General

Common Present on Admission Diagnosis

Details
Details
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Details
Details
Required)
Diagnosis:
Admitting Physician:
Level of Care:

	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.
() Outpatient observation services under general	Diagnosis:
supervision	Admitting Physician:
	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis:
	Admitting Physician:
	Bed request comments:
	·

Admission or Observation (Single Response) Patient has active status order on file

() 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.
() Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status	
[] Full code	Code Status decision reached by:
DNR (Selection Required)	· · · · · · · · · · · · · · · · · · ·
[] DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Does patient have decision-making capacity? Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status [] Mycobacterium tuberculosis by PCR - If you	Details Once, Sputum
suspect Tuberculosis, please order this test for rapid diagnostics.	
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

Nursing

every 4 hours
cess. If unable

[] Nasogastric Tube Insert and Maintain

Routine, Once Type:
Routine, Until discontinued, Starting S
Tube Care Orders:
Routine, Once
Followed by KUB for placement verification
Routine, Until discontinued, Starting S
Free water amount:
Site: Per feeding tube
Routine, Once
Routine, Until discontinued, Starting S
Level of suction: 20 cm H2O
Routine, Until discontinued, Starting S
Routine, Per unit protocol
Per routine
Diet effective now, Starting S
NPO:
Pre-Operative fasting options:
Diet effective now, Starting S
Diet(s):
Other Options:
Advance Diet as Tolerated?
Liquid Consistency:
Fluid Restriction: Foods to Avoid:
FOOUS LO AVOID.
Routine, Once
10 mL, intravenous, every 12 hours scheduled
10 mL, intravenous, PRN, line care
75 mL/hr, intravenous. continuous
75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous
75 mL/hr, intravenous, continuous
75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous
75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous
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75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous 75 mL/hr, intravenous, continuous
75 mL/hr, intravenous, continuous 8 mg/hr ************************************
75 mL/hr, intravenous, continuous 8 mg/hr *And" Linked Panel 80 mg, intravenous, once, For 1 Doses
75 mL/hr, intravenous, continuous 8 mg/hr ************************************
75 mL/hr, intravenous, continuous 8 mg/hr *And" Linked Panel 80 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 8 mg/hr, intravenous, continuous
75 mL/hr, intravenous, continuous 8 mg/hr *And" Linked Panel 80 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
75 mL/hr, intravenous, continuous 8 mg/hr "And" Linked Panel 80 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 8 mg/hr, intravenous, continuous
75 mL/hr, intravenous, continuous 8 mg/hr *And" Linked Panel 80 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 8 mg/hr, intravenous, continuous Single 100 mcg, intravenous, once, For 1 Doses
75 mL/hr, intravenous, continuous 8 mg/hr *And" Linked Panel 80 mg, intravenous, once, For 1 Doses Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 8 mg/hr, intravenous, continuous

()octreotide (SandoSTATIN) IVPB50 mc()famotidine (PEPCID) Oral OR IV Doses for Stress Ulcer Prophylaxis (Single Response) Printed on 7/29/2020 at 4:12 PM from SUP

() famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
() famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours
Antibiotics	
[] cefepime (MAXIPIME) IV	intravenous, every 12 hours Reason for Therapy:
[] cefTRIAxone (ROCEPHIN) IV	intravenous, for 30 Minutes, every 24 hours Reason for Therapy:
[] ertapenem (INVanz) IV	intravenous, every 24 hours Reason for Therapy:
[] fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes, every 24 hours Reason for Therapy:
[] meropenem (MERREM) IV	intravenous, every 6 hours Reason for Therapy:
[] levofloxacin (LEVAQUIN) IV solution	intravenous, every 24 hours Reason for Therapy:
[] metronidazole (FLAGYL) IV Loading and Mainten Dose	nance "Followed by" Linked Panel
[] Loading Dose - metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses Reason for Therapy:
[] Maintenance Dose - metronidazole (FLAGYL) IV	500 mg, intravenous, every 8 hours, Starting H+8 Hours Reason for Therapy:
[] piperacillin/tazobactam (ZOSYN) IV Loading and Maintenance Doses	"Followed by" Linked Panel
[] Loading Dose - piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, once, For 1 Doses Reason for Therapy:
[] Maintenance Dose - piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours, Starting H+6 Hours Reason for Therapy:
[] vancomycin (VANCOCIN) IV + Consult	"And" Linked Panel
[] Pharmacy consult to manage vancomycin	STAT, Once For 1 Occurrences Indication:
[] vancomycin (VANCOCIN) IV	intravenous, once, For 1 Doses Reason for Therapy:
[] voriconazole (VFEND) oral Loading Dose + 24 hr Maintenance Dose	
[] Loading Dose - voriconazole (VFEND) tablet	400 mg, oral, every 12 hours, For 2 Doses Reason for Therapy:
[] Maintenance Dose - voriconazole (VFEND) tablet	200 mg, oral, every 12 hours, Starting H+24 Hours Reason for Therapy:
Fever	
[] acetaminophen oral tablet, oral suspension, or re- suppository	ctal
Maximum of 3 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
[] acetaminophen (TYLENOL) suspension	650 mg, oral, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
Cardiovascular Meds	

[] hydrALAZINE (APRESOLINE) injection	 10 mg, intravenous, every 6 hours PRN, high blood pressure Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. Giveif patient cannot swallow or tolerate oral medication. HOLD parameters for this order: Contact Physician if:
[] labetalol (TRANDATE) injection	intravenous, every 4 hours PRN, high blood pressure Hold for heart rate less than 60/min or if systolic blood pressure isless than 100 mmHg.
[] metoprolol (LOPRESSOR) injection	5 mg, intravenous, every 4 hours PRN, high blood pressure Hold for heart rate less than 60/min or if systolic blood pressure isless than 100 mmHg. HOLD parameters for this order: Contact Physician if:
Bowel Regimen	
[] docusate (COLACE) liquid	100 mg, Nasogastric, 2 times daily
[] docusate (COLACE) capsule	100 mg, oral, 2 times daily
[] lactulose solution	20 g, oral, every 8 hours PRN, constipation
[] polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation
Antiemetics	
[] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
Antiemetics	
[] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
Antiemetics	
[] ondansetron (ZOFRAN) injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
Pharmacy Consults	
[] Pharmacy consult to change IV medications to concentrate fluids maximally	STAT, Until discontinued, Starting S
[] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
 Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses 	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa Heparin(ACS) Low Dose with BOLUS

