General

Common Present on Admission Diagnosis

[] Acidosis	Details
[] Acute Post-Hemorrhagic Anemia	Details
[] Acute Renal Failure	Details
[] Acute Respiratory Failure	Details
[] Acute Thromboembolism of Deep Veins of Lower Extremities	Details
[] Anemia	Details
[] Bacteremia	Details
[] Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
[] Methicillin Resistant Staphylococcus Aureus Infection	Details
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
	Details
Elective Outpatient, Observation, or Admission (Single	
() Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
	PACU & Post-op
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
() A desit to be ation t	PACU & Post-op
() 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.
	PACU & Post-op
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Admission or Observation (Single Response) Patient has active status order on file

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:
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.
Code Status decision reached by:
Does patient have decision-making capacity?
Priority: Reason for Consult?
Order?
Name of referring provider:
Enter call back number:
Reason for Consult:
Does patient have decision-making capacity?
Modified Code restrictions: Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Routine Until discontinued Starting S
Routine, Until discontinued, Starting S ECMO Device Configuration:
ECMO Device Configuration: Diagnosis:
ECMO Device Configuration: Diagnosis: Routine, Until discontinued, Starting S
ECMO Device Configuration: Diagnosis:
ECMO Device Configuration: Diagnosis: Routine, Until discontinued, Starting S % O2 (%):
ECMO Device Configuration: Diagnosis: Routine, Until discontinued, Starting S % O2 (%): Sweep (L/min):

Isolation

[] Airborne isolation status	
[] Airborne isolation status	Details
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details

Precautions

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

Nursing

Vital Signs/Monitoring

[X] Vital signs	Routine, Per unit protocol
[X] CVP monitoring	Routine, Every hour
	Continuous CVP goal 12-15mmHG. No continuous fluids
	through CVP port.
[] PAP monitoring	Routine, Per unit protocol
[] Cardiac output monitoring	Routine, Per unit protocol
	Record:
	If PA catheter present
[X] Blood pressures by arterial line: MAP goal 60-80 mmHg	Routine, Until discontinued, Starting S
	Blood pressures by arterial line: MAP goal 60-80 mmHg
[X] Pulse oximetry	Routine, Continuous
	Current FIO2 or Room Air:
	Via RIGHT hand or RIGHT ear
Activity	
[X] Turn patient	Routine, Every 2 hours
	For patients with Avalon catheter if no bleeding at site; No
	turning for central cannulation.
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
[] HOB 30 degrees	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees
[] Strict bed rest	Routine, Until discontinued, Starting S
[] Patient position: Patient to remain flat if central	Routine, Until discontinued, Starting S
cannulation	Position: supine
	Additional instructions:
	Patient to remain flat if central cannulation
Notify	
[] Notify Physician of patient's location	Routine, Until discontinued, Starting S, Of patient's location
[X] Notify for bleeding at cannula site	Routine, Until discontinued, Starting S
[X] Notify for chattering of ECMO circuit lines	Routine, Until discontinued, Starting S
[X] Notify provider for flow decrease greater than 500ml from	Routine, Until discontinued, Starting S
baseline	
[X] Notify for PVEN less than 200	Routine, Until discontinued, Starting S
[X] Notify Intensivist for loss of pulse or any signs of	Routine, Until discontinued, Starting S, Intensivist for loss of
ischemia	pulse or any signs of ischemia
	· ···· · ········

[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S ECMO flow less than: 2 liters/min High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 MAP greater than: 80 mmHg MAP less than: 60 mmHg CVP greater than: 15 mmHg CVP less than: 8 mmHg SpaO2 less than: 8 mmHg SvO2 less than: 80% in V-V ECMO,92% in V-A ECMO SVO2 less than: 45% Urine output less than: 0.5 ml/kg/hr
Nursing Care	
[X] Complete Assessment	Routine, Every 4 hours Assess: Complete Assessment
[X] All orders cleared by Intensivist team	Routine, Until discontinued, Starting S All orders cleared by Intensivist team
[] Insert arterial line	Routine, Once Place right upper extremity arterial line
[X] Strict intake and output	Routine, Every hour
[X] Peripheral vascular assessment	Routine, Every hour
	Assess loss of pulse, skin color, temperature and appearance.
[X] Foley catheter care	Routine, Until discontinued, Starting S
	Orders: Maintain,to gravity
[X] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
	Tube Care Orders: To Low Intermittent Suction
[] Cheet tube to continuous quetion	Discontinue after extubation
[] Chest tube to continuous suction	Routine, Until discontinued, Starting S Level of suction: 20 cm H2O
	Site care per policy
[X] Oral care	Routine, Per unit protocol
[X] Change dressing	Routine, Every 48 hours
	To cannula site. Using sterile procedure every 48 hours and
	as needed
[X] Emergency per ACLS protocol	Routine, Until discontinued, Starting S Emergency per ACLS protocol
Hyperglycemia Management Orders for hyperglycemia management are to be ordered by	y separate Order Set
[X] If blood glucose GREATER THAN 140 for two readings, START Insulin Drip at prescribed algorithm, no bolus. If after 3rd Blood Glucose check, insulin drip has not been needed notify intensivist for further instructions.	Routine, Until discontinued, Starting S If blood glucose GREATER THAN 140 for two readings, START Insulin Drip at prescribed algorithm, no bolus. If after 3rd Blood Glucose check, insulin drip has not been needed notify intensivist for further instructions.
Diet	
[X] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
IV Fluids	
IV Fluids	
[] sodium chloride 0.9 % infusion	intravenous, continuous Not to be infused through CVP line.
[] dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion	intravenous, continuous Not to be infused through CVP line.
 [] dextrose 5 % and sodium chloride 0.2 % with KCl 20 mEq/L infusion 	intravenous, continuous Not to be infused through CVP line.

[] lactated Ringer's infusion	intravenous, continuous Not to be infused through CVP line.
[] sodium chloride 0.9 % with KCI 20 mEq/L infusion	intravenous, continuous Not to be infused through CVP line.
Medications	
IV Drips	
[] DOButamine (DOBUTREX) infusion	0.5-20 mcg/kg/min, intravenous, continuous Initiate dobutamine infusion at 2.5mcg/kg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} . Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531} Usual Rate: Titrate by 2.5 mcg/kg/min every 5 minutes. Usual Range: Initiate at 2-10 mcg/kg/min. Do not exceed 20 mcg/kg/min.
[] DOPamine (INTROPIN) infusion	2-20 mcg/kg/min, intravenous, continuous Initiate dopamine infusion at 2 mcg/kg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} . Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531} Titrate by 2 mcg/kg/min every 5 minutes. Usual Range: Initiate at 2-5 mcg/kg/min. Usual Rate: Titrate at 5-10 mcg/kg/min. Do not exceed 20 mcg/kg/min.
[] EPINEPHrine (ADRENALIN) infusion	2-30 mcg/min, intravenous, continuous Initiate epinephrine infusion at 1 mcg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530}. Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531} Usual Range: 1-15 mcg/min. Do not exceed 20 mcg/min.
[] norepinephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, continuous Initiate norepinephrine infusion at 4 mcg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} . Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531} for MAP GREATER than 70. Usual Range: 2-10 mcg/min. Do not exceed 40 mcg/min.
	Titrate for MAP GREATER than 70. Usual range: 2-10 mcg/min.
[] vasopressin (PITRESSIN) infusion	0.04 Units/min, intravenous, continuous Initiate vasopressin infusion at 0.04 units/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} . Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}
[] milrinone (PRIMACOR) infusion	intravenous, continuous Usual Range: Initiate at 0.25-0.75 mcg/kg/min.
[] nitroglycerin infusion	5-200 mcg/min, intravenous, titrated Initiate nitroglycerin infusion at 5 mcg/min if {RX CARDIAC TITRATABLE INITIATION:21532} Titrate to keep {RX CARDIAC TITRATABLE PARAMETER:21533} Titrate by 10 mcg/min every 5 minutes. Do not exceed 200 mcg/min.

[] niCARdipine (CARDENE) infusion	2.5-15 mg/hr, intravenous, continuous
	Initiate nicardipine infusion at 5 mg/hr if {RX CARDIAC
	TITRATABLE INITIATION:21532}
	Titrate to keep {RX CARDIAC TITRATABLE
	PARAMETER:21533}
	Usual Rate: Titrate by 2.5 mg/hr every 15 minutes.
	Usual Range: 2.5-15 mg/hr.
	Do not exceed 15 mg/hr.
	Decrease to 3 mg/hr after achieving BP goal.
[] esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, titrated
	Initiate esmolol loading dose at 100 mcg/kg/min for 1 minute.
	Follow by 150 mcg/kg/min infusion. Adjust infusion rate up to
	200 mcg/kg/min as needed to maintain desired heart rate
	and/or blood pressure.
	MethOD admin instructions: Initial infusion rate 25-50
	mcg/kg/min. Max: 300 mcg/kg/min
Anticoagulation - Heparin for ECMO Use	
[] Pharmacy Consult for Management of Heparin Per	"And" Linked Panel
ECMO Protocol	
	AT, Until discontinued, Starting S
	parin Indication: ECMO
	nitoring: aPTT
Pha	armacy to Manage Heparin Per ECMO Protocol Goal aPTT Goal 60-8
seco	onds.
Antibiotics: For Patients LESS than or EQUAL to 120 k	g
[] cefazolin (ANCEF) IV - For Patients LESS than or	2 g, intravenous, every 8 hours
EQUAL to 120 kg	For the first 48 hours after admission.
C C	Reason for Therapy:
[] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, every 12 hours
	For the first 48 hours after admission.
	Type of Therapy:
[] levofloxacin (LEVAQUIN) IV	500 mg, intravenous, every 24 hours
	For the first 48 hours after admission.
	Reason for Therapy:
[] fluconazole (DIFLUCAN) IV	400 mg, intravenous, for 60 Minutes, every 24 hours
	For the first 48 hours after admission. Reason for Therapy:
Antibiotics: For Dationts CDEATED than 120 kg	For the first 48 hours after admission.
Antibiotics: For Patients GREATER than 120 kg	For the first 48 hours after admission. Reason for Therapy:
[] cefazolin (ANCEF) IV - For Patients GREATER than 12	For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours
	 For the first 48 hours after admission. Reason for Therapy: 3 g, intravenous, every 8 hours For the first 48 hours after admission.
[] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy:
[] cefazolin (ANCEF) IV - For Patients GREATER than 12	 For the first 48 hours after admission. Reason for Therapy: 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours
[] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg	 For the first 48 hours after admission. Reason for Therapy: 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission.
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy:
[] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission.
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy:
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission.
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission.
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV [] fluconazole (DIFLUCAN) IV Stress Ulcer Prophylaxis 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy:
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV [] fluconazole (DIFLUCAN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, daily
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV [] fluconazole (DIFLUCAN) IV Stress Ulcer Prophylaxis [] pantoprazole (PROTONIX) injection 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, daily after admission. Reason for Therapy:
 [] cefazolin (ANCEF) IV - For Patients GREATER than 12 kg [] vancomycin (VANCOCIN) IV [] levofloxacin (LEVAQUIN) IV [] fluconazole (DIFLUCAN) IV 	 For the first 48 hours after admission. Reason for Therapy: 20 3 g, intravenous, every 8 hours For the first 48 hours after admission. Reason for Therapy: 15 mg/kg, intravenous, every 12 hours For the first 48 hours after admission. Reason for Therapy: 500 mg, intravenous, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, for 60 Minutes, every 24 hours For the first 48 hours after admission. Reason for Therapy: 400 mg, intravenous, daily

edation Protocol Sedate while intubated per ICU protocol	
Sedate while intubated per ICU protocol-refer to sedation protocol orders.	Routine, Until discontinued, Starting S Sedate while intubated per ICU protocol-refer to sedation protocol orders.
dexmedetomidine HCI (PRECEDEX) 4 mcg/mL in sodium chloride 0.9 % 50 mL infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous
TE	
VT Risk and Prophylaxis Tool (Single Response) (Select	ion Required) 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:
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors	
[] Low Risk (Single Response) (Selection Required)	
() Low risk of VTE Routir	ne, Once
	isk: Due to low risk, no VTE prophylaxis is needed. Will encourgae ambulation
MODERATE Risk of DVT - Surgical (Selection Required)	
	al prophylaxis is optional unless pharmacologic is
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, di stroke, rheumatologic disease, sickle cell disease, leg swe 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	ehydration, varicose veins, cancer, sepsis, obesity, previous
 contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, distroke, rheumatologic disease, sickle cell disease, leg swe 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 	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome
 contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, distroke, rheumatologic disease, sickle cell disease, leg swe 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 	ehydration, varicose veins, cancer, sepsis, obesity, previous
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe 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 Pharmacological Prophylaxis - Surgical	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe 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 Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Contraindications exist for pharmacologic Rout prophylaxis No p	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe 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 Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis No p contraindications exist for pharmacologic No p	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome ne, Once "And" Linked Panel tine, Once charmacologic VTE prophylaxis due to the following
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe 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 Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis No p contr [] Place/Maintain sequential compression Routi	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome ne, Once "And" Linked Panel tine, Once harmacologic VTE prophylaxis due to the following raindication(s):
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe 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 Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis Moderate Risk for pharmacologic prophylaxis No p contr [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis No p contr [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis No p	ehydration, varicose veins, cancer, sepsis, obesity, previous elling, ulcers, venous stasis and nephrotic syndrome ne, Once "And" Linked Panel tine, Once tharmacologic VTE prophylaxis due to the following raindication(s): tine, Continuous

()	(Selection Required) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, 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, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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
	weight < 50kg and age > 75yrs) warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1
()		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
()	(COUMADIN)	Indication:
МО	DERATE Risk of DVT - Non-Surgical (Selection	
	quired)	
Moo Pha con One CH	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Mod Pha con One CHI stro Age Cer Hist Ant Les Est Mod	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
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Moo Pha con One CHI stro Age Cer Hist Ant Les Estr Moo Maj	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
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Moo Pha con One CHI stro Age Cer Hist Ant Les Esti Moo Maj	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) for surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) Contraindications exist for pharmacologic prop Order Sequential compression device	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome rs Routine, Once tion phylaxis - "And" Linked Panel
Moo Pha con One CHI stro Age Cer Hist Ant Les Esti Moo Maj	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) for surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) Contraindications exist for pharmacologic prop Order Sequential compression device	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome rs Routine, Once tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Moo Pha con One CHI stro Age Cer Hist Ant Less Esti Moo Maj	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) for surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) Contraindications exist for pharmacologic prop Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome rs Routine, Once tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Moo Pha con One CHI stro Age Cer Hist Ant Les Esti Moo Maj	derate Risk Definition armacologic prophylaxis must be addressed. M traindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamn oke, rheumatologic disease, sickle cell disease, e 60 and above ntral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hour is than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) for surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) Contraindications exist for pharmacologic prop Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome rs Routine, Once tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous

[] 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, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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 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.	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
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S Indication:
(COUMADIN)	Indication.
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	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 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 [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C lyeloproliferative disorders)
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 [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgio	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C lyeloproliferative disorders)
 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 [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surgia (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) 	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 I High Risk (Selection Required) I High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
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 [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgia (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
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 I High Risk (Selection Required) I High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C ayeloproliferative disorders) Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 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, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) (S Required) 	election
() 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 - Non-Surgical (Selection Red	quired)
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg	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	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	
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 [] High Risk Pharmacological Prophylaxis - Non-	Routine, Once -Surgical
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 -Surgical
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 [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic	Routine, Once -Surgical d) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
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 [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once -Surgical d) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	Routine, Once -Surgical d) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
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 [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once -Surgical d) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S
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 OVTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND	Routine, Once -Surgical d) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30

() honorin (norgina) injection (Pasammandad	
() 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
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	lection
() 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 (Hip/Knee) (Selectio	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutational antipardialinin antihady aundrama, antithramhin protain C
or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	iyelopromerative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
L High Pick (Selection Required)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Response) 	
	se)
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(Selection Required) () Contraindications exist for pharmacologic	Routine, Once
(Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following
(Selection Required)() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
(Selection Required) () Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 ponse)
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 ponse) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 ponse)
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 ponse) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
 (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 ponse) 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 30 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.
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() 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	To be Given on Post Op Day 1.
admission	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Dharmany consult to manage worferin	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	Routine, Continuous
device continuous	, -
DVT Risk and Prophylaxis Tool (Single Response)	
	URL: "\appt1.pdf"
() Patient currently has an active order for therapeut	
anticoagulant or VTE prophylaxis	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	tora
Age less than 60 years and NO other VTE risk fac	
[] Low Risk (Single Response) (Selection Require	ud)
() 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 Re	quired)
Moderate Risk Definition	
• • • •	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	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
Less than fully and independently ambulatory	-
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
11 Medewate Dials (Only attack Developed)	
[] Moderate Risk (Selection Required)	Deutine Ones
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
proprisiano	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	, -

prophylaxis No p cont [] Contraindications exist for mechanical prophylaxis Rout prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe 40 m () patients with CrCL LESS than 30 mL/min 30 m For I () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 50 m For I () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 m For I () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min For I () fondaparinux (ARIXTRA) injection 2.5 m () heparin (porcine) injection (Recommended 5,000 for patients with high risk of bleeding, e.g. () heparin (porcine) injection (Recommended 5,000 for patients with high risk of bleeding, e.g. () warfarin (COUMADIN) tablet oral, c () Pharmacy consult to manage warfarin (COUMADIN) tablet Indica () Contraindications exist for mechanical prophylaxis No m () Place/Maintain sequential compression Routin device continuous No m MODERATE Risk of DVT - Non-Surgical (Selection Required) No m () Place/Maintain sequential compression Routin device continuous Routin device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) No m	, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight 140 kg or GREATER and CrCl GREATER than 30
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cont () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe 40 m () patients with CrCL LESS than 30 mL/min 30 m () patients weight between 100-139 kg AND 30 m () patients weight between 100-139 kg AND 30 m () patients weight 140 kg or GREATER AND 40 m CrCl GREATER than 30 mL/min For I mL/r () fondaparinux (ARIXTRA) injection 2.5 m () heparin (porcine) injection 5,000 () heparin (porcine) injection (Recommended 5,000 for patients with high risk of bleeding, e.g. () warfarin (COUMADIN) tablet oral, c () Pharmacy consult to manage warfarin (COUMADIN) Indica () Contraindications exist for mechanical prophylaxis No m () Place/Maintain sequential compression Routin device continuous No m () Place/Maintain sequential compression Routin device continuous Routin Scienter and contraindicated. () Place/Maintain sequential compression Routin device continuous Routin prophylaxis must be addressed. Mechanic contraindicated. () Place/Maintain sequential compression Routin device continuous Routin prophylaxis must be addressed. Mechanic contraindicated. () Place/Maintain sequential compression Rou	indication(s): , subcutaneous, daily at 0600, Starting S+1 , subcutaneous, daily at 0600, Starting S+1 atients with CrCL LESS than 30 mL/min , subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight between 100-139 kg and CrCl GREATER than 30 n , subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight 140 kg or GREATER and CrCl GREATER than 30 n , subcutaneous, daily, Starting S+1 atient does not have a history of or suspected case of h-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCl LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced bocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
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() patients with CrCL LESS than 30 mL/min 30 m () patients weight between 100-139 kg AND 30 m () patients weight 140 kg or GREATER AND 40 m () patients weight 140 kg or GREATER AND 40 m () patients weight 140 kg or GREATER AND 40 m () patients weight 140 kg or GREATER AND 40 m () fondaparinux (ARIXTRA) injection 2.5 m () fondaparinux (ARIXTRA) injection 2.5 m () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 5,000 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 5,000 () warfarin (COUMADIN) tablet oral, c () Pharmacy consult to manage warfarin (COUMADIN) Indica () Contraindications exist for mechanical prophylaxis No me () Place/Maintain sequential compression Routin device continuous Routin device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. Dne or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, distroke, rheumatologic disease, sickle cell disease, leg sweakage 60 and above Central line	I, subcutaneous, daily at 0600, Starting S+1 atients with CrCL LESS than 30 mL/min I, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight between 100-139 kg and CrCl GREATER than 30 in I, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight 140 kg or GREATER and CrCl GREATER than 30 in I, subcutaneous, daily, Starting S+1 atient does not have a history of or suspected case of h-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCl LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced pocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
For I () patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min 30 m For I () patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min 40 m For I () patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min 40 m For I () fondaparinux (ARIXTRA) injection 2.5 m If the Hepai () fondaparinux (ARIXTRA) injection 5,000 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 8 contraindication (COUMADIN) tablet () warfarin (COUMADIN) tablet oral, co Indica () Pharmacy consult to manage warfarin (COUMADIN) STAT (COUMADIN) () Contraindications exist for mechanical prophylaxis Routin prophylaxis () Place/Maintain sequential compression device continuous Routin No me () Place/Maintain sequential compression device continuous Routin prophylaxis MODERATE Risk of DVT - Non-Surgical (Selection Required) Routin Contraindicated. Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg sweakage 60 and above	atients with CrCL LESS than 30 mL/min , subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight between 100-139 kg and CrCl GREATER than 30 n , subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight 140 kg or GREATER and CrCl GREATER than 30 n , subcutaneous, daily, Starting S+1 atient does not have a history of or suspected case of n-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCl LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced bocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
CrCl GREATER than 30 mL/min For I mL/r () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 40 m For I mL/r () fondaparinux (ARIXTRA) injection 2.5 m If the Hepai Contract of the Hepai Conthepai Contract of the Hepai Contract of thepai	atients weight between 100-139 kg and CrCl GREATER than 30 n , subcutaneous, 2 times daily at 0600, 1800, Starting S+1 atients weight 140 kg or GREATER and CrCl GREATER than 30 n , subcutaneous, daily, Starting S+1 atient does not have a history of or suspected case of n-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCl LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced pocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
CrCl GREATER than 30 mL/min For I mL/r () fondaparinux (ARIXTRA) injection 2.5 m If the Heparin () heparin (porcine) injection 5,000 () heparin (porcine) injection (Recommended 5,000 5,000 () heparin (porcine) injection (Recommended 5,000 6,000 for patients with high risk of bleeding, e.g. Record weight < 50kg and age > 75yrs) than 5 () warfarin (COUMADIN) tablet oral, contraindications exist for mechanical () Pharmacy consult to manage warfarin (COUMADIN) Indica Mechanical Prophylaxis (Single Response) (Selection Required) Routin prophylaxis (.) Contraindications exist for mechanical prophylaxis No method for mechanical Routin device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, detatoke, rheumatologic disease, sickle cell disease, leg swee Age 60 and above	atients weight 140 kg or GREATER and CrCI GREATER than 30 n subcutaneous, daily, Starting S+1 atient does not have a history of or suspected case of n-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCI LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced pocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
If the Heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line	atient does not have a history of or suspected case of n-Induced Thrombocytopenia (HIT) do NOT order this medication ndicated in patients LESS than 50kg, prior to surgery/invasive ure, or CrCI LESS than 30 mL/min. tient has a history of or suspected case of Heparin-Induced pocytopenia (HIT): Jnits, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) warfarin (COUMADIN) tablet warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Selection Required) Contraindications exist for mechanical prophylaxis No me Place/Maintain sequential compression device continuous Place/Maintain sequential compression Required) Moderate Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line 	Inits, 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) warfarin (COUMADIN) tablet warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Selection Required) Contraindications exist for mechanical prophylaxis No me Place/Maintain sequential compression device continuous Place/Maintain sequential compression device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line 	
 () warfarin (COUMADIN) tablet oral, c Indica Pharmacy consult to manage warfarin (COUMADIN) Indica Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis No meta () Contraindications exist for mechanical prophylaxis No meta () Place/Maintain sequential compression device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line 	mended for patients with high risk of bleeding, e.g. weight LESS lkg and age GREATER than 75yrs.
(COUMADIN) Indica Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis Routin () Contraindications exist for mechanical device Routin () Place/Maintain sequential compression device continuous Routin MODERATE Risk of DVT - Non-Surgical (Selection Required) Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, destroke, rheumatologic disease, sickle cell disease, leg sweate addressed. Age 60 and above Central line	ily at 1700, Starting S+1
Required) () Contraindications exist for mechanical prophylaxis Routin No methylaxis () Place/Maintain sequential compression device continuous Routin Momentyle MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg sweadge 60 and above Central line	Until discontinued, Starting S on:
prophylaxis No me () Place/Maintain sequential compression Routin device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. Moderate Risk Definition One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line No	
device continuous MODERATE Risk of DVT - Non-Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line	chanical VTE prophylaxis due to the following contraindication(s)
Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line	e, Continuous
Pharmacologic prophylaxis must be addressed. Mechanic contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, d stroke, rheumatologic disease, sickle cell disease, leg swe Age 60 and above Central line	
Age 60 and above Central line	hydration, varicose veins, cancer, sepsis, obesity, previous
History of DVT or family history of VTE	
Anticipated length of stay GRÉATER 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 Routin	

(

	Required)	tion
	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	bhylaxis "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)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, 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, every 12 hours at 0900, 2100, 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, every 12 hours at 0900, 2100, 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 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 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIG	H Risk of DVT - Surgical (Selection Required)	
Add	lress both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] H	ligh Risk (Selection Required)	
	High risk of VTE	Routine, Once
(5	ligh Risk Pharmacological Prophylaxis - Surgio Single Response) (Selection Required)	cal Patient
• •	Contraindications exist for pharmacologic prophylaxis	Routine, Once 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, Starting S+1
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30

[] High risk of VTE	Routine, Once
] High Risk (Selection Required)	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
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.
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
() heparin (porcine) injection	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
	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.
 () patients weight 140 kg of GREATER AND CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min 2.5 mg, subcutaneous, daily
 () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min 40 mg, subcutaneous, every 12 hours at 0900, 2100
	For Patients with CrCL LESS than 30 mL/min
 () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	40 mg, subcutaneous, daily, Starting S+1 30 mg, subcutaneous, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	-
High Risk (Selection Required) High risk of VTE	Routine, Once
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
HIGH Risk of DVT - Non-Surgical (Selection Requi	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1 Indication:
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	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
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min

	(Arthroplasty) Surgical Patient (Single Response (Selection Required)	
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
$\overline{()}$	aspirin chewable tablet	162 mg, oral, daily, Starting S+1
$\left(\right)$	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
()	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	onse)
() 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
	CICI GREATER than 50 me/min	mL/min.
(Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCl GREATER than 30 mL/min	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 CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	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.
$\overline{()}$	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, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
T R	isk and Prophylaxis Tool (Single Response)	URL: "\appt1.pdf"
Pa	tient currently has an active order for therapeutic	
	ticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
10	W Risk of DVT (Selection Required)	Therapy for the following:
Lo	w Risk Definition e less than 60 years and NO other VTE risk facto	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 encourga early ambulation

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
BUT 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	bhylaxis "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 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, 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 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 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 > 75vrs) 	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
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700, Starting S+1
() Pharmacy consult to manage warfarin	Indication:

STAT, Until discontinued, Starting S Indication:

() Pharmacy consult to manage warfarin (COUMADIN)

() MODERATE Risk of DVT - Non-Surgical (Selectio	n
Required)	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
stroke, rheumatologic disease, sickle cell disease,	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	rs
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
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once 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)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S 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 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)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:

() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
HIGH Risk of DVT - Surgical (Selection 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; n	
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 - Surgi (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() energy and in (I O)/ENOX) injection (Single Dec	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponsej
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, 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, Starting S+1
CrCI 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 at 0600, 1800, Starting S+1
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, Starting S+1
	If the patient does not have a history 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
() has a sing (non-single) in its stime	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. 	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
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
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	uired)

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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 - 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 Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S 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. 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 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	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	า

() 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 vari	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	
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 o	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	·
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() anivahan (ELIQUES) tablat	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 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	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
	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.
() 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, Starting S+1
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):

Labs

abs Today	
] CBC	Once Use pediatric sized tubes when possible
] Basic metabolic panel	Once Use pediatric sized tubes when possible
] Magnesium	Once Use pediatric sized tubes when possible
] Phosphorus	Once Use pediatric sized tubes when possible
] Ionized calcium	Once Use pediatric sized tubes when possible
Prothrombin time with INR	Once Use pediatric sized tubes when possible
] Partial thromboplastin time	Once Use pediatric sized tubes when possible
] Antithrombin III	Once Use pediatric sized tubes when possible
] Type and screen	Once Use pediatric sized tubes when possible
] Blood gas, arterial	STAT For 1 Occurrences Use pediatric sized tubes when possible
abs Tomorrow	
] CBC	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Basic metabolic panel	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Magnesium	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Phosphorus	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Hemoglobin	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Hepatic function panel	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Prothrombin time with INR	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Partial thromboplastin time	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Fibrinogen	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] D-dimer, quantitative	AM draw For 1 Occurrences Use pediatric sized tubes when possible
] Thromboelastograph clotting profile	AM draw For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Use pediatric sized tubes when possible
] Platelet mapping	AM draw For 1 Occurrences Anticoagulant Therapy: Diagnosis: Fax Number (For TEG Graph Result): Use pediatric sized tubes when possible

Labs Q4 hours

[X] Lactic acid level	Every 4 hours For 3 Occurrences Until within normal limits. Use pediatric sized tubes when possible
[X] Blood gas, arterial	Every 4 hours For 3 Occurrences Use pediatric sized tubes when possible
[X] Ionized calcium	Every 4 hours Use pediatric sized tubes when possible
LABS Q12 Hours	
[] CBC	Every 12 hours Use pediatric sized tubes when possible
[] Basic metabolic panel	Every 12 hours Use pediatric sized tubes when possible
[] Lactate dehydrogenase, LDH	Every 12 hours Use pediatric sized tubes when possible
[] Oxygen saturation, venous	Every 12 hours For 3 Occurrences Use pediatric sized tubes when possible
[] Blood gas, arterial	Every 12 hours Use pediatric sized tubes when possible
Cardiology	
ECG	
[] ECG 12 lead	Routine, Daily, Starting S with First Occurrence Include Now For 3 Days Clinical Indications: Interpreting Physician:
Imaging	
X-Ray	
[] Chest 1 Vw Portable	Routine, Daily imaging For 1
Ultrasound	
[] PV duplex arterial lower extremity bilat[] Echocardiogram complete w contrast and 3D if needed	Routine, 1 time imaging Routine, 1 time imaging
Other Studies	
Respiratory	
Rehab	
Consults For Physician Consult orders use sidebar	
Ancillary Consults	
[X] Consult to Biomedical Ethics	Reason for Consult? Other Specify: ECMO Enter call back number: 713-441-3030 If the on-call ethics consultant does not call back within 15 minutes, please page at 713-404-7904. Order ONLY to be completed by Ethics consultant.
[X] Consult to Nutrition Services	Reason For Consult? MD order Diet Consult All tube feedings must be post pyloric. Patients not on high vasopressors should be fed.

[X] Consult to Respiratory Therapy	Reason for Consult? ECMO. See comments for instructions. Document Compliance Curve (P/V) on admission and as needed qAM. Ventilation/minimize vent support as able/Lung Protective ventilation mode from Intensivist Team.
	Decrease FIO2 on ventilator finde from intensivist ream. Decrease FIO2 on ventilator 1st (then ECMO circuit) to reduce O2 toxicity. Draw ABGs from same site to follow trends, preferably right radial arterial site. All ventilator changes are to be made in conjunction with the Intensivist Team. ECMO
[X] Consult to Palliative Care	weaning per team discussion. Priority: Reason for Consult? Order?
	Name of referring provider: Enter call back number: If the on-call Palliative Consultant does not call back within 15 minutes, please page 713-768-2527 (24/7). Order ONLY to be completed by Palliative Consultant.
[X] Consult to 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:
Ancillary Consults	
[X] Consult to Biomedical Ethics	Reason for Consult? Other Specify: ECMO Enter call back number: 713-441-3030 If the on-call ethics consultant does not call back within 15 minutes, please page at 713-404-7904. Order ONLY to be completed by Ethics consultant.
[X] Consult to Nutrition Services	Reason For Consult? MD order Diet Consult All tube feedings must be post pyloric. Patients not on high vasopressors should be fed.
[X] Consult to Respiratory Therapy	Reason for Consult? ECMO. See comments for instructions. Document Compliance Curve (P/V) on admission and as needed qAM. Ventilation/minimize vent support as able/Lung Protective ventilation mode from Intensivist Team. Decrease FIO2 on ventilator 1st (then ECMO circuit) to reduce O2 toxicity. Draw ABGs from same site to follow trends, preferably right radial arterial site. All ventilator changes are to be made in conjunction with the Intensivist Team. ECMO weaning per team discussion.
[] Consult to Palliative Care	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: If the on-call Palliative Consultant does not call back within 15 minutes, please page 713-768-2527 (24/7). Order ONLY to be completed by Palliative Consultant.
[X] Consult to 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:
Additional Orders	