



ORDERS

ADDRESSOGRAPH

COMPLETE OR REVIEW ALLERGY STATUS PRIOR TO WRITING ORDERS

THROMBOSIS CLINIC OUTPATIENT TREATMENT PROGRAM

(items with check boxes must be selected to be ordered)

(Page 1 of 3)

Date: _____ Time: _____

Time Processed
RN/LPN Initials
Comments

ACUTE VENOUS THROMBOEMBOLISM INCLUSION/EXCLUSION CRITERIA

INCLUSION CRITERIA

ALL MUST BE YES FOR ENROLLMENT

YES	NO	
		18 years of age or older
		Proven acute venous thrombosis: <ul style="list-style-type: none"> <input type="checkbox"/> proximal leg DVT (common femoral, superficial femoral, popliteal vein) <input type="checkbox"/> distal leg DVT (posterior tibial, anterior tibial, peroneal vein) <input type="checkbox"/> stable PE (no acute syncopal episode, vital signs must be stable with walking, O₂ sat greater than 92% on room air, no prior cardiopulmonary disease, pain easily controlled) <input type="checkbox"/> upper extremity DVT
		Outpatient follow-up feasible

EXCLUSION CRITERIA

ALL MUST BE NO FOR ENROLLMENT

YES	NO	
		Clinically unstable for outpatient therapy
		Active bleeding, familial (eg. hemophilia) or acquired (eg. DIC) bleeding disorder
		Recent GI / GU bleed (one month), hemorrhagic stroke (three months), surgery or trauma (one month). Consider contacting Hematologist on call for discussion
		Severe uncontrolled hypertension (systolic BP greater than or equal to 180 mmHg or diastolic BP greater than or equal to 110 mmHg)
		Platelet count less than 50 X 10 ⁹ /L
		History of heparin-induced thrombocytopenia (HIT) or allergy to heparin or warfarin
		Renal failure requiring dialysis
		Liver failure with coagulopathy
		Evidence of massive iliofemoral thrombosis
		Require hospitalization for other reasons (eg. pain control, dementia and poor social support)

ADDITIONAL COMMENTS

Prescriber's Signature
*OPTDVT

Printed Name
VCH.VA.PPO.183 | Rev.NOV.2015

College ID



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Complete ACUTE VTE INCLUSION/EXCLUSION CRITERIA form on page 1 prior to enrollment.

No intramuscular injections.

If possible, avoid aspirin (ASA), non-steroidal anti-inflammatory drugs (NSAIDS), ticlopidine, clopidogrel, dipyridamole, sulfipyrazone.

Print PharmaNet profile.

INVESTIGATIONS

Baseline Labs: CBC, PTT, INR, lytes, BUN, SCr.

MEDICATIONS

Day of diagnosis

For **ALL** patients, give dalteparin according to following weight-based schedule. Patient Weight: _____ kg

<u>Patient Weight (kg)</u>	<u>Dalteparin Dose (volume based on 25,000 units/mL concentration)</u>
<input type="checkbox"/> 45 – 56	10,000 units (0.4 mL) SUBCUT
<input type="checkbox"/> 57 – 68	12,500 units (0.5 mL) SUBCUT
<input type="checkbox"/> 69 – 82	15,000 units (0.6 mL) SUBCUT
<input type="checkbox"/> 83 – 90	18,000 units (0.72 mL) SUBCUT
<input type="checkbox"/> 91 – 100	20,000 units (0.8 mL) SUBCUT
<input type="checkbox"/> 101 – 115	22,500 units (0.9 mL) SUBCUT
<input type="checkbox"/> 116 – 135	25,000 units (1.0 mL) SUBCUT
<input type="checkbox"/> 136 – 145	28,000 units (1.12 mL) SUBCUT
<input type="checkbox"/> greater than 145	Consult Hematologist on call for dosing

Time of first dose _____ hours on _____ (mm/dd/yy).

Do not start oral anticoagulation. This will be assessed in Thrombosis Clinic.

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INFORMATION TO PATIENT

Emergency Physician to provide patient with Thrombosis Clinic Outpatient Treatment Program Information Sheet

REFERRAL TO THROMBOSIS CLINIC

EMERGENCY PHYSICIAN:

Please ensure ED NUC faxes information to Thrombosis Clinic as below

If following day is Monday-Friday, advise patient that they will be called before 9 am tomorrow with appointment. (Thrombosis Clinic, Centennial Pavilion 6th floor)

If following day is Saturday, Sunday or Statutory Holiday, Emergency Physician must page Staff Hematologist on call. They will set up appointment directly with patient. (BMT Daycare, Centennial Pavilion 6th floor; if patient has fever or other infectious symptoms, should be accompanied by someone who is not ill)

Hematologist name: _____

Complete table with important names and verified phone numbers:

	Name	Phone Number
Emergency physician		MSP #
Family physician		
Patient		
Alternate contact		

ED NUC:

Fax current ED record, PharmaNet profile, laboratory reports, radiology report or notes, and these pre-printed orders to the Thrombosis Clinic (55071).

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