] Pharmacy consult to manage Heparin: LOW Dose	STAT, Until discontinued, Starting S
protocol(ACS/Stroke/Afib)- withOUT titration boluses	Heparin Indication:
, , , , , , , , , , , , , , , , , , ,	Specify:
	Monitoring: Anti-Xa
	Heparin(ACS/Stroke) Low Dose with BOLUS
Pharmacy consult to manage Heparin: LOW Dose	STAT, Until discontinued, Starting S
protocol(ACS/Stroke/Afib)- withOUT titration boluses	Heparin Indication:
	Specify:
	Monitoring: Anti-Xa
	Heparin(DVT/PE) Standard Dose
	······································
/TE	
OVT Risk and Prophylaxis Tool (Single Response) (Sel	lection Required)
	URL: "\appt1.pdf"
) Patient currently has an active order for therapeutic	Routine, Once
anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is
	already on the apeutic anticoagulation for other indication.
	Therapy for the following:
) I OW Dick of DV/T (Coloction Domined)	
) 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)	
	putine, Once
	w risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
69	urly ambulation
	rly ambulation
) MODERATE Risk of DVT - Surgical (Selection Require	
) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition	ed)
) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mecha	ed)
) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mecha contraindicated.	ed)
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MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mecha contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammatior stroke, rheumatologic disease, sickle cell disease, leg s 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 risk of VTE Major surgery within 3 months of admission I Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Surgic Patient (Single Response) (Selection Required) O Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device I Place/Maintain sequential compression	ed) anical prophylaxis is optional unless pharmacologic is n, dehydration, varicose veins, cancer, sepsis, obesity, previous swelling, ulcers, venous stasis and nephrotic syndrome outine, Once cal axis "And" Linked Panel Routine, Once lo pharmacologic VTE prophylaxis due to the following
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) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mecha contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation stroke, rheumatologic disease, sickle cell disease, leg s 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 - Surgic Patient (Single Response) (Selection Required) (] Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous R	ed) anical prophylaxis is optional unless pharmacologic is n, dehydration, varicose veins, cancer, sepsis, obesity, previous swelling, ulcers, venous stasis and nephrotic syndrome butine, Once cal axis "And" Linked Panel Routine, Once to pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechal contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation stroke, rheumatologic disease, sickle cell disease, leg stroke 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 - Surgic Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device [] Place/Maintain sequential compression R () Contraindications exist for pharmacologic prophylaxis () Contraindications exist for pharmacologic prophylaxis () Contraindications exist for pharmacologic prophylaxis	ed) anical prophylaxis is optional unless pharmacologic is n, dehydration, varicose veins, cancer, sepsis, obesity, previous swelling, ulcers, venous stasis and nephrotic syndrome putine, Once cal axis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous axis "And" Linked Panel
) MODERATE Risk of DVT - Surgical (Selection Require Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechal contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation stroke, rheumatologic disease, sickle cell disease, leg stage 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 Ro [] Moderate Risk Pharmacological Prophylaxis - Surgio Patient (Single Response) (Selection Required) Ro [] Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device Ro [] Place/Maintain sequential compression device continuous Ro [] Place/Maintain sequential compression device continuous Ro [] Contraindications exist for pharmacologic prophylaxis Ro	ed) anical prophylaxis is optional unless pharmacologic is n, dehydration, varicose veins, cancer, sepsis, obesity, previous swelling, ulcers, venous stasis and nephrotic syndrome butine, Once cal axis "And" Linked Panel Routine, Once to 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 Response) (Selection Required)	
$\overline{()}$		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
()	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 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 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.
	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	DERATE Risk of DVT - Non-Surgical (Selection quired)	
Pha con CHI stro Age Cer Hist Les Esti Moo Maj	Atraindicated. e or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamma oke, rheumatologic disease, sickle cell disease, I e 60 and above Intral line tory of DVT or family history of VTE icipated length of stay GREATER than 48 hours as than fully and independently ambulatory rogen therapy derate or major surgery (not for cancer) for surgery within 3 months of admission	chanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous eg swelling, ulcers, venous stasis and nephrotic syndrome
	Noderate Risk (Selection Required) Moderate risk of VTE	Routine, Once
[] N	Noderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selectio Required)	n
	Contraindications exist for pharmacologic proph	-
()	Order Sequential compression device	
()		Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

prc [] Co	ontraindications exist for pharmacologic ophylaxis	
[] Co		Routine, Once No pharmacologic VTE prophylaxis due to the following
	· · · · · · · · · · · · · · · · · · ·	contraindication(s):
	ontraindications exist for mechanical	Routine, Once
pre	ophylaxis	No mechanical VTE prophylaxis due to the following
	phylaxis	contraindication(s):
() enox	xaparin (LOVENOX) injection (Single Respo	
	lection Required)	
	oxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	tients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
		For Patients with CrCL LESS than 30 mL/min
() pat	tients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
	CI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
() pat	tients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
	CI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
		mL/min
() fond	daparinux (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):
() hepa	arin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() hepa	arin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weię	ght < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() warf	farin (COUMADIN) tablet	oral, daily at 1700
		Indication:
	rmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(CO	DUMADIN)	Indication:
HIGH R	tisk of DVT - Surgical (Selection Required)	
Ligh Die	sk Definition	
T light rate		
Both pha	armacologic AND mechanical prophylaxis n	nust be addressed.
Both pha One or r	armacologic AND mechanical prophylaxis n more of the following medical conditions:	
Both pha One or r Thrombo	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe 1	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe f Acute s	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe t Acute s Multiple	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe t Acute s Multiple Abdomin	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis e major traumas nal or pelvic surgery for CANCER schemic stroke	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe t Acute s Multiple Abdomin	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis e major traumas nal or pelvic surgery for CANCER schemic stroke	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe t Acute s Multiple Abdomin Acute is	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis e major traumas nal or pelvic surgery for CANCER schemic stroke	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History o	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History o	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis e major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required)	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders)
Both pha One or r Thrombo or protei Severe t Acute s Multiple Abdomin Acute is History o	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History o	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomir Acute is History o	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required)	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con	armacologic AND mechanical prophylaxis n more of the following medical conditions: hophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) htraindications exist for pharmacologic	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient Routine, Once
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con prop	armacologic AND mechanical prophylaxis n more of the following medical conditions: hophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) htraindications exist for pharmacologic ohylaxis	Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con prop	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) ntraindications exist for pharmacologic ohylaxis	Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Singl () Con prop	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) ntraindications exist for pharmacologic ohylaxis xaparin (LOVENOX) injection (Single Respon lection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High (Sing () Con prop () enos (Sela () enos	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) ntraindications exist for pharmacologic ohylaxis xaparin (LOVENOX) injection (Single Respo lection Required) oxaparin (LOVENOX) syringe	A mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Donse) 40 mg, subcutaneous, daily at 0600, Starting S+1
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing () Con prop () enco (Sela	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) ntraindications exist for pharmacologic ohylaxis xaparin (LOVENOX) injection (Single Respon lection Required)	A mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Donse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con prop () enoo (Seli () enoo () pat	armacologic AND mechanical prophylaxis n more of the following medical conditions: hophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) htraindications exist for pharmacologic ohylaxis xaparin (LOVENOX) injection (Single Response) exaparin (LOVENOX) syringe tients with CrCL LESS than 30 mL/min	An mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Donse) 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
Both pha One or r Thrombo or protei Severe f Acute s Multiple Abdomin Acute is History of [] High [] High [] High (Sing) () Con prop () enov (Sela () pat	armacologic AND mechanical prophylaxis n more of the following medical conditions: ophilia (Factor V Leiden, prothrombin variar in S deficiency; hyperhomocysteinemia; my fracture of hip, pelvis or leg spinal cord injury with paresis major traumas nal or pelvic surgery for CANCER schemic stroke of PE Risk (Selection Required) h risk of VTE Risk Pharmacological Prophylaxis - Surgica le Response) (Selection Required) ntraindications exist for pharmacologic ohylaxis xaparin (LOVENOX) injection (Single Respo lection Required) oxaparin (LOVENOX) syringe	A mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders) Routine, Once al Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Donse) 40 mg, subcutaneous, daily at 0600, Starting S+1 30 mg, subcutaneous, daily at 0600, Starting S+1

() 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
() 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):
() 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) (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 - Non-Surgical (Selection Requ	uired)
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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
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 nyeloproliferative disorders)
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 hyeloproliferative disorders) Routine, Once Surgical
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 - Non-S	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical
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 - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	Ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
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 - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min	Ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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
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 - Non-S Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	Ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders) Routine, Once Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S

() 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 () 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
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed
One or more of the following medical conditions:	
	ant mutational antioardialinin antibady avadrama: antithramhin, protain C
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	nvalanralitarativa algordargi
Severe fracture of hip, pelvis or leg	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
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	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
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	
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	
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	Routine, Once
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 - Hip o	Routine, Once r Knee
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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 - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) () Contraindications exist for pharmacologic prophylaxis () apixaban (ELIQUIS) tablet	Routine, Once r Knee se) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
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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	Routine, Once r Knee se) 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
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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 - Hip o (Arthroplasty) Surgical Patient (Single Respons (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 r Knee se) 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 sponse)
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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	Routine, Once r Knee see) 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 30 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 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 - Hip o (Arthroplasty) Surgical Patient (Single Respons (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 - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For	Routine, Once r Knee See) 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 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 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. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
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	Routine, Once r Knee see) 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 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 30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 Starting S+1 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 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
$\overline{()}$	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 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	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
()		Indication:
$\overline{()}$	Dharmany consult to manage worferin	
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	· · ·	
R	lechanical Prophylaxis (Single Response) (Se Required)	
• • •	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
	Place/Maintain sequential compression device continuous	Routine, Continuous
	ent currently has an active order for therapeut coagulant or VTE prophylaxis	ic Routine, Once No pharmacologic VTE prophylaxis because: patient is
		already on therapeutic anticoagulation for other indication.
	V Risk of DVT (Selection Required)	already on therapeutic anticoagulation for other indication.
Low	Risk Definition	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low	· · · ·	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require	already on therapeutic anticoagulation for other indication. Therapy for the following:
Low Age	Risk Definition less than 60 years and NO other VTE risk fac	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once
Low Age	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
Low Age [] L ()	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
Low Age []_L () MOI	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
Low Age [] L () MOI MOI	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired)
Low Age [] L () MOI Moc Pha	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition rmacologic prophylaxis must be addressed. N	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation
Low Age [] L () MOI Moc Pha cont	P Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition rmacologic prophylaxis must be addressed. M traindicated.	already on therapeutic anticoagulation for other indication. Therapy for the following: ctors ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation equired)
Low Age [] L () MOI Moc Pha cont One	PRisk Definition Pless than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition Irmacologic prophylaxis must be addressed. M traindicated. or more of the following medical conditions:	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourge early ambulation equired) fechanical prophylaxis is optional unless pharmacologic is
Low Age [] L () MOI Moc Pha cont One CHF	 Risk Definition less than 60 years and NO other VTE risk factors ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Rederate Risk Definition Irmacologic prophylaxis must be addressed. Not traindicated. or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamediate 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF stro	 Risk Definition less than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories than 60 years and NO other VTE risk factories that following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) fechanical prophylaxis is optional unless pharmacologic is
Low Age [] L () MOI Moc Pha cont One CHF stro Age	 Risk Definition less than 60 years and NO other VTE risk factors ow Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Rederate Risk Definition Irmacologic prophylaxis must be addressed. Not traindicated. or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamediate 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF strol Age Cen	 Risk Definition less than 60 years and NO other VTE risk factors and response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Required Low risk of VTE DERATE Risk Definition Immacologic prophylaxis must be addressed. Note that the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease and above trainal line 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist	 Risk Definition less than 60 years and NO other VTE risk factors and Relate Risk (Single Response) (Selection Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Relaterate Risk Definition Internation Internatio	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti	Risk Definition less than 60 years and NO other VTE risk fac ow Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Re derate Risk Definition rmacologic prophylaxis must be addressed. N traindicated. or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease 60 and above train line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hou	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less	 Risk Definition less than 60 years and NO other VTE risk factors and NO other VTE risk factors and NO other VTE risk factors and Relate Risk (Single Response) (Selection Require Low risk of VTE DERATE Risk of DVT - Surgical (Selection Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters and Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters and Relate Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters and Relaters Risk Definition Immacologic prophylaxis must be addressed. Note and response) (Selection Relaters Risk Definition Immacologic prophylaxis must be addressed. Note and Relaters Risk Definition Immacologic prophylaxis must be addressed. Note and Relaters Risk Definition Immacologic disease, sickle cell disease 60 and above Intral line Immacologic disease, sickle cell disease for a disease of DVT or family history of VTE cipated length of stay GREATER than 48 hours than fully and independently ambulatory 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson of VTE risk of VTE DERATE Risk of DVT - Surgical (Selection Required Low risk of VTE DERATE Risk Definition Immacologic prophylaxis must be addressed. Note that the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease of 0 and above the following of VTE cipated length of stay GREATER than 48 hours than fully and independently ambulatory rogen therapy 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age [] L () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr Moc	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson Required Low risk of VTE DERATE Risk of DVT - Surgical (Selection Reduired Berate Risk Definition Irmacologic prophylaxis must be addressed. Note and the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease af and above Itral line ory of DVT or family history of VTE cipated length of stay GREATER than 48 hou is than fully and independently ambulatory orgen therapy derate or major surgery (not for cancer) 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Low Age () () MOI Moc Pha cont One CHF stro Age Cen Hist Anti Less Estr Moc	 Risk Definition less than 60 years and NO other VTE risk factors and Robinson of VTE risk factors and Robinson of VTE risk of VTE DERATE Risk of DVT - Surgical (Selection Required Low risk of VTE DERATE Risk Definition Immacologic prophylaxis must be addressed. Note that the following medical conditions: F, MI, lung disease, pneumonia, active inflamm ke, rheumatologic disease, sickle cell disease of 0 and above the following of VTE cipated length of stay GREATER than 48 hours than fully and independently ambulatory rogen therapy 	already on therapeutic anticoagulation for other indication. Therapy for the following: ed) Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome

	Patient (Single Response) (Selection Required	
()	Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	device continuous	Routine, Continuous
()	Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]		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 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 3 mL/min
()) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 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 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:
	Mechanical Prophylaxis (Single Response) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
()	Place/Maintain sequential compression device continuous	Routine, Continuous

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Bauting Ones
	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select 	ion
Required)	
 Contraindications exist for pharmacologic prop 	hylaxis - "And" Linked Panel
Order Sequential compression device	
[] 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 Resp (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 CrCI 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 CrCI 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. 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet	than 50kg and age GREATER than 75yrs. oral, daily at 1700
() Dearmany consult to manage worferin	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() HIGH Risk of DVT - Surgical (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	oonse)
() 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
() 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):
() 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:
() HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] 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 prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, 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 CrCI 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 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	
Address both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] 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 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:
() 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 Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min 	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min.
$()$ analyzing $(I \cap V \cap V)$ and $F = F$	
 enoxaparin (LOVENOX) syringe - For Patients weight between 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 Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
Patients weight between 140 kg or GREATER and CrCI GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
 Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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
 Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	 Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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.
 Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this 	 Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1 To be Given on Post Op Day 1.
 Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () rivaroxaban (XARELTO) tablet for hip or 	 Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 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. 10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1

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, Jung 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 risk of VTE Moderate risk of VTE Routine, Once [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) "And" Linked Panel [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression Routine, Once No pharmacologic VTE prophylaxis due to the f	() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
anticoagulant of VTE prophylaxis No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: 1 LOW Risk of DVT (Selection Required) Image on therapeutic anticoagulation for other indication. Therapy for the following: 1 Low Risk Opfinition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) Image on the prophylaxis because: patient is an other indication. Therapy for the following: () MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition 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, pisework active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, ledge selling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT of family history of VTE History of DVT of family history of VTE Routine, Once [] Moderate Risk Rhammacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis () Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the f	DVT Risk and Prophylaxis Tool (Single Response)	
Low Risk Definition Age less than 60 years and NO other VTE risk factors [] Low Risk (Single Response) (Selection Required) () Low risk of VTE () MODERATE Risk of DVT - Surgical (Selection Required) () 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 Est stand (Single Response) (Selection Required) [] Moderate Risk Pharmacologica Prophylaxis - Surgical Patient (Single Response) (Selection Required) Routine, Once [] Moderate Risk Pharmacologic prophylaxis Nother, Once []		No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
() Low risk of VTE Routine, Once () 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, Ung 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 History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estore Vestore are risk of VTE Routine, Once [] Moderate Risk (Selection Required) Moderate Risk (Selection Required) [] Moderate Risk for pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) [] Moderate Risk for pharmacologic prophylaxis "And" Linked Panel [] Ocontraindications exist for pharmacologic prophylaxis "And" Linked Panel [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis Routine, Once No pharmacologic VTE prophylaxis du	Low Risk Definition	ctors
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgery 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 strake, 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 East han fully and independently ambulatory Bull orderate Risk (Selection Required) [] Moderate Risk NParmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression		
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, Jung 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 Aqe 60 and above Central line Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate Risk Querter (Step Contraindications exist for pharmacologic Prophylaxis Surgical Patient (Single Response) (Selection Required) Routine, Once [] Moderate Risk Pharmacological Prophylaxis Surgical Patient (Single Response) (Selection Required) "And" Linked Panel BUT order Sequential compression device Routine, Once [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression device Routine, Once [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis Routine, Once [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to t		Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, preumonia, 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 Estogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] [] Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression device [] Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Place/Maintain sequential compression device Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): </td <td>Moderate Risk Definition</td> <td></td>	Moderate Risk Definition	
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 I Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) O Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device I Contraindications exist for pharmacologic prophylaxis Patient (Single Response) (Selection Required) C Contraindications exist for pharmacologic prophylaxis Patient (Single Response) (Selection Required) BUT order Sequential compression device BUT order Sequential compression device No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression Routine, Once No mechanical prophylaxis Routine, Once No traindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis Routine, Once No traindications exist for pharmacologic prophylaxis "And" Linked Panel N	contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamr stroke, rheumatologic disease, sickle cell disease	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Central line History of DVT or family history of VTE	re
Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] 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 [] Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Place/Maintain sequential compression device continuous Routine, Conte No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): [] 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 pharmacologic VTE prophylaxis due to the following contraindication(s): [] enoxaparin (LOVENOX) injection (Single Response) No mechanical VTE prophylaxis due to the following Settion Required) () 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,	Less than fully and independently ambulatory Estrogen therapy	15
[] Moderate risk of VTE Routine, Once [] Moderate Risk Pharmacological Prophylaxis - Surgical Pratient (Single Response) (Selection Required) ************************************		
[] 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, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Contraindications exist for pharmacologic prophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindications exist for pharmacologic 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) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) syringe 40 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, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than		
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prophylaxis 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 Routine, Once [] Contraindications exist for pharmacologic prophylaxis Routine, Once [] Contraindications exist for mechanical prophylaxis Routine, Once [] Contraindications Signal Contervious () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1 [] opatients with CrCL LESS	() Contraindications exist for pharmacologic pro	
device continuous Image: Contraindications exist for pharmacologic prophylaxis "And" Linked Panel () Contraindications exist for pharmacologic prophylaxis "And" Linked Panel [] Contraindications exist for pharmacologic prophylaxis Routine, Once [] Contraindications exist for mechanical prophylaxis Routine, Once [] Contraindication (LOVENOX) injection (Single Response) Routine, Once (Selection Required) No mechanical VTE prophylaxis due to the following contraindication(s): () 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 () 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		No pharmacologic VTE prophylaxis due to the following
AND mechanical prophylaxis Image: Stratus stratu		Routine, Continuous
prophylaxis 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) 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 () 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		phylaxis "And" Linked Panel
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For Patients with CrCL LESS than 30 mL/min() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than	() enoxaparin (LOVENOX) syringe	
CrCl GREATER than 30 mL/min For Patients weight between 100-139 kg and CrCl GREATER than		For Patients with CrCL LESS than 30 mL/min
mL/min		For Patients weight between 100-139 kg and CrCl GREATER than 30

	() 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 > 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 (Selectio Required) Moderate Risk Definition	n
		nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
[] 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	·
	[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	[] Place/Maintain sequential compression	Routine, Continuous
	device continuous	
	 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ohylaxis "And" Linked Panel
	 device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis 	Constraint "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
	 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical 	Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	 device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp 	Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE 	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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: must be addressed.
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE 1 High Risk (Selection Required) [] High Risk of VTE	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. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 weight < 50kg and age > 75yrs) () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE High Risk (Selection Required) [] High risk of VTE 	than 50kg and age GREATER than 75yrs. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
 () Pharmacy consult to manage warfarin (COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE 	Indication: STAT, Until discontinued, Starting S Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
(COUMADIN) HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE] High Risk (Selection Required) [] High risk of VTE	Indication: must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) I High risk of VTE	must be addressed. nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylaxis n One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variar or protein S deficiency; hyperhomocysteinemia; my Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) I High risk of VTE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High risk of VTE	
· · · · · · · · · · · · · · · · · · ·	Routine, Once
] High Risk Pharmacological Prophylaxis - Surgica (Single Response) (Selection Required)	al Patient
() 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
() 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced

() 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.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
()	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
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	
1 Llink Dick (Coloction Dequired)	
High Risk (Selection Required) High risk of VTE	Routine. Once
[] High risk of VTE	Routine, Once Surgical
[] High risk of VTE	Surgical
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic 	Surgical) Routine, Once
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
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 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 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.
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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
 High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 CrCI GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 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.
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended 	 Burgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 Burgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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) 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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) 5,000 Units, subcutaneous, every 8 hours 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.
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 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. oral, daily at 1700
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	 Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 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 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours 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.

() 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	on
Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	s must be addressed
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg	nyeloproliferative disorders)
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 c (Arthroplasty) Surgical Patient (Single Respon (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (TIME CRITICAL), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and 	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() honorin (normina) injection	Thrombocytopenia (HIT):
 () heparin (porcine) injection () heparin (porcine) injection (Recommended 	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), Starting S+1
knee arthroplasty planned during this admission	To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1

 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Required)	Selection
() 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 STAT

] Basic metabolic panel	STAT For 1 Occurrences
[] Hepatic function panel	STAT For 1 Occurrences
[] Amylase	STAT For 1 Occurrences
[] Lipase	STAT For 1 Occurrences
[] Lactic acid, plasma	STAT For 1 Occurrences
[] Magnesium	STAT For 1 Occurrences
[] Phosphorus	STAT For 1 Occurrences
[] Ionized calcium	STAT For 1 Occurrences
[] CBC and differential	STAT For 1 Occurrences
[] Prothrombin time with INR	STAT For 1 Occurrences
[] Partial thromboplastin time	STAT For 1 Occurrences
[] Blood gas, arterial	STAT For 1 Occurrences
[] Type and screen	STAT For 1 Occurrences
D-dimer, quantitative	STAT For 1 Occurrences

Labs AM

[] Basic metabolic panel	AM draw For 1 Occurrences
[] Hepatic function panel	AM draw For 1 Occurrences
[] Amylase	AM draw For 1 Occurrences
[] Lipase	AM draw For 1 Occurrences
[] Lactic acid, plasma	AM draw For 1 Occurrences
[] Magnesium	AM draw For 1 Occurrences
[] Phosphorus	AM draw For 1 Occurrences
[] Ionized calcium	AM draw For 1 Occurrences
[] CBC and differential	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
[] Blood gas, arterial	AM draw For 1 Occurrences

Cardiology

Cardiology

[] ECG 12 lead	Routine, Once
	Clinical Indications:
	Interpreting Physician:
[] Echocardiogram 2d complete with contrast	Routine, 1 time imaging

Diagnostic Imaging

X-Ray

[] Chest 1 Vw Portable	Routine, 1 time imaging For 1
[] XR Abdomen 1 Vw	Routine, 1 time imaging For 1
	Portable
[X] XR Abdomen 1 Vw	Routine, Conditional Frequency For 1 Occurrences After insertion of feeding tube placement

Diagnostic US

[] US Abdomen Complete	Routine, 1 time imaging For 1
[] US Abdominal Doppler	Routine, 1 time imaging For 1
Other Diagnostic Studies	
Respiratory	
Respiratory	
[] Oxygen therapy	Routine, Continuous Device: Device: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[] Treatment assessment	Routine, Once Wean to extubate per protocol
[] Incentive spirometry	Routine, Every hour while awake
Rehab	
Consults	
Ancillary Consults	
[] PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
Additional Orders	