



London Health Sciences Centre

Critical Care Program

VENOUS THROMBOEMBOLIC (VTE)

PROPHYLAXIS

PRE-PRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

NON-MEDICATION ORDERS	R	P	MEDICATION ORDERS	P
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p>INVESTIGATIONS / LABORATORY WORK:</p> <p><input type="checkbox"/> Platelets q 3 days while on heparin</p> <p>INTERVENTIONS:</p> <p><input type="checkbox"/> Anti-Embollic Stockings (AES) (recommended for all patients unless VTE prophylaxis is not required or AES are contraindicated).</p> <p><input type="checkbox"/> Intermittent Pneumatic Compression Stockings (IPCS) (for patients with contraindications to pharmacologic anticoagulation).</p> <p>CONTRAINDICATION TO IPCS OR AES FOR THE FOLLOWING REASON:</p> <p><input type="checkbox"/> Suspected pre-existing deep venous thrombosis</p> <p><input type="checkbox"/> Lower extremity trauma or burn injury</p> <p><input type="checkbox"/> Vascular surgery</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p><input type="checkbox"/> VTE PROPHYLAXIS NOT INDICATED: (Reason must be documented):</p> <p>_____</p>			<p>CONTRAINDICATION TO ANTICOAGULATION THERAPY FOR THE FOLLOWING REASON (Review with Primary Service):</p> <p><input type="checkbox"/> Intracranial bleeding risk</p> <p><input type="checkbox"/> Recent gastrointestinal bleed</p> <p><input type="checkbox"/> Active bleeding</p> <p><input type="checkbox"/> Other (document): _____</p> <p>_____</p> <p>HEPARIN CONTRAINDICATION:</p> <p><input type="checkbox"/> Heparin is contraindicated (e.g., Heparin Induced Thrombocytopenia, allergy) Do NOT use heparin or low molecular weight heparin (eg., Dalteparin).</p> <p>ANTICOAGULANTS:</p> <p>DALTEPARIN:</p> <p><input type="checkbox"/> Dalteparin _____ units subcutaneous once daily (usual dose is 5,000 units subcutaneous once daily).</p> <p>HEPARIN:</p> <p>Standard risk critical care patient:</p> <p><input type="checkbox"/> Heparin _____ units subcutaneous q 12 hours (usual dose is 5,000 units subcutaneous q 12 hours).</p> <p>High risk critical care patient:</p> <p>High risk patients include those with additional risk factors for VTE (e.g., major surgery, prolonged immobilization, trauma, cancer).</p> <p><input type="checkbox"/> Heparin _____ units subcutaneous q _____ hours (usual dose is 5,000 units subcutaneous q 8 hours or 7,500 units subcutaneous q 12 hours).</p> <p>ALTERNATE ANTICOAGULANT:</p> <p><input type="checkbox"/> _____</p> <p>_____</p>	
<p>PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:</p>			<p>DATE (YYYY/MM/DD):</p>	<p>TIME:</p>
<p>PROCESSOR INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>	<p>TIME:</p>	<p>NURSE INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>
			<p>TIME:</p>	<p>TIME:</p>