



# For Back Up Use

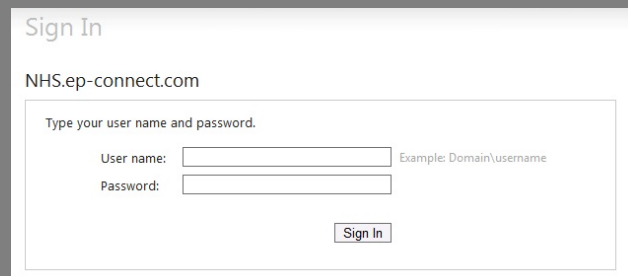
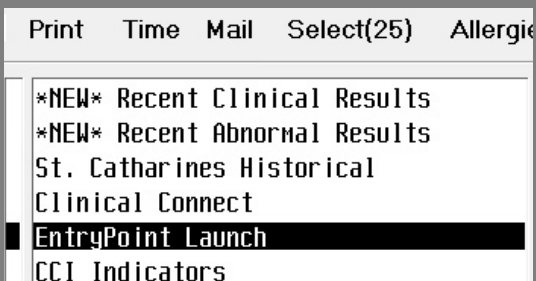
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on  
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for "EntryPoint Launch" and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

## Emergency Department (ED) Outpatient Treatment of DVT and PE (VTE) Order Set

M    K    O

Orders

Processed Date (dd/mm/yyyy)

### Risk Stratification

- Consider admission in complicated case, patient factors, bleeding risk or history of bleeding
- For Pulmonary Embolism, complete PESI score below (add up)
- Pulmonary Embolus patient is considered for outpatient treatment if all of the following are met:
- Score is 85 or less (mortality less than 3.5%)
  - Clinically well and able to care for self
  - Reliable for follow-up with Thrombosis Clinic or other service

Time (hhmm)

Patient Age	Years	_____
History of Cancer?	+30	_____
Male Patient?	+10	_____
History of CHF?	+10	_____
History of Chronic Lung Disease?	+10	_____
Heart Rate greater than or equal to 100 bpm?	+20	_____
SBP less than 100 mmHg?	+30	_____
Respiratory Rate greater than or equal to 30?	+20	_____
Temperature less than 36°C?	+20	_____
Altered Mental Status?	+60	_____
O <sub>2</sub> Saturation less than 90% on room air?	+20	_____
<b>TOTAL</b>		_____

By

Status

Processing Reviewed by

### Lab Investigations (if not already done in the ED)

- CBC     ALT, ALP, Bilirubin     INR     Creatinine     Na, K, Cl
- Urea     Random Glucose
- Additional Labs: \_\_\_\_\_

Status

### Anticoagulation

Faxed by

- Stop NSAIDs or IM injections
- Discuss with patient and/or caregiver diagnosis, treatment options (including financial implications), plan for follow-up, and return to ED (RTED)

#### FIRST Option: Novel Oral Anticoagulant (NOAC) Therapy

**Contraindicated if:** hepatic disease (active hepatitis, ALT greater than 3x normal), CrCl less than 30 mL/min, pregnant, breastfeeding, or on phenytoin, carbamazepine, systemic ketoconazole or anti-retroviral drugs

**Consider alternative if:** increased bleeding risk or history of bleeding (especially GI). Use enoxaparin alone in active malignancy, pregnancy or if breast feeding

- rivaroxaban 15 mg PO NOW
- THEN** provide prescription for rivaroxaban 15 mg PO BID x 3 weeks (LU 444)

**OR**

- apixaban 10 mg PO NOW
- THEN** provide prescription for apixaban 10 mg BID x 1 week **THEN** 5 mg PO BID x 2 weeks (LU 444)

Telephone Order \_\_\_\_\_  
Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  
Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)       Read Back



