General

Admission Orders	
[X] Admit to long term acute care facility	Diagnosis: Admitting Physician: Bed request comments: Certification: I certify that based on my best clinical judgement 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 [] DNR	Code Status decision reached by:
[] DNP (Do Not Posusoitato)	Door patient have decision making experity?

[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity?
	Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:

Isolation

[] Airborne isolation status	Details	
[] Contact isolation status	Details	
[] Droplet isolation status	Details	
[] Enteric isolation status	Details	

Precautions

[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

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

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Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
] Schizophrenia Disorder	Details
] Sepsis	Details
] Septic Shock	Details
] Septicemia	Details
] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
] Urinary Tract Infection, Site Not Specified	Details
Nursing	
/ital Signs	
] Vital signs - every 2 hours	Routine, Every 2 hours
Vital signs - every 4 hours	Routine, Every 4 hours
Vital signs - every 8 hours	Routine, Every 8 hours
Vital signs - per unit protocol	Routine, Per unit protocol
/ital signs- DO NOT SET DEFAULT IN USER SETS	
· · · · · · · · · · · · · · · · · · ·	Pouting Evenu 2 hours
Vital signs - every 2 hours	Routine, Every 2 hours
] Vital signs - every 4 hours	Routine, Every 4 hours
] Vital signs - every 8 hours	Routine, Every 8 hours
] Vital signs - per unit protocol	Routine, Per unit protocol
Activity	
] Strict bed rest	Routine, Until discontinued, Starting S
] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
] Up with assistance	Routine, Until discontinued, Starting S
	Specify: Up with assistance
] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
Activity- DO NOT SET DEFAULT IN USER SETS	
] Strict bed rest	Routine, Until discontinued, Starting S
Bed rest with bathroom privileges	Routine, Until discontinued, Starting S
	Bathroom Privileges: with bathroom privileges
] Activity - Up with assistance	Routine, Until discontinued, Starting S
· ·	Specify: Up with assistance
Activity as tolarated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
lursing	
] Daily weights	Routine, Daily
Intake and output every shift	Routine, Every shift
Initiate and maintain IV	
[] Insert peripheral IV	Routine, Once
[] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled
[] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care
lotify	
] Notify Physician for critical values	Routine, Until discontinued, Starting S, For critical values.

[] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than:
	Temperature less than:
	Systolic BP greater than:
	Systolic BP less than:
	Diastolic BP greater than:
	Diastolic BP less than:
	MAP less than:
	Heart rate greater than (BPM): 110
	Heart rate less than (BPM): 60
	Respiratory rate greater than:
	Respiratory rate less than:
	SpO2 less than:
[] Notify Physician of patient's location upon arrival to unit	Routine, Until discontinued, Starting S, Of patient's location
	upon arrival to unit.
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM
-	NPO:
	Pre-Operative fasting options:
[] Diet-Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet- Clear Liquid	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet- Heart Healthy	Diet effective now, Starting S
[] Diet- Heart Healthy	
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
Diet- DO NOT SET DEFAULT IN USER SETS	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM
	NPO:
	Pre-Operative fasting options:
	Pre-Operative fasting options: Diet effective now, Starting S
	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular
	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated?
	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency:
	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated?
	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency:
[] Diet - Regular	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet - Regular	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S
[] Diet - Regular	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids
[] Diet - Regular	Pre-Operative fasting options: Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated?
[] Diet - Regular	Pre-Operative fasting options:Diet effective now, Starting SDiet(s): RegularAdvance Diet as Tolerated?Liquid Consistency:Fluid Restriction:Foods to Avoid:Diet effective now, Starting SDiet(s): Clear Liquids

Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid:

IV Fluids

Maintenance IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with	75 mL/hr, intravenous, continuous
potassium chloride 20 mEq/L infusion	
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium	75 mL/hr, intravenous, continuous
bicarbonate 75 mEg/L infusion	

Labs

Hematology/Coagulation Today

[] CBC	Once
[] CBC and differential	Once
[] Prothrombin time with INR	Once
[] Partial thromboplastin time	Once

Chemistry Today

[] Albumin	Once
[] Amylase	Once
[] Basic metabolic panel	Once
[] B-type natriuretic peptide	Once
[] CK total	Once
[] Comprehensive metabolic panel	Once
[] Hemoglobin A1c	Once
[] Hepatic function panel	Once
[] Lactic acid level	Once
[] Lipase	Once
[] Lipid panel	Once
[] Magnesium	Once
[] Phosphorus	Once
[] Prealbumin	Once
[] TSH	Once
[] T4, free	Once
[] Uric acid	Once
[] Urine drugs of abuse screen	Once

