


Classic 3 bucket model implementation

Courtesy Dr. Lori Porter, Good Samaritan Regional Medical Center

Discern: zzzdiscern, advisor vte

 **Banner Health** Help

Patient Name: zzzdiscern, advisor vte **Sex:** Male **MRN:** 999999
Location: 05 A4E - VA4E **Age/DOB:** 31 Years / June 04, 1980 **FIN:** 222222

VTE Risk Assessment - Discern Advisor®

The VTE Risk Assessment Advisor is **optional** for your documented patient relationship. You may click the Done button to close the Advisor or complete the documentation and orders.

Please Determine and Document appropriately the Risk Profile of this patient based on your clinical assessment and the criteria listed for development of Venous thromboembolism. Place the appropriate prophylactic treatment measure suggested OR document any contraindications that preclude the same.


Patient Weight: 65.000 Kg Patient Creatinine Clearance: 131.20 mL/min

	Risk Level	Risk Factors
<input type="radio"/>	High Risk	<ul style="list-style-type: none">• Elective hip or knee arthroplasty• Hip, pelvic, or severe lower extremity fractures• Acute spinal cord injury with paresis• Multiple major trauma• Morbid obesity (> 150 kg)
<input type="radio"/>	Moderate Risk	<ul style="list-style-type: none">• Inpatient with an Acute Medical Illness <p>Including but not limited to: h/o PE or DVT, acute CHF, malignancy, age > 40, pneumonia, cellulitis, BMI > 30, limited mobility, active tobacco use, CVL or PICC line in place, sepsis, ischemic CVA or previous CVA with paresis, recent major surgery (< 3 months), myocardial infarction (< 3 months), varicose veins, acute or chronic lung disease, severe dehydration, IBD, sickle cell disease, nephrotic syndrome, on estrogen based therapy, post partum < 1 month, collagen vascular disease, etc...</p>
<input type="radio"/>	Low Risk	<p>Less than 5% of inpatients are low risk:</p> <ul style="list-style-type: none">• Observation patients• Same-day or minor surgery (less than 30 minutes)• Expected length of stay less than 48 hours• Zero risk factors• Already on therapeutic anticoagulation

Please select the VTE Risk for this patient. Reset Done

Risk-appropriate prophylaxis options appear after risk level chosen. High Risk requires dual prophylaxis

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Same-day or minor surgery (less than 30 minutes) Already on therapeutic anticoagulation
 Expected length of stay less than 48 hours

Surgical Patient

Orders for High Risk Patients

Prophylaxis for High Risk Patient: Choose one pharmacologic option and one mechanical option.

Pharmacologic:

<input type="radio"/> enoxaparin	30 mg SubQ, Injection, Q12H (int)	(CrCl > 30 mL/min, weight ≤ 150 Kg)
<input type="radio"/> enoxaparin	30 mg SubQ, Injection, Q24H	(CrCl 15 to 30 mL/min)
<input type="radio"/> enoxaparin	40 mg SubQ, Injection, Q12H (int)	(CrCl > 30 mL/min, weight > 150 Kg)
<input type="radio"/> heparin	5,000 unit(s) SubQ, Soln, Q8H (int)	(In hip and knee replacement, spinal cord injury, and trauma patients use heparin ONLY if CrCl < 15 mL/min or on renal replacement therapy)
<input type="radio"/> warfarin PT (Protime)	5 mg PO, Tab, Q1700 T+1;0400, AM Routine, RT, DAILY 3 day(s)	(Hip and knee arthroplasty only)
<input type="radio"/> Reason Pharmacologic Prophylaxis Not Given		

Mechanical:

<input type="radio"/> Intermittent Pneumatic Compression Knee	Remove only for walking or bathing.
<input type="radio"/> Reason Mechanical Prophylaxis Not Given	

Please select a Pharmacologic and Mechanical Prophylaxis order. Reset Done

Contraindications captured if pharmacologic prophylaxis not ordered for a patient at risk of DVT.

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Reasons Pharmacologic Prophylaxis not Given

Check all that apply:

<input type="checkbox"/> No documented reason	<input type="checkbox"/> Post-operative bleeding concerns
<input type="checkbox"/> Continuous IV heparin therapy day of or day after admission	<input type="checkbox"/> Thrombocytopenia: Platelets <50,000 or 100,000 and down trending
<input type="checkbox"/> Patient low risk for VTE	<input type="checkbox"/> Coagulopathy (INR >2 or PT > 18)
<input type="checkbox"/> Patient/Family refused	<input type="checkbox"/> Active hemorrhage
<input type="checkbox"/> Warfarin therapy prior to admission; on hold due to high INR	<input type="checkbox"/> Heparin induced thrombocytopenia
<input type="checkbox"/> Other	<input type="checkbox"/> Recent TPA (within last 24 hours)
	<input type="checkbox"/> Hemorrhage from severe trauma to head or spinal cord (within one month)
	<input type="checkbox"/> Recent intracranial surgery (within 2 weeks)
	<input type="checkbox"/> Active intracranial lesions/ neoplasms
	<input type="checkbox"/> Recent spine surgery (within 7 days)
	<input type="checkbox"/> Recent transplant surgery (within 48 hours)
	<input type="checkbox"/> Epidural catheter insertion (see note)
	<input type="checkbox"/> Epidural catheter removal (within 2 hours)
	<input type="checkbox"/> GI hemorrhage (within one month)
	<input type="checkbox"/> GU hemorrhage (within one month)
	<input type="checkbox"/> Intraocular surgery (within 2 weeks)
	<input type="checkbox"/> Hypertensive urgency or emergency

You must select at least one reason why Pharmacologic Prophylaxis will not be given.

Close