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| UMC Health System PEDIATRIC VTE PROPHYLAXIS PLAN | Patient Label Here |
|---|---------------------------|

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Contraindications VTE

| | |
|--|--|
| <input type="checkbox"/> Active/high risk for bleeding | <input type="checkbox"/> Treatment not indicated |
| <input type="checkbox"/> Patient or caregiver refused | <input type="checkbox"/> Other anticoagulant ordered |
| <input type="checkbox"/> Anticipated procedure within 24 hours | <input type="checkbox"/> Intolerance to all VTE chemoprophylaxis |

Apply Elastic Stockings

Apply Sequential Compression Device

Apply Pedal Pump

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

enoxaparin (enoxaparin for infants 1 month to LESS than 2 months of age)
 0.75 mg/kg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing

enoxaparin (enoxaparin for infants and children GREATER than or EQUAL to 2 months of age)
 0.5 mg/kg, subcut, syringe, q12h, Prophylaxis - Non-Trauma Dosing

Laboratory

Anti Xa should be drawn 4 hours after 2nd dose of enoxaparin.

Anti Xa Level
 Routine, T;N
 To be drawn 4 hours after 2nd dose of enoxaparin.

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TO
 Read Back
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Order Taken by Signature: _____ Date _____ Time _____
 Physician Signature: _____ Date _____ Time _____