CREDIT • VALLEY
THE CREDIT VALLEY HOSPITAL

PHYSICIAN'S ORDERS
LOW MOLECULAR WEIGHT HEPARIN
VENOUS THROMBOEMBOLISM (VTE)
OUTPATIENT MANAGEMENT (Adult)

Weight _______________(kg)

Allergies: ____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

WARNING:
- For patients with active cancer (i.e. currently undergoing treatment and/or newly diagnosed), the preferred treatment option is DALTEPARIN alone
- Avoid IM injections if possible while on dalteparin. Reassess the need for NSAIDs, antiplatelet medications
- Concurrent use of unfractionated heparin with dalteparin is not recommended
- Avoid use of dalteparin in patients with severe renal impairment, including dialysis patients: estimated creatinine clearance less than 30 mL/min (see back of orders for information on estimated creatinine clearance). For these patients, IV unfractionated heparin is recommended.

☐ **All Patients**

Refer patient to CCAC if patient meets criteria (see CCAC guidelines).
Baseline INR, PTT, CBC. If baseline INR or PTT are abnormal, contact physician.
Dalteparin (patients less and or equal to 90 kg) __________ units (200 units/kg/dose) SC **once daily** - NO maximum
OR
Dalteparin (patients greater than 90 kg or at increased risk of bleeding) _______ units (100 units/kg/dose) SC **bid**
- NO maximum (round dose to nearest available size of pre-filled syringe - see back for syringe sizes)

☐ **Patients with Confirmed VTE and NO Active Cancer**	☐ **Patients with Confirmed VTE and Active Cancer**	☐ **Patients with Unconfirmed VTE**
Warfarin _____ mg x 1 dose orally (5 to 7.5 mg) (see dosing guidelines on back) INR on first available weekday then 2 to 3 times per week as per MRP MRP to determine daily Warfarin dose based on INR MRP to discontinue Dalteparin when INR is greater than or equal to 2 for two consecutive results and when a minimum of 5 doses for once daily or 10 doses for twice daily dosing have been given. Discharge patient from CCAC when Dalteparin completed.	Continue Dalteparin at dose above Refer patient to Hematologist (follow-up appointment in 3 to 4 weeks)	Patient to be discharged home after arrangements are made for diagnostic testing. (For discharged ER patients, Duplex scans are available at 0800 Monday to Friday at The Credit Valley Hospital Cardiopulmonary Department). Patient to return to ER after diagnostic testing completed.

Orders for Outpatient Pharmacy:

☐ **Patients with Confirmed VTE and NO Active Cancer**	☐ **Patients with Confirmed VTE and Active Cancer**	☐ **Patients with Unconfirmed VTE**
Dalteparin - see dose above *LU Code = 186* Mitte: 6 days Warfarin 5 mg po Take as directed Mitte: 60 tablets	Dalteparin - see dose above *LU Code = 188* Mitte: 30 days	Dalteparin - see dose above *LU Code = 186* Mitte: 3 days

Date: _______________ **Time:** _______________ _______________________________

MD SIGNATURE

MRP name: ____ (PLEASE PRINT) MRP phone #: ______________________

☐ MRP notified by ER MD MRP OHIP #: ______________________

REFERENCE ONLY

PHYSICIAN'S ORDERS
LOW MOLECULAR WEIGHT HEPARIN
VENOUS THROMBOEMBOLISM (VTE) OUTPATIENT MANAGMENT (Adult)

Estimated creatinine clearance

Calculator may be found on the Internet at:
(http://nephron.com/cgi-bin/CGSI.cgi)

or use calculation below

Calculation of Creatinine Clearance:

Males: Creatinine Clearance (mL/min) = $\frac{\text{(140-age) x actual body weight in kg x 1.2}}{\text{Serum creatinine (umol/L)}}$

Females: Males x 0.85

Dalteparin is available in the following prefilled syringes:

- 2,500 units/0.2 mL
- 5,000 units/0.2 mL
- 7,500 units/0.3 mL (not covered by Ontario Drug Benefit)
- 10,000 units/0.4 mL
- 12,500 units/0.5 mL
- 15,000 units/0.6 mL
- 18,000 units/0.72 mL

REFERENCE ONLY

Warfarin Dosing Guidelines

Consider using a starting dose of 5 mg for patients who are elderly; have impaired nutrition/low body mass index, liver disease, CHF; are at increased risk of bleeding; are taking medications that may increase bleeding risk due to drug interaction e.g. amiodarone, ciprofloxacin, cotrimoxazole
or who will not be able to get INR checked for greater than or equal to 48 hours.

Consider using a starting dose of 7.5 mg for all other patients.

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REFERENCE ONLY

White - CHART   Canary - PHARMACY   Pink - CCAC

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