Inpatient Readmission Bariatric Patients [2293]

Common Present on Admission Diagnosis	
	Deteile
Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details 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 Type II or I benegitied Type Diebetee Mellitus with	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)	
) Admit to Inpatient	Diagnosis:
, _[Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	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:

() 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:
() Outpotiont in a had automaded recovery	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	Decrease the through decision well-reasonable 0
[] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service	Does patient have decision-making capacity? Priority:
[] Consult to Palliative Care Service	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	
Nursing Vital Signs [X] Vital signs - T/P/R/BP	Routine, Per unit protocol

[] Vital signs - T/P/R/BP	Routine, Every 4 hours
Activity	
[] Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges:
[] Up in chair	Routine, Until discontinued, Starting S
	Specify: Up ad lib,Out of bed,Up in chair Additional modifier:
] Ambulate	Routine, 3 times daily
	Specify:
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
Diet	
[] NPO	Diet effective now, Starting S
	NPO: Pre-Operative fasting options:
NPO except meds	Diet effective now, Starting S For 2 Hours
, 1 · · · · · · · · · · · · · · · · · ·	NPO: Except meds
	Pre-Operative fasting options:
[] Diet-Bariatric Clear Liquid	Diet effective now, Starting S
	Diet(s): Other Bariatric
	Bariatric: Bariatric Clear Liquid
	Advance Diet as Tolerated?
	Liquid Consistency: Fluid Restriction:
	Foods to Avoid: Caffeine, Anti-Reflux, No Gastric Irritants
Diet- Bariatric Full Liquids	Diet effective now, Starting S
.1	Diet(s): Other Bariatric
	Bariatric: Bariatric Full Liquid
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
I Diet Designation Coff	Foods to Avoid:
[] Diet - Bariatric Soft	Diet effective now, Starting S Diet(s): Other Bariatric
	Bariatric: Bariatric Soft
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Bariatric Low Fat Regular	Diet effective now, Starting S
	Diet(s): Other Bariatric
	Bariatric: Bariatric Low Fat Regular Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Bariatric Puree	Diet effective now, Starting S
	Diet(s): Other Bariatric
	Bariatric: Bariatric Pureed
	Advance Diet as Tolerated?
	Liquid Consistency: Fluid Restriction:
	Fluid Restriction: Foods to Avoid:
IV Fluids	
IV Fluids (Single Response)	
() lactated Ringer's infusion	intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with	intravenous, continuous
potassium chloride 20 mEq/L infusion	•

() sodium chloride 0.9 % infusion	intravenous, continuous
Pharmacy Consults	
Pharmacy Consult	
[] Pharmacy consult to monitor and educate for bariatric surgery patient RE-admission	STAT, Until discontinued, Starting S
Medications	
Restricted medications	
[X] No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S
Antibiotics Adjust dose for renal and/or liver impairment and for age gr	reater than 60 years old.
[] piperacillin-tazobactam (ZOSYN) IV	intravenous
[] ciprofloxacin (CIPRO) IV	Reason for Therapy: intravenous, for 60 Minutes
	Reason for Therapy:
[] metronidazole (FLAGYL)	intravenous Reason for Therapy:
[] fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes
[] vancomycin (VANCOCIN) IV	Reason for Therapy: 15 mg/kg, intravenous
[] Valicomyciii (VAINOCOIN) IV	Reason for Therapy:
[] ertapenem (INVanz) injection	intravenous Reason for Therapy:
Beta blockers (Single Response)	
() metoprolol (LOPRESSOR) 5 mg/5 mL injection	5 mg, intravenous, every 6 hours scheduled Hold if systolic blood pressure less than 110 mm Hg, heart rate less than 60 bpm. HOLD parameters for this order: Contact Physician if:
() metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, every 12 hours Hold if systolic blood pressure less than 110 mm Hg, heart rate less than 60 bpm. HOLD parameters for this order: Contact Physician if:
() atenolol (TENORMIN) tablet	50 mg, oral, daily at 0600 Hold if systolic blood pressure less than 110 mm Hg, heart rate less than 60 bpm. HOLD parameters for this order: Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, every 12 hours HOLD parameters for this order: Contact Physician if:
Multivitamin and Mineral Supplements	
[] multivitamin with minerals tablet	1 tablet, oral, 2 times daily Discontinue multiple vitamins in intravenous fluids.
[] folic acid (FOLVITE) tablet	1 mg, oral, daily Discontinue folic acid in intravenous fluids.
[] calcium citrate-vitamin D3 (CITRACAL+D) 315-200 mg-unit per tablet	2 tablet, oral, 2 times daily
[] ferrous gluconate (FERGON) tablet	324 mg, oral, daily
[] cyanocobalamin injection	1,000 mcg, intramuscular, once, For 1 Doses
[] cyanocobalamin tablet	500 mcg, sublingual, daily

