To order PRBC's, Platelets and FFP's open the: Type and Crossmatch Order Set

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

		Devile Assiller Defensed Out Et Et 0.005
]	ECG Pre/Post Op	Routine, Ancillary Performed, Status: Future, Expires: S+365, Pre-Admission Testing
]	Pv carotid duplex	Status: Future, Expires: S+365, Routine, Clinic Performed
]	Us vein mapping lower extremity	Status: Future, Expires: S+365, Routine, Clinic Performed
Re	espiratory	
]	Spirometry pre & post w/ bronchodilator	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
]	Body Plethysmographic lung volumes	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
]	Diffusion capacity	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
]	Spirometry	Routine, Status: Future, Expires: S+365, Pre-Admission Testing Encounter type?
La	aboratory: Preoperative Testing Labs - All Fac	cilities
]	CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Comprehensive metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Basic metabolic panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Partial thromboplastin time	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Hepatic function panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Platelet function analysis	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Hemoglobin A1c	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	Type and screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	hCG qualitative, serum screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
1	POC pregnancy, urine	Routine, Point Of Care, Pre-Admission Testing
]	Urinalysis, automated with microscopy	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
	aboratory: Additional Labs - HMWB, HMSJ, H MTW	•
]	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
]	CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
]	HIV 1, 2 antibody	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
1	Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
	Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission

[]	Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
[]	Т3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Τ4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Prostate specific antigen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
L	aboratory: Additional Labs - HMSL, HMW	
[]	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
[]	CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
[]	Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
[]	Т3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Τ4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Prostate specific antigen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
L	aboratory: Additional Labs - HMH	
[]	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+365, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
[]	CBC hemogram	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Syphilis total antibody	Routine, Status: Future, Expires: S+365, Clinic Collect
[]	Hepatitis acute panel	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Thromboelastograph	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[]	MRSA screen culture	Routine, Status: Future, Expires: S+365, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing

[] T3	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] T4	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Prostate specific antigen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
Laboratory: Additional for Bariatric patients	
[] Lipid panel	Routine, Status: Future, Expires: S+365, Clinic Collect Has the patient been fasting for 8 hours or more? Pre-Admission Testing
[] hCG qualitative, serum screen	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Total iron binding capacity	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] T4, free	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Thyroid stimulating hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Hemoglobin A1c	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Parathyroid hormone	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Partial thromboplastin time, activated	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Vitamin A level, plasma or serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Vitamin B12 level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Copper level, serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Folate level	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Vitamin B1 level, whole blood	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing
[] Zinc level, serum	Routine, Status: Future, Expires: S+365, Clinic Collect, Pre-Admission Testing

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	Details
Extremities	
[] 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

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] Electrolyte and Fluid Disorder	—
	Details
] Intestinal Infection due to Clostridium Difficile	Details
] Methicillin Resistant Staphylococcus Aureus Infection	Details
] Obstructive Chronic Bronchitis with Exacerbation	Details
] Other Alteration of Consciousness	Details
] Other and Unspecified Coagulation Defects	Details
] Other Pulmonary Embolism and Infarction	Details
] Phlebitis and Thrombophlebitis	Details
] Protein-calorie Malnutrition	Details
] Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
] Sepsis	Details
Septic Shock	Details
Septicemia	Details
] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	• •
) Admit to Inpatient	Diagnosis:
	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments: Certification: I certify that based on my best clinical judgme
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
) Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
Supervision	Patient Condition:
	Bed request comments:
	Diagnosis:
) ()utpatient in a bed - extended recovery	
) Outpatient in a bed - extended recovery	
) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
	Admitting Physician:
Admission or Observation (Single Response)	Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: 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
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: 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
Admission or Observation (Single Response) Patient has active status order on file	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient) Outpatient observation services under general	Admitting Physician: Bed request comments: 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. Diagnosis:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient	Admitting Physician: Bed request comments: 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. Diagnosis: Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgme 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. Diagnosis: Admitting Physician: Patient Condition:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient) Outpatient observation services under general supervision	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient) Outpatient observation services under general	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Diagnosis: Admitting Physician: Patient Condition:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient) Outpatient observation services under general supervision	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Diagnosis: Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file) Admit to Inpatient) Outpatient observation services under general supervision	Admitting Physician: Bed request comments: Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmer 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. Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Diagnosis:

Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Code Status

[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	
[] 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	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum
suspect Tuberculosis, please order this test	
for rapid diagnostics.	
[] 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:
Case Request	
[X] Case request operating room	Details
Nursing	
Nursing	
	Deutine Deutwik enskelen
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
[X] Intake and output	Routine, Every shift
[X] Daily weights	Routine, Daily
[X] Complete consent for	Routine, Once Broadure: Transactheter Aartie Value Berlacement
	Procedure: Transcatheter Aortic Valve Replacement
	Diagnosis/Condition: Severe aortic stenosis Physician:
	Risks, benefits, and alternatives (as outlined by the Texas
	Medical Disclosure Panel, as appears on Houston Methodist
	Medical/Surgical Consent forms) were discussed with
	patient/surrogate?
[X] Clip chin to knees in AM of procedure	Routine, Once, Starting S+1 at 5:00 AM For 1 Occurrences
	(0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,

[X] 5M walk test/frailty test	Routine, Once For 1 Occurrences Search Flowsheets for 5M on the Database List. Ensure 5M
	walk test/ frailty test has been completed PRIOR to procedure.
	If patient is unable to perform test, reason MUST be
	documented.
[] Bed rest	Routine, Until discontinued, Starting S Bathroom Privileges:
[] Activity (specify)	Routine, Until discontinued, Starting S Specify: Activity as tolerated
[X] Complete KCCQ-12 Questionnaire in EPIC	Routine, Once For 1 Occurrences Search Flowsheets for KCCQ on the Database List. Ensure KCCQ has been completed PRIOR to procedure.
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
Diet	
[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
	-2 hours before procedure EXCEPT patients with delayed
	gastric emptying or severe GERD should be NPO for 8 hours
[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
	-Clear liquids 2 hours before procedure
	-Clear liquids 2 hours before procedure -Non-clear liquids 4 hours before procedure
	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S Diet(s):
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S Diet(s): Other Options:
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated?
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? Liquid Consistency:
[] Diet -Clear liquid	-Non-clear liquids 4 hours before procedure -Solids 6 hours before procedure Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated?

[] Ensure Clear	
	Can/Bottle Supplements: Ensure Clear (Outpatient ONLY)
	Can/Bottle Supplements:
	Number of Cans/Bottles each administration:
	ERAS Carb Loading Beverage - Provide one Ensure Clear
	Nutrition Drink 3 hours before procedure. If procedure is
	delayed over 2 hours, continue to allow clear liquids as patient
	requests until 2 hours before procedure and provide Ensure
	Clear Nutrition Drink 3 hours before new procedure time.
[] Diet - 1800 ADA	Diet effective now, Starting S
	Diet(s): Other Diabetic/Cal
	Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - 2 Grams Low NA	Diet effective now, Starting S
	Diet(s): Other Chol/Fat/Sodium
	Chol/Fat/Sodium: 2 GM Sodium
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet -	Diet effective now, Starting S
	Diet(s): 2 GM Sodium
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Heart Healthy	Diet effective now, Starting S
	Diet(s): Heart Healthy
	Advance Diet as Tolerated?
	Liquid Consistency: Fluid Restriction:
	Foods to Avoid:

IV Fluids

Peripheral IV Access

[X] Initiate and maintain IV			
[] Insert peripheral IV	Routine, Once		
[] sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, every 12 hours scheduled		
[] sodium chloride 0.9 % flush 10 mL	10 mL, intravenous, PRN, line care		

IV Fluids

VTE

[] sodium chloride 0.9 % infusion	intravenous, continuous
[] sodium chloride 0.45 % infusion	intravenous, continuous

Medications

Chlorhexidine Wash

[] chlorhexidine (HIBICLENS) 4 % liquid

Topical, PRN, for shower, Starting S, For 2 Doses Bathe patient with 4% chlorhexidine the night before and the morning of procedure. Apply from chin down.

