

## General

## Common Present on Admission Diagnosis

|                          |  |         |
|--------------------------|--|---------|
| <input type="checkbox"/> | Acidosis   | Details |
| <input type="checkbox"/> | Acute Post-Hemorrhagic Anemia  | Details |
| <input type="checkbox"/> | Acute Renal Failure  | Details |
| <input type="checkbox"/> | Acute Respiratory Failure  | Details |
| <input type="checkbox"/> | Acute Thromboembolism of Deep Veins of Lower Extremities   | Details |
| <input type="checkbox"/> | Anemia   | Details |
| <input type="checkbox"/> | Bacteremia   | Details |
| <input type="checkbox"/> | Bipolar disorder, unspecified  | Details |
| <input type="checkbox"/> | Cardiac Arrest   | Details |
| <input type="checkbox"/> | Cardiac Dysrhythmia  | Details |
| <input type="checkbox"/> | Cardiogenic Shock  | Details |
| <input type="checkbox"/> | Decubitus Ulcer  | Details |
| <input type="checkbox"/> | Dementia in Conditions Classified Elsewhere  | Details |
| <input type="checkbox"/> | Disorder of Liver  | Details |
| <input type="checkbox"/> | Electrolyte and Fluid Disorder   | Details |
| <input type="checkbox"/> | Intestinal Infection due to Clostridium Difficile  | Details |
| <input type="checkbox"/> | Methicillin Resistant Staphylococcus Aureus Infection  | Details |
| <input type="checkbox"/> | Obstructive Chronic Bronchitis with Exacerbation   | Details |
| <input type="checkbox"/> | Other Alteration of Consciousness  | Details |
| <input type="checkbox"/> | Other and Unspecified Coagulation Defects  | Details |
| <input type="checkbox"/> | Other Pulmonary Embolism and Infarction  | Details |
| <input type="checkbox"/> | Phlebitis and Thrombophlebitis   | Details |
| <input type="checkbox"/> | Protein-calorie Malnutrition   | Details |
| <input type="checkbox"/> | Psychosis, unspecified psychosis type  | Details |
| <input type="checkbox"/> | Schizophrenia Disorder   | Details |
| <input type="checkbox"/> | Sepsis   | Details |
| <input type="checkbox"/> | Septic Shock   | Details |
| <input type="checkbox"/> | Septicemia   | Details |
| <input type="checkbox"/> | Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Details |
| <input type="checkbox"/> | Urinary Tract Infection, Site Not Specified  | Details |

## Elective Outpatient, Observation, or Admission (Single Response)

|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | Elective outpatient procedure: Discharge following routine recovery | Routine, Continuous, PACU & Post-op  |
| <input type="checkbox"/> | Outpatient observation services under general supervision           | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> | Outpatient in a bed - extended recovery                             | Diagnosis:<br>Admitting Physician:<br>Bed request comments:<br>PACU & Post-op  |
| <input type="checkbox"/> | Admit to Inpatient  | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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.<br>PACU & Post-op |

**Admission or Observation (Single Response)**

Patient has active status order on file

|  |  |
|--|--|
| <input type="checkbox"/> Admit to Inpatient  | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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. |
| <input type="checkbox"/> Outpatient observation services under general supervision | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:  |
| <input type="checkbox"/> Outpatient in a bed - extended recovery                   | Diagnosis:<br>Admitting Physician:<br>Bed request comments:  |

**Admission (Single Response)**

Patient has active status order on file.

|   |  |
|---|--|
| <input type="checkbox"/> Admit to inpatient | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
|---|--|

**Code Status**

|   |  |
|---|--|
| <input type="checkbox"/> Full code                          | Code Status decision reached by:   |
| <input type="checkbox"/> DNR (Selection Required)           |  |
| <input type="checkbox"/> DNR (Do Not Resuscitate)           | Does patient have decision-making capacity?  |
| <input type="checkbox"/> Consult to Palliative Care Service | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number: |
| <input type="checkbox"/> Consult to Social Work             | Reason for Consult:  |
| <input type="checkbox"/> Modified Code                      | Does patient have decision-making capacity?<br>Modified Code restrictions:                           |
| <input type="checkbox"/> Treatment Restrictions             | Treatment Restriction decision reached by:<br>Specify Treatment Restrictions:                        |

