

VTE Prophylaxis Orders and Flow Sheet

Date: _____ Patient Name: _____ Age: _____ Weight: _____

Diagnosis: _____ Most recent chemotherapy date: _____

Regimen: _____ Surgery Date _____

JUSTIFICATION FOR USE:

<u>Hospitalization</u>	<input type="checkbox"/> Patient is hospitalized and does not have contraindications for anticoagulation
<u>Perioperative</u>	<input type="checkbox"/> Patient undergoing major surgery* for cancer and does not have contraindications for anticoagulation Site: <input type="checkbox"/> Abdominal <input type="checkbox"/> Pelvic <input type="checkbox"/> Gynecologic <input type="checkbox"/> Intracranial
<u>Ambulatory</u>	<input type="checkbox"/> Patient has Multiple Myeloma and is receiving thalidomide or lenalidomide plus chemotherapy and/or dexamethasone and does not have contraindications for anticoagulation <input type="checkbox"/> thalidomide <input type="checkbox"/> lenalidomide <input type="checkbox"/> chemotherapy <input type="checkbox"/> dexamethasone <input type="checkbox"/> other corticosteroid

CONTRAINDICATIONS:

WARNING: If patient has contraindications to anticoagulation do not administer VTE prophylaxis or treatment or use only w/extreme caution		
<input type="checkbox"/> active, uncontrollable bleeding	<input type="checkbox"/> recent intracranial surgery	<input type="checkbox"/> preexisting thrombocytopenia
<input type="checkbox"/> active cerebrovascular hemorrhage	<input type="checkbox"/> active peptic or other GI ulceration	<input type="checkbox"/> preexisting coagulopathy
<input type="checkbox"/> dissecting or cerebral aneurysm	<input type="checkbox"/> severe, uncontrolled or malignant hypertension	<input type="checkbox"/> heparin-induced thrombocytopenia (heparin, LMWH)
<input type="checkbox"/> bacterial endocarditis	<input type="checkbox"/> severe head trauma	<input type="checkbox"/> epidural catheter placement
<input type="checkbox"/> pericarditis	<input type="checkbox"/> pregnancy (warfarin)	

PLAN FOR PROPHYLACTIC ANTICOAGULATION:

Anticoagulant	Dose and Modifications	Regimen	Route	Schedule							
Unfractionated Heparin (UFH)	5000 Units	Every 8 hours	Subcut								
Dalteparin	5000 Units	Daily	Subcut								
Enoxaparin	40 mg	Daily	Subcut								
Fondaparinux	2.5 mg	Daily	Subcut								

Dalteparin (Fragmin ®); Enoxaparin (Lovenox ®); Fondaparinux (Arixtra ®); Tinzaparin (Innohep ®)

Mechanical Method			Schedule

For patients receiving chemotherapy - Write dose to be given in appropriate box. After it is administered, write in site and your initials.

Cycle #	Day of cycle	Date to be given	Dose to be given	MD Initials	Dose given	Site	RN Initials

Notes: * Major surgery defined as laparotomy, laparoscopy, or thoracotomy lasting >30 minutes

Reviewed by _____ on _____

This flow sheet is derived from recommendations in the ASCO Guideline: Recommendations for Venous Thromboembolism Prophylaxis and Treatment in Patients with Cancer. This flow sheet is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this flow sheet are voluntary. The practice guidelines and additional information are available at <http://www.asco.org/guidelines/vte>. Copyright © 2007 by the American Society of Clinical Oncology. All rights reserved.