

PATIENT NAME _____ ACCT NUMBER _____

PHYSICIAN NAME _____ DATE _____

NURSING

- _____ Assess home environment for safety, teach/train caregiver. Assess patient for appropriate home care.
- _____ RN visits BID to administer low molecular weight heparin (LMWH) enoxaparin sq bid and to check daily protimes/INRs. Once patient/caregiver successfully demonstrates LMWH enoxaparin sq injections, then RN visits QD for daily protime monitoring via coagulation monitor until protime is stabilized in the therapeutic range. INR 2-3 for 2 consecutive days. Patient will receive at least 5 days of LMWH enoxaparin. Flow sheet of warfarin and LMWH to be maintained.
- _____ Recheck protime/INR 1 week after INR stabilized in the therapeutic range. INR 2-3
- _____ Monitor and draw circumference around areas of ecchymoses
- _____ Assess tenderness, warmth, pain and redness of affected extremity q visit and record
- _____ Assess patient for symptoms of bleeding
- _____ Teach patient about DVT, warfarin, LMWH enoxaparin, symptoms of bleeding, symptoms to notify MD and diet

ANTICOAGULATION THERAPY

- _____ **LMWH enoxaparin _____ mg sq bid** (Recommended dose 1 mg/kg bid) - dose will be rounded to the nearest prefilled syringe size for weight > 60 kg, or nearest 10mg for weight <= 60 kg. LMWH enoxaparin will be given for at least 5 days. Once the protime/INR is stabilized in the therapeutic range, INR 2-3 for 2 consecutive days then discontinue LMWH enoxaparin.
- _____ RN to pre-draw LMWH enoxaparin syringes and leave them in the refrigerator
- _____ Warfarin po qd at 1700 (DAILY) oral dosing based on the following INR protocol orders. Dispense 1 mg and 5 mg tabs
- _____ INR less than or equal to 1.0, GIVE 10 MG WARFARIN PO
- _____ INR greater than 1.0 to 1.5, GIVE _____ MG WARFARIN PO
- _____ INR greater than 1.5 but less than 2.0, GIVE _____ MG WARFARIN PO
- _____ **INR 2.0 to 3.0, GIVE DOSE = AVERAGE OF ALL PREVIOUS DAYS DOSAGES INCLUDING HOSPITALIZATION DOSAGES. AFTER 2 CONSECUTIVE DAYS OF INR IN THE 2.0-3.0 RANGE, THEN PATIENT WILL CONTINUE WITH THE LAST DOSE GIVEN.**
- _____ INR greater than 3.0 to less than 5.0, HOLD WARFARIN. Fax info to physician.
- _____ INR greater than or equal to 5.0, HOLD WARFARIN and LMWH ENOXAPARIN. CALL PHYSICIAN

LAB

- _____ Daily protime/INR via coagulation monitor until INR stabilized 2-3 for 2 consecutive days. Protime with AM visit
- _____ Recheck protime/INR 1 week after INR stabilized. At this point, MD will take over unless further orders are given to VNA

PHYSICIAN COMMUNICATION

- _____ FAX DAILY to physician and pharmacy results of protime, warfarin and LMWH dose, description of affected extremity and patient symptoms
 - _____ PHONE PHYSICIAN IMMEDIATELY AND HOLD DOSE OF WARFARIN AND LMWH ENOXAPARIN WHEN PATIENT HAS INR GREATER THAN OR EQUAL TO 5.0 OR HAS SIGNIFICANT ACTIVE BLEEDING WHICH INCLUDES MELENA, HEMATOCHESIA, HEMATEMESIS, HEMOPTYSIS, OR LACERATION OR NOSEBLEEDS THAT ARE DIFFICULT TO CONTROL OR PATIENT HAS TRAUMA OR SYMPTOMS TO SUGGEST INTERNAL BLEEDING, i.e., DIFFICULTY BREATHING, CHANGES IN LEVEL OF CONSCIOUSNESS, OR NEW ABDOMINAL PAIN OR SWELLING. Minor bleeding which includes ecchymoses, gumbleeds, or minor nosebleeds do not require an immediate phone call to the physician, but should be reported in the daily FAX report.
- RN will call 911 in appropriate situations where ER care is deemed necessary.**

DIET: Regular Other _____

ACTIVITY

- _____ Bedrest with BRP with affected extremity elevated until swelling and pain have decreased, then gradual ambulation
- _____ Thigh high TED hose to affected extremity at all times until swelling and pain have decreased

Date _____ Time _____ Physician _____

Physician Phone # _____ Physician Fax # _____



DVT Discharge Orders

PATIENT IDENTIFICATION