

Deep Vein Thrombosis (DVT) Prophylaxis Orders

Thrombosis Risk Factor Assessment (Choose all that apply)

BIRTHDATE _____

NAME _____

CPI No. _____

SEX M F VISIT No. _____

Each Risk Factor Represents 1 Point

- | | |
|--|--|
| <input type="checkbox"/> Age 41-60 years | <input type="checkbox"/> Acute myocardial infarction |
| <input type="checkbox"/> Swollen legs (current) | <input type="checkbox"/> Congestive heart failure (<1 month) |
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Medical patient currently at bed rest |
| <input type="checkbox"/> Obesity (BMI >25) | <input type="checkbox"/> History of inflammatory bowel disease |
| <input type="checkbox"/> Minor surgery planned | <input type="checkbox"/> History of prior major surgery (<1 month) |
| <input type="checkbox"/> Sepsis (<1 month) | <input type="checkbox"/> Abnormal pulmonary function (COPD) |
| <input type="checkbox"/> Serious Lung disease including pneumonia (<1 month) | |
| <input type="checkbox"/> Oral contraceptives or hormone replacement therapy | |
| <input type="checkbox"/> Pregnancy or postpartum (<1 month) | |
| <input type="checkbox"/> History of unexplained stillborn infant, recurrent spontaneous abortion (≥ 3), premature birth with toxemia or growth-restricted infant | |
| <input type="checkbox"/> Other risk factors _____ | |

Subtotal: _____

Each Risk Factor Represents 5 Points

- | | |
|--|---|
| <input type="checkbox"/> Stroke (<1 month) | <input type="checkbox"/> Multiple trauma (<1 month) |
| <input type="checkbox"/> Elective major lower extremity arthroplasty | |
| <input type="checkbox"/> Hip, pelvis or leg fracture (<1 month) | |
| <input type="checkbox"/> Acute spinal cord injury (paralysis) (<1 month) | |

Subtotal: _____

Each Risk Factor Represents 2 Points

- | | |
|---|--|
| <input type="checkbox"/> Age 61-74 years | <input type="checkbox"/> Central venous access |
| <input type="checkbox"/> Arthroscopic surgery | <input type="checkbox"/> Major surgery (>45 minutes) |
| <input type="checkbox"/> Malignancy (present or previous) | |
| <input type="checkbox"/> Laparoscopic surgery (>45 minutes) | |
| <input type="checkbox"/> Patient confined to bed (>72 hours) | |
| <input type="checkbox"/> Immobilizing plaster cast (<1 month) | |

Subtotal: _____

Each Risk Factor Represents 3 Points

- | | |
|---|---|
| <input type="checkbox"/> Age 75 years or older | <input type="checkbox"/> Family History of thrombosis* |
| <input type="checkbox"/> History of DVT/PE | <input type="checkbox"/> Positive Prothrombin 20210A |
| <input type="checkbox"/> Positive Factor V Leiden | <input type="checkbox"/> Positive Lupus anticoagulant |
| <input type="checkbox"/> Elevated serum homocysteine | |
| <input type="checkbox"/> Heparin-induced thrombocytopenia (HIT) | |
| (Do not use heparin or any low molecular weight heparin) | |
| <input type="checkbox"/> Elevated anticardiolipin antibodies | |
| <input type="checkbox"/> Other congenital or acquired thrombophilia | |
| If yes: Type _____ | |
| * most frequently missed risk factor | |

Subtotal: _____

TOTAL RISK FACTOR SCORE: _____

Factors Associated with Increased Bleeding- **Patient may not be a candidate for anticoagulant therapy**

Consider SCDs if: Active bleeding, Already receiving prophylaxis, BMT patient without indication for anticoagulation per UM protocol, Glycoprotein IIB/IIIa inhibitors, hemophilia or significant bleeding disorder, recent CNS bleed, intracranial or spinal lesion at high risk of bleeding, recent major operation at high risk for bleeding, systemic anticoagulant (non warfarin or INR > 2.0), thrombocytopenia (platelets < 50,000)

Clinical Considerations for the Use of Sequential Compression Devices- **Patient may not be a candidate for SCDs**

Alternative prophylactic measures should be considered if: Severe peripheral vascular disease (ABPI ≤ 0.5), Severe CHF, compartment syndrome of affected extremity, fracture of affected extremity, local conditions such as: gangrene, recent skin graft, or open wound of the affected extremity, known or suspected acute/subacute DVT (apply SCDs to contralateral limb if indicated)

Total Risk Factor Score	Risk Level	Incidence of DVT	Prophylaxis Regimen
0-1	Low Risk	2%	<input type="checkbox"/> Early ambulation
2	Moderate Risk	10-20%	Choose the following medication: <input type="checkbox"/> Heparin 5000 units SQ TID
3-4	Higher Risk	20-40%	Choose ONE of the following medications(SCDs Optional): <input type="checkbox"/> Sequential Compression Device (SCD) <input type="checkbox"/> Heparin 5000 units SQ TID <input type="checkbox"/> Enoxaparin/Lovenox: <input type="checkbox"/> 40mg SQ daily <input type="checkbox"/> 30mg SQ daily <input type="checkbox"/> 30mg SQ BID (Please refer to Dosing Guidelines on the back of this form)
5 or more	Highest Risk	40-80%	Choose ONE of the following medications PLUS compression devices: <input type="checkbox"/> Sequential Compression Device (SCD) <input type="checkbox"/> Heparin 5000 units SQ TID (Preferred with Epidurals) <input type="checkbox"/> Enoxaparin/Lovenox: <input type="checkbox"/> 40mg SQ daily <input type="checkbox"/> 30mg SQ daily <input type="checkbox"/> 30mg SQ BID (Please refer to Dosing Guidelines on the back of this form)

Ambulatory Surgery - No orders for venous thromboembolic prophylaxis required

VTE Prophylaxis Contraindicated, Reason: _____

Joseph A. Caprini, MD, MS, FACS, RVT
VTE Risk Factor Assessment Tool

Physician Signature _____	Dr. # _____	Date _____	Time _____
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White-Medical Record Yellow-MIS Pink-Pharmacy	University of Michigan Health System	DVT Prophylaxis Regimen
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UMHS ENOXAPARIN DOSING GUIDELINES

NON-PREGNANT PATIENTS

*ABW= Actual Body Weight

CrCl \geq 30 mL/min: **Enoxaparin 40mg SQ once daily** (for ABW \leq 150 kg, non-trauma patient)
Enoxaparin 30mg SQ every 12 hours (for ABW > 150 kg)
Enoxaparin 30mg SQ every 12 hours (regardless of ABW for **trauma patients**)

CrCl < 30 mL/min: **Enoxaparin 30mg SQ once daily** (regardless of ABW)

PREGNANT PATIENTS

Less than 20 weeks gestation: **Enoxaparin 40mg SQ once daily**

20 weeks gestation until 1 week post-partum: **Enoxaparin 40mg SQ every 12 hours**

Post-partum weeks 2-6: **Enoxaparin 40mg SQ once daily**

*Actual body weight should be used for dose determination

MONITORING RECOMMENDATIONS

Antifactor Xa activity monitoring is not recommended for Enoxaparin *prophylaxis* dosing.