

PHYSICIAN'S ORDERS
ORTHOPEDIC VENOUS THROMBOEMBOLISM
PROPHYLAXIS (Adult)

Weight: _____ (kg)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

VTE prophylaxis (option 1):

Dalteparin 5,000 units SC daily (use with caution in patients on dialysis)
Continue dalteparin until hospital discharge.

VTE prophylaxis (option 2):

Warfarin mg _____ po for one dose today
Daily INR to start day 1 postop
Warfarin dose as per INR result to start day 1 postop

INR less than or equal to 1.7	warfarin 5 mg po
INR 1.8 to 2.4	warfarin 2.5 mg po
INR greater than or equal to 2.5	NO warfarin
INR greater than 3	notify MRP
INR less than or equal to 2 on day 4, notify MRP to reassess sliding scale	

AND/OR

Dalteparin 5,000 units SC daily to start day 1 postop.
If on warfarin discontinue dalteparin when INR greater than 2

Other orders:

Antiembolic stockings OR _____

Date: _____ Time: _____

MD SIGNATURE