Pharmacologic pro contraindicated. H Both pharmacolog Age less than 60 y following medical of CHF, MI, lung dis stroke, rheumatolo Thrombophilia (Fa or protein S deficie Age 60 and abov Central line Acu History of DVT or Anticipated length Less than fully ar Estrogen therapy Moderate or majo	igh Risk Definition ic AND mechanical prophylaxis mure rears and NO other VTE risk factor conditions: ease, pneumonia, active inflamm ogic disease, sickle cell disease, lead ctor V Leiden, prothrombin variant ency; hyperhomocysteinemia; mye e Severe fracture of hip, pelvis or I te spinal cord injury with paresis family history of VTE Multiple major of stay less than 48 hours Abdom in dindependently ambulatory Acute	ust be addre s One or m nation, dehy g swelling, mutations, loproliferati eg or traumas ninal or pelv	more of the following medical conditions: One or more of the hydration, varicose veins, cancer, sepsis, obesity, previous , ulcers, venous stasis and nephrotic syndrome s, anticardiolipin antibody syndrome; antithrombin, protein C tive disorders)
DVT Risk and Propl	nylaxis Tool (Single Response) (•	Required) URL: "\appt1.pdf"
() Patient currently anticoagulant or	has an active order for therapeutic VTE prophylaxis	N a	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() LOW Risk of DV	Γ (Selection Required)		
Low Risk Definiti	· · · ·	ors	
[] Low Risk (Sind	gle Response) (Selection Required	1)	
() Low risk of V		Routine, C	Ωρο
			Due to low risk, no VTE prophylaxis is needed. Will encourgae
() MODERATE Ris	k of DVT - Surgical (Selection Req	uired)	
contraindicated. One or more of th CHF, MI, lung dis stroke, rheumato Age 60 and abov Central line History of DVT of Anticipated lengt	rophylaxis must be addressed. Me ne following medical conditions: sease, pneumonia, active inflamma logic disease, sickle cell disease, l	ation, dehyc eg swelling	prophylaxis is optional unless pharmacologic is rdration, varicose veins, cancer, sepsis, obesity, previous g, ulcers, venous stasis and nephrotic syndrome
Estrogen therapy Moderate or majo			
[] Moderate Risk	(Selection Required)		
[] Moderate risk		Routine, C	Once
[] Moderate Risk	Pharmacological Prophylaxis - Su Response) (Selection Required)		
() Contraindicat BUT order Se	ions exist for pharmacologic prophequential compression device	nylaxis	"And" Linked Panel
	ations exist for pharmacologic		, Once macologic VTE prophylaxis due to the following idication(s):

	hylaxis "And" Linked Panel
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	·
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() 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 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 CrCI GREATER than 30 mL/min
() 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 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
) MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous 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 hour	s

(

[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select Required)	ion
() Contraindications exist for pharmacologic prop Order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() 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 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 CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of DVT - Surgical (Selection Required)	

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

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 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 CrCI 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 CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous

(

High Risk Definition Both pharmacologic AND mechanical prophylaxis r One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; my 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	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() 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 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 CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	

() HIGH Risk Required)

High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	iyeloproliterative 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
[] High Risk Pharmacological Prophylaxis - Hip of	
(Arthroplasty) Surgical Patient (Single Respons	
(Selection Required)	-)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	
() 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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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
() honorin (noroing) injection	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
	than 50kg and age GREATER than 75yrs. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1
() Phormaoy consult to manage wayfarin	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	Rection
Required)	Poutino Onco
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
μυμινιαλιδ	

() Place/Maintain sequential compression device continuous	Routine, Continuous
OVT Risk and Prophylaxis Tool (Single Response)	(Selection Required) URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	c Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fact	ors
[] Low Risk (Single Response) (Selection Required	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate
	early ambulation
) MODERATE Risk of DVT - Surgical (Selection Rec	
Moderate Risk Definition	echanical prophylaxis is optional unless pharmacologic is
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome s
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Su Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic propl BUT order Sequential compression device	hylaxis "And" Linked Panel
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic propl AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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 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
 patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
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), Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selection	n
Required)	an af the following Machanical graph david is anti-pal uplace
Address pharmacologic prophylaxis by selecting c pharmacologic prophylaxis is contraindicated.	one of the following. Mechanical prophylaxis is optional unless
] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
() Contraindications exist for pharmacologic prop	phylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
proprijakio	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (TIME CRITICAL), Starting S+1
	For Patients with CrCL LESS than 30 mL/min

(

() patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (TIME CRITICAL Starting S+1
	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min 	40 mg, subcutaneous, every 12 hours at 0900, 2100 (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
	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)
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
() Thannacy consult to manage warrann (COUMADIN)	Indication:
HIGH Risk of DVT - Surgical (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) 	al Patient
(<i>)</i>	Routine, Once
 Contraindications exist for pharmacologic prophylaxis 	No pharmacologic VTE prophylaxis due to the following
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
prophylaxis() enoxaparin (LOVENOX) injection (Single Resp	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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),
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 200nse) 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 3 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 3 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 3 mL/min
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 200nse) 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 3 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 3 mL/min 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
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 200nse) 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 3 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 3 mL/min 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
 prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () 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 () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 20058) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS

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

1 High Rick (Soloction Dogwind)	
High Risk (Selection Required)High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Non-S 	
Patient (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 (Selection Derwind)	ponse)
(Selection Required) () enoxaparin (LOVENOX) syringe	10 ma subsutanceus deily Starting S. 1
() patients with CrCL LESS than 30 mL/min	40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1
() patients with GOE EEGS that 30 mE/min	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100 (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, every 12 hours at 0900, 2100 (TIME CRITICAL
CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
() fondanarinum (ADIVTDA) injection	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	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) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700 (TIME CRITICAL)
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n
Required)	
Address both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Hip or	· · · · · · · · · · · · · · · · · · ·
(Arthroplasty) Surgical Patient (Single Respons	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() an inclusion (EUOUUR) tablet	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
	ponse)
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	
(Selection Required)	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL). Starting S+1
	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
(Selection Required) () enoxaparin (LOVENOX) syringe	

() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	c Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fact	tors
[] Low Risk (Single Response) (Selection Require	d)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
) MODERATE Risk of DVT - Surgical (Selection Rec	quired)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated.	echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	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	S
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

) Contraindications exist for pharmacologic prop BUT order Sequential compression device	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
) 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):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
) enoxaparin (LOVENOX) injection (Single Resp (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 CrCI 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 3 mL/min
) fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
) warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1 Indication:
) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	lection
) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
) Place/Maintain sequential compression	Routine, Continuous

(Required)

Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , 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 hour Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Douting Orga
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection) 	Routine, Once
Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() 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):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (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 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 medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. 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)	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative 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
[] 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 Res	
(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 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
 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
CICI GREATER (nan 30 mL/mm	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
	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 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended 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), Starting S+1
	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
 Place/Maintain sequential compression device continuous 	Routine, Continuous

High Risk Definition Both pharmacologic AND mechanical prophylaxis r One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variat or protein S deficiency; hyperhomocysteinemia; my 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	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Su Patient (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 Response) (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 30 mL/min
() 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 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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	

() HIGH Risk 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; m		
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	
[] High Risk Pharmacological Prophylaxis - Hip or		
(Arthroplasty) Surgical Patient (Single Response		
(Selection Required)	·	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1	
() conirin chowchle toblet	Indications:	
 () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1	
() enoxaparin (LOVENOX) injection (Single Resp		
() enotapaint (LOVENOX) injection (Single Nest (Selection Required)		
() 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	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1	
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.	
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30	
GIGI GREATER (nan 50 mE/min	mL/min.	
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),	
Patients weight between 140 kg or	Starting S+1	
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30	
mL/min	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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM	
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.	
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1	
knee arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL), Starting S+1	
	Indication:	
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
[] Mechanical Prophylaxis (Single Response) (Selection		
Required) () Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
proprijiano		

Labs Labs

[X] Comprehensive metabolic panel	Once
[X] Prothrombin time with INR	Once
[X] Partial thromboplastin time	Once
[X] CBC with platelet and differential	Once
[X] B natriuretic peptide	Once
[X] Hemoglobin, plasma	Once
[X] Creatine kinase total (CPK)	Once

Cardiology

Imaging

Other Studies

Diagnostic Studies

[X] Chest 2 Vw	Routine, 1 time imaging For 1
[X] ECG 12 lead	Routine, Once
	Clinical Indications: Pre-Op Clearance
	Interpreting Physician:
[] CV pacemaker defib or ilr interrogation	Routine, Once

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:

Reason for Consult?

Additional Orders