PE Catheter Directed Thrombolysis Admission [1631]

CONTRAINDICATIONS:

History or suspected hemorrhage and/or active internal bleed.

Platelet count less than 50,000/mm3

History of AVM malformation

Stroke or serious head trauma during preceding 3 months

Major surgery or other serious trauma during preceding 3 days

Arterial puncture at non-compressible site or LP during preceding 7 days

History of hemorrhagic stroke within 7 days

History of embolic stroke within 7 days

Pregnancy

Suspected myocardial infarction-related pericarditis

General	
Admission Orders	
[X] Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by: Post-op
DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity? Post-op
[] 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: Post-op
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions: Post-op
Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions: Post-op
solation	
 Airborne isolation status Airborne isolation status Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Details Once, Sputum, Post-op
Contact isolation status	Details
Droplet isolation status	Details
] Enteric isolation status	Details
Precautions	
Aspiration precautions	Post-op

[] Fall precautions		Increased observation level needed: Post-op
[] Latex precautions		Post-op
[] Seizure precautions		Increased observation level needed: Post-op
Nursing		
Vital Signs		
[X] Vital signs - T/P/R/BP		Routine, Per unit protocol, Post-op
Nursing		
[X] Peripheral vascular assessment		Routine, Per unit protocol Every 15 minutes x2 hours then every 30 minutes x4., Post-op
[X] Intake and output		Routine, Every hour, Post-op
[X] Foley catheter care		Routine, Until discontinued, Starting S
		Orders: Maintain
		To bedside drainage., Post-op
[X] Daily weights		Routine, Daily, Post-op
[X] Please perform CBC every 8 hours & Fibrinoge hours until tPa therapy in progress.		Routine, Until discontinued, Starting S, Post-op
[X] Please hold all Anticoagulants while therapy in		Routine, Until discontinued, Starting S, Post-op
[X] Assess IV site		Routine, Once, Post-op
Notify		
[X] Notify Physician for Fibrinogen less than 250		Routine, Until discontinued, Starting S, Fibrinogen less than 250, Post-op
[X] Notify Physician for all changes in tpa and for a	ny	Routine, Until discontinued, Starting S, Post-op
bleeding		
IV Fluids		
Medications		
Medications - HMWB Only		
[] RIGHT - Alteplase 1 mg/hr + Alteplase 0.5 mg/l		"And" Linked Panel
[] RIGHT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9 % 240 mL infusion		ntra-catheter, continuous, Starting H drug ports on EKOS x4 hours
	Eibringgon	n >250 - no change in rate of tPa
		1 200-250 decrease tPa to half of the current rate and notify
	physician	1 200-250 decrease if a to half of the current rate and notify
		n <200 stop tPa and notify physician (**if tPa is stopped run
		ugh the line at 15 cc/hour for the first 4 hours), recheck
		after 4 hours
[] RIGHT - alteplase (CATHFLO) 8 mg in		intra-catheter, once, Starting H+4 Hours, For 1 Doses
sodium chloride 0.9% 240 mL infusion		drug ports on EKOS x4 hours
	Fibrinoaer	n >250 - no change in rate of tPa
		200-250 decrease tPa to half of the current rate and notify
	physician	·
	Fibrinoger	n <200 stop tPa and notify physician (**if tPa is stopped run
		ugh the line at 15 cc/hour for the first 4 hours), recheck
	fibrinogen	after 4 hours
[] RIGHT - HEParin (porcine) 10,000 Units in sodium chloride 0.9 % 1,000 mL infusion	fibrinogen	
	fibrinogen 300 Units/	after 4 hours

"And" Linked Panel

[] LEFT - Alteplase 1 mg/hr + Alteplase 0.5 mg/hr + Heparin + Sodium Chloride

[]	LEFT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9 % 240 mL infusion	1 mg/hr, intra-catheter, continuous, Starting H Infuse via drug ports on EKOS x4 hours
		Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify
		physician Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck fibrinogen after 4 hours
[]	LEFT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9% 240 mL infusion	0.5 mg/hr, intra-catheter, once, Starting H+4 Hours, For 1 Doses Infuse via drug ports on EKOS x4 hours
		Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify physician Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck fibrinogen after 4 hours
[]	LEFT - HEParin (porcine) 10,000 Units in sodium chloride 0.9 % 1,000 mL infusion	300 Units/hr, intra-catheter, continuous, Starting H
[]	sodium chloride 0.9 % infusion	35 mL/hr, intravenous, continuous, Starting H
Medi	cations - HMSL Only	
	RIGHT - Alteplase 1 mg/hr + Alteplase 0.5 mg/hr - Ieparin + Sodium Chloride	+ "And" Linked Panel
	RIGHT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9 % 240 mL infusion	1 mg/hr, intra-catheter, continuous, Starting H, Post-op Infuse via drug ports on EKOS x4 hours
		Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify physician Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck fibrinogen after 4 hours
[]	RIGHT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9% 240 mL infusion	0.5 mg/hr, intra-catheter, once, Starting H+4 Hours, For 1 Doses, Post-op Infuse via drug ports on EKOS x4 hours
		Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify physician Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck fibrinogen after 4 hours
[]	RIGHT - HEParin (porcine) 10,000 Units in sodium chloride 0.9 % 1,000 mL infusion	300 Units/hr, intra-catheter, continuous, Starting H, Post-op Infuse via side port of sheath
[]	sodium chloride 0.9 % infusion	35 mL/hr, intravenous, continuous, Starting H, Post-op Infuse via the coolant port
	EFT - Alteplase 1 mg/hr + Alteplase 0.5 mg/hr + leparin + Sodium Chloride	"And" Linked Panel
	LEFT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9 % 240 mL infusion	1 mg/hr, intra-catheter, continuous, Starting H, Post-op Infuse via drug ports on EKOS x4 hours
		Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify physician Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck fibrinogen after 4 hours

[] LEFT - alteplase (CATHFLO) 8 mg in sodium chloride 0.9% 240 mL infusion	0.5 mg/hr, intra-catheter, once, Starting H+4 Hours, For 1 Doses, Post-op Infuse via drug ports on EKOS x4 hours
	Fibrinogen >250 - no change in rate of tPa Fibrinogen 200-250 decrease tPa to half of the current rate and notify physician
	Fibrinogen <200 stop tPa and notify physician (**if tPa is stopped run NaCl through the line at 15 cc/hour for the first 4 hours), recheck
LEFT - HEParin (porcine) 10,000 Units in	fibrinogen after 4 hours 300 Units/hr, intra-catheter, continuous, Starting H, Post-op
sodium chloride 0.9 % 1,000 mL infusion	Infuse via side port of sheath
[] sodium chloride 0.9 % infusion	35 mL/hr, intravenous, continuous, Starting H, Post-op Infuse via the coolant port
VTE	
DVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required) URL: "\appt1.pdf"
() Patient currently has an active order for therapeu	
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() LOW Risk of DVT (Selection Required)	1 Αου α 1 υσι-υρ
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	red)
() 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 (Selection R	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	urs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
major cargory mann o monare er dannesser.	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require	d)
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	ophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, 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 mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
(enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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 3 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 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 medicate 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 8 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 LES 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) (Se Required)	election
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(PACU & Post-op
()	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

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 Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[1] Moderate Rick (Selection Required)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	·
 Contraindications exist for pharmacologic proportion Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, 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, 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) (Sel Required)	lection
() 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
) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition	
or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	PACU & Post-op
(Selection Required)	<u> </u>
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() 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
() 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
	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
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), Starting S+1, PACU & Post-op Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:

	Mechanical Prophylaxis (Single Response) (S Required)	Selection
()	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
/ \	DILD's Lat DVT New Country of (Oals at an Da	

() HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() 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

() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	se)
() 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 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 Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() 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
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
() Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk factor	nrs
Age less than ob years and the other vie hisk rack	
[] Low Risk (Single Response) (Selection Required	1)
() Low risk of VTE	Routine, Once
() LOW HISK OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
	PACU & Post-op
() MODERATE Risk of DVT - Surgical (Selection Req	
· ·	ulled)
Moderate Risk Definition	
	chanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	eg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
Moderate Risk Pharmacological Prophylaxis - Su	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic proph	nylaxis "And" Linked Panel
BUT order Sequential compression device	7114 211101
[] Contraindications exist for pharmacologic	Pauting Ones
prophylaxis	
propriylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[1] Diggs/Maintain aggregation and aggregation	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression	No pharmacologic VTE prophylaxis due to the following contraindication(s):
device continuous	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous () Contraindications exist for pharmacologic proph	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op
device continuous () Contraindications exist for pharmacologic proph AND mechanical prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op nylaxis "And" Linked Panel
device continuous () Contraindications exist for pharmacologic prophand AND mechanical prophylaxis [] Contraindications exist for pharmacologic	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op nylaxis "And" Linked Panel Routine, Once
device continuous () Contraindications exist for pharmacologic proph AND mechanical prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op nylaxis "And" Linked Panel
device continuous () Contraindications exist for pharmacologic prophand AND mechanical prophylaxis [] Contraindications exist for pharmacologic	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op Routine, Continuous, PACU & Post-op nylaxis "And" Linked Panel Routine, Once

	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
()	enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	·
) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
) 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
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, 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 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
	weight < 30kg and age > 73yrs)	than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op Indication:
()	(COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sel- Required)	
()	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
() MODERATE Risk of DVT - Non-Surgical (Selection Required)		n
Ph cor On CH stro Ag Ce His An Les Mo	ntraindicated. he or more of the following medical conditions: HF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[]	Moderate Risk (Selection Required)	

Routine, Once, PACU & Post-op

[] Moderate risk of VTE

Required) Ontraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
) enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() 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
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than a 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 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, PACU & Post-op
heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LES
weight < 50kg and age > 75yrs) (i) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. 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) (Se Required)	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(PACU & Post-op
) Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
📘 High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	40
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() 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
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30
()	mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	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
() Tondaparinux (ArtiXTTIA) injection	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
() (00111141111111111111111111111111111111	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1, PACU & Post-op
() Dharmany consult to manage worferin	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se	
Required) () Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
ριοριτγιαλίο	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	

() HIGH Risk of DVT - Non-Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non-S	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S
() patients with Groef Elege than so memmin	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL)
() Dhawaaay aanayilt ta managa yayifayin	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Required)

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	
() 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 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 Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	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	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 between 140 kg or GREATER and CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election

Required)

() 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
abs	
aboratory (1) CBC with differential	Daily, Post-op
Fibrinogen	Every 4 hours, Post-op
[] Basic metabolic panel	Every 8 hours, Post-op
naging Other Studies Respiratory Rehab	
onsults For Physician Consult orders use sidebar	
onsults	
	Routine, Until discontinued, Starting S