Deep Vein Thrombosis (DVT) Prophylaxis Orders

Thrombosis Risk Factor Assessment (Choose all that apply)

**Each Risk Factor Represents 1 Point**
- Age 41-60 years
- Swollen legs (current)
- Varicose veins
- Obesity (BMI >25)
- Minor surgery planned
- Sepsis (<1 month)
- Serious Lung disease including pneumonia (<1 month)
- Oral contraceptives or hormone replacement therapy
- Pregnancy or postpartum (<1 month)
- History of unexplained stillborn infant, recurrent spontaneous abortion (>3), premature birth with toxemia or growth-restricted infant
- Other risk factors

**Each Risk Factor Represents 5 Points**
- Stroke (<1 month)
- Elective major lower extremity arthroplasty
- Hip, pelvis or leg fracture (<1 month)
- Acute spinal cord injury (paralysis) (<1 month)

**Factors Associated with Increased Bleeding**
- Patient may not be a candidate for anticoagulant therapy
- Consider SCDs if: Active bleeding, Already receiving prophylaxis, BMI 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 (ABI’s < 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)

<table>
<thead>
<tr>
<th>Total Risk Factor Score</th>
<th>Risk Level</th>
<th>Incidence of DVT</th>
<th>Prophylaxis Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>Low Risk</td>
<td>2%</td>
<td>Early ambulation</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Risk</td>
<td>10-20%</td>
<td>Choose ONE of the following medications (SCDs Optional): Sequential Compression Device (SCD) Heparin 5000 units SQ TID</td>
</tr>
<tr>
<td>3-4</td>
<td>Higher Risk</td>
<td>20-40%</td>
<td>Enoxaparin/Lovenox: 40mg SQ daily 30mg SQ daily 30mg SQ BID</td>
</tr>
<tr>
<td>5 or more</td>
<td>Highest Risk</td>
<td>40-80%</td>
<td>Choose ONE of the following medications PLUS compression devices: Sequential Compression Device (SCD) Heparin 5000 units SQ TID (Preferred with Epidurals) Enoxaparin/Lovenox: 40mg SQ daily 30mg SQ daily 30mg SQ BID</td>
</tr>
</tbody>
</table>

Ambulatory Surgery - No orders for venous thromboembolic prophylaxis required
VTE Prophylaxis Contraindicated, Reason: __________________________________________________________

Physician Signature ____________________________  Dr. # ____________________________  Date ____________  Time _________

White-Medical Record  Yellow-MIS  Pink-Pharmacy  University of Michigan Health System  DVT Prophylaxis Regimen

Approved by UMHS VTE Committee: 12/21/2012
**UMHS ENOXAPARIN DOSING GUIDELINES**

### NON-PREGNANT PATIENTS

<table>
<thead>
<tr>
<th>CrCl ≥ 30 mL/min</th>
<th>Enoxaparin 40mg SQ once daily (for ABW ≤ 150 kg, non-trauma patient)</th>
<th>Enoxaparin 30mg SQ every 12 hours (for ABW &gt; 150 kg)</th>
<th>Enoxaparin 30mg SQ every 12 hours (regardless of ABW for trauma patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CrCl &lt; 30 mL/min</td>
<td>Enoxaparin 30mg SQ once daily (regardless of ABW)</td>
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</tbody>
</table>

*ABW= Actual Body Weight

### 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.

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