# General

**Common Present on Admission Diagnosis** 

[] Acidosis	Details
[] Acute Post-Hemorrhagic Anemia	Details
[] Acute Renal Failure	Details
[] Acute Respiratory Failure	Details
[] Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	Details
[] Anemia [] Bacteremia	Details
	Details
Bipolar disorder, unspecified         Cardiac Arrest	
	Details
] Cardiac Dysrhythmia	Details
Cardiogenic Shock	Details
] Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
] Disorder of Liver	Details
] Electrolyte and Fluid Disorder	Details
] Intestinal Infection due to Clostridium Difficile	Details
] Methicillin Resistant Staphylococcus Aureus Infection	Details
] Obstructive Chronic Bronchitis with Exacerbation	Details
] Other Alteration of Consciousness	Details
] Other and Unspecified Coagulation Defects	Details
] Other Pulmonary Embolism and Infarction	Details
] Phlebitis and Thrombophlebitis	Details
] Protein-calorie Malnutrition	Details
] Psychosis, unspecified psychosis type	Details
] Schizophrenia Disorder	Details
] Sepsis	Details
Septic Shock	Details
] Septicemia	Details
<ul> <li>Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled</li> </ul>	Details
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response)	
() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Admission or Observation (Single Response)	

Admission or Observation (Single Response) Patient has active status order on file

() Admit to Inpatient	Diagnosis:
	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician: Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
()	Admitting Physician:
	Bed request comments:
Admission (Single Response)	
Patient has active status order on file.	
() Admit to inpatient	Diagnosis:
· · · · · · · · · · · · · · · · · · ·	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital
	services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
[]_DNR	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order? Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity?
	Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	Details
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	

Vital Signs

[] Vital signs - T/P/R/BP	Routine, Every 4 hours And PRN.
[] Pulse oximetry - spot check	Routine, Every 4 hours Current FIO2 or Room Air: And PRN
Activity	
[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[] Activity as tolerated - restricted to CAGT unit	Routine, Until discontinued, Starting S Specify: Activity as tolerated Restricted to CAGT unit
Nursing	
[] Initiate and maintain IV	
[] Insert peripheral IV	Routine, Once
[] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
Daily weights	Routine, Daily
[] Strict intake and output	Routine, Every 8 hours
Notify	
<ul> <li>[] Notify Physician - if weight increases by 1 kilogram or more</li> </ul>	Routine, Until discontinued, Starting S, if weight increases by 1 kilogram or more
[] Notify Physician if temp greater than 38 degrees Celsius	Routine, Until discontinued, Starting S, If temperature greater than 38 degrees Celsius.
<ul> <li>[] Notify Physician - for Hemoglobin LESS THAN 7 gram/deciliter</li> </ul>	Routine, Until discontinued, Starting S, for Hemoglobin LESS THAN 7 gram/deciliter
<ul> <li>[] Notify Physician - for Platelets LESS THAN 10,000 microliter</li> </ul>	Routine, Until discontinued, Starting S, for Platelets LESS THAN 10,000 microliter
<ul> <li>[] Notify Physician - if no Single Donor Platelets (SDP) available</li> </ul>	Routine, Until discontinued, Starting S, if no Single Donor Platelets (SDP) available
Diet	
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction: Foods to Avoid:
[] Diet - Neutropenic	Diet effective now, Starting S
[] Diet - Neutropenic	Diet(s): Additional Instructions
	Additional Instructions: Neutropenic/Low Bacteria
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] NPO	Diet effective now, Starting S
	NPO: Pre-Operative fasting options:
IV Fluids	
IV Bolus (Single Response)	
() sodium chloride 0.9 % bolus	500 mL, intravenous, at 999 mL/hr, once, For 1 Doses
() sodium chloride 0.9 % bolus	1,000 mL, intravenous, at 999 mL/hr, once, For 1 Doses
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	42 mL/hr, intravenous, continuous
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<ul> <li>dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion</li> </ul>	42 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	42 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium	42 mL/hr, intravenous, continuous
bicarbonate 75 mEq/L infusion	
Medications	
Pharmacy Consult	
[] Consult to Pharmacy	Routine, Until discontinued, Starting S
[]	Specify reason: Pharmacotherapy / Drug Monitoring / Electrolytes / Renal Adjustment
Medications	
[] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] acyclovir (ZOVIRAX) tablet	800 mg, oral, daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[] valACYclovir (VALTREX) tablet	500 mg, oral, daily
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[] fluconazole (DIFLUCAN) tablet	200 mg, oral, daily
	Type of Therapy: New Anti-Infective Order
	Reason of Therapy: Medical Prophylaxis
[] levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[] sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160	1 tablet, oral, 3 times weekly
mg tablet	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Medical Prophylaxis
[] multivitamin (THERAGRAN) per tablet	1 tablet, oral, daily
Growth Factors	
[] filgrastim ((NEUPOGEN) injection solution	subcutaneous, daily at 1600
	subcutaneous, daily at 1000
Medications PRN	
[] temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep, For 2 Doses
	May repeat x1 if no response in 30 minutes
[] artificial tears (NATURES TEARS) ophthalmic solution	1 drop, Both Eyes, PRN, dry eyes, As directed Leave at bedside
[] sodium chloride (OCEAN) 0.65 % nasal spray	2 spray, Each Nare, every 2 hour PRN, dry nostrils Leave at bedside
[] aluminum/magnesium hydroxide/simethicone (MAALOX) 5 mL suspension	30 mL, oral, every 4 hours PRN, indigestion
[] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine IV or Oral	"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting
Transfusion Pre-medication	
[] sodium chloride 0.9 % bolus	250 mL, intravenous, for 15 Minutes, 2 times daily PRN, transfusion

