 20px;"><input type="checkbox"/>   Low Dose Heparin _____ units SC every _____ hours (usual 5000U SC q 12h)</p> <p style="margin-left: 40px;">OR</p> <p style="margin-left: 20px;"><input type="checkbox"/>   Elastic Stockings only - if heparin is contraindicated</p> <p><b>CONTRAINDICATIONS TO HEPARIN THERAPY:</b></p> <p><input type="checkbox"/>   Recent cerebrovascular accident</p> <p><input type="checkbox"/>   Recent gastrointestinal bleed</p> <p><input type="checkbox"/>   Bleeding disorder</p> <p><input type="checkbox"/>   Burns</p> <p><input type="checkbox"/>   Other: _____</p> <p><b>CONTRAINDICATIONS TO SEQUENTIAL COMPRESSION DEVICE:</b></p> <p><input type="checkbox"/>   Suspected preexisting deep venous thrombosis</p> <p><input type="checkbox"/>   Other: _____</p> <p>3. For patients on heparin, monitor platelet counts every three days.</p>		

PRESCRIBER'S PRINTED NAME / SIGNATURE:			DATE (YYYYMMDD):	TIME:	
PROCESSOR INITIALS:	DATE (YYYYMMDD):	TIME:	RN INITIALS:	DATE (YYYYMMDD):	TIME: