# General

**Common Present on Admission Diagnosis** 

] Acidosis	Details
] Acute Post-Hemorrhagic Anemia	Details
] Acute Renal Failure	Details
] Acute Respiratory Failure	Details
] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
] Bacteremia	Details
] Bipolar disorder, unspecified	Details
] Cardiac Arrest	Details
] Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
] Decubitus Ulcer	Details
] Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Electrolyte and Fluid Disorder	Details
Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
1 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
<ul> <li>Psychosis, unspecified psychosis type</li> </ul>	Details
Schizophrenia Disorder	Details
Sepsis	Details
Septic Shock	Details
Septicemia	Details
<ul> <li>Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled</li> </ul>	Details
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response)	
() Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical 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.
<ul> <li>Outpatient observation services under general supervision</li> </ul>	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Admission or Observation (Single Response)	

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

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

Vital Signs

[] Vital signs - T/P/R/BP	Routine, Every 4 hours
Activity	
[] Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges:
[] Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
[] Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
[X] Head of bed	Routine, Until discontinued, Starting S Head of bed:
Nursing Care	
[] Daily weights	Routine, Daily
] Intake and Output	Routine, Per unit protocol
[] Oral care	Routine, Every 8 hours
[] Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
[] Nasogastric tube insertion	Routine, Once Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[] Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
Consent	
[] Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician:

# Medications

# Antipyretics

[]	Acetaminophen Oral or Rectal	"Or	Linked Panel
	Maximum of 3 grams of acetaminophen pe	er day from all sources.	(Cirrhosis patients maximum: 2 grams per day from all
	sources)		

[] acetaminophen (TYLENOL) tablet

650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, fever
	Maximum of 3 grams of acetaminophen per day from all
	sources. (Cirrhosis patients maximum: 2 grams per day
	from all sources). Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever
	Maximum of 3 grams of acetaminophen per day from all
	sources. (Cirrhosis patients maximum: 2 grams per day
	from all sources). Use if patient cannot swallow tablet.

#### Antiemetics

Antienietics	
[X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a
	faster onset of action is required.
X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is
	UNable to tolerate oral or rectal medication OR if a faster
	onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is
	able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is
	UNable to tolerate oral medication.
Antiemetics X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting
	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a
	faster onset of action is required.
promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg in sodium	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting
chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe	Give if ondansetron (ZOFRAN) is ineffective and patient is
option	UNable to tolerate oral or rectal medication OR if a faster
	onset of action is required.
] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is
	able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is
	UNable to tolerate oral medication.

#### Antiemetics

[X] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
<ul> <li>[] promethazine (PHENERGAN) 25 mg in sodium chloride</li> <li>0.9 % 50 mL IVPB</li> </ul>	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Other Antiemetics	
] metoclopramide (REGLAN) injection	10 mg, intravenous
scopolamine (TRANSDERM-SCOP) 1.5 mg	1 patch, transdermal, for 72 Hours, every 72 hours
Bowel Care (Single Response)	
) docusate sodium (COLACE) capsule	100 mg, oral
) magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR WORSE	30 mL, oral, every 12 hours PRN, constipation Do not give if patient is on hemodialysis or is in chronic rena failure.
) bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
) bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
/TE	
following medical conditions:	r more of the following medical conditions: One or more of the ease, pneumonia, active inflammation, dehydration, varicose c disease, sickle cell disease, leg swelling, ulcers, venous en, prothrombin variant mutations, anticardiolipin antibody perhomocysteinemia; myeloproliferative disorders) as nal or pelvic surgery for CANCER
[] 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 pharmacologic prophylaxis is contraindicated.	following. 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 indicatio

() Contraindications exist for pharmacologic prophylaxis

already on therapeutic anticoagulation for other indication.

No pharmacologic VTE prophylaxis due to the following

Therapy for the following:

Routine, Once

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

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

<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk 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), Startir S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Startir S For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

