



Extended Thromboprophylaxis for Patients after Abdomino-Pelvic Surgery Discharge and Follow-up Order Set

ACTION

Patient Population

For high VTE risk patients undergoing abdomino-pelvic cancer surgery, who are not at high risk for major bleeding complications extended-duration for a total of 4 weeks of pharmacological prophylaxis with LMWH is recommended (1)

- Any admitted patient; if not admitted, patient is over 40 years of age with surgery planned to last for more than one hour

VTE Prophylaxis

No Prophylaxis

- No prophylaxis: On therapeutic anticoagulation, e.g. dabigatran, rivaroxaban, apixaban, LMWH, heparin, warfarin
- No prophylaxis: Bleeding/high risk of bleeding No prophylaxis - Reason: _____

Anticoagulant Prophylaxis

- Weight _____ kg CrCl _____ mL/minute
- Ensure appropriate lab investigation(s) completed

Prescriber to consider an increased dose of anticoagulant for patient with weight greater than 100 kg **TC**

The following LMWH recommendations for patients with weight greater than 100 kg are based on empiric evidence

Prescribers may opt for a once daily or twice daily LMWH dose for patient compliance and convenience **TC**

- Start prescribed anticoagulant on _____ (yyyy-mm-dd) at _____ (hh:mm)

Enoxaparin **TC**

- CrCl less than 30 ml/minute / weight less than 40 kg: enoxaparin 30 mg Subcutaneous daily
- weight 40-100 kg: enoxaparin 40 mg Subcutaneous daily [caution-renal]
- weight greater than 100 kg: enoxaparin _____ mg Subcutaneous q ____ h (40 mg, q12h) [caution-renal]
- enoxaparin _____ mg Subcutaneous q ____ h

Dalteparin **TC**

- weight less than 40 kg: dalteparin 2,500 units Subcutaneous daily
- weight 40-100 kg: dalteparin 5,000 units Subcutaneous daily
- weight greater than 100 kg: dalteparin _____ units Subcutaneous q _____ h (5,000 units, q12h)
- dalteparin _____ units Subcutaneous q _____ h

Tinzaparin **TC**

- weight less than 40 kg: tinzaparin 2,500 units Subcutaneous daily
- weight 40-100 kg: tinzaparin 4,500 units Subcutaneous daily
- weight greater than 100 kg: tinzaparin _____ units Subcutaneous q _____ h (4,500 units, q12h)
- tinzaparin _____ units Subcutaneous q _____ h

For Patients with history of Heparin Induced Thrombocytopenia (HIT)

- fondaparinux 2.5 mg Subcutaneous daily **TC**
- _____

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Submitted by: _____ Read Back

ID PRINTED NAME YYYY-MM-DD HH:MM

Practitioner: _____

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Discharge

- Discharge date: _____ (yyyy-mm-dd)
- Discharge patient home Discharge patient to: _____

Discharge Referrals

- Ensure primary health care provider notified
- Ensure CCAC referral completed for injections

Discharge Information

- Ensure a copy of relevant documents have been sent to the primary health care provider as per policy/procedure
- _____

Patient Education

For more information, refer to the corresponding document: Extended Thromboprophylaxis after Abdomino-Pelvic Surgery Patient Education

- Ensure applicable education and discharge instructions have been provided to the patient as per policy/procedure
- _____

Appointments

- | | |
|---|---|
| <input type="checkbox"/> Primary Care Practitioner: _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____
<input type="checkbox"/> Patient to arrange appointment to be seen in _____ day(s) | Phone Number: _____
or <input type="checkbox"/> You will be notified
or _____ week(s) |
| <input type="checkbox"/> _____
<input type="checkbox"/> Arranged by hospital: Date: _____ Time: _____
<input type="checkbox"/> Patient to arrange appointment to be seen in _____ day(s) | Phone Number: _____
or <input type="checkbox"/> You will be notified
or _____ week(s) |

Additional Orders

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Order Set Development and Implementation Considerations

The intent of this Order Set Development and Implementation Considerations section is to provide additional information for Order Set Committees and/or Order Set leads when implementing this order set locally. This section is not designed to be included in the actual order set and can be removed if needed.


Patient Care Considerations

- **Antithrombotic Dosing in Obese Patients:** Obese patients are at higher risk for thromboembolism. The safety and efficacy of prophylactic doses in obese patients (BMI greater than/equal to 30 kg/m²) has not been fully determined and there is no consensus for dose adjustment. The LMWH dose recommendations included in this order set are based on expert opinion. These patients should be observed carefully for signs and symptoms of thromboembolism. Although some evidence suggests twice daily dosing for patients with weight greater than 100 kg, clinicians may opt for once daily dosing if it is deemed safe and clinically appropriate as per clinical practice patterns and prescriber judgement.

Administration/Organizational Considerations

- **Discharge and Appointments Sections:** The discharge and appointment sections have been included in this order set with the intention to be used by facilities as part of their discharge and follow-up process. Facilities are advised to consider their policies and procedures when implementing this order set locally and make adjustments as applicable.
- **Patient Education:** A corresponding patient education document: Extended Thromboprophylaxis after Abdomino-Pelvic Surgery Patient Education is available. Facilities are encouraged to utilize the patient education document along with this order set and make adjustments as per their policies and procedures.

Additional Considerations

- **Drug-specific Reminders:** Drug-specific reminders are intended to alert prescribers to potentially harmful drug properties for certain susceptible patients. The following caution flags are for the organization's consideration when developing an order set: [caution-geriatric,hepatic,renal]. For a comprehensive list of drug cautions and contraindications, consult product monographs and/or alternative resources
- **Thrombosis Canada Icon Use in Document:**  These icons represent information that is recommended by Thrombosis Canada.

References

Key references ^(1; 4) Other references ^(2; 3; 5)

All medications have been reviewed using Lexicomp and Compendium of Pharmaceuticals and Specialties (eCPS).

1. Guyatt, G. H., Akl, E. A., Crowther, M., Gutterman, D. D., & Schünemann, H. J. (2012). Executive summary: Antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*, 141(2 SUPPL), 7S–47S. doi:10.1378/chest.1412S3
2. Rondina, M., Wheeler, M., Rodgers, G. M., Draer, G. M., Draper, L., & Pendleton, R. C. (2010). Weight-based dosing of enoxaparin for VTE prophylaxis in morbidly obese, medically-ill patients. *NIH Public Access; Thromb Res*, 1–10. doi:10.1016/j.surg.2006.10.010.Use

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3. Hainer, J. W., Barrett, J. S., Assaid, C. A., Fossler, M. J., Cox, D. S., ... Leese, P. T. (2002). Dosing in heavy-weight/obese patients with the LMWH, tinzaparin: A pharmacodynamic study. *Thrombosis and Haemostasis*, 87(5), 817–823.

4. Thromboprophylaxis: Non-Orthopedic Surgery. (2016). Thrombosis Canada. Retrieved from http://thrombosiscanada.ca/?page_id=18#

5. Di Nisio, M., Porreca, E., Candeloro, M., De Tursi, M., Russi, I., & Rutjes, A. W. (2016). Primary prophylaxis for venous thromboembolism in ambulatory cancer patients receiving chemotherapy (Review). *Cochrane Database Syst Rev*, (12). doi:10.1002/14651858.CD008500.pub4.

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