[] diphenhydrAMINE (BENADRYL) injection

[] acetaminophen (TYLENOL) tablet

12.5 mg, intravenous, 2 times daily PRN, itching, prior to each transfusion

650 mg, oral, 2 times daily PRN, mild pain (score 1-3), prior to each transfusion

## VTE

VTE	
<ul> <li>DVT Risk and Prophylaxis Tool (Single Response)</li> <li>Low Risk Definition Moderate Risk Definition</li> <li>Pharmacologic prophylaxis must be addressed. Mechanical proposition</li> <li>Both pharmacologic AND mechanical prophylaxis must be addres</li> <li>Age less than 60 years and NO other VTE risk factors One or metfollowing medical conditions:</li> <li>Patient already adequately anticoagulated CHF, MI, lung disease veins, cancer, sepsis, obesity, previous stroke, rheumatologic disstasis and nephrotic syndrome Thrombophilia (Factor V Leiden, syndrome; antithrombin, protein C or protein S deficiency; hyper Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis</li> </ul>	essed. ore of the following medical conditions: One or more of the e, pneumonia, active inflammation, dehydration, varicose sease, sickle cell disease, leg swelling, ulcers, venous prothrombin variant mutations, anticardiolipin antibody
History of DVT or family history of VTE Multiple major traumas Anticipated length of stay GREATER than 48 hours Abdominal	or polyio ourgony for CANCEP
Less than fully and independently ambulatory Acute ischemic s	
Estrogen therapy History of PE	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major surgery within 5 months of admission	
() Low Risk of DVT	
[] Low Risk (Single Response) () Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed.
	Will encourgae early ambulation
() Moderate Risk of DVT - Surgical	
Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk [] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Surgical	
Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device	Deutine Continueur
continuous	Routine, Continuous
continuous           []         Place antiembolic stockings           Moderate Risk of DVT - Non-Surgical	Routine, Once
continuous           [] Place antiembolic stockings           Moderate Risk of DVT - Non-Surgical           Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	Routine, Once
continuous         [] Place antiembolic stockings         Moderate Risk of DVT - Non-Surgical         Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.         ] Moderate Risk	Routine, Once owing. Mechanical prophylaxis is optional unless
continuous           [] Place antiembolic stockings           Moderate Risk of DVT - Non-Surgical           Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	Routine, Once
continuous         [] Place antiembolic stockings         Moderate Risk of DVT - Non-Surgical         Address pharmacologic prophylaxis by selecting one of the folke         pharmacologic prophylaxis is contraindicated.         ] Moderate Risk         [] Moderate Risk of VTE         ] Moderate Risk Pharmacological Prophylaxis -	Routine, Once owing. Mechanical prophylaxis is optional unless Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is
continuous         [] Place antiembolic stockings         Moderate Risk of DVT - Non-Surgical         Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.         ] Moderate Risk         [] Moderate Risk of VTE         ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Routine, Once         owing.       Mechanical prophylaxis is optional unless         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following
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continuous         [] Place antiembolic stockings         Moderate Risk of DVT - Non-Surgical         Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.         ] Moderate Risk         [] Moderate Risk of VTE         ] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL	Routine, Once         owing.       Mechanical prophylaxis is optional unless         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 1700 (time critical), Startin S         30 mg, subcutaneous, daily at 1700 (time critical), Startin

