#### Psychiatry Admission [1769] General **Common Psychiatry Present on Admission Diagnosis** Bipolar I disorder, current episode manic, severe Details [] Major Depression Disorder, severe, recurrent, without **Details** psychotic features Alcohol withdrawal Details [] Psychosis, unspecified psychosis type **Details** [] Schizophrenia Disorder **Details** Schizoaffective Disorder Details [] Substance Induced Mood Disorder **Details** Admission (Single Response) (Selection Required) (X) Admit to psychiatry Admitting Physician: 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) Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? 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 Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: **Treatment Restrictions** Treatment Restriction decision reached by: **Specify Treatment Restrictions: Precautions** [X] Suicide precautions Increased observation level needed: [] Seizure precautions Increased observation level needed: [] Elopement risk Increased observation level needed: [] Fall precautions Increased observation level needed: [] Aggressive precautions Increased observation level needed: [] Bizarre precautions Increased observation level needed: Nursing **Vital Signs** Routine, Per unit protocol, Starting S [X] Vital signs - T/P/R/BP [] Vital signs - T/P/R/BP Routine, Every 4 hours, Starting S Nursing [] 1:1 patient Routine, Continuous Clinical institute withdrawal assessment Routine, Every 4 hours [] Clinical opiate withdrawal scale (COWS) screening Routine, Every 4 hours

| [X] Search all clothes and belongings   | Routine, Once For 1 Occurrences  |
|---|--|
| [X] Safety search   | Routine, Per unit protocol   |
| [A] Salety Sealon   | Perform a safety search and skin assessment per procedure                              |
| Restrictions  |  |
| [X] Restrict to unit  | Routine, Continuous  |
|   | *  |
| Diet  |  |
| [X] Diet - Regular with Safety Tray   | Diet effective now, Starting S   |
|   | Diet(s): Regular   |
|   | Other Options: Safety Tray Advance Diet as Tolerated?                                  |
|   | IDDSI Liquid Consistency:  |
|   | Fluid Restriction:   |
|   | Foods to Avoid:  |
| IV Fluids   |  |
|   |  |
| Medications   |  |
| PRN Anxiety/Agitation (Single Response)   |  |
| ( ) diphenhydrAMINE (BENADRYL) tablet   | 25 mg, oral, every 6 hours PRN, agitation  |
| ( ) diphenhydrAMINE (BENADRYL) injection  | 25 mg, intramuscular, every 6 hours PRN, agitation, Severe agitation and Refusal of PO |
| ( ) haloperidol (HALDOL) tablet   | 5 mg, oral, every 6 hours PRN, agitation   |
| () halonaridal (UALDOL) injection   | Indication:  |
| ( ) haloperidol (HALDOL) injection  | 5 mg, intramuscular, every 6 hours PRN, agitation, and Refusal of PO.                  |
|   | Indication:  |
| ( ) hydrOXYzine (ATARAX) tablet   | 25 mg, oral, every 4 hours PRN, anxiety  |
| ( ) LORAZepam (ATIVAN) tablet   | 2 mg, oral, every 6 hours PRN, anxiety, withdrawal, agitation Indication(s):           |
| () LORAZepam (ATIVAN) injection   | 2 mg, intramuscular, every 6 hours PRN, agitation,                                     |
|   | withdrawal, and Refusal of PO  |
| ()  | Indication(s):   |
| () chlordiazePOXIDE (LIBRIUM) capsule   | 25 mg, oral, every 6 hours PRN, anxiety, withdrawal Indication(s):                     |
| ( ) OLANZapine (ZYPREXA) tablet   | oral, daily PRN  |
|   | Indication:  |
| ( ) OLANZapine (ZyPREXA) injection - DO NOT give within   | intramuscular, daily PRN, agitation  |
| 4 hours of IM lorazepam (ATIVAN) injection  | NOT to give within 4 hours of IM lorazepam (ATIVAN)                                    |
|   | injection<br>Indication:   |
| ( ) ziprasidone (GEODON) injection  | intramuscular, daily PRN, agitation  |
| ( ) Ziprasidone (GEODON) injection  | Indication:  |
| Bowel Care  |  |
|   | 2 mg oral overy 6 hours DDN diarrhos   |
| <ul><li>loperamide (IMODIUM) capsule</li><li>alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5</li></ul> | 2 mg, oral, every 6 hours PRN, diarrhea 30 mL, oral, every 4 hours PRN, indigestion    |
| <ul><li>alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5<br/>mL suspension</li></ul>                    | Jo IIIE, Olai, Evely 4 Hours Fixin, illulgestion                                       |
| [] magnesium hydroxide suspension   | 30 mL, oral, every 12 hours PRN, constipation  |
| Sleeping Aid: For Patients LESS than 70 years old (Single   | Response)  |
| ( ) ramelteon (ROZEREM) tablet  | 8 mg, oral, nightly  |
| ( ) traZODone (DESYREL) tablet  | 100 mg, oral, nightly Indication:  |
| Sleeping Aid: For Patients GREATER than 70 years old  |  |
|   |  |

8 mg, oral, nightly PRN, sleep

[] ramelteon (ROZEREM) tablet

Nicotine Patch w/ Remove Patch

Dosing suggestions for nicotine patch:

Number of cigarettes per day Dosing (mg/day)

Less than 10, patients with heart disease or weighing less than 100 pounds (45 kg) 7-14

10-20 14-21

21-40 21-42

Greater than 40 42+

| [] NICOTINE PATCH (Single Response)  |  |
|--|--|
| () nicotine (NICODERM CQ) 7 mg/24 hr   | 1 patch, transdermal, for 24 Hours, daily                                    |
|  | Time to remove patch:  |
| () nicotine (NICODERM CQ) 14 mg/24 hr  | 1 patch, transdermal, for 24 Hours, daily                                    |
|  | Time to remove patch:  |
| ( ) nicotine (NICODERM CQ) 21 mg/24 hr   | 1 patch, transdermal, for 24 Hours, daily                                    |
|  | Time to remove patch:  |
| ( ) nicotine (NICODERM CQ) 42 mg/24 hr   | 2 patch, transdermal, for 24 Hours, daily                                    |
|  | Time to remove patch:  |
| Nicotine Gum   |  |
| [] nicotine polacrilex (NICORETTE) gum   | 2 mg, Mouth/Throat, every 2 hour PRN, smoking cessation                      |
| TE   |  |
| VT Risk and Prophylaxis Tool (Single Respons   | se) (Selection Required)   |
| The transfer of the second sec | URL: "\appt1.pdf"  |
|  | <u> </u>   |
| Patient currently has an active order for therape  |  |
| anticoagulant or VTE prophylaxis with Risk Stra  | atification  |
| (Single Response) (Selection Required)   | uo order for   |
| () Moderate Risk - Patient currently has an acti   |  |
| therapeutic anticoagulant or VTE prophylaxis   | s (Selection   |
| Required)  | Doubling Once  |
| Moderate risk of VTE   | Routine, Once  |
| [] Patient currently has an active order for   | Routine, Once  |
| therapeutic anticoagulant or VTE   | No pharmacologic VTE prophylaxis because: patient is already on              |
| prophylaxis  | therapeutic anticoagulation for other indication. Therapy for the following: |
| [1] Place acquential compression device (Sing  |  |
| [] Place sequential compression device (Sing   |  |
| () Contraindications exist for mechanical  | Routine, Once  |
| prophylaxis  | No mechanical VTE prophylaxis due to the following contraindication(s):      |
| ( ) Place/Maintain acquential compression  | Routine, Continuous  |
| () Place/Maintain sequential compression device continuous   | Routine, Continuous  |
|  | vo order for   |
| <ul> <li>Moderate Risk - Patient currently has an acti<br/>therapeutic anticoagulant or VTE prophylaxis</li> </ul>   |  |
| Required)  | 5 (Ociconori   |
| [] Moderate risk of VTE  | Routine, Once  |
| [] Patient currently has an active order for   | Routine, Once  |
| therapeutic anticoagulant or VTE   | No pharmacologic VTE prophylaxis because: patient is already on              |
| prophylaxis  | therapeutic anticoagulation for other indication.                            |
| propriylaxis   | Therapy for the following:   |
| [] Place sequential compression device (Sing   |  |
| () Contraindications exist for mechanical  | Routine, Once  |
| prophylaxis  | No mechanical VTE prophylaxis due to the following                           |
| ρισριγιαλίο  |  |
| 1 1 7  | contraindication(s):   |
|  | contraindication(s):   |
| ( ) Place/Maintain sequential compression device continuous  | contraindication(s):  Routine, Continuous                                    |
| () Place/Maintain sequential compression   | Routine, Continuous  |
| ( ) Place/Maintain sequential compression device continuous  | Routine, Continuous  der for   |
| ( ) Place/Maintain sequential compression device continuous     ( ) High Risk - Patient currently has an active or   | Routine, Continuous  der for   |

| Moderate Risk Pharmacological Prophylaxis -     Patient (Single Response) (Selection Required     Ontraindications exist for pharmacologic pro     BUT order Sequential compression device     Ontraindications exist for pharmacologic prophylaxis    Place/Maintain sequential compression | d)  |
|--|---|
| Patient (Single Response) (Selection Required  () Contraindications exist for pharmacologic pro BUT order Sequential compression device  | phylaxis "And" Linked Panel   |
| Patient (Single Response) (Selection Required  | d)  |
| [] Moderate Risk Pharmacological Prophylaxis -   | Surgical  |
| L J MOGOLAGO MOR OF VIL  | ·   |
| Moderate risk of VTE   | Routine, Once   |
| Major surgery within 3 months of admission  [] Moderate Risk (Selection Required)  |   |
| Estrogen therapy Moderate or major surgery (not for cancer)  |   |
| Less than fully and independently ambulatory   | ns  |
| History of DVT or family history of VTE<br>Anticipated length of stay GREATER than 48 hou  | ire   |
| Central line   |   |
| stroke, rheumatologic disease, sickle cell disease<br>Age 60 and above   | e, leg swelling, ulcers, venous stasis and nephrotic syndrome   |
| One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam   | mation, dehydration, varicose veins, cancer, sepsis, obesity, previous  |
| contraindicated.   | Mechanical prophylaxis is optional unless pharmacologic is  |
| Moderate Risk Definition   |   |
| ) MODERATE Risk of DVT - Surgical (Selection Re  | early ambulation equired)   |
| () LOW HISK OF VIL   | Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae   |
| <ul><li>[] Low Risk (Single Response) (Selection Requir</li><li>() Low risk of VTE</li></ul>   | red) Routine, Once  |
| Low Risk Definition Age less than 60 years and NO other VTE risk fa  |   |
| ) LOW Risk of DVT (Selection Required)   |   |
| ( ) Place/Maintain sequential compression device continuous  | Routine, Continuous   |
| prophylaxis  | No mechanical VTE prophylaxis due to the following contraindication(s):   |
| () Contraindications exist for mechanical  | Routine, Once   |
| [] Place sequential compression device (Single   |   |
| prophylaxis  | therapeutic anticoagulation for other indication.  Therapy for the following:                                     |
| <ul> <li>Patient currently has an active order for<br/>therapeutic anticoagulant or VTE</li> </ul>   | Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on                                    |
| [] High risk of VTE  | Routine, Once   |
| High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (     Required)   | Selection   |
| device continuous  |   |
| () Place/Maintain sequential compression   | contraindication(s):  Routine, Continuous   |
| prophylaxis  | No mechanical VTE prophylaxis due to the following  |
| <ul><li>[ ] Place sequential compression device (Single</li><li>( ) Contraindications exist for mechanical</li></ul>   | Response) Routine, Once   |
|  | Therapy for the following:  |
| therapeutic anticoagulant or VTE prophylaxis   | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. |
| [] Patient currently has an active order for   | Routine, Once   |

| []  | Contraindications exist for pharmacologic prophylaxis   | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
|-----|---|---|
| []  | Contraindications exist for mechanical prophylaxis  | Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):  |
| ` ' | enoxaparin (LOVENOX) injection (Single Res (Selection Required)   | ponse)  |
| ()  | enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis   |
| ()  | 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 Indication(s): VTE Prophylaxis  |
| ()  | 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 Indication(s): VTE Prophylaxis  |
| ()  | patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min   | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than mL/min Indication(s): VTE Prophylaxis  |
| ()  | 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<br>for patients with high risk of bleeding, e.g.<br>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.   |
|     | HEParin (porcine) injection - For Patients with weight GREATER than 100 kg  | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.  |
| ()  | warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1 Indication:   |
|     | Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S Indication:  |
| R   | Mechanical Prophylaxis (Single Response) (Se<br>Required)   | election  |
|     | Contraindications exist for mechanical prophylaxis  | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s   |
| ` ' | Place/Maintain sequential compression device continuous   | Routine, Continuous   |

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

| [] Madagata Dialy (Calastian Denvined)   |  |
|--|--|
| [] Moderate Risk (Selection Required)  | Doubling Once  |
| [] Moderate risk of VTE  | Routine, Once  |
| [] Moderate Risk Pharmacological Prophylaxis -   | ion  |
| Non-Surgical Patient (Single Response) (Select   | ion  |
| Required)  | hulovia II Andli I inkad Danal   |
| () Contraindications exist for pharmacologic prop<br>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  |
| <ul> <li>() Contraindications exist for pharmacologic prop<br/>AND mechanical prophylaxis</li> </ul> | hylaxis "And" Linked Panel   |
| [] Contraindications exist for pharmacologic   | Routine, Once  |
| prophylaxis  | No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| [] Contraindications exist for mechanical  | Routine, Once  |
| prophylaxis  | No mechanical VTE prophylaxis due to the following   |
|  | contraindication(s):   |
| <ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp<br/>(Selection Required)</li></ul>           | ponse)   |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis  |
| () patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis   |
| () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min                                | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis   |
| () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min                                 | 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis  |
| () fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours   |
| () heparin (porcine) injection (Recommended  | 5,000 Units, subcutaneous, every 12 hours  |
| for patients with high risk of bleeding, e.g.  | Recommended for patients with high risk of bleeding, e.g. weight LESS  |
| weight < 50kg and age > 75yrs)   | than 50kg and age GREATER than 75yrs.  |
|  |  |

| () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg | 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. |
|---|--|
| () warfarin (COUMADIN) tablet   | oral, daily at 1700<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)                             | STAT, Until discontinued, Starting S Indication:                                       |
| [] Mechanical Prophylaxis (Single Response) (Sele<br>Required)                | ection   |
| ( ) Contraindications exist for mechanical prophylaxis                        | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):  |
| () Place/Maintain sequential compression device continuous                    | Routine, Continuous  |
| HIGH Risk of DVT - Surgical (Selection Required)                              |  |

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

| [] High Risk (Selection Required)  |   |
|--|---|
| [] High risk of VTE  | Routine, Once   |
| [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)  | cal Patient   |
| () Contraindications exist for pharmacologic prophylaxis   | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| <ul><li>( ) enoxaparin (LOVENOX) injection (Single Res<br/>(Selection Required)</li></ul>  | ponse)  |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis   |
| () 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 Indication(s): VTE Prophylaxis  |
| () 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 Indication(s): VTE Prophylaxis  |
| () 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 Indication(s): VTE Prophylaxis   |
| () fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <ul> <li>() heparin (porcine) injection</li> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul> | 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.  |
| <ul><li>() HEParin (porcine) injection - For Patients<br/>with weight GREATER than 100 kg</li></ul>  | 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.  |

| oral, daily at 1700, Starting S+1                                       |
|---|
| Indication:   |
| STAT, Until discontinued, Starting S                                    |
| Indication:   |
| election  |
| Routine, Once   |
| No mechanical VTE prophylaxis due to the following contraindication(s): |
| Routine, Continuous   |
|   |

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

| Surgical  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  sponse)  40 mg, subcutaneous, daily at 1700, Starting S   |
|---|
| No pharmacologic VTE prophylaxis due to the following contraindication(s):  sponse)  40 mg, subcutaneous, daily at 1700, Starting S   |
| 40 mg, subcutaneous, daily at 1700, Starting S  |
|   |
| Indication(s): VTE Prophylaxis  |
| 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis  |
| 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis  |
| 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis   |
| 2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| 5,000 Units, subcutaneous, every 8 hours  |
| 5,000 Units, subcutaneous, every 12 hours<br>Recommended for patients with high risk of bleeding, e.g. weight LESS<br>than 50kg and age GREATER than 75yrs.   |
| 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700  |
|   |

| () | Pharmacy consult to manage warfarin (COUMADIN)              | STAT, Until discontinued, Starting S<br>Indication:                                      |
|----|---|--|
| [] | Mechanical Prophylaxis (Single Response) (Sele<br>Required) | ection   |
| () | Contraindications exist for mechanical prophylaxis          | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s): |
| () | Place/Maintain sequential compression device continuous     | Routine, Continuous  |
|    | IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)   |  |

High Risk Definition

(

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

| [] High Risk (Selection Required)   |   |
|---|---|
| [] High risk of VTE   | Routine, Once   |
| <ul> <li>High Risk Pharmacological Prophylaxis - Hip<br/>(Arthroplasty) Surgical Patient (Single Respor<br/>(Selection Required)</li> </ul> |   |
| ( ) Contraindications exist for pharmacologic prophylaxis   | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
| () aspirin chewable tablet  | 162 mg, oral, daily, Starting S+1   |
| () aspirin (ECOTRIN) enteric coated tablet  | 162 mg, oral, daily, Starting S+1   |
| () Apixaban and Pharmacy Consult (Selection   | Required)   |
| [] apixaban (ELIQUIS) tablet  | 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis  |
| [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy   | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis  |
| ( ) enoxaparin (LOVENOX) injection (Single Re<br>(Selection Required)   |   |
| ( ) enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis   |
| () enoxaparin (LOVENOX) syringe   | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis   |
| ( ) enoxaparin (LOVENOX) syringe - For 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. Indication(s): VTE Prophylaxis   |
| () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min                                    | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis |
| () 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 CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis   |

| ()              | fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
|-----------------|--|--|
| ()              | heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| ()              | heparin (porcine) injection (Recommended   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  |
|                 | for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)   | Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  |
| ()              | HEParin (porcine) injection - For Patients   | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
|                 | with weight GREATER than 100 kg  | For patients with weight GREATER than 100 kg.  |
| ()              | Rivaroxaban and Pharmacy Consult (Selection Required)  |  |
| []              | , , , ,  | 10 mg, oral, daily at 0600 (TIME CRITICAL)   |
| _               | knee arthroplasty planned during this admission  | Indications: VTE prophylaxis   |
| []              | (XARELTO) therapy  | STAT, Until discontinued, Starting S Indications: VTE prophylaxis  |
| ()              | warfarin (COUMADIN) tablet   | oral, daily at 1700, Starting S+1 Indication:  |
| ()              | Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:  |
|                 | Mechanical Prophylaxis (Single Response) (Sele<br>Required)  | ection   |
| ()              | Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):   |
| ()              | Place/Maintain sequential compression device continuous  | Routine, Continuous  |
| ant             | tient currently has an active order for therapeutic<br>ticoagulant or VTE prophylaxis with Risk Stratific<br>ngle Response) (Selection Required) |  |
| () [            | Moderate Risk - Patient currently has an active of the capeutic anticoagulant or VTE prophylaxis (Se Required)                                   |  |
| []              | Moderate risk of VTE   | Routine, Once  |
| []              | Patient currently has an active order for  | Routine, Once  |
|                 | therapeutic anticoagulant or VTE   | No pharmacologic VTE prophylaxis because: patient is already on  |
|                 | prophylaxis  | therapeutic anticoagulation for other indication. Therapy for the following:   |
| [ [             | Place sequential compression device (Single R  |  |
| ( )             | ) 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  |
| `` 1            | Moderate Risk - Patient currently has an active on therapeutic anticoagulant or VTE prophylaxis (See Required)                                   |  |
| []              | Moderate risk of VTE   | Routine, Once  |
| []              | Patient currently has an active order for  | Routine, Once  |
|                 | therapeutic anticoagulant or VTE prophylaxis   | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:  |
| []              | Place sequential compression device (Single R  |  |
| $\overline{()}$ | ) Contraindications exist for mechanical   | Routine, Once  |
|                 | prophylaxis  | No mechanical VTE prophylaxis due to the following contraindication(s):  |
| ·<br>Driptod    | on 10/7/2021 at 1:10 PM from SLIP  | Page 10 of 25  |

| () Place/Maintain sequential compression device continuous  | Routine, Continuous   |
|---|---|
| () High Risk - Patient currently has an active order  | r for   |
| therapeutic anticoagulant or VTE prophylaxis (S   | Selection   |
| Required)   |   |
| [] High risk of VTE   | Routine, Once   |
| [] Patient currently has an active order for  | Routine, Once   |
| therapeutic anticoagulant or VTE  | No pharmacologic VTE prophylaxis because: patient is already on         |
| prophylaxis   | therapeutic anticoagulation for other indication.                       |
| FF  | Therapy for the following:  |
| [] Place sequential compression device (Single F  |   |
| () Contraindications exist for mechanical   | Routine, Once   |
| prophylaxis   | No mechanical VTE prophylaxis due to the following                      |
| propriylaxis  | contraindication(s):  |
| () Place/Maintain sequential compression  | Routine, Continuous   |
| device continuous   | Nodine, Continuous  |
|   | r for   |
| () High Risk - Patient currently has an active order  |   |
| therapeutic anticoagulant or VTE prophylaxis (S   | belection   |
| Required)   | D. C. O.  |
| [] High risk of VTE   | Routine, Once   |
| [] Patient currently has an active order for  | Routine, Once   |
| therapeutic anticoagulant or VTE  | No pharmacologic VTE prophylaxis because: patient is already on         |
| prophylaxis   | therapeutic anticoagulation for other indication.                       |
|   | Therapy for the following:  |
| [] Place sequential compression device (Single F  |   |
| () 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   |   |
| ( ) LOW Risk of DVT (Selection Required)  |   |
| Low Risk Definition   |   |
| Age less than 60 years and NO other VTE risk fac  | tors  |
|   |   |
| [] Low Risk (Single Response) (Selection Require  | od)   |
| ( ) Low risk of VTE   | Routine, Once   |
| ,   | Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae |
|   | early ambulation  |
| () MODERATE Risk of DVT - Surgical (Selection Re  | quired)   |
| Moderate Risk Definition  | , , , , , , , , , , , , , , , , , , ,                                   |
|   | echanical prophylaxis is optional unless pharmacologic is               |
| contraindicated.  |   |
| One or more of the following medical conditions:  |   |
| CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous |   |
|   | leg swelling, ulcers, venous stasis and nephrotic syndrome              |
| Age 60 and above  | Tog chaming, alcoho, renews elacio and hepinene symatome                |
| Central line  |   |
| History of DVT or family history of VTE   |   |
| Anticipated length of stay GREATER than 48 hour   | ·s  |
| Less than fully and independently ambulatory  |   |
| Estrogen therapy  |   |
| Moderate or major surgery (not for cancer)  |   |
| Major surgery within 3 months of admission  |   |
| s,c. cargory main a months of damicolon   |   |
|   |   |
| [] Moderate Risk (Selection Required)   | D. C. O.  |
| [] Moderate risk of VTE   | Routine, Once   |
| [] Moderate Risk Pharmacological Prophylaxis - S  |   |
| Dationt (Cinala Dagagnas) (Calcation Daguirad)  |   |
| Patient (Single Response) (Selection Required)  () Contraindications exist for pharmacologic prop                     |   |

| [] Contraindications exist for pharmacologic prophylaxis   | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
|--|--|
| [] Place/Maintain sequential compression device continuous   | Routine, Continuous  |
| () Contraindications exist for pharmacologic prop<br>AND mechanical prophylaxis  | phylaxis "And" Linked Panel  |
| [] Contraindications exist for pharmacologic prophylaxis   | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| [] Contraindications exist for mechanical prophylaxis  | Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):   |
| () enoxaparin (LOVENOX) injection (Single Res<br>(Selection Required)  | ponse)   |
| ( ) enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis  |
| () 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 Indication(s): VTE Prophylaxis   |
| ( ) 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 Indication(s): VTE Prophylaxis   |
| ( ) 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 Indication(s): VTE Prophylaxis  |
| () 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   |
| <ul><li>() heparin (porcine) injection (Recommended<br/>for patients with high risk of bleeding, e.g.<br/>weight &lt; 50kg and age &gt; 75yrs)</li></ul> | 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.  |
| () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg  | 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.   |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S Indication:   |
| <ul><li>[ ] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>   | lection  |
| ( ) Contraindications exist for mechanical prophylaxis   | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):  |
| <ul> <li>Place/Maintain sequential compression device continuous</li> </ul>  | Routine, Continuous  |

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

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

| [] Madarata Diale (Calaction Degree in al)  |  |
|---|--|
| Moderate Risk (Selection Required)  | Douting Once   |
| [] Moderate risk of VTE   | Routine, Once  |
| [] Moderate Risk Pharmacological Prophylaxis -<br>Non-Surgical Patient (Single Response) (Select      | tion   |
| Required)   | liOTI  |
| () 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  | Routine, Continuous  |
| device continuous   | L. L. C. HAN HILLY L. I. Brown   |
| <ul> <li>( ) Contraindications exist for pharmacologic prop<br/>AND mechanical prophylaxis</li> </ul> | ohylaxis "And" Linked Panel  |
| [] Contraindications exist for pharmacologic  | Routine, Once  |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| [] Contraindications exist for mechanical   | Routine, Once  |
| prophylaxis   | No mechanical VTE prophylaxis due to the following                         |
|   | contraindication(s):   |
| <ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp<br/>(Selection Required)</li></ul>            | ponse)   |
| () enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 1700, Starting S+1                           |
|   | Indication(s): VTE Prophylaxis   |
| () 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                                 |
| () (; , , ; , , , , , , , , , , , , , , ,   | Indication(s): VTE Prophylaxis   |
| () patients weight between 100-139 kg AND   | 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1            |
| CrCl GREATER than 30 mL/min   | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min     |
|   | Indication(s): VTE Prophylaxis   |
| () patients weight 140 kg or GREATER AND  | 40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1            |
| CrCl GREATER than 30 mL/min   | For Patients weight 140 kg or GREATER and CrCl GREATER than 30             |
| STOT SIXE AT EACH MAIN SO THE HITT  | mL/min   |
|   | Indication(s): VTE Prophylaxis   |
| ( ) fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily  |
| () Gridapamas () it do (11 d) injustici.  | If the patient does not have a history of or suspected case of             |
|   | Heparin-Induced Thrombocytopenia (HIT), do NOT order this                  |
|   | medication. Contraindicated in patients LESS than 50kg, prior to           |
|   | surgery/invasive procedure, or CrCl LESS than 30 mL/min                    |
|   | This patient has a history of or suspected case of Heparin-Induced         |
|   | Thrombocytopenia (HIT):  |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours                                   |
| ( ) heparin (porcine) injection (Recommended  | 5,000 Units, subcutaneous, every 12 hours                                  |
| for patients with high risk of bleeding, e.g.   | Recommended for patients with high risk of bleeding, e.g. weight LESS      |
| weight < 50kg and age > 75yrs)  | than 50kg and age GREATER than 75yrs.                                      |

| () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg                        | 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.             |
|--|--|
| () warfarin (COUMADIN) tablet  | oral, daily at 1700<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S Indication:   |
| [] Mechanical Prophylaxis (Single Response) (Sele<br>Required)                                       | ection   |
| () Contraindications exist for mechanical  | Routine, Once  |
| prophylaxis  | No mechanical VTE prophylaxis due to the following contraindication(s):  |
| <ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>                       | Routine, Continuous  |
| ) HIGH Risk of DVT - Surgical (Selection Required)   |  |
| Address both pharmacologic and mechanical propl  | nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.   |
| [] High Risk (Selection Required)  |  |
| [] High risk of VTE  | Routine, Once  |
| [] High Risk Pharmacological Prophylaxis - Surgica (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)                                  |  |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis  |
| () 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 Indication(s): VTE Prophylaxis  |
| () patients weight between 100-139 kg AND  | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1   |
| CrCl GREATER than 30 mL/min  | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min   |
|  | Indication(s): VTE Prophylaxis   |
| () patients weight 140 kg or GREATER AND   | 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1   |
| CrCl GREATER than 30 mL/min  | For Patients weight 140 kg or GREATER and CrCl GREATER than 30   |
|  | mL/min<br>Indication(s): VTE Prophylaxis   |
| () 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   |
| () 1, (,   | 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.  |
| <ul><li>() HEParin (porcine) injection - For Patients<br/>with weight GREATER than 100 kg</li></ul>  | 7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.                                       |
| () 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 Requi   | red)   |
| Address both pharmacologic and mechanical propl  | nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.   |
| [] High Risk (Selection Required)  |  |
| [] High risk of VTE  | Routine, Once  |
| [] High Risk Pharmacological Prophylaxis - Non-Single Patient (Single Response) (Selection Required) | urgical  |

Printed on 10/7/2021 at 1:19 PM from SUP

| ( ) Contraindications exist for pharmacologic prophylaxis  | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):   |
|--|---|
| ( ) enoxaparin (LOVENOX) injection (Single Re (Selection Required)   |   |
| ( ) enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis   |
| () patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis  |
| () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min  | 30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis   |
| ( ) 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 CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis  |
| () fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily<br>If the patient does not have a history of or suspected case of<br>Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication<br>Contraindicated in patients LESS than 50kg, prior to surgery/invasive<br>procedure, or CrCl LESS than 30 mL/min.<br>This patient has a history of or suspected case of Heparin-Induced<br>Thrombocytopenia (HIT): |
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours  |
| <ul><li>( ) heparin (porcine) injection (Recommended<br/>for patients with high risk of bleeding, e.g.<br/>weight &lt; 50kg and age &gt; 75yrs)</li></ul>  | 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.   |
| ( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg   | 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.  |
| ( ) warfarin (COUMADIN) tablet   | oral, daily at 1700<br>Indication:  |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S Indication:  |
| HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)  | on  |
|  |   |
| Address both pharmacologic and mechanical pro  | ophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  |
| Address both pharmacologic and mechanical pro    High Risk (Selection Required)  |   |
| Address both pharmacologic and mechanical pro  High Risk (Selection Required)  High risk of VTE  | Routine, Once   |
| Address both pharmacologic and mechanical pro    High Risk (Selection Required)   High risk of VTE   High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)   | Routine, Once<br>or Knee<br>nse)  |
| Address both pharmacologic and mechanical pro    High Risk (Selection Required)   High risk of VTE   High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respon  | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following   |
| Address both pharmacologic and mechanical pro  | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| Address both pharmacologic and mechanical pro  High Risk (Selection Required)  High risk of VTE  High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)  Contraindications exist for pharmacologic  | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following   |
| Address both pharmacologic and mechanical pro  High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)  Contraindications exist for pharmacologic prophylaxis  aspirin chewable tablet   | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1  |
| Address both pharmacologic and mechanical pro  | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1  |
| Address both pharmacologic and mechanical profile  High Risk (Selection Required)  High risk of VTE  High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)  Contraindications exist for pharmacologic prophylaxis  aspirin chewable tablet  aspirin (ECOTRIN) enteric coated tablet  Apixaban and Pharmacy Consult (Selection)   | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1  |
| Address both pharmacologic and mechanical profile  High Risk (Selection Required)  High Risk of VTE  High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)  Contraindications exist for pharmacologic prophylaxis  aspirin chewable tablet  aspirin (ECOTRIN) enteric coated tablet  Apixaban and Pharmacy Consult (Selection apixaban (ELIQUIS) tablet  Pharmacy consult to monitor apixaban  | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis   |
| Address both pharmacologic and mechanical property of the prop | Routine, Once or Knee nse)  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis   |

| ( ) enoxaparin (LOVENOX) syringe - For 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. Indication(s): VTE Prophylaxis   |
|---|---|
| <ul> <li>enoxaparin (LOVENOX) syringe - For<br/>Patients weight between 100-139 kg and<br/>CrCl GREATER than 30 mL/min</li> </ul>                         | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.  |
|   | Indication(s): VTE Prophylaxis  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For<br/>Patients weight between 140 kg or<br/>GREATER and CrCI GREATER than 30</li> </ul>                         | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30   |
| mL/min  | mL/min<br>Indication(s): VTE Prophylaxis  |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, Starting S+1  If the patient does not have a history or suspected case of  Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication  Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  This patient has a history of or suspected case of Heparin-Induced |
|   | Thrombocytopenia (HIT):   |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <ul><li>( ) heparin (porcine) injection (Recommended<br/>for patients with high risk of bleeding, e.g.<br/>weight &lt; 50kg and age &gt; 75yrs)</li></ul> | 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.   |
| () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg   | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.  |
| ( ) Rivaroxaban and Pharmacy Consult (Selection Required)   |   |
| <ul><li>[] rivaroxaban (XARELTO) tablet for hip or<br/>knee arthroplasty planned during this<br/>admission</li></ul>                                      | 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis   |
| [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy  | STAT, Until discontinued, Starting S Indications: VTE prophylaxis   |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700, Starting S+1 Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:   |
| /T Risk and Prophylaxis Tool (Single Response)  | URL: "\appt1.pdf"   |
| Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)         |   |
| () Moderate Risk - Patient currently has an active of   |   |
| therapeutic anticoagulant or VTE prophylaxis (Se Required)  |   |
| <ul><li>[] Moderate risk of VTE</li><li>[] Patient currently has an active order for</li></ul>  | Routine, Once Routine, Once   |
| therapeutic anticoagulant or VTE prophylaxis  | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:   |
| [] Place sequential compression device (Single R  | · · · · · · · · · · · · · · · · · · ·   |
| Contraindications exist for mechanical prophylaxis  | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):   |
| ( ) Place/Maintain sequential compression device continuous   | Routine, Continuous   |
| ( ) Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (So Required)   |   |
| [] Moderate risk of VTE   | Routine, Once   |

| [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.                              |
|--|--|
| [] Place sequential compression device (Single   | Therapy for the following:   |
| () 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  |
| <ul> <li>High Risk - Patient currently has an active ord<br/>therapeutic anticoagulant or VTE prophylaxis<br/>Required)</li> </ul> |  |
| [] High risk of VTE  | Routine, Once  |
| [] Patient currently has an active order for   | Routine, Once  |
| therapeutic anticoagulant or VTE prophylaxis   | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:                |
| [] Place sequential compression device (Single   |  |
| 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 - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)                          |  |
| [] High risk of VTE  | Routine, Once  |
| <ul> <li>Patient currently has an active order for<br/>therapeutic anticoagulant or VTE<br/>prophylaxis</li> </ul>                 | Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: |
| [] Place sequential compression device (Single   | e Response)  |
| () 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  |
| ) LOW Risk of DVT (Selection Required)   |  |
| Low Risk Definition Age less than 60 years and NO other VTE risk fa  | actors   |
| [] Low Risk (Single Response) (Selection Requi   | ired)  |
| () Low risk of VTE   | Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation   |
| ) MODERATE Risk of DVT - Surgical (Selection F   |  |

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

| [1] Madarata Diale (Calastian Demoired)  |   |
|--|---|
| [] Moderate Risk (Selection Required)  | Davidina Once   |
| [] Moderate risk of VTE  | Routine, Once   |
| [] Moderate Risk Pharmacological Prophylaxis - S<br>Patient (Single Response) (Selection Required) |   |
| () Contraindications exist for pharmacologic prop  |   |
| BUT order Sequential compression device  | <u> </u>  |
| [] 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<br>AND mechanical prophylaxis                    | phylaxis "And" Linked Panel   |
| [ ] Contraindications exist for pharmacologic  | Routine, Once   |
| prophylaxis  | No pharmacologic VTE prophylaxis due to the following contraindication(s):                                    |
| [] Contraindications exist for mechanical  | Routine, Once   |
| prophylaxis  | No mechanical VTE prophylaxis due to the following contraindication(s):                                       |
| () enoxaparin (LOVENOX) injection (Single Respondent (Selection Required)                          | ponse)  |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis                               |
| () 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                   |
|  | Indication(s): VTE Prophylaxis  |
| () patients weight between 100-139 kg AND  | 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1  |
| CrCl GREATER than 30 mL/min  | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  |
|  | Indication(s): VTE Prophylaxis  |
| () patients weight 140 kg or GREATER AND   | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),   |
| CrCl GREATER than 30 mL/min  | Starting S+1  |
|  | For Patient weight of 140 kg or GREATER and CrCl GREATER than 30  |
|  | mL/min  |
|  | Indication(s): VTE Prophylaxis  |
| () fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily, Starting S+1   |
|  | If the patient does not have a history of or suspected case of  |
|  | Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.  |
|  | Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. |
|  | This patient has a history of or suspected case of Heparin-Induced  |
|  | Thrombocytopenia (HIT):   |
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| () heparin (porcine) injection (Recommended  | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM   |
| for patients with high risk of bleeding, e.g.  | Recommended for patients with high risk of bleeding, e.g. weight LESS   |
| weight < 50kg and age > 75yrs)   | than 50kg and age GREATER than 75yrs.   |
|  |   |

| ( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. |
|--|--|
|  | · · · · · · · · · · · · · · · · · · ·  |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1  |
|  | Indication:  |
| () Pharmacy consult to manage warfarin   | STAT, Until discontinued, Starting S   |
| (COUMADIN)   | Indication:  |
| [] Mechanical Prophylaxis (Single Response) (S<br>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  |
| ) MODERATE Risk of DVT - Non-Surgical (Select                                  | tion   |
| Required)  |  |
| Moderate Rick Definition   |  |

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

| [] Moderate Risk (Selection Required)   |   |
|---|---|
| [] Moderate risk of VTE   | Routine, Once   |
| <ul> <li>Moderate Risk Pharmacological Prophylaxis -<br/>Non-Surgical Patient (Single Response) (Selection</li> </ul> | on  |
| Required)   |   |
| () Contraindications exist for pharmacologic proph<br>Order Sequential compression device                             | nylaxis - "And" Linked Panel  |
| [] Contraindications exist for pharmacologic  | Routine, Once   |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following                         |
|   | contraindication(s):  |
| [] Place/Maintain sequential compression device continuous  | Routine, Continuous   |
| <ul> <li>( ) Contraindications exist for pharmacologic proph<br/>AND mechanical prophylaxis</li> </ul>                | nylaxis "And" Linked Panel  |
| [] Contraindications exist for pharmacologic  | Routine, Once   |
| prophylaxis   | No pharmacologic VTE prophylaxis due to the following contraindication(s):    |
| [] Contraindications exist for mechanical   | Routine, Once   |
| prophylaxis   | No mechanical VTE prophylaxis due to the following contraindication(s):       |
| () enoxaparin (LOVENOX) injection (Single Responsable (Selection Required)  | onse)   |
| () enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis |
| ( ) patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 1700, Starting S                                |
|   | For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis     |
| () patients weight between 100-139 kg AND   | 30 mg, subcutaneous, 2 times daily, Starting S                                |
| CrCl GREATER than 30 mL/min   | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min        |
|   | Indication(s): VTE Prophylaxis  |