VTE

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 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. 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
() anavaparin (I OVENOV) suringa Ear Patiente weight	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	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl

()	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 orde
		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)
		Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
1 N	Mechanical Prophylaxis (Single Response)	
	Contraindications exist for mechanical prophylaxis	Routine, Once
()	Contramateations exist for meenanical propriyiaxis	
		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	Routine, Continuous
Г 1		Houline, Continuous
[]	·	•
[]	continuous	
[]	continuous Place antiembolic stockings	Routine, Once
[] [] High	continuous	
	continuous Place antiembolic stockings h Risk of DVT - Surgical	Routine, Once
	continuous Place antiembolic stockings	Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical fress both pharmacologic and mechanical prophylaxis by ord	Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical fress both pharmacologic and mechanical prophylaxis by ord	Routine, Once dering from Pharmacological and Mechanical Prophylaxis.
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical lress both pharmacologic and mechanical prophylaxis by ord ligh Risk High risk of VTE	Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once dering from Pharmacological and Mechanical Prophylaxis.
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once Routine, Once
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	Routine, Once dering from Pharmacological and Mechanical Prophylaxis. Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	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.
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation	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:
Add	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High risk of VTE digh Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	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
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Add [] H [] (\$ () ()	Place antiembolic stockings h Risk of DVT - Surgical fress both pharmacologic and mechanical prophylaxis by ord fligh Risk High risk of VTE fligh 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	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 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
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Add () () () () ()	Place antiembolic stockings h Risk of DVT - Surgical bress both pharmacologic and mechanical prophylaxis by ord bligh Risk High risk of VTE bligh 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 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 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
Add () () () () ()	Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord digh Risk High Risk High risk of VTE digh 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 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

()	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
	dress both pharmacologic and mechanical prophylaxis by ord	
	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	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl
_	mL/min	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 >	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
		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	Houtine, Johtmadas
7)	Place sequential compression device and antiembolic	"And" Linked Panel
()	·	Allu Lilikeu Fallei
<u>- 1</u>	stockings	Davidina Cantinuava
[]	·	Routine, Continuous
-	continuous	
	<u> </u>	Routine, Once
	h Risk of DVT - Surgical (Hip/Knee) dress both pharmacologic and mechanical prophylaxis by or	
	High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
	High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
	High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
	High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
	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 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 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 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 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 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 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 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 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:
()	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: 162 mg, oral, daily, Starting S+1
()	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 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: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
() () () () () ()	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 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 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
() () () () () ()	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 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 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 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
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() () () () () () ()	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 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 with CrCL LESS than 30 mL/min.
	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 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
	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 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 Starting S+1
() () () () () () ()	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	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 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.
() () () () () () ()	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 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 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 Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
	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.

() 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 patien with high risk of bleeding, e.g. weight < 50kg and age 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 antiemboli stockings	c "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 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		
() 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 following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.			
[] 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
)	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:
ligh	n Risk of DVT - Surgical	
	ress both pharmacologic and mechanical prophylaxis by ord	de de la Caraca Discourse de la circal de la Manda de la Caracida

[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:
Hig	h Risk of DVT - Non-Surgical	
	dress both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
	High Risk High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	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
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL 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
$\overline{()}$	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g.
()	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	
()	75yrs) warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical) Indication:

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	Houtine, Once
(Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
() I allott to durinity rodowing morapoutly analogueurs.	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	30 mg, subcutaneous, daily at 0600 (time critical), Starting
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
() (, 0) (5) (0) (, 5) (, 5) (, 5)	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 mL/min	critical), Starting S+1
IIIL/IIIIII	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
() Torrodomiax (At tixer to t) injustion	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	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)	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.
() (OOLHMAD!!):	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
() Discourse () (OOLBARD)	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 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.
() warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. 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. 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	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 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 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 ord	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	
bs STAT	
Albumin level	STAT For 1 Occurrences
CBC hemogram	STAT For 1 Occurrences
Chromium, serum	STAT For 1 Occurrences
Comprehensive metabolic panel	STAT For 1 Occurrences
Copper level, serum	STAT For 1 Occurrences
C-reactive protein	STAT For 1 Occurrences
Fatty acid profile, essential, S	STAT For 1 Occurrences
Folate level	STAT For 1 Occurrences
Hemoglobin A1c Iron level	STAT For 1 Occurrences STAT For 1 Occurrences
Hepatic function panel	STAT For 1 Occurrences
Lipid panel	STAT For 1 Occurrences
Prealbumin level	STAT For 1 Occurrences
Parathyroid hormone	STAT For 1 Occurrences
Thyroid stimulating hormone	STAT For 1 Occurrences
Selenium, serum	STAT For 1 Occurrences
Vitamin A level, plasma or serum	STAT For 1 Occurrences
Vitamin B1 level, whole blood	STAT For 1 Occurrences
Vitamin B12 level	STAT For 1 Occurrences
Vitamin B6 level, plasma	STAT For 1 Occurrences
Vitamin D 25 hydroxy level	STAT For 1 Occurrences
Vitamin E level, plasma or serum	STAT For 1 Occurrences
Vitamin K level, serum	STAT For 1 Occurrences
Zinc level, serum	STAT For 1 Occurrences
bs AM x 1	
Albumin level	AM draw For 1 Occurrences
CBC hemogram	AM draw For 1 Occurrences
Chromium, serum	AM draw For 1 Occurrences
Comprehensive metabolic panel	AM draw For 1 Occurrences
Copper level, serum	AM draw For 1 Occurrences
C-reactive protein	AM draw For 1 Occurrences
Fatty acid profile, essential, S	AM draw For 1 Occurrences
Folate level Hemoglobin A1c	AM draw For 1 Occurrences AM draw For 1 Occurrences
Iron level	AM draw For 1 Occurrences AM draw For 1 Occurrences
Hepatic function panel	AM draw For 1 Occurrences
Lipid panel	AM draw For 1 Occurrences
Prealbumin level	AM draw For 1 Occurrences
Parathyroid hormone	AM draw For 1 Occurrences
Thyroid stimulating hormone	AM draw For 1 Occurrences
Selenium, serum	AM draw For 1 Occurrences
	AM draw For 1 Occurrences
Vitamin A level, plasma or serum	111
Vitamin A level, plasma or serum Vitamin B1 level, whole blood	AM draw For 1 Occurrences
	AM draw For 1 Occurrences AM draw For 1 Occurrences
Vitamin B1 level, whole blood	
Vitamin B1 level, whole blood Vitamin B12 level	AM draw For 1 Occurrences
Vitamin B1 level, whole blood Vitamin B12 level Vitamin B6 level, plasma	AM draw For 1 Occurrences AM draw For 1 Occurrences

Cardiology **Imaging** Other Studies Respiratory Rehab Consults For Physician Consult orders use sidebar **Ancillary Consults** Reason for Consult? Consult to Bariatric Nurse [] Consult to Nutrition Services Reason For Consult? Purpose/Topic: [] Consult to Case Management Consult Reason: Consult to Social Work Reason for Consult: [] Consult PT eval and treat Special Instructions: Weight Bearing Status: [] Consult PT wound care Special Instructions: Location of Wound? [] Consult OT eval and treat Special Instructions: Weight Bearing Status: Consult to Spiritual Care Reason for consult? Consult to Speech Language Pathology Routine, Once Reason for consult: [] Consult to Wound Ostomy Care nurse Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: [] Consult to Respiratory Therapy Reason for Consult? Step 1 - Pharmacologic (Single Response) () Patient is currently receiving therapeutic anticoagulation Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Routine, Once () Contraindication(s) exist(s) for pharmacologic prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): () Low risk of VTE Routine. Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation () Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM () enoxaparin (LOVENOX) syringe 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM

if eGFR LESS 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 eGFR 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:
() High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
Address both pharmacologic and mechanical prophylaxis by exist(s).	ordering from Step 1 and Step 2 unless Contraindication(s)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	if CrCL LESS 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 eGFR 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.
() (OOLINAADINI)	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 Pharmacological Prophylaxis - Hip or Knee	
(Arthroplasty) Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by	ordering from Step 1 and Step 2 unless Contraindication(s)
exist(s).	ordering from Step 1 and Step 2 unless 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) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	for hip arthroplasty 30 mg, subcutaneous, daily at 0600 (time critical), Starting
() Shorapann (LOVENON) Syninge	S+1 if CrCL LESS than 30 mL/min for knee/hip arthroplasty
· ·	· · · · · · · · · · · · · · · · · · ·

() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	critical), Starting S+1 for knee arthroplasty
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Tondapartiax (ArtiXTTIA) injection	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 eGFR 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.
. 3, 3,	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.
() (OOLBAADD) : 11 :	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:
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response)	ollowing Mechanical prophylaxis is optional unless
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the fo	ollowing. Mechanical prophylaxis is optional unless
Non-Surgical Patient (Single Response)	ollowing. Mechanical prophylaxis is optional unless
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the fo	ollowing. Mechanical prophylaxis is optional unless
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated.	
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case or
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 thi
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 thi medication. Contraindicated in patients LESS than 50kg,
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g.
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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.
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 the medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication:
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by exist(s).	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS 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 the medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication: ordering from Step 1 and Step 2 unless Contraindication(s)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by exist(s). () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication: ordering from Step 1 and Step 2 unless Contraindication(s)
Non-Surgical Patient (Single Response) Address pharmacologic prophylaxis by selecting one of the for pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () 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) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by exist(s).	40 mg, subcutaneous, daily at 1700 (time critical) 30 mg, subcutaneous, daily at 1700 (time critical) if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT), do NOT order thi medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 (time critical) Indication: STAT, Until discontinued, Starting S Indication: ordering from Step 1 and Step 2 unless Contraindication(s)

	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case or
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg,
	prior to surgery/invasive procedure, or eGFR LESS than 30
	mL/min. This patient has a history of or suspected case of
() honorin (norgina) injection	Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 6 hours 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:
ep 1 - Pharmacologic (60 yo and Above) (Single Respon	se)
Patient is currently receiving therapeutic anticoagulation	Routine, Once
3 · · · · · · · · · · · · · · · · · · ·	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Contraindication(s) exist(s) for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
· • · · ·	fallenden Maskanlanderlande landete autheret odere
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated.	following. Mechanical prophylaxis is optional unless
Address pharmacologic prophylaxis by selecting one of the	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated.	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case o Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g.
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	40 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM 30 mg, subcutaneous, daily at 0600 (time critical), S+1 at 6:00 AM if CrCL LESS than 30 mL/min 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 eGFR LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	if eGFR LESS 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 eGFR LESS than 30 mL/min. This patient has a history of or supported case of
	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:
 High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) Address both pharmacologic and mechanical prophylaxis by exist(s). 	ordering from Step 1 and Step 2 unless 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) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 for hip arthroplasty
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 if eGFR LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
() () () () () () ()	if eGFR LESS 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 eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g.
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age >	prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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. 10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1.
 () 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 	prior to surgery/invasive procedure, or eGFR LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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. 10 mg, oral, daily at 0600 (time critical), Starting S+1

() Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical)
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical) if eGFR LESS 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 eGFR 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)
() Pharmacy consult to manage warfarin (COUMADIN)	Indication: STAT, Until discontinued, Starting S Indication:
High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	malcation.
exist(s) () enoxaparin (LOVENOX) syringe	y ordering from Step 1 and Step 2 unless Contraindication(s) 40 mg, subcutaneous, daily at 1700 (time critical)
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, daily at 1700 (time critical)
	if eGFR LESS 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 eGFR 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:
Step 2 - Mechanical (Single Response)	
() Moderate risk: No mechanical VTE prophylaxis because pharmacologic has been ordered and the need for dual prophylaxis is not indicated	Routine, Once
() Contraindication(s) exist(s) for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
Routine, Continuous
"And" Linked Panel
Routine, Continuous
Routine, Once
Routine, Once
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
"And" Linked Panel
Routine, Continuous
Routine, Once