



# For Back Up Use

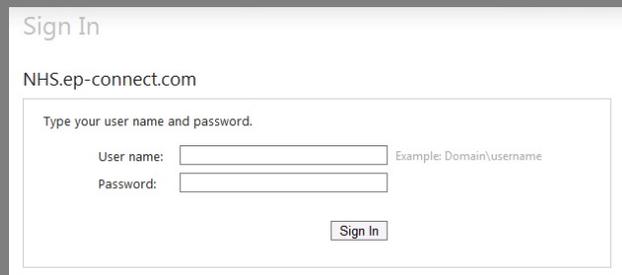
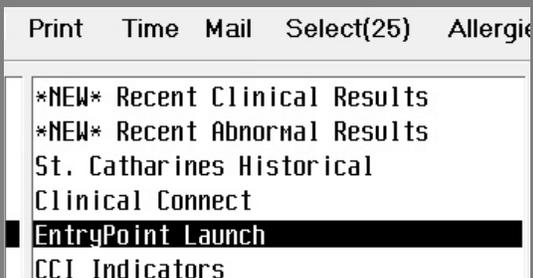
This copy of the Orderset is for Information & BackUp purposes only.

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 \_\_\_\_\_

<b>Emergency Department (ED) Outpatient Treatment of DVT and PE (VTE) Order Set</b>		M	K	O																																				
<b>Orders Processed Date</b> (dd/mm/yyyy)	<b>Risk Stratification</b>																																							
<b>Time</b> (hhmm)	<input checked="" type="checkbox"/> Consider admission in complicated case, patient factors, bleeding risk or history of bleeding <input type="checkbox"/> For Pulmonary Embolism, complete PESI score below (add up) <input checked="" type="checkbox"/> Pulmonary Embolus patient is considered for outpatient treatment if all of the following are met: <ul style="list-style-type: none"> <li>• Score is 85 or less (mortality less than 3.5%)</li> <li>• Clinically well and able to care for self</li> <li>• Reliable for follow-up with Thrombosis Clinic or other service</li> </ul>																																							
<b>By</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Patient Age</td> <td style="width:20%;">Years</td> <td style="width:30%;">_____</td> </tr> <tr> <td>History of Cancer?</td> <td>+30</td> <td>_____</td> </tr> <tr> <td>Male Patient?</td> <td>+10</td> <td>_____</td> </tr> <tr> <td>History of CHF?</td> <td>+10</td> <td>_____</td> </tr> <tr> <td>History of Chronic Lung Disease?</td> <td>+10</td> <td>_____</td> </tr> <tr> <td>Heart Rate greater than or equal to 100 bpm?</td> <td>+20</td> <td>_____</td> </tr> <tr> <td>SBP less than 100 mmHg?</td> <td>+30</td> <td>_____</td> </tr> <tr> <td>Respiratory Rate greater than or equal to 30?</td> <td>+20</td> <td>_____</td> </tr> <tr> <td>Temperature less than 36°C?</td> <td>+20</td> <td>_____</td> </tr> <tr> <td>Altered Mental Status?</td> <td>+60</td> <td>_____</td> </tr> <tr> <td>O<sub>2</sub> Saturation less than 90% on room air?</td> <td>+20</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL</b></td> <td>_____</td> </tr> </table>				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>		_____
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>		_____																																						
<b>Status</b>	<b>Lab Investigations (if not already done in the ED)</b>																																							
<b>Processing Reviewed by</b>	<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> ALT, ALP, Bilirubin <input checked="" type="checkbox"/> INR <input checked="" type="checkbox"/> Creatinine <input checked="" type="checkbox"/> Na, K, Cl <input type="checkbox"/> Urea <input type="checkbox"/> Random Glucose <input type="checkbox"/> Additional Labs: _____																																							
<b>By</b>	<b>Anticoagulation</b>																																							
<b>Status</b>	<input type="checkbox"/> Stop NSAIDs or IM injections <input checked="" type="checkbox"/> Discuss with patient and/or caregiver diagnosis, treatment options (including financial implications), plan for follow-up, and return to ED (RTED)																																							
<b>Faxed by</b>	<b>FIRST Option: Novel Oral Anticoagulant (NOAC) Therapy</b> <i><b>Contraindicated if:</b> 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</i> <i><b>Consider alternative if:</b> increased bleeding risk or history of bleeding (especially GI). Use enoxaparin alone in active malignancy, pregnancy or if breast feeding</i> <input type="checkbox"/> rivaroxaban 15 mg PO NOW <b>THEN</b> provide prescription for rivaroxaban 15 mg PO BID x 3 weeks ( <b>LU 444</b> ) <b>OR</b> <input type="checkbox"/> apixaban 10 mg PO NOW <b>THEN</b> provide prescription for apixaban 10 mg BID x 1 week <b>THEN</b> 5 mg PO BID x 2 weeks ( <b>LU 444</b> )																																							

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**

Rev. 09/2016/V3 ORD163

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	<div style="background-color: #f2f2f2; padding: 5px;"><b>Anticoagulation Continued...</b></div> <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> <div style="background-color: #f2f2f2; padding: 5px;"><b>SECOND Option: Enoxaparin + Warfarin Therapy</b></div> <p><i>Use in patients that are contraindicated for NOAC use (such as renal failure or financially prohibitive)</i></p> <input type="checkbox"/> enoxaparin and warfarin <input checked="" type="checkbox"/> enoxaparin ( <b>give first dose in ED</b> ) <input type="checkbox"/> CrCl greater than 30 mL/min: 1.5 mg/kg _____ mg subcutaneous once ( <b>max 180 mg</b> ) <input type="checkbox"/> CrCl less than/equal to 30 mL/min: 1 mg/kg _____ mg subcutaneous once ( <b>max 180 mg</b> ) <b>THEN</b> <input checked="" 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) <b>AND</b> <input checked="" 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) <div style="background-color: #f2f2f2; padding: 5px;"><b>THIRD Option: Enoxaparin Alone</b></div> <p><i>Use in active malignancy, pregnancy, or if breast feeding</i></p> <input type="checkbox"/> enoxaparin <input checked="" type="checkbox"/> enoxaparin ( <b>give first dose in ED</b> ) <input type="checkbox"/> CrCl greater than 30 mL/min: 1.5 mg/kg _____ mg subcutaneous once ( <b>max 180 mg</b> ) <input type="checkbox"/> CrCl less than/equal to 30 mL/min: 1 mg/kg _____ mg subcutaneous once ( <b>max 180 mg</b> ) <b>THEN</b> <input checked="" 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)			
	<div style="background-color: #f2f2f2; padding: 5px;"><b>Discharge</b></div> <input type="checkbox"/> Fax completed Order Set to Family Physician and Thrombosis Clinic (905-397-1907) for follow-up <input type="checkbox"/> Complete CCAC referral (for enoxaparin injections) <input type="checkbox"/> Provide patient and/or caregiver with attached education sheet and review RTED and follow-up plan			
	<div style="background-color: #f2f2f2; padding: 5px;"><b>Additional Orders</b></div>  			

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

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



## VTE Patient Information Sheet

You have been diagnosed with a blood clot in the vein (Deep Vein Thrombosis or DVT) that requires treatment. The treatment is “blood thinners” (also known as anticoagulants). Most patients require treatment for 3 to 9 months, but some will need it longer.

**OR**

You have been diagnosed with a blood clot in the lung (Pulmonary Embolism or PE) that requires treatment. The treatment is “blood thinners” (also known as anticoagulants). Most patients require treatment for 3 to 9 months, but some will need it longer.

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

1. Continue your care with the Hematology/Thrombosis team. They will follow-up with you and arrange further care within a few days. A referral has already been made.
2. **CALL THE CLINIC at (905) 685-8082** yourself within the next 24 hours to get an appointment. Leave a detailed message with your contact information.
3. Make sure that you schedule an appointment with your family physician **ASAP** so that your treatment is not interrupted. If you do not have a family doctor, call Health Care Connect Ontario (1-800-445-1822) for help getting one.
4. Take your medications regularly and as prescribed. Read the instructions and information given to you by your pharmacist. Ask your doctor, pharmacist, or nurse any questions you might have.
5. Return to the Emergency Department (or call 911) if you develop signs of:
  - A. **bleeding** that could be caused by blood thinners. *These 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 lung/worsening lung function.** *This could include sudden or worsening chest pain and/or shortness of breath, coughing up blood, or loss of consciousness.*
6. Avoid:
  - A. Having intramuscular injections
  - B. Taking anti-inflammatories (like Aleve® or Advil®) because of the increased risk of bleeding
  - C. Doing activities that increase your risk of injury or bleeding
7. You may wish to visit the “Patient & Family Information” section of the Thrombosis Canada™ website ([www.thrombosiscanada.ca](http://www.thrombosiscanada.ca)) for additional information on DVT and PE.

**Blood Thinners can be used in one of two ways. Know yours and what you need to do:**

Enoxaparin (Lovenox®) with or without Warfarin Option	Rivaroxaban (Xarelto®) or Apixaban (Eliquis®) Option
<ol style="list-style-type: none"> <li>1. You will have to get daily injections of enoxaparin until your blood is thin enough on warfarin (INR between 2 and 3)</li> <li>2. Injections are arranged through CCAC nurses. We faxed the forms and CCAC will contact you. They can be reached at 905-684-9441 and their clinic is located at 149 Hartzel Road in St. Catharines</li> <li>3. If prescribed, start taking your warfarin the evening before your appointment with the Thrombosis Clinic. Take 10 mg that evening and then follow your doctor’s instructions.</li> <li>4. You will be getting bloodwork regularly through you doctor, usually every 2 - 3 days for the first 2 weeks and then every 2 - 3 weeks for the length of treatment.</li> </ol>	<ol style="list-style-type: none"> <li>1. Take your medications as prescribed.</li> <li>2. Call the Thrombosis Clinic at 905-685-8082 to arrange for follow-up</li> </ol>