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

	oderate Risk Moderate risk of VTE	Routine, Once
] M	oderate Risk Pharmacological Prophylaxis - Surgical atient (Single Response)	
	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is
		already on the apeutic anticoagulation for other indication.
$\overline{()}$	Contraindiantions oviet for phormanologic prophylovic	Therapy for the following: Routine, Once
() (	Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() e	enoxaparin (LOVENOX) injection (Single Response)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Startin
$\overline{\langle \rangle}$	ensure and (LOV/ENOV) autience - For Deficients unight	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
$\overline{()}$	anavanarin (LOVENOV) avvinge For Deficite weight	GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
	mL/min	For Patients weight 140 kg or GREATER and CrCl
		GREATER than 30 mL/min
() f	ondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
()		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):
	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	neparin (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.
() V	varfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
		Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	erate Risk of DVT - Non-Surgical	
	ress pharmacologic prophylaxis by selecting one of the follo macologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
	oderate Risk	Politing Ones
	Moderate risk of VTE	Routine, Once
N	oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response)	
() F	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
()	Somandications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Startin S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Startin S+1
	For Patients with CrCL LESS than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30</li> </ul>	30 mg, subcutaneous, every 12 hours at 0900, 2100 (tim 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 CrCI GREATER than 30	40 mg, subcutaneous, every 12 hours at 0900, 2100 (tim 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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() 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:
High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
1 High Risk Pharmacological Prophylaxis - Surgical Patient	

[] 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
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

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

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

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

[] High Risk	
[] High risk of VTE	Routine, Once
[] 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, 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
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() High Dick of DVT Surginal (Hig/Kana)	

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

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

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

DVT Risk and Prophylaxis Tool (Single Response)

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

GREATER than 30 mL/min

than 30 mL/min.

2.5 mg, subcutaneous, daily, Starting S+1

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

() fondaparinux (ARIXTRA) injection

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

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	lering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
<ul> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)</li> </ul>	Routine, 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 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
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min</li> </ul>	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	<ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] 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 ore	dering from Pharmacological and Mechanical Prophylaxis.
] High Risk	
Image: Filler       Image: Filler	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)	<u> </u>
() 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 CrCI GREATER than 30	critical), Starting S+1
mL/min	For Patients weight between 100-139 kg and CrCl
	GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
140 kg or GREATER and CrCI GREATER than 30	critical), Starting S+1
mL/min	For Patients weight 140 kg or GREATER and CrCl
() (and a solution (ADIVEDA) is is all as	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	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.
() rivaroxaban (XARELTO) tablet for hip or knee	10 mg, oral, daily at 0600 (time critical), Starting S+1
arthroplasty planned during this admission	To be Given on Post Op Day 1.
	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:
] Mechanical Prophylaxis (Single Response)	Deutine Ones
<ul><li>Mechanical Prophylaxis (Single Response)</li><li>() Contraindications exist for mechanical prophylaxis</li></ul>	Routine, Once
	No mechanical VTE prophylaxis due to the following

() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous

[] Place antiembolic stockings

Routine, Once

## Labs

Labs STAT

[] CBC with platelet and differential	STAT For 1 Occurrences
[] Prothrombin time with INR	STAT For 1 Occurrences
[] Partial thromboplastin time	STAT For 1 Occurrences
[] Basic metabolic panel	STAT For 1 Occurrences
[] Calcium level	STAT For 1 Occurrences
[] Ionized calcium	STAT For 1 Occurrences
[] Magnesium level	STAT For 1 Occurrences
[] Phosphorus level	STAT For 1 Occurrences
[] Arterial blood gas	STAT For 1 Occurrences
[] Hepatic function panel	STAT For 1 Occurrences
[] Amylase level	STAT For 1 Occurrences
[] Lipase level	STAT For 1 Occurrences
[] Type and screen	STAT For 1 Occurrences

Labs in AM

[] CBC with platelet and differential	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
[] Basic metabolic panel	AM draw For 1 Occurrences
[] Calcium level	AM draw For 1 Occurrences
[] Ionized calcium	AM draw For 1 Occurrences
[] Magnesium level	AM draw For 1 Occurrences
[] Phosphorus level	AM draw For 1 Occurrences
[] Arterial blood gas	AM draw For 1 Occurrences
[] Hepatic function panel	AM draw For 1 Occurrences
[] Amylase level	AM draw For 1 Occurrences
[] Lipase level	AM draw For 1 Occurrences
[] Type and screen	AM draw For 1 Occurrences

## Cardiology

## Imaging

#### X-ray

[] XR Chest 1 Vw Portable	Routine, 1 time imaging For 1
[] XR Abdomen 1 Vw Portable	Routine, 1 time imaging For 1

# Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

#### **Ancillary Consults**

[] Consult to Case Management

[] Consult to Social Work

Consult Reason:

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 Nutrition Services	Reason For Consult?
	Purpose/Topic:
] 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:
	Consult for NPWT:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?

## Additional Orders