Kidney Living Donor Laparoscopic Admission [1987]

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 Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
Bipolar disorder, unspecified	Details
[] 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
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response)	
	Diagnasia
() 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 or Observation (Single Response) Patient has active status order on file	
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() 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:
53.po. 1.515	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:
	Does patient have decision-making capacity?
[] Modified Gode	Modified Code restrictions:
Treatment Restrictions	Treatment Restriction decision reached by:
[] Treatment restrictions	Specify Treatment Restrictions:
Precautions	
Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
Datex precautions	Details
[] Seizure precautions	Increased observation level needed:
Isolation	
[] Airborne isolation status	Details
Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
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[X] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
Nursing	
[X] Height and weight	Routine, Once For 1 Occurrences
Notify	
[] Physician communication order	Routine, Once Surgeon's Office and Resident on call upon patient arrival to unit and room number
Diet	
[X] NPO	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
Consent	
[] Complete consent for left laparoscopic donor nephrectomy	Routine, Once Procedure: Left laparoscopic donor nephrectomy with possible collection of extra vessels Diagnosis/Condition: Physician:
[] Complete consent for right laparoscopic donor nephrectomy	Routine, Once Procedure: Right Iaparoscopic donor nephrectomy with possible collection of extra vessels Diagnosis/Condition: Physician:
IV Fluids	
IV Fluids	
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	150 mL/hr, intravenous, for 6.7 Hours, continuous
Medications	
Antibiotics On-Call to Surgery: For Patients LESS tha	n or EQUAL to 120 kg
[] ceFAZolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses Reason for Therapy:
Antibiotics On-Call to Surgery: For Patients GREATER	R than 120 kg
[] ceFAZolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses Reason for Therapy:
Antibiotics On-Call to Surgery: For Penicillin Allergic	Patients
[] levofloxacin (LEVAQUIN) IV	500 mg, intravenous, once, For 1 Doses Nurse to send medication to operating room - to be given by Anesthesiologist 30 minutes prior to skin incision.
[] clindamycin (CLEOCIN) IV	Reason for Therapy: 900 mg, intravenous, for 30 Minutes, once, For 1 Doses,

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 follopharmacologic 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
() 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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	
	2.5 mg, subcutaneous, daily, Starting S+1 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. 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 > 75yrs)	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	Routine, Continuous
continuous	Troduito, Commidedo
continuous [] Place antiembolic stockings	Routine, Once
continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical	Routine, Once
continuous [] Place antiembolic stockings	Routine, Once
continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo	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 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Routine, Once owing. Mechanical prophylaxis is optional unless 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 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once owing. Mechanical prophylaxis is optional unless
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continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follogic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation	Routine, Once Routine, Once 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):
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continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follogic pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe	Routine, Once Routine, Once 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), Starting S 30 mg, subcutaneous, daily at 1700 (time critical), Starting S

() 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 CrCl 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
() heparin (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)
() Warrann (GGGW/Dirv) tablet	Indication:
() Di () () () () ()	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
[] Mechanical Prophylaxis (Single Response)	
	Douting Once
() 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	riodino, continuodo
() Place sequential compression device and antiembolic	"And" Linked Panel
stockings	
[] Place/Maintain sequential compression device	Routine, Continuous
continuous	Tiodino, Continuous
[] Place antiembolic stockings	Routine, Once
() High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
	dering from Pharmacological and Mechanical Prophylaxis. Routine, Once
[] High Risk [] High risk of VTE	
[] High Risk [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient	
[] High Risk [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once
[] High Risk [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once Routine, Once
[] High Risk [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	Routine, Once
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[] 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 () enoxaparin (LOVENOX) syringe - For Patients weight	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), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl
[] 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 () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	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), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1

() 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 CrCl 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 > 75yrs) 	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 of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
The Little Dist	
[] High Risk	Dauting Once
[] High risk of VTE	Routine, Once
[] High 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) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	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 between 100-139 kg and CrCl GREATER 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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
()	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
	Contramulcations exist for mechanical propriytaxis	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
[]	5	Routine, Continuous
		Doubles Once
	Place antiembolic stockings	Routine, Once
() Hig	h Risk of DVT - Surgical (Hip/Knee)	
Add	dress both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
		3 7 7
[]	liab Diak	
[]	High Risk	
[]	High risk of VTE	Routine, Once
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
(High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
(High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
(High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
(High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
(High risk of VTE 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:
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once
()	High risk of VTE 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: Routine, Once No pharmacologic VTE prophylaxis due to the following
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic 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):
()	High risk of VTE 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: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic 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): 2.5 mg, oral, every 12 hours, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 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
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 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 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() () () () () () () ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 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 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
() () () () () () () ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
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() () () () () () () ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS 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.
() () () () () () () ()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 40 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. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - 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 CrCl GREATER than 30	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 40 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. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 40 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. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis apixaban (ELIQUIS) tablet aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty enoxaparin (LOVENOX) syringe - knee arthroplasty enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty enoxaparin (LOVENOX) syringe - 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 CrCl GREATER than 30	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): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 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 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS 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. 40 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.

() 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 CrCl 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 > 75yrs)	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:
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

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 follopharmacologic 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
() 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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 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. 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 > 75yrs)	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 follopharmacologic 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 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), 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
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time 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 140 kg or GREATER and CrCl 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	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 CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) ł	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
١	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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:
ligh	Risk of DVT - Surgical	
	<u> </u>	dering from Pharmacological and Mechanical Prophylaxis.

[1 High Disk	
[] 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), 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
() 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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 CrCl 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 > 75yrs)	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:
h Risk of DVT - Non-Surgical	
dress both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
High Risk	Routine, Once
High Risk Pharmacological Prophylaxis - Non-Surgical	Houtine, Once
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
LESS than 30 mL/min	30 mg, subcutaneous, daily, 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, 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 CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl
fondaparinux (ARIXTRA) injection	GREATER than 30 mL/min 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 CrCl 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
heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	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 75vrs
75yrs) warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical) Indication:
F	heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) h Risk of DVT - Non-Surgical dress both pharmacologic and mechanical prophylaxis by ord- ligh Risk High risk of VTE ligh Risk Pharmacological Prophylaxis - Non-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 140 kg or GREATER and CrCl GREATER than 30 mL/min fondaparinux (ARIXTRA) injection

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

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

High Risk of VTE] High Risk	
High Risk Pharmacological Prophylaxis - Hip or Knee (Anthroplasty) Surgical Patient (Single Response)	_	Routine Once
(Arthroplasty) Surgical Patient (Single Response) (Patient is currently receiving therapeutic anticoagulation		Houtine, Once
() Patient is currently receiving therapeutic anticoagulation () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () Contraindications exist for pharmacologic prophylaxis () apixaban (ELiQUIS) tablet () appirin chewable tablet () aspirin (EOCTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty () enoxaparin (LOVENOX) syringe - knee arthroplasty () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet (ratical) or any containing this admission () warfarin (COUMADIN) tablet (ratical) or any containing this admission () warfarin (COUMADIN) tablet		
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following:		Routine, Once
already on therapeutic anticoagulation for other indication Therapy for the following: (1) Contraindications exist for pharmacologic prophylaxis (2) apixaban (ELIQUIS) tablet (3) aspirin chewable tablet (4) espirin (ECOTRIN) enteric coated tablet (5) enoxaparin (LOVENOX) injection (Single Response) (6) enoxaparin (LOVENOX) injection (Single Response) (7) enoxaparin (LOVENOX) syringe - hip arthoplasty (8) enoxaparin (LOVENOX) syringe - hip arthoplasty (9) enoxaparin (LOVENOX) syringe - hip arthoplasty (1) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty (1) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min (1) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (2) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (3) fondaparinux (ARIXTRA) injection (4) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (5) fondaparinux (ARIXTRA) injection (6) heparin (porcine) injection (7) heparin (porcine) injection (8) heparin (porcine) injection (8) heparin (porcine) injection (8) heparin (porcine) injection (9) heparin (porcine) injection (10) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) (10) warfarin (COUMADIN) tablet for hip or knee arthroplasty planned during this admission (11) warfarin (COUMADIN) tablet (12) contained and the following contrained contained and age GREATER than 75 with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. (12) warfarin (COUMADIN) tablet (13) table to the following contained and the following contained contained and the following contained contained	() - anomic compression graduo amedagarano.	
Therapy for the following: (1) Contraindications exist for pharmacologic prophylaxis (2) Apixaban (ELIQUIS) tablet (3) Aspirin chewable tablet (4) Aspirin chewable tablet (5) Aspirin (ECOTRIN) enteric coated tablet (6) Aspirin (LOVENOX) injection (Single Response) (7) Anoxaparin (LOVENOX) syringe - hip arthoplasty (8) Anoxaparin (LOVENOX) syringe - For Patients with CrCL (9) Anoxaparin (LOVENOX) syringe - For Patients with CrCL (1) Enoxaparin (LOVENOX) syringe - For Patients wight between 100-139 kg and CrCl GREATER than 30 mL/min (1) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (2) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (3) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (4) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (5) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (6) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (7) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (8) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (9) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (10) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (11) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (12) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (13) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min (140 kg or GREATER than 30 mL/min (15) Anoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER than 30 mL/min (16) Anoxaparin		
Contraindications exist for pharmacologic prophylaxis		
No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: () aspirin chewable tablet	() Contraindications exist for pharmacologic prophylaxis	
() apixaban (ELIQUIS) tablet 2.5 mg, oral, every 12 hours, Starting S+1 Indications: () aspirin chewable tablet 16.2 mg, oral, daily, Starting S+1 () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe - hip arthoplasty () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty () enoxaparin (LOVENOX) syringe - 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 CrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min. () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission () warfarin (COUMADIN) tablet 2.5 mg. subcutaneous, adily at 0600 (time critical), Starting S+1 for Patients weight 140 kg or GREATER than 30 mL/min This patient has a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. () heparin (porcine) injection (Recommended for patients with high risk of bleeding		No pharmacologic VTE prophylaxis due to the following
Indications:		contraindication(s):
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() warfarin (COUMADIN) tablet oral, daily at 1700 (time critical), Starting S+1 Indication:	arthroplasty planned during this admission	
Indication:		
	() warfarin (COUMADIN) tablet	
() Pharmacy consult to manage warfarin (COUMADIN) STAT Until discontinued Starting S		
	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
Indication:		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 follopharmacologic 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
() 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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	2.5 mg, subcutaneous, daily, Starting S+1 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. 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. 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 follopharmacologic 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 therapeutic anticoagulation for other indication.
() Contraindingtions exist for about a coloris are bulletin	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), Starting
() : ((0)/[[10](0)] : [[[[[[[[[[[[[[[[[[S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S
LEGS than 50 me/min	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
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily, Starting S
140 kg or GREATER and CrCl GREATER than 30 mL/min	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 CrCl 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
() 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 of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by o	ordering 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), 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
() 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
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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 CrCl 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 > 75yrs)	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 of DVT - Non-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 - 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) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	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 between 100-139 kg and CrCl GREATER 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
 enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 	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 CrCl 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
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	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)	
() 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	Routine, Continuous

[] Place antiembolic stockings	Routine, Once
) High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by or	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), Starting 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 LESS than 30 mL/min - knee/hip arthroplasty	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.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	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 CrCl 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 > 75yrs)	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:
[] 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	
ıbs		
boratory		
CBC with platelet and differential	Once	
Basic metabolic panel	Once	
Partial thromboplastin time	Once	
Prothrombin time with INR	Once	
hCG quantitative, serum	Once	
Type and screen	Once	
Urinalysis screen and microscopy, with reflex to culture	Once	
	Specimen Source: Urine	
	Specimen Site:	
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