**ECMO Orders**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> ECMO Detail                                       | Routine, Until discontinued, Starting S<br>ECMO Device Configuration:<br>Diagnosis:              |
| <input checked="" type="checkbox"/> ECMO Parameters and Pharmacy Consult              |  |
| <input checked="" type="checkbox"/> ECMO parameters                                   | Routine, Until discontinued, Starting S<br>% O2 (%):<br>Sweep (L/min):<br>Flow (L/min) At/Above: |
| <input checked="" type="checkbox"/> Pharmacy consult to manage heparin: ECMO protocol | STAT, Until discontinued, Starting S<br>Heparin Indication: ECMO<br>Monitoring: aPTT             |

## Isolation

|                          |  |              |
|--------------------------|--|--------------|
| <input type="checkbox"/> | Airborne isolation status  |              |
| <input type="checkbox"/> | Airborne isolation status  | Details      |
| <input type="checkbox"/> | Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum |
| <input type="checkbox"/> | Contact isolation status   | Details      |
| <input type="checkbox"/> | Droplet isolation status   | Details      |
| <input type="checkbox"/> | Enteric isolation status   | Details      |

## Precautions

|                          |                        |                                     |
|--------------------------|------------------------|-------------------------------------|
| <input type="checkbox"/> | Aspiration precautions | Details                             |
| <input type="checkbox"/> | Fall precautions       | Increased observation level needed: |
| <input type="checkbox"/> | Latex precautions      | Details                             |
| <input type="checkbox"/> | Seizure precautions    | Increased observation level needed: |

## Nursing

### Vital Signs/Monitoring

|                                     |   |  |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Vital signs   | Routine, Per unit protocol   |
| <input checked="" type="checkbox"/> | CVP monitoring  | Routine, Every hour<br>Continuous CVP goal 12-15mmHG. No continuous fluids through CVP port.     |
| <input type="checkbox"/>            | PAP monitoring  | Routine, Per unit protocol   |
| <input type="checkbox"/>            | Cardiac output monitoring                             | Routine, Per unit protocol<br>Record:<br>If PA catheter present                                  |
| <input checked="" type="checkbox"/> | Blood pressures by arterial line: MAP goal 60-80 mmHg | Routine, Until discontinued, Starting S<br>Blood pressures by arterial line: MAP goal 60-80 mmHg |
| <input checked="" type="checkbox"/> | Pulse oximetry  | Routine, Continuous<br>Current FIO2 or Room Air:<br>Via RIGHT hand or RIGHT ear                  |

### Activity

|                                     |   |  |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Turn patient  | Routine, Every 2 hours<br>For patients with Avalon catheter if no bleeding at site; No turning for central cannulation.                  |
| <input type="checkbox"/>            | Activity as tolerated   | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated  |
| <input type="checkbox"/>            | HOB 30 degrees  | Routine, Until discontinued, Starting S<br>Head of bed: 30 degrees   |
| <input type="checkbox"/>            | Strict bed rest   | Routine, Until discontinued, Starting S  |
| <input type="checkbox"/>            | Patient position: Patient to remain flat if central cannulation | Routine, Until discontinued, Starting S<br>Position: supine<br>Additional instructions:<br>Patient to remain flat if central cannulation |

### Notify

|                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/>            | Notify Physician of patient's location                             | Routine, Until discontinued, Starting S, Of patient's location                                  |
| <input checked="" type="checkbox"/> | Notify for bleeding at cannula site                                | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> | Notify for chattering of ECMO circuit lines                        | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> | Notify provider for flow decrease greater than 500ml from baseline | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> | Notify for PVEN less than 200                                      | Routine, Until discontinued, Starting S   |
| <input checked="" type="checkbox"/> | Notify Intensivist for loss of pulse or any signs of ischemia      | Routine, Until discontinued, Starting S, Intensivist for loss of pulse or any signs of ischemia |

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Notify Physician for vitals: | Routine, Until discontinued, Starting S<br>ECMO flow less than: 2 liters/min<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>MAP greater than: 80 mmHg<br>MAP less than: 60 mmHg<br>CVP greater than: 15 mmHg<br>CVP less than: 8 mmHg<br>SpaO2 less than: 80% in V-V ECMO,92% in V-A ECMO<br>SVO2 less than: 45%<br>Urine output less than: 0.5 ml/kg/hr |
|--|---|

### Nursing Care

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Complete Assessment                    | Routine, Every 4 hours<br>Assess: Complete Assessment  |
| <input checked="" type="checkbox"/> All orders cleared by Intensivist team | Routine, Until discontinued, Starting S<br>All orders cleared by Intensivist team  |
| <input type="checkbox"/> Insert arterial line                              | Routine, Once<br>Place right upper extremity arterial line   |
| <input checked="" type="checkbox"/> Strict intake and output               | Routine, Every hour  |
| <input checked="" type="checkbox"/> Peripheral vascular assessment         | Routine, Every hour<br>Assess loss of pulse, skin color, temperature and appearance.                                     |
| <input checked="" type="checkbox"/> Foley catheter care                    | Routine, Until discontinued, Starting S<br>Orders: Maintain, to gravity  |
| <input checked="" type="checkbox"/> Nasogastric tube maintenance           | Routine, Until discontinued, Starting S<br>Tube Care Orders: To Low Intermittent Suction<br>Discontinue after extubation |
| <input type="checkbox"/> Chest tube to continuous suction                  | Routine, Until discontinued, Starting S<br>Level of suction: 20 cm H2O<br>Site care per policy                           |
| <input checked="" type="checkbox"/> Oral care                              | Routine, Per unit protocol   |
| <input checked="" type="checkbox"/> Change dressing                        | Routine, Every 48 hours<br>To cannula site. Using sterile procedure every 48 hours and as needed                         |
| <input checked="" type="checkbox"/> Emergency per ACLS protocol            | Routine, Until discontinued, Starting S<br>Emergency per ACLS protocol   |

### Hyperglycemia Management

Orders for hyperglycemia management are to be ordered by separate Order Set

|   |  |
|---|--|
| <input checked="" type="checkbox"/> 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<br>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

|   |  |
|---|--|
| <input checked="" type="checkbox"/> NPO | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options: |
|---|--|

## IV Fluids

### IV Fluids

|   |  |
|---|--|
| <input type="checkbox"/> sodium chloride 0.9 % infusion                                     | intravenous, continuous<br>Not to be infused through CVP line. |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion | intravenous, continuous<br>Not to be infused through CVP line. |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.2 % with KCl 20 mEq/L infusion  | intravenous, continuous<br>Not to be infused through CVP line. |

|   |  |
|---|--|
| <input type="checkbox"/> lactated Ringer's infusion                       | intravenous, continuous<br>Not to be infused through CVP line. |
| <input type="checkbox"/> sodium chloride 0.9 % with KCl 20 mEq/L infusion | intravenous, continuous<br>Not to be infused through CVP line. |

## Medications

### IV Drips

|   |   |
|---|---|
| <input type="checkbox"/> DOButamine (DOBUTREX) infusion     | 0.5-20 mcg/kg/min, intravenous, continuous<br>Initiate dobutamine infusion at 2.5mcg/kg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} .<br>Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}<br>Usual Rate: Titrate by 2.5 mcg/kg/min every 5 minutes.<br>Usual Range: Initiate at 2-10 mcg/kg/min.<br>Do not exceed 20 mcg/kg/min.                         |
| <input type="checkbox"/> DOPamine (INTROPIN) infusion       | 2-20 mcg/kg/min, intravenous, continuous<br>Initiate dopamine infusion at 2 mcg/kg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} .<br>Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}<br>Titrate by 2 mcg/kg/min every 5 minutes.<br>Usual Range: Initiate at 2-5 mcg/kg/min.<br>Usual Rate: Titrate at 5-10 mcg/kg/min.<br>Do not exceed 20 mcg/kg/min.. |
| <input type="checkbox"/> EPINEPHrine (ADRENALIN) infusion   | 2-30 mcg/min, intravenous, continuous<br>Initiate epinephrine infusion at 1 mcg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} .<br>Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}<br>Usual Range: 1-15 mcg/min.<br>Do not exceed 20 mcg/min.   |
| <input type="checkbox"/> norepinephrine (LEVOPHED) infusion | 2-30 mcg/min, intravenous, continuous<br>Initiate norepinephrine infusion at 4 mcg/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} .<br>Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531} for MAP GREATER than 70.<br>Usual Range: 2-10 mcg/min.<br>Do not exceed 40 mcg/min.<br><br>Titrate for MAP GREATER than 70. Usual range: 2-10 mcg/min.              |
| <input type="checkbox"/> vasopressin (PITRESSIN) infusion   | 0.04 Units/min, intravenous, continuous<br>Initiate vasopressin infusion at 0.04 units/min if {RX VASOACTIVE TITRATABLE INITIATION:21530} .<br>Titrate to keep {RX VASOACTIVE TITRATABLE PARAMETER:21531}   |
| <input type="checkbox"/> milrinone (PRIMACOR) infusion      | intravenous, continuous<br>Usual Range: Initiate at 0.25-0.75 mcg/kg/min.   |
| <input type="checkbox"/> nitroglycerin infusion             | 5-200 mcg/min, intravenous, titrated<br>Initiate nitroglycerin infusion at 5 mcg/min if {RX CARDIAC TITRATABLE INITIATION:21532}<br>Titrate to keep {RX CARDIAC TITRATABLE PARAMETER:21533}<br>Titrate by 10 mcg/min every 5 minutes. Do not exceed 200 mcg/min.  |

|   |   |
|---|---|
| <input type="checkbox"/> niCARDipine (CARDENE) infusion | 2.5-15 mg/hr, intravenous, continuous<br>Initiate nicardipine infusion at 5 mg/hr if {RX CARDIAC TITRATABLE INITIATION:21532}<br>Titrate to keep {RX CARDIAC TITRATABLE PARAMETER:21533}<br>Usual Rate: Titrate by 2.5 mg/hr every 15 minutes.<br>Usual Range: 2.5-15 mg/hr.<br>Do not exceed 15 mg/hr.<br>Decrease to 3 mg/hr after achieving BP goal. |
| <input type="checkbox"/> esmolol (BREVIBLOC) infusion   | 50-200 mcg/kg/min, intravenous, titrated<br>Initiate esmolol loading dose at 100 mcg/kg/min for 1 minute.<br>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.<br>MethOD admin instructions: Initial infusion rate 25-50 mcg/kg/min. Max: 300 mcg/kg/min     |

### Anticoagulation - Heparin for ECMO Use

|   |  |
|---|--|
| <input type="checkbox"/> Pharmacy Consult for Management of Heparin Per ECMO Protocol | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Pharmacy consult to manage heparin: ECMO protocol            | STAT, Until discontinued, Starting S<br>Heparin Indication: ECMO<br>Monitoring: aPTT<br>Pharmacy to Manage Heparin Per ECMO Protocol Goal aPTT Goal 60-80 seconds. |

### Antibiotics: For Patients LESS than or EQUAL to 120 kg

|   |   |
|---|---|
| <input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg | 2 g, intravenous, every 8 hours<br>For the first 48 hours after admission.<br>Reason for Therapy:                     |
| <input type="checkbox"/> vancomycin (VANCOCIN) IV   | 15 mg/kg, intravenous, every 12 hours<br>For the first 48 hours after admission.<br>Type of Therapy:                  |
| <input type="checkbox"/> levofloxacin (LEVAQUIN) IV                                       | 500 mg, intravenous, every 24 hours<br>For the first 48 hours after admission.<br>Reason for Therapy:                 |
| <input type="checkbox"/> fluconazole (DIFLUCAN) IV  | 400 mg, intravenous, for 60 Minutes, every 24 hours<br>For the first 48 hours after admission.<br>Reason for Therapy: |

### Antibiotics: For Patients GREATER than 120 kg

|  |   |
|--|---|
| <input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg | 3 g, intravenous, every 8 hours<br>For the first 48 hours after admission.<br>Reason for Therapy:                     |
| <input type="checkbox"/> vancomycin (VANCOCIN) IV                                | 15 mg/kg, intravenous, every 12 hours<br>For the first 48 hours after admission.<br>Reason for Therapy:               |
| <input type="checkbox"/> levofloxacin (LEVAQUIN) IV                              | 500 mg, intravenous, every 24 hours<br>For the first 48 hours after admission.<br>Reason for Therapy:                 |
| <input type="checkbox"/> fluconazole (DIFLUCAN) IV                               | 400 mg, intravenous, for 60 Minutes, every 24 hours<br>For the first 48 hours after admission.<br>Reason for Therapy: |

### Stress Ulcer Prophylaxis

|  |   |
|--|---|
| <input type="checkbox"/> pantoprazole (PROTONIX) injection                           | 40 mg, intravenous, daily<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy: |
| <input type="checkbox"/> famotidine (PEPCID) injection                               | 20 mg, intravenous, 2 times daily   |
| <input type="checkbox"/> If High risk to GI Bleed - pantoprazole (PROTONIX) infusion | 8 mg/hr, intravenous, continuous  |

## Sedation Protocol

Sedate while intubated per ICU protocol

|  |   |
|--|---|
| <input type="checkbox"/> Sedate while intubated per ICU protocol-refer to sedation protocol orders.      | Routine, Until discontinued, Starting S<br>Sedate while intubated per ICU protocol-refer to sedation protocol orders. |
| <input type="checkbox"/> dexmedetomidine HCl (PRECEDEX) 4 mcg/mL in sodium chloride 0.9 % 50 mL infusion | 0.1-1.5 mcg/kg/hr, intravenous, continuous  |

## VTE

### DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

URL: "\lappt1.pdf"

|   |  |
|---|--|
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required)   |  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors   |  |
| <input type="checkbox"/> Low Risk (Single Response) (Selection Required)  |  |
| <input type="checkbox"/> Low risk of VTE  | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation  |
| <input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required)   |  |
| Moderate Risk Definition<br>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.<br>One or more of the following medical conditions:<br>CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome<br>Age 60 and above<br>Central line<br>History of DVT or family history of VTE<br>Anticipated length of stay GREATER than 48 hours<br>Less than fully and independently ambulatory<br>Estrogen therapy<br>Moderate or major surgery (not for cancer)<br>Major surgery within 3 months of admission |  |
| <input type="checkbox"/> Moderate Risk (Selection Required)   |  |
| <input type="checkbox"/> Moderate risk of VTE   | Routine, Once  |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)  |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device  | <b>"And" Linked Panel</b>  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous  | Routine, Continuous  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |

|  |  |
|--|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required)  |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1   |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 0600, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min   |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> 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<br>For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
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 prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):



|  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required)  |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 1700, Starting S   |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 1700, Starting S<br>For Patients with CrCL LESS than 30 mL/min   |
| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>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:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient  
(Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response)  
(Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 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, Starting S+1  
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

|  |   |
|--|---|
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:  |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous   |
| <input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)  |   |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>History of PE |   |
| <input type="checkbox"/> High Risk (Selection Required)  |   |
| <input type="checkbox"/> High risk of VTE  | Routine, Once   |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 1700, Starting S  |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 1700, Starting S<br>For Patients with CrCL LESS than 30 mL/min  |
| <input type="checkbox"/> patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):            |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours  |

|  |  |
|--|--|
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)  |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous  |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)   |  |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>History of PE |  |
| [ ] High Risk (Selection Required)   |  |
| <input type="checkbox"/> High risk of VTE  | Routine, Once  |
| [ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet   | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:   |
| <input type="checkbox"/> aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.  |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min  | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |

|  |  |
|--|--|
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission                               | 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1<br>To be Given on Post Op Day 1.<br>Indications:  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous  |

**DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)**

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|   |  |
|---|--|
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required)   |  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                                     |  |

Low Risk (Single Response) (Selection Required)

|  |   |
|--|---|
| <input type="checkbox"/> Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
|--|---|

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition  
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.  
One or more of the following medical conditions:  
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome  
Age 60 and above  
Central line  
History of DVT or family history of VTE  
Anticipated length of stay GREATER than 48 hours  
Less than fully and independently ambulatory  
Estrogen therapy  
Moderate or major surgery (not for cancer)  
Major surgery within 3 months of admission

Moderate Risk (Selection Required)

|   |               |
|---|---------------|
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
|---|---------------|

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

|  |                           |
|--|---------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device | <b>"And" Linked Panel</b> |
|--|---------------------------|

|  |   |
|--|---|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s): |
|--|---|

|  |                     |
|--|---------------------|
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
|--|---------------------|

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

|  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response)<br>(Selection Required)  |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1   |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 0600, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min   |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous  |

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

Moderate Risk Definition  
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.  
One or more of the following medical conditions:  
CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome  
Age 60 and above  
Central line  
History of DVT or family history of VTE  
Anticipated length of stay GREATER than 48 hours  
Less than fully and independently ambulatory  
Estrogen therapy  
Moderate or major surgery (not for cancer)  
Major surgery within 3 months of admission

|   |               |
|---|---------------|
| <input type="checkbox"/> Moderate Risk (Selection Required) |               |
| <input type="checkbox"/> Moderate risk of VTE               | Routine, Once |

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
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 prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis      Routine, Once  
No pharmacologic VTE prophylaxis due to the following  
contraindication(s):

Contraindications exist for mechanical prophylaxis      Routine, Once  
No mechanical VTE prophylaxis due to the following  
contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

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 CrCl LESS than 30 mL/min  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection      5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)      5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet      oral, daily at 1700  
Indication:

Pharmacy consult to manage warfarin (COUMADIN)      STAT, Until discontinued, Starting S  
Indication:

HIGH Risk of DVT - Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE      Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis      Routine, Once  
No pharmacologic VTE prophylaxis due to the following  
contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe      40 mg, subcutaneous, daily at 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

|  |   |
|--|---|
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:  |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| <input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)  |   |
| Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.                             |   |
| <input type="checkbox"/> High Risk (Selection Required)  |   |
| <input type="checkbox"/> High risk of VTE  | Routine, Once   |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)                   |   |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily, Starting S+1  |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, every 12 hours at 0900, 2100<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):            |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours  |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700<br>Indication:  |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)   |   |
| Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.                             |   |
| <input type="checkbox"/> High Risk (Selection Required)  |   |
| <input type="checkbox"/> High risk of VTE  | Routine, Once   |

High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

|  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet   | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:   |
| <input type="checkbox"/> aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.  |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min          | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission                               | 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1<br>To be Given on Post Op Day 1.<br>Indications:  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |

**DVT Risk and Prophylaxis Tool (Single Response)**

URL: "\appt1.pdf"

|   |  |
|---|--|
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>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)

|  |   |
|--|---|
| <input type="checkbox"/> Low risk of VTE | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
|--|---|

MODERATE Risk of DVT - Surgical (Selection Required)



Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome  
Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"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 Response) (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 CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1  
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

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

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome  
Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
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 prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (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 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. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700  
Indication:

|  |   |
|--|---|
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| <input type="checkbox"/> HIGH Risk of DVT - Surgical (Selection Required)  |   |
| High Risk Definition<br>Both pharmacologic AND mechanical prophylaxis must be addressed.<br>One or more of the following medical conditions:<br>Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)<br>Severe fracture of hip, pelvis or leg<br>Acute spinal cord injury with paresis<br>Multiple major traumas<br>Abdominal or pelvic surgery for CANCER<br>Acute ischemic stroke<br>History of PE |   |
| <input type="checkbox"/> High Risk (Selection Required)  |   |
| <input type="checkbox"/> High risk of VTE  | Routine, Once   |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1  |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 0600, Starting S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min   |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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.<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:  |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)   |   |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous   | Routine, Continuous   |
| <input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required)  |   |

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, 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 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. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

warfarin (COUMADIN) tablet oral, daily at 1700  
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

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

### High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

### High Risk (Selection Required)

High risk of VTE Routine, Once

### High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

|  |  |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| <input type="checkbox"/> apixaban (ELIQUIS) tablet   | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:   |
| <input type="checkbox"/> aspirin chewable tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet   | 162 mg, oral, daily, Starting S+1  |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)   |  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe  | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1   |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.  |
| <input type="checkbox"/> 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<br>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.  |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min          | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.   |
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission                               | 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1<br>To be Given on Post Op Day 1.<br>Indications:  |
| <input type="checkbox"/> warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |

### Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous

Routine, Continuous

## Labs

### Labs Today

|  |   |
|--|---|
| <input type="checkbox"/> CBC                         | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Basic metabolic panel       | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Magnesium                   | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Phosphorus                  | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Ionized calcium             | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Prothrombin time with INR   | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Partial thromboplastin time | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Antithrombin III            | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Type and screen             | Once<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Blood gas, arterial         | STAT For 1 Occurrences<br>Use pediatric sized tubes when possible |

### Labs Tomorrow

|  |  |
|--|--|
| <input type="checkbox"/> CBC                                 | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Basic metabolic panel               | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Magnesium                           | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Phosphorus                          | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Hemoglobin                          | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Hepatic function panel              | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Prothrombin time with INR           | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Partial thromboplastin time         | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Fibrinogen                          | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> D-dimer, quantitative               | AM draw For 1 Occurrences<br>Use pediatric sized tubes when possible   |
| <input type="checkbox"/> Thromboelastograph clotting profile | AM draw For 1 Occurrences<br>Anticoagulant Therapy:<br>Diagnosis:<br>Fax Number (For TEG Graph Result):<br>Use pediatric sized tubes when possible |
| <input type="checkbox"/> Platelet mapping                    | AM draw For 1 Occurrences<br>Anticoagulant Therapy:<br>Diagnosis:<br>Fax Number (For TEG Graph Result):<br>Use pediatric sized tubes when possible |

### Labs Q4 hours

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Lactic acid level   | Every 4 hours For 3 Occurrences<br>Until within normal limits. Use pediatric sized tubes when possible |
| <input checked="" type="checkbox"/> Blood gas, arterial | Every 4 hours For 3 Occurrences<br>Use pediatric sized tubes when possible                             |
| <input checked="" type="checkbox"/> Ionized calcium     | Every 4 hours<br>Use pediatric sized tubes when possible   |

#### LABS Q12 Hours

|   |   |
|---|---|
| <input type="checkbox"/> CBC                        | Every 12 hours<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Basic metabolic panel      | Every 12 hours<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Lactate dehydrogenase, LDH | Every 12 hours<br>Use pediatric sized tubes when possible                   |
| <input type="checkbox"/> Oxygen saturation, venous  | Every 12 hours For 3 Occurrences<br>Use pediatric sized tubes when possible |
| <input type="checkbox"/> Blood gas, arterial        | Every 12 hours<br>Use pediatric sized tubes when possible                   |

## Cardiology

#### ECG

|                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ECG 12 lead | Routine, Daily, Starting S with First Occurrence Include Now For 3 Days<br>Clinical Indications:<br>Interpreting Physician: |
|--------------------------------------|---|

## Imaging

#### X-Ray

|  |                              |
|--|------------------------------|
| <input type="checkbox"/> Chest 1 Vw Portable | Routine, Daily imaging For 1 |
|--|------------------------------|

#### Ultrasound

|  |                         |
|--|-------------------------|
| <input type="checkbox"/> PV duplex arterial lower extremity bilat            | Routine, 1 time imaging |
| <input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed | Routine, 1 time imaging |

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

#### Ancillary Consults

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Consult to Biomedical Ethics  | Reason for Consult? Other<br>Specify: ECMO<br>Enter call back number: 713-441-3030<br>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. |
| <input checked="" type="checkbox"/> Consult to Nutrition Services | Reason For Consult? MD order Diet Consult<br>All tube feedings must be post pyloric. Patients not on high vasopressors should be fed.  |

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.

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

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.

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.

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.

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