Microbiology

[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

	Specimen Source: Urine Specimen Site:
] Sputum culture	Once, Sputum
/TE	
OVT Risk and Prophylaxis Tool (Single Response) Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanica contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be a	addressed.
Age less than 60 years and NO other VTE risk factors One following medical conditions:	or more of the following medical conditions: One or more of the
veins, cancer, sepsis, obesity, previous stroke, rheumatolog stasis and nephrotic syndrome Thrombophilia (Factor V Lei syndrome; antithrombin, protein C or protein S deficiency; r 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 trau	den, prothrombin variant mutations, anticardiolipin antibody hyperhomocysteinemia; myeloproliferative disorders) mas
Anticipated length of stay GREATER than 48 hours Abdon Less than fully and independently ambulatory Acute ischer 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 PACU & Post-op
	PACU & Post-op
 Moderate Risk of DVT - Surgical Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. 	PACU & Post-op
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated.	PACU & Post-op e following. Mechanical prophylaxis is optional unless
pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Surgical	PACU & Post-op
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE	PACU & Post-op e following. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op on Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Address pharmacologic prophylaxis by selecting one of th pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	PACU & Post-op e following. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op on Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation	PACU & Post-op e following. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op on Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
Address pharmacologic prophylaxis by selecting one of the pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis	PACU & Post-op e following. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op on Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
.,	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, PACU & Post-op 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, PACU & Post-op Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] N	lechanical Prophylaxis (Single Response)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[]	Place antiembolic stockings	Routine, Once, PACU & Post-op
Add	derate Risk of DVT - Non-Surgical Iress pharmacologic prophylaxis by selecting one of the foll rmacologic prophylaxis is contraindicated.	lowing. Mechanical prophylaxis is optional unless
-	Noderate Risk	Douting Orga DACIL & Dect on
] N	Moderate risk of VTE Ioderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response)	Routine, Once, PACU & Post-op
	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indicatior Therapy for the following: PACU & Post-op
	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
()		contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe	

 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	
LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Startin
	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	40 mg, subcutaneous, 2 times daily, Starting S
140 kg or GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
	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 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, PACU & Post-
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, PACU &
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Post-op Recommended for patients with high risk of bleeding, e.g.
() worfarin (COUMADINI) tablat	weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device	Routine, Continuous, PACU & Post-op
COUNTRIOUS	
 continuous () Place sequential compression device and antiembolic stockings 	"And" Linked Panel
() Place sequential compression device and antiembolic	"And" Linked Panel Routine, Continuous, PACU & Post-op
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device 	
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device continuous Place antiembolic stockings 	Routine, Continuous, PACU & Post-op
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device continuous Place antiembolic stockings High Risk of DVT - Surgical 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device continuous Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord High Risk 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis.
 Place sequential compression device and antiembolic stockings Place/Maintain sequential compression device continuous Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord High Risk High Risk High risk of VTE 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord] High Risk [] High risk of VTE] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord [] High Risk [] High risk of VTE] High Risk Pharmacological Prophylaxis - Surgical Patient 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord] High Risk [] High risk of VTE] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following:
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord [] High Risk [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord [] High Risk [] High Risk of VTE] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 () Place sequential compression device and antiembolic stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Surgical Address both pharmacologic and mechanical prophylaxis by ord] High Risk [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis 	Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op lering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Startin

