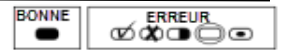




# TEV - Prévenir la thromboembolie veineuse



DATE (jj/MMM/aa): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



<p>Type de thromboprophylaxie administrée:</p> <ol style="list-style-type: none"> <li>1. Mécanique Seulement</li> <li>2. Héparine</li> <li>3. Daltéparine (Fragmin MD)</li> <li>4. Enoxaparine (Lovenox MD)</li> <li>5. Nadroparine (Fraxiparine MD)</li> <li>6. Tinzaparine (Innohep MD)</li> <li>7. Fondaparinux (Arixtra MD)</li> <li>8. Warfarine</li> <li>9. Dabigatran (Pradax MD)</li> <li>10. Rivaroxaban (Xarelto MD)</li> <li>11. Apixaban (Eliquis MD)</li> <li>12. Pas d'ordre</li> </ol>	<p>Raisons pour lesquelles la thromboprophylaxie recommandée n'a PAS été utilisée:</p> <ol style="list-style-type: none"> <li>1. Thromboprophylaxie n'a été utilisée</li> <li>2. Mécanique a été utilisée sans qu'il y ait une contre indication associée à un saignement</li> <li>3. MÉDICAMENT utilisé était inapproprié</li> <li>4. DOSE utilisée était inappropriée</li> <li>5. Un délai de &gt;24 heures après la fin de la chirurgie ou &gt;24 heures suivant l'admission</li> <li>6. Une durée de temps insuffisante</li> <li>7. Normes suivantes qui sont différentes de SHN</li> </ol>
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Pt #	A. Utilisation appropriée des ensembles d'ordonnance	B. Type de thromboprophylaxie administrée	C. Recevant une thromboprophylaxie appropriée	D. Raisons pour lesquelles la thromboprophylaxie recommandée n'a PAS été utilisée
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2 <input type="radio"/> ANNULER	<input type="radio"/> Oui <input type="radio"/> Non	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> Oui <input type="radio"/> Non	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
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