



Regional Pre-Printed Orders for VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS PRE-OPERATIVE SURGERY - Adult Patients Only



Form ID: DRDO105177A

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DRUG & FOOD ALLERGIES

- **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

Patient Weight: _____ kg Platelet Count: _____ x 10⁹/L eGFR: _____ mL/min on (Date): _____

Patient Risk Group (see back of page for additional information)

- Low Risk**
 - Day surgery without any VTE risk factors
 - No reduction in mobility compared to usual state
 - Surgical procedure with a total anesthetic and surgical time less the 60 minutes

- Moderate or High Risk**
 - Any surgical patient having or expected to have significantly reduced mobility for 3 days or more
 - Patients with reduced mobility (compared to their usual state) AND have one or more risk factors for VTE
 - Surgical procedure with total anesthetic and surgical time of 60 minutes or longer
 - Acute surgical admission with an inflammatory or intra-abdominal condition.
 - Surgical patients with one or more risk factors for VTE
 - Obstetrical Patients with increased risk

Anticoagulant Prophylaxis - (see footnotes and precautions number 4 to 7 on back)

For patients expected to have surgery within 24 hours give:

- HEPARIN** 5000 units subcutaneous BID

For patients admitted and waiting greater than 24 hours for surgery give:

- DALTEPARIN** 5000 units subcutaneous once daily until discharge at: 1000 h **OR** _____ h (time).
 - If eGFR 10 to 30 mL/min, weight less than 40 kg or BMI 40 kg/m² - dosing recommendations on back

- Other: _____
 - Reason: _____

OR

- Contraindicated** (see back for contraindications): _____
 - Reassess daily to start anticoagulant prophylaxis when contraindication resolves.

Mechanical Prophylaxis

- Calf length Graduated Compression Stockings (GCS)
- Sequential Compression Device (SCD)

Apply to lower limb(s) continuously until anticoagulant prophylaxis starts or discharge.

Interrupt for skin care, assessments, toileting and ambulation only.

OR

- Contraindicated** - note reason (see back for contraindications): _____

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name or College ID#

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VTE RISK ASSESSMENT AND THROMBOPROPHYLAXIS RECOMMENDATIONS		
Low Risk Group <ul style="list-style-type: none"> Day surgery without any VTE risk factors (see back) No reduction in mobility compared to usual state Surgical procedure with a total anesthetic and surgical time less than 60 minutes 		Early ambulation, no anticoagulant or mechanical prophylaxis, education.
Moderate or High Risk Group <ul style="list-style-type: none"> Any surgical patient having or expected to have significantly reduced mobility for 3 days or more. Patients with ongoing reduced mobility (compared to their usual state) <u>AND</u> have one or more risk factors for VTE (see below) Surgical procedure with total anesthetic and surgical time of 60 minutes or longer Acute surgical admission with an inflammatory or intra-abdominal condition Surgical patients with one or more risk factors for VTE (see below) 		<p style="text-align: center;">LMWH</p> <p style="text-align: center;">(HEPARIN if eGFR less than 10 mL/min) 7*</p>
Obstetrical Patients with Increased Risk <ul style="list-style-type: none"> Having one or more risk factors for VTE (see below) Pregnancy-related risk factors: <ul style="list-style-type: none"> Ovarian hyperstimulation Hyperemesis gravidarum Multiple pregnancy Preeclampsia Emergency caesarean section 		<p style="text-align: center;">Consider LMWH</p> <p style="text-align: center;">(HEPARIN if eGFR less than 10 mL/min) 7*</p>
RISK FACTORS FOR VTE		
<ul style="list-style-type: none"> Age 60 years or over Active cancer and cancer treatment Previous VTE Critical Care admission Known thrombophilia First degree relative with VTE Varicose veins with phlebitis Estrogen-containing oral contraception Hormone replacement therapy 	<ul style="list-style-type: none"> One or more significant medical conditions. Sepsis or severe acute infection Heart disease Respiratory pathology Inflammatory condition Rheumatological disease Nephritic syndrome Antiphospholipid syndrome Obesity (BMI >30 kg/m²) 	
CONTRAINDICATIONS for ANTICOAGULANT Prophylaxis		
<ul style="list-style-type: none"> Active bleeding of clinical significance requiring intervention High risk of serious bleeding or bleeding into a critical site (e.g. intracranial, intraspinal, pericardial, intraocular, retroperitoneal, intra-articular) Patient already receiving therapeutic anticoagulation 	<ul style="list-style-type: none"> Known major bleeding disorder or acquired coagulopathy (consider Hematology consult) Platelet count less than 50 x 10⁹/L (consider Hematology consult) History of heparin-induced thrombocytopenia (HIT) 	
CONTRAINDICATIONS for MECHANICAL Prophylaxis		
<ul style="list-style-type: none"> Acute stroke with immobility (unable to walk independently to the toilet) Peripheral vascular disease with absent pedal pulses Severe peripheral neuropathy Skin breakdown, ulcers, gangrene, cellulitis, or dermatitis 	<ul style="list-style-type: none"> Skin grafting within last 3 months Allergy to stocking or compression cuff materials Unable to size or apply properly due to deformity, recent surgery or trauma 	
FOOTNOTES AND PRECAUTIONS		
<ol style="list-style-type: none"> Day surgery includes patients admitted and discharged within 24 hours for an elective surgical or invasive procedure. There is weak evidence for using mechanical thromboprophylaxis alone and weaker evidence for combining anticoagulant and mechanical prophylaxis to improve efficacy. Post- Operative - Consider prophylaxis for up to 30 days after abdominal or pelvic surgery for cancer and in patients with multiple risk factors for VTE. Prophylaxis for up to 30 days after surgery is recommended in those having hip replacement or hip fracture surgery, and up to 14 days after total knee replacement. Post-Operative - First post-op dose of anticoagulant should be given after hemostasis is achieved and as soon as it is safe to do so (usually 12 - 24 hours after surgery). This should take into account the risks of bleeding, thrombosis and timing of subsequent surgery. Heparin 5000 units subcutaneous Q12H should be used if patient is awaiting urgent surgery and is a candidate for neuraxial blockade (spinal or epidural anesthesia). Refer to Peri-operative Pain Services or Anesthesia regarding timing of epidural catheter insertion and removal. LMWH and heparin should not be given in patients with HIT. Consider consulting Hematology/Internal Medicine regarding the use of alternative agents (e.g. fondaparinux or argatroban). <p>*7. If eGFR is 10 to 30 mL/min <u>AND</u> expected LOS is longer than 10 days, consider using heparin instead of dalteparin. Suggested dosing for dalteparin and heparin in patients with extremes of weight and/or severe renal impairment:</p>		
Weight range	DALTEPARIN (if eGFR 10 mL/min or above)	HEPARIN (if eGFR less than 10 mL/min) 7*
40 kg or less	2500 units subcutaneous once daily	2500 units subcutaneous Q12H
41 kg to BMI 40 kg/m ²	5000 units subcutaneous once daily	5000 units subcutaneous Q12H
BMI over 40 kg/m ²	5000 units subcutaneous Q12H	5000 units subcutaneous Q8H