between 100-139 kg and ČrCl GREATER than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2 () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > A 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous [] Place/Maintain sequential compression device continuous	80 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 5 mg, subcutaneous, daily, Starting S+1, PACU & ost-op the patient does not have a history or suspected case of eparin-Induced Thrombocytopenia (HIT) do NOT order is medication. Contraindicated in patients LESS than 0kg, prior to surgery/invasive procedure, or CrCl LESS an 30 mL/min. his patient has a history of or suspected case of eparin-Induced Thrombocytopenia (HIT): 000 Units, subcutaneous, every 8 hours, S+1 at 6:00 M, PACU & Post-op 000 Units, subcutaneous, every 12 hours, S+1 at 6:00 M, PACU & Post-op ecommended for patients with high risk of bleeding, e.g. eight LESS than 50kg and age GREATER than 75yrs. al, daily at 1700 (time critical), Starting S+1, PACU & ost-op dication: TAT, Until discontinued, Starting S dication:
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2 () fondaparinux (ARIXTRA) injection 2 () heparin (porcine) injection 5 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) A () warfarin (COUMADIN) tablet 0 () Pharmacy consult to manage warfarin (COUMADIN) S [] Mechanical Prophylaxis (Single Response) 1 () Place/Maintain sequential compression device continuous R () Place/Maintain sequential compression device continuous R () Place antiembolic stockings 1 () Place antiembolic stockings High Risk of DVT - Non-Surgical	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 5 mg, subcutaneous, daily, Starting S+1, PACU & ost-op the patient does not have a history or suspected case of eparin-Induced Thrombocytopenia (HIT) do NOT order is medication. Contraindicated in patients LESS than 0kg, prior to surgery/invasive procedure, or CrCl LESS an 30 mL/min. his patient has a history of or suspected case of eparin-Induced Thrombocytopenia (HIT): 000 Units, subcutaneous, every 8 hours, S+1 at 6:00 M, PACU & Post-op 000 Units, subcutaneous, every 12 hours, S+1 at 6:00 M, PACU & Post-op ecommended for patients with high risk of bleeding, e.g. eight LESS than 50kg and age GREATER than 75yrs. al, daily at 1700 (time critical), Starting S+1, PACU & ost-op dication: TAT, Until discontinued, Starting S dication:
140 kg or GREATER and CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 2 () fondaparinux (ARIXTRA) injection P () heparin (porcine) injection 5 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > A 75yrs) R () warfarin (COUMADIN) tablet M () Pharmacy consult to manage warfarin (COUMADIN) S [] Mechanical Prophylaxis (Single Response) R () Place/Maintain sequential compression device continuous R [] Place Maintain sequential compression device continuous R [] Place antiembolic stockings High Risk of DVT - Non-Surgical	critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 5 mg, subcutaneous, daily, Starting S+1, PACU & ost-op the patient does not have a history or suspected case of eparin-Induced Thrombocytopenia (HIT) do NOT order is medication. Contraindicated in patients LESS than 0kg, prior to surgery/invasive procedure, or CrCl LESS an 30 mL/min. his patient has a history of or suspected case of eparin-Induced Thrombocytopenia (HIT): 000 Units, subcutaneous, every 8 hours, S+1 at 6:00 M, PACU & Post-op 000 Units, subcutaneous, every 12 hours, S+1 at 6:00 M, PACU & Post-op ecommended for patients with high risk of bleeding, e.g. eight LESS than 50kg and age GREATER than 75yrs. al, daily at 1700 (time critical), Starting S+1, PACU & ost-op dication: TAT, Until discontinued, Starting S dication:
() fondaparinux (ARIXTRA) injection 2 () fondaparinux (ARIXTRA) injection P () heparin (porcine) injection 5 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > A 75yrs) R () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () Parmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous [] Place Adiantain sequential compression device continuous [] Place antiembolic stockings [] Place antiembolic stockings High Risk of DVT - Non-Surgical	GREATER than 30 mL/min 5 mg, subcutaneous, daily, Starting S+1, PACU & 5 ost-op the patient does not have a history or suspected case of eparin-Induced Thrombocytopenia (HIT) do NOT order is medication. Contraindicated in patients LESS than 0kg, prior to surgery/invasive procedure, or CrCl LESS an 30 mL/min. his patient has a history of or suspected case of eparin-Induced Thrombocytopenia (HIT): 000 Units, subcutaneous, every 8 hours, S+1 at 6:00 M, PACU & Post-op 000 Units, subcutaneous, every 12 hours, S+1 at 6:00 M, PACU & Post-op ecommended for patients with high risk of bleeding, e.g. eight LESS than 50kg and age GREATER than 75yrs. al, daily at 1700 (time critical), Starting S+1, PACU & ost-op dication: TAT, Until discontinued, Starting S dication:
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() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5 () warfarin (COUMADIN) tablet 0 () warfarin (COUMADIN) tablet 0 () warfarin (COUMADIN) tablet 0 () Pharmacy consult to manage warfarin (COUMADIN) S [] Mechanical Prophylaxis (Single Response) 0 () Contraindications exist for mechanical prophylaxis R () Place/Maintain sequential compression device continuous R () Place sequential compression device and antiembolic stockings "A [] Place Antiembolic stockings "A [] Place antiembolic stockings High Risk of DVT - Non-Surgical	000 Units, subcutaneous, every 12 hours, S+1 at 6:00 M, PACU & Post-op ecommended for patients with high risk of bleeding, e.g. eight LESS than 50kg and age GREATER than 75yrs. al, daily at 1700 (time critical), Starting S+1, PACU & ost-op dication: TAT, Until discontinued, Starting S dication:
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stockings [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings High Risk of DVT - Non-Surgical	outine, Continuous, PACU & Post-op
continuous [] Place antiembolic stockings High Risk of DVT - Non-Surgical	And" Linked Panel
High Risk of DVT - Non-Surgical	Routine, Continuous, PACU & Post-op
	Routine, Once, PACU & Post-op
Address both pharmacologic and mechanical prophylaxis by order	an fuera Dhanna and a single and Mashaniad Drankulavia
	ng from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
	outine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
N al T	butine, Once o pharmacologic VTE prophylaxis because: patient is ready on therapeutic anticoagulation for other indication. herapy for the following: ACU & Post-op
N C	outine, Once o pharmacologic VTE prophylaxis due to the following ontraindication(s): ACU & Post-op
() enoxaparin (LOVENOX) injection (Single Response)	· · · · · · · · · · · · · · · · · · ·
	10 mg, subcutaneous, daily at 1700 (time critical), Startin
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	6

 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-o
 () heparin (porcine) injection () 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, PACU & Post-op 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), PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Surgical (Hip/Knee) Address both pharmacologic and mechanical prophylaxis by o	ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk [] High risk of VTE	Routine, Once, PACU & Post-op
 [] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
 () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op
() apixaban (ELIQUIS) tablet	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
 () apixaban (ELIQUIS) tablet () aspirin chewable tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications: 162 mg, oral, daily, Starting S+1, PACU & Post-op
 () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications: 162 mg, oral, daily, Starting S+1, PACU & Post-op

30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
For Patients with CrCL LESS than 30 mL/min.
30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
GREATER than 30 mL/min.
40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
critical), Starting S+1
For Patients weight 140 kg or GREATER and CrCl
GREATER than 30 mL/min
2.5 mg, subcutaneous, daily, Starting S+1, PACU &
Post-op
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):
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
AM, PACU & Post-op
5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
AM, PACU & Post-op
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,
PACU & Post-op
To be Given on Post Op Day 1.
Indications:
oral, daily at 1700 (time critical), Starting S+1, PACU &
Post-op
Indication:
STAT, Until discontinued, Starting S
STAT, Until discontinued, Starting S Indication:
Indication:
Indication: Routine, Once
Indication: Routine, Once No mechanical VTE prophylaxis due to the following
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
Indication: Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op "And" Linked Panel

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 PACU & Post-op 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, PACU & Post-op [] 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: PACU & Post-op () Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op () 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

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	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
() heparin (porcine) injection (Recommended for patients	AM, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	AM, PACU & Post-op 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, PACU & Post-op 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):
	PACU & Post-op
 Place/Maintain sequential compression device continuous 	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic	"And" Linked Panel
stockings	
stockings [] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. [] Moderate Risk 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated. [] Moderate Risk 	Routine, Once, PACU & Post-op
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follor pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
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 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S
 [] Place/Maintain sequential compression device continuous [] Place antiembolic stockings Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the folio pharmacologic prophylaxis is contraindicated. [] Moderate Risk [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	Routine, Once, PACU & Post-op owing. Mechanical prophylaxis is optional unless Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS than 30 mL/min
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()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
()	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, PACU &
()	with high risk of bleeding, e.g. weight < 50kg and age >	Post-op
	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), PACU & Post-op 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): PACU & Post-op
. ,	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
Г 1	Place/Maintain sequential compression device	Routine, Continuous, PACU & Post-op
[]	continuous	
[]	continuous Place antiembolic stockings	Routine, Once, PACU & Post-op
	continuous Place antiembolic stockings h Risk of DVT - Surgical	Routine, Once, PACU & Post-op
	continuous Place antiembolic stockings	Routine, Once, PACU & Post-op
Ado	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord	Routine, Once, PACU & Post-op
Ado	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis.
Add] + []] +	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once, PACU & Post-op
Adc] F []] F _ (continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op
Adc] F []] F _ (continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
Adc] + []] + ()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Adc [] [] [] (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following
Adc [] [] [] (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting
Adc [] [] [] (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response)	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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
Adc] F []] F (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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
Adc] + []] + (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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
Adc [] [] [] (()	continuous Place antiembolic stockings h Risk of DVT - Surgical dress both pharmacologic and mechanical prophylaxis by ord High Risk High risk of VTE High Risk Pharmacological Prophylaxis - Surgical Patient Single Response) Patient is currently receiving therapeutic anticoagulation Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Routine, Once, PACU & Post-op dering from Pharmacological and Mechanical Prophylaxis. Routine, Once, PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op 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

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
 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, PACU & Post-op 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, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	Deutine Ones DAOLUS Dest as
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() 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 CrCI 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 CrCI 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, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
 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, PACU & Post-op 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), PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
 Place sequential compression device and antiembolic stockings 	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1, PACU & Post-op Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() 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, PACU & Post-op 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, PACU & Post-op
 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, PACU & Post-op 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, PACU & Post-op To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
[] Place antiembolic stockings	Routine, Once, PACU & Post-op
ncillary Consults	
cillary Consults	
Consult to PT eval and treat	Special Instructions: Weight Bearing Status:
Consult to OT eval and treat	Special Instructions: Weight Bearing Status: