# **DOCTOR'S ORDER SHEET**

Room Number
-------------

Authorization is hereby given to dispense a chemically identical drug (according to hospital formulary policy) unless box provided is checked

remaining penery) unless con provided is encoured	_
Allergies:	

Date	Time	Venous Thromboembolism Prophylaxis in Gynecological Surgical Patients PRE-OPERATIVELY	Nurse Signature Time posted
		☐ Low Risk:	
		• Surgery less than 30 minutes for benign disease.	
		• Laparoscopic procedures in patients without additional VTE risk factors. (See reverse)	
		(If laparoscopic surgery is prolonged, clinician may consider surgery to be 'moderate	
		risk' and follow recommendations below.)	
		No prophylaxis needed pre-operatively	
		☐ Moderate Risk:	
		• GYN surgery longer than 30 minutes for benign disease with <u>no</u> additional risk factors	
		for VTE. (See reverse)	
		• Laparoscopic surgery in patients with additional VTE risk factors. (See reverse)	
		Compression boots started before surgery	
		Heparin 5000 units SQ x 1 dose given 1-2 hours preoperatively	
		☐ High Risk:	
		Surgery in patients undergoing extensive surgery for malignancy.	
		• GYN surgery longer than 30 minutes in patients with additional risk factors for VTE. (See reverse)	
		Choose <b>ONE</b> of the following options:	
		☐ Compression boots started before surgery	
		Heparin 5000 units SQ x 1dose given 1-2 hours preoperatively.	
		☐ Enoxaparin 40mg SQ x 1dose given 1-2 hours preoperatively.	
		NOTE: Enoxaparin may NOT be used from 12 hours prior to epidural or spinal anesthesia until 2 hours after epidural/spinal catheter is removed.	
		Combined therapy (circle ONE of the options below)	
		A) Heparin 5000 units SQ x 1dose given 1-2 hours preoperatively with	
		compression boots.	
		B) Heparin 5000 units SQ x 1dose given 1-2 hours preoperatively with elastic	
		stockings	
		Provider Signature	
Date '	Time	Venous Thromboembolism Prophylaxis in Gynecological Surgical Patients POST-OPERATIVELY	Nurse Signature Time posted
		☐ Low Risk (as defined above):	
		No prophylaxis needed aside from early and persistent mobilization	
		☐ Moderate Risk (as defined above):	
		Choose <b>ONE</b> of the following options:	
		Heparin 5000 units SQ q12h	
		☐ Compression boots used continuously while patient is not ambulatory until discharge	
]		☐ High Risk (as defined above):	
		Choose <b>ONE</b> of the following options:	
		☐ Heparin 5000 units SQ q8h	
		☐ Enoxaparin 40 mg SQ q24h	
		NOTE: Enoxaparin may NOT be used from 12 hours prior to epidural or spinal anesthesia until	
		<ul> <li>2 hours after epidural/spinal catheter is removed.</li> <li>Compression boots used continuously while patient is not ambulatory until discharge.</li> </ul>	
		Combined therapy (circle ONE of the options below)  A) Heparin 5000 units SQ q12h with compression boots while patient is not	
		ambulatory until discharge	
		B) Heparin 5000 units SQ q12h with elastic stockings	
		CBC with platelet count every 48 hours in patients on heparin	
		Provider Signature	
	1		
		l Provider Printed	
		Provider Printed Provider Beeper	

# Risk Factors for Venous Thromboembolism Prophylaxis (VTE)

#### **Most Potent Risk Factors**

- Cancer
- Previous history of VTE
- Age >60 years

#### Other Risk Factors to Consider

- Immobility, paresis
- Age 40-60 years
- Pregnancy and the post-partum period
- Estrogen containing oral contraception or hormone replacement therapy
- Selective Estrogen Receptor Modulators
- Inherited or acquired thrombophilia (Deficiencies in protein S, C or antithrombin; genetic polymorphisms such as factor V Leiden, prothrombin gene polymorphism; acquired conditions such as antiphospholipid antibody and the lupus anticoagulant; and mixed disorders such as hyperhomocysteinemia)
- Acute Medical Illness
- Heart or Respiratory Failure
- Inflammatory Bowel Disease
- Nephrotic Syndrome
- Myeloproliferative Disorders
- Paroxysmal Nocturnal Hemoglobinuria
- Obesity
- Smoking
- Varicose veins
- Central venous catheterization
- Trauma (major or lower extremity)

## Timing of initiation of thromboprophylaxis and choosing between the different types

Thromboprophylaixs with unfractionated heparin or pneumatic compression boots ideally should be begun 1 to 2 hours preoperatively but it is reasonable for these interventions to be started anytime up to the induction of anesthesia.

The one important exception is that <u>Low Molecular Weight Heparin (LMWH)</u> (ie. enoxaparin) should NOT be used from at least **12 hours prior** to the initiation of the spinal/epidural anesthesia until **at least 2 hours after** the epidural/spinal catheter has been removed. However, LMWH is less likely to cause heparin induced thrombocytopenia than Unfractionated Heparin (UFH).

Although <u>pneumatic compression boots</u> are an option for all patient risk categories, the evidence for their efficacy is generally less strong than that for UFH and LMWH and they are believed to be most effective when started before surgery and **used continuously whenever the patient is not ambulating until the time of discharge.** 

### Monitoring of patient on UFH/LMWH

Patients on UFH or LMWH should have their platelet counts checked periodically in the first two weeks of therapy for evidence of **H**eparin Induced Thrombocytopenia (HIT).