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	50kg, prior to surgery/invasive procedure, or CrCl LESS
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<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g.
75yrs)	weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical)
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
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() Contraindications exist for mechanical prophylaxis	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device	Routine, Continuous
<ul> <li>() Place sequential compression device and antiembolic</li> </ul>	"And" Linked Panel
stockings	
[] Place/Maintain sequential compression device	Routine, Continuous
continuous	
	Routine, Once
continuous           [] Place antiembolic stockings           High Risk of DVT - Surgical	Routine, Once
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continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord ] High Risk [] High risk of VTE	Routine, Once
continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High risk of VTE         ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once
<ul> <li>continuous</li> <li>[] Place antiembolic stockings</li> <li>High Risk of DVT - Surgical</li> <li>Address both pharmacologic and mechanical prophylaxis by ord</li> <li>] High Risk</li> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Surgical Patient</li> </ul>	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once Routine, Once
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continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk of VTE         ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin
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continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk of VTE         ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min
<ul> <li>continuous <ol> <li>Place antiembolic stockings</li> <li>High Risk of DVT - Surgical</li> </ol> </li> <li>Address both pharmacologic and mechanical prophylaxis by ord</li> <li>High Risk <ol> <li>High Risk</li> <li>High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)</li> <li>Patient is currently receiving therapeutic anticoagulation</li> </ol> </li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) <ol> <li>enoxaparin (LOVENOX) syringe</li> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ol> </li> </ul>	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk Narmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min         () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1
<ul> <li>continuous <ol> <li>Place antiembolic stockings</li> <li>High Risk of DVT - Surgical</li> </ol> </li> <li>Address both pharmacologic and mechanical prophylaxis by ord</li> <li>High Risk <ol> <li>High Risk</li> <li>High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)</li> <li>Patient is currently receiving therapeutic anticoagulation</li> </ol> </li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) <ol> <li>enoxaparin (LOVENOX) syringe</li> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ol> </li> </ul>	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1         For Patients weight between 100-139 kg and CrCl
continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk of VTE         ] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min         () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 100-139 kg and CrCl GREATER than 30 mL/min
continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk Narmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min         () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1         For Patients weight between 100-139 kg and CrCl
continuous         [] Place antiembolic stockings         High Risk of DVT - Surgical         Address both pharmacologic and mechanical prophylaxis by ord         ] High Risk         [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)         () Patient is currently receiving therapeutic anticoagulation         () Contraindications exist for pharmacologic prophylaxis         () enoxaparin (LOVENOX) injection (Single Response)         () enoxaparin (LOVENOX) syringe         () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min         () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min         () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1         For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min         40 mg, subcutaneous, 2 times daily at 0600, 1800 (time

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
] High Risk	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk [] High risk of VTE	ering from Pharmacological and Mechanical Prophylaxis. Routine, Once
<ul> <li>High Risk</li> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> </ul>	
<ul> <li>High Risk</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Non-Surgical</li> </ul>	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is
<ul> <li>High Risk</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> </ul>	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
<ul> <li>High Risk</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> <li>Patient is currently receiving therapeutic anticoagulation</li> </ul>	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>High Risk</li> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)         <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul> </li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>High Risk</li> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once         No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following:         Routine, Once         No pharmacologic VTE prophylaxis due to the following contraindication(s):         40 mg, subcutaneous, daily at 1700 (time critical), Startir S         30 mg, subcutaneous, daily at 1700 (time critical), Startir S
<ul> <li>High Risk</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL</li> </ul>	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startir

	fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
( )	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] [	Mechanical Prophylaxis (Single Response)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
[]	Place antiembolic stockings	Routine, Once
[]	High Risk High risk of VTE	Routine, Once
(	High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
()	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
()	aspirin chewable tablet	162 mg, oral, daily, Starting S+1
()	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
$\bigcirc$		TOZ HIY, OTAL, UAILY, Starting S+1
$\left( \right)$	enoxaparin (LOVENOX) injection (Single Response)	
() () ()	) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
$\frac{0}{0}$	) enoxaparin (LOVENOX) syringe - hip arthoplasty ) enoxaparin (LOVENOX) syringe - knee arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
	) enoxaparin (LOVENOX) syringe - hip arthoplasty ) enoxaparin (LOVENOX) syringe - knee arthroplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
$\frac{O}{C}$ $\frac{O}{C}$ $\frac{O}{C}$	<ul> <li>enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>enoxaparin (LOVENOX) syringe - knee arthroplasty</li> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> </ul>	<ul> <li>40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1</li> <li>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1</li> <li>30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1</li> </ul>

() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than</li> </ul>
	50kg, prior to surgery/invasive procedure, or CrCI LESS
	than 30 mL/min This patient has a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee	10 mg, oral, daily at 0600 (time critical), Starting S+1
arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device	Routine, Continuous
continuous () Place sequential compression device and antiembolic	"And" Linked Panel
stockings	
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
VT Risk and Prophylaxis Tool (Single Response) Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical pro contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be add	ophylaxis is optional unless pharmacologic is
Age less than 60 years and NO other VTE risk factors One or r following medical conditions: Patient already adequately anticoagulated CHF, MI, lung disea veins, cancer, sepsis, obesity, previous stroke, rheumatologic of stasis and nephrotic syndrome Thrombophilia (Factor V Leiden syndrome; antithrombin, protein C or protein S deficiency; hype Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis History of DVT or family history of VTE Multiple major traumas Anticipated length of stay GREATER than 48 hours Abdomina Less than fully and independently ambulatory Acute ischemic Estrogen therapy History of PE Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	more of the following medical conditions: One or more of the use, pneumonia, active inflammation, dehydration, varicose disease, sickle cell disease, leg swelling, ulcers, venous n, prothrombin variant mutations, anticardiolipin antibody erhomocysteinemia; myeloproliferative disorders) s al or pelvic surgery for CANCER
Age less than 60 years and NO other VTE risk factors One or r following medical conditions: Patient already adequately anticoagulated CHF, MI, lung disea veins, cancer, sepsis, obesity, previous stroke, rheumatologic of stasis and nephrotic syndrome Thrombophilia (Factor V Leiden syndrome; antithrombin, protein C or protein S deficiency; hype Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis History of DVT or family history of VTE Multiple major traumas Anticipated length of stay GREATER than 48 hours Abdomina Less than fully and independently ambulatory Acute ischemic Estrogen therapy History of PE Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	more of the following medical conditions: One or more of the use, pneumonia, active inflammation, dehydration, varicose disease, sickle cell disease, leg swelling, ulcers, venous n, prothrombin variant mutations, anticardiolipin antibody erhomocysteinemia; myeloproliferative disorders) s al or pelvic surgery for CANCER
Age less than 60 years and NO other VTE risk factors One or r following medical conditions: Patient already adequately anticoagulated CHF, MI, lung disea veins, cancer, sepsis, obesity, previous stroke, rheumatologic of stasis and nephrotic syndrome Thrombophilia (Factor V Leiden syndrome; antithrombin, protein C or protein S deficiency; hype Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis History of DVT or family history of VTE Multiple major traumas Anticipated length of stay GREATER than 48 hours Abdomina Less than fully and independently ambulatory Acute ischemic Estrogen therapy History of PE Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	more of the following medical conditions: One or more of the use, pneumonia, active inflammation, dehydration, varicose disease, sickle cell disease, leg swelling, ulcers, venous n, prothrombin variant mutations, anticardiolipin antibody erhomocysteinemia; myeloproliferative disorders) s al or pelvic surgery for CANCER

() Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

Moderate Risk     Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - Surgical	
Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>	30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Moderate Risk of DVT - Non-Surgical	
Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated.	wing. Mechanical prophylaxis is optional unless
] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1
		For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>		30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1
	mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
) f	ondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
		If the patient does not have a history of or suspected case
		of Heparin-Induced Thrombocytopenia (HIT), do NOT orde
		this medication. Contraindicated in patients LESS than
		50kg, prior to surgery/invasive procedure, or CrCI LESS
		than 30 mL/min
		This patient has a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT):
)	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	neparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
	with high risk of bleeding, e.g. weight < 50kg and age >	Recommended for patients with high risk of bleeding, e.g.
	75yrs)	weight LESS than 50kg and age GREATER than 75yrs.
	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical)
,		Indication:
) F	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
,	, , , , , , , , , , , , , , , , , , ,	Indication:
ligh	Risk of DVT - Surgical	
		lering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High risk of VTE	Routine, Once
<ul> <li>[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)</li> </ul>	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
()		If the patient does not have a history or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order
		this medication. Contraindicated in patients LESS than
		50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):	
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	· · · · · · ·	Indication:

### () High Risk of DVT - Non-Surgical

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High risk of VTE	Routine, Once
<ul> <li>[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> </ul>	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() High Risk of DVT - Surgical (Hip/Knee)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

] High Risk	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> </ul>	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions: Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous

stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders) Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis History of DVT or family history of VTE Multiple major traumas Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER Less than fully and independently ambulatory Acute ischemic stroke Estrogen therapy History of PE Moderate or major surgery (not for cancer) Major surgery within 3 months of admission

) Low Risk of DVT	
[] Low Risk (Single Response)	
() Low risk of VTE	Routine, Once

### Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation

#### () Moderate Risk of DVT - Surgical

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.

[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>

() heparin (porcine) injection	E 000 Unite autoutonoque avery 9 hours Stat et 6,00
	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once
	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
Moderate Risk of DVT - Non-Surgical	
Address pharmacologic prophylaxis by selecting one of the foll pharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
Moderate Risk         [] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is
	already on the rapeutic anticoagulation for other indication Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No phormocologic V/TE prophyloxic due to the following
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S
	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS than 30 mL/min
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30</li> </ul>	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30</li> </ul>	contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or compared to the subcutaneous of th</li></ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT ord this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or of this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Startii S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Startii S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl</li> <li>GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl</li> <li>GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT ord this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> </ul>
<ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients</li> </ul>	<ul> <li>contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Startines</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Startines</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl</li> <li>GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl</li> <li>GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or dot this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> <li>5,000 Units, subcutaneous, every 12 hours</li> </ul>
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() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
<ul> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical</li> </ul>	Routine, Once
Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Startin S
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily, Starting S
between 100-139 kg and CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response)	
<ul> <li>() Contraindications exist for mechanical prophylaxis</li> </ul>	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device	Routine, Continuous
continuous	
continuous () Place sequential compression device and antiembolic stockings	"And" Linked Panel

High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
[] High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Startir
	S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 0600 (time critical), Startir
LESS than 30 mL/min - knee/hip arthroplasty	S+1
	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight between 100-139 kg and CrCl
	GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
140 kg or GREATER and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight 140 kg or GREATER and CrCl
	GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order
	this medication. Contraindicated in patients LESS than
	50kg, prior to surgery/invasive procedure, or CrCI LESS
	than 30 mL/min
	This patient has a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
	AM
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
with high risk of bleeding, e.g. weight < 50kg and age >	AM
75yrs)	Recommended for patients with high risk of bleeding, e.g.
x -1	weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee	10 mg, oral, daily at 0600 (time critical), Starting S+1
arthroplasty planned during this admission	To be Given on Post Op Day 1.
	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once
	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device	Routine, Continuous

() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
abs	
bs admit ONLY	
Basic metabolic panel	Once
CBC with differential	Once
Comprehensive metabolic panel	Once
Cytomegalovirus by PCR	Once
	Specimen Source: Plasma
FK506 Tacrolimus level, random	Once
Hepatic function panel	Once
Lactate dehydrogenase, LDH	Once
Magnesium	Once
Partial thromboplastin time	Once
Phosphorus	Once
Prothrombin time with INR	Once
Uric acid	Once