**Chart Copy – Do Not Destroy**

Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Emergency Department (ED) Outpatient Treatment of DVT and PE (VTE) Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)  Time (hhmm)  By  Status  Processing Reviewed by  Status  Faxed by	<p><b>Anticoagulation Continued...</b></p> <p style="text-align: center;"><b>***Note: In patients with complicated thromboembolic disorders, a dose of enoxaparin 1 mg/kg twice daily is recommended***</b></p> <p><b>SECOND Option: Enoxaparin + Warfarin Therapy</b>  <i>Use in patients that are contraindicated for NOAC use (such as renal failure or financially prohibitive)</i></p> <p><input type="checkbox"/> enoxaparin and warfarin</p> <p><input type="checkbox"/> enoxaparin (<b>give first dose in ED</b>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> CrCl greater than 30 mL/min: 1.5 mg/kg _____ mg subcutaneous once (<b>max 180 mg</b>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> CrCl less than/equal to 30 mL/min: 1 mg/kg _____ mg subcutaneous once (<b>max 180 mg</b>)</p> <p><b>THEN</b></p> <p><input type="checkbox"/> Provide prescription for enoxaparin _____ mg subcutaneous once daily x 5 days repeat x 3 (<b>LU 186</b> and prefilled in 30, 40, 60, 80, 100, 120, 150 mg syringes)</p> <p><b>AND</b></p> <p><input type="checkbox"/> Provide prescription for warfarin 10 mg PO once daily <b>to start 1 day prior to follow-up appointment</b> with Family Physician or Thrombosis Clinic (provide prescription for warfarin 1 mg tablets x 100)</p> <p><b>THIRD Option: Enoxaparin Alone</b>  <i>Use in active malignancy, pregnancy, or if breast feeding</i></p> <p><input type="checkbox"/> enoxaparin</p> <p><input type="checkbox"/> enoxaparin (<b>give first dose in ED</b>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> CrCl greater than 30 mL/min: 1.5 mg/kg _____ mg subcutaneous once (<b>max 180 mg</b>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> CrCl less than/equal to 30 mL/min: 1 mg/kg _____ mg subcutaneous once (<b>max 180 mg</b>)</p> <p><b>THEN</b></p> <p><input type="checkbox"/> Provide prescription for enoxaparin _____ mg subcutaneous once daily x 5 days repeat x 3 (<b>LU 188</b> and prefilled in 30, 40, 60, 80, 100, 120, and 150 mg syringes)</p>			
<p><b>Discharge</b></p> <p><input type="checkbox"/> Fax completed Order Set to Family Physician and Thrombosis Clinic (905-704-4408) for follow-up</p> <p><input type="checkbox"/> Complete LHIN Home and Community Care referral (for enoxaparin injections)</p> <p><input type="checkbox"/> Provide patient and/or caregiver with attached education sheet and review RTED and follow-up plan</p>				
<p><b>Additional Orders</b></p> <p>_____</p> <p>_____</p> <p>_____</p>				

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)       Read Back



Rev. 12/2017/N4 ORD163

## VTE Patient Information Sheet

- You have been diagnosed with a Deep Vein Thrombosis (DVT) that requires treatment. DVT occurs when a clot forms in the deep veins of the body. DVT occurs commonly in the leg, although it can occur anywhere in the body, such as the veins in the arm, abdomen, or around the brain.
- You have been diagnosed with a blood clot in the lung called Pulmonary Embolism (PE). PE occurs when a blood clot breaks off, travels through the blood stream and lodges in the lung.

The treatment for DVT or PE is a blood-thinning medication, known as an anticoagulant or “blood thinner” to prevent more clots from forming. The length of time you need to take a blood thinner will depend upon a number of factors. The typical length of treatment can range from three months to an indefinite length of time.

**It is very important that you...**

1. Continue your care with the Niagara Health Thrombosis Team. A referral has already been made.
2. Call the Thrombosis Clinic at 905-378-4647 ext. 45711 to book an appointment. Leave a detailed message with your contact information.
3. Schedule an appointment with your family physician as soon as possible so your blood thinner treatment is not interrupted. If you do not have a family doctor call Health Care Connect Ontario (1-800-445-1822) for a list of local doctors accepting new patients.
4. Take your medications regularly and as prescribed. If another care provider tells you to stop your blood thinner, please consult the Thrombosis team first.
5. Avoid having intramuscular (IM) injections.
6. Avoid taking anti-inflammatories (Like Aleve® or Advil®) because of the increased risk of bleeding. Acetaminophen (Tylenol®) is safer and preferred.
7. Avoid doing activities that increase your risk of injury or bleeding.
8. **Return to the Emergency Department (or call 911) if you develop any signs of:**
  - A. Major Bleeding: This could be bleeding in your urine or stool, bleeding from the nose, sudden severe headache, sudden loss of vision, or extensive bruising.
  - B. A blood clot traveling to the lungs (PE): This could include sudden or worsening chest pain and/ or shortness of breath, coughing up blood, or loss of consciousness.
9. For additional information on DVT and PE visit the Thrombosis Canada Website ([www.thrombosiscanada.ca](http://www.thrombosiscanada.ca)) or the Clot Connect website ([www.clotconnect.org](http://www.clotconnect.org)).

**Know your treatment plan and what you need to do:**

Low molecular Weight Heparin (injections) Only Option:	Warfarin with injections of low molecular weight heparin daily Option:	Rivaroxaban (Xarelto®) or Apixaban (Eliquis®) Option:
You will be getting daily injections of Low molecular weight Heparin	<p>You will also be getting daily injections of low molecular weight heparin until your blood is thin enough on warfarin.</p> <p>Call your doctor as soon as possible to arrange bloodwork (INR). You will be getting bloodwork (INR) regularly through your doctor every 2 - 3 days for the first 2 weeks then approximately every 2 - 3 weeks for the length of treatment.</p>	<p>Rivaroxaban 15mg twice a day for three weeks then your dose changes to: Rivaroxaban 20mg once daily.</p> <p style="text-align: center;"><b>OR</b></p> <p>Apixaban 10mg twice a day for 7 days then your dose changes to: Apixaban 5mg twice a day.</p>

\*\*\*\*Injections may be arranged for some patients through the **LHIN Home and Community Care** nurses. **LHIN Home and Community Care** will contact you. They can be reached at 905-684-9441 and their clinic is located at 149 Hartzel Road in St.Catharines.