| () patients weight 140 kg or GREATER AND            | 40 mg, subcutaneous, 2 times daily, Starting S                          |
|---|---|
| CrCl GREATER than 30 mL/min                         | For Patients weight 140 kg or GREATER and CrCl GREATER than 30          |
|   | mL/min  |
|   | Indication(s): VTE Prophylaxis  |
| () fondaparinux (ARIXTRA) injection                 | 2.5 mg, subcutaneous, daily   |
|   | If the patient does not have a history of or suspected case of          |
|   | Heparin-Induced Thrombocytopenia (HIT), do NOT order this               |
|   | medication. Contraindicated in patients LESS than 50kg, prior to        |
|   | surgery/invasive procedure, or CrCl LESS than 30 mL/min                 |
|   | This patient has a history of or suspected case of Heparin-Induced      |
|   | Thrombocytopenia (HIT):   |
| () heparin (porcine) injection                      | 5,000 Units, subcutaneous, every 8 hours                                |
| () heparin (porcine) injection (Recommended         | 5,000 Units, subcutaneous, every 12 hours                               |
| for patients with high risk of bleeding, e.g.       | Recommended for patients with high risk of bleeding, e.g. weight LESS   |
| weight < 50kg and age > 75yrs)                      | than 50kg and age GREATER than 75yrs.                                   |
| () HEParin (porcine) injection - For Patients       | 7,500 Units, subcutaneous, every 8 hours                                |
| with weight GREATER than 100 kg                     | For patients with weight GREATER than 100 kg.                           |
| () warfarin (COUMADIN) tablet                       | oral, daily at 1700   |
| ,   | Indication:   |
| () Pharmacy consult to manage warfarin              | STAT, Until discontinued, Starting S                                    |
| (COUMADIN)  | Indication:   |
| [] Mechanical Prophylaxis (Single Response) (Sel    | lection   |
| Required)   |   |
| () Contraindications exist for mechanical           | Routine, Once   |
| prophylaxis   | No mechanical VTE prophylaxis due to the following contraindication(s): |
| () Place/Maintain sequential compression            | Routine, Continuous   |
| device continuous                                   |   |
| () HIGH Risk of DVT - Surgical (Selection Required) |   |
| High Risk Definition                                |   |
|   |   |

Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

| [] High Risk (Selection Required)  |  |
|--|--|
| [] High risk of VTE  | Routine, Once  |
| [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) | ical Patient   |
| () Contraindications exist for pharmacologic prophylaxis                               | Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):  |
| ( ) enoxaparin (LOVENOX) injection (Single Res<br>(Selection Required)                 | sponse)  |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis  |
| () 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 Indication(s): VTE Prophylaxis   |
| () 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 Indication(s): VTE Prophylaxis |

| () 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 |
|--|--|
|  | Indication(s): VTE Prophylaxis   |
| () 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   |
| () 1   | 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.  |
| () HEParin (porcine) injection - For Patients                        | 7,500 Units, subcutaneous, every 8 hours, Starting S+1   |
| with weight GREATER than 100 kg                                      | For patients with weight GREATER than 100 kg.  |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700, Starting S+1  |
| () Discussion (1)  | Indication:  |
| () Pharmacy consult to manage warfarin                               | STAT, Until discontinued, Starting S   |
| (COUMADIN)   | Indication:  |
| Mechanical Prophylaxis (Single Response) (Se                         | lection  |
| Required)  | Davidina Once  |
| () 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  | in all   |
| HIGH Risk of DVT - Non-Surgical (Selection Requ                      | игеа)  |
| High Rick Definition   |  |

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

| [] High Risk (Selection Required)  |  |
|--|--|
| [] High risk of VTE  | Routine, Once  |
| [] High Risk Pharmacological Prophylaxis - Non-S<br>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 Responsition (Selection Required)                        | ponse)   |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis  |
| () patients with CrCL LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis                             |
| () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min                              | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis |

| (                                | ) patients weight 140 kg or GREATER AND   | 40 mg, subcutaneous, 2 times daily, Starting S                            |
|----------------------------------|---|---|
| `                                | CrCl GREATER than 30 mL/min   | For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min     |
|                                  |   | Indication(s): VTE Prophylaxis  |
| ()                               | fondaparinux (ARIXTRA) injection  | 2.5 mg, subcutaneous, daily   |
| ( )                              | Toridaparinax (ARTXTTA) injection   | If the patient does not have a history of or suspected case of            |
|                                  |   | Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication       |
|                                  |   | Contraindicated in patients LESS than 50kg, prior to surgery/invasive     |
|                                  |   | procedure, or CrCl LESS than 30 mL/min.                                   |
|                                  |   | This patient has a history of or suspected case of Heparin-Induced        |
|                                  |   | Thrombocytopenia (HIT):   |
| ()                               | heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours                                  |
| ()                               | heparin (porcine) injection (Recommended  | 5,000 Units, subcutaneous, every 12 hours                                 |
|                                  | for patients with high risk of bleeding, e.g.   | Recommended for patients with high risk of bleeding, e.g. weight LESS     |
|                                  | weight < 50kg and age > 75yrs)  | than 50kg and age GREATER than 75yrs.                                     |
| ()                               | HEParin (porcine) injection - For Patients  | 7,500 Units, subcutaneous, every 8 hours                                  |
|                                  | with weight GREATER than 100 kg   | For patients with weight GREATER than 100 kg.                             |
| ()                               | warfarin (COUMADIN) tablet  | oral, daily at 1700   |
|                                  | Di lui  | Indication:   |
| ( )                              | Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S Indication:                          |
| []                               | Mechanical Prophylaxis (Single Response) (Se  | 1 1111  |
|                                  | Required)   |   |
| ()                               | Contraindications exist for mechanical  | Routine, Once   |
|                                  | prophylaxis   | No mechanical VTE prophylaxis due to the following contraindication(s):   |
| ()                               | Place/Maintain sequential compression   | Routine, Continuous   |
| 1.114                            | device continuous   |   |
|                                  | GH Risk of DVT - Surgical (Hip/Knee) (Selection   | 1   |
|                                  | quired)<br>gh Risk Definition   |   |
| •                                | th pharmacologic AND mechanical prophylaxis   | must be addressed   |
|                                  | e or more of the following medical conditions:  | must be addressed.  |
|                                  |   | ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C |
|                                  | protein S deficiency; hyperhomocysteinemia; m   |   |
|                                  |   | , ,   |
| or                               | vere fracture of hip, pelvis or leg   |   |
| or<br>Se                         | vere fracture of hip, pelvis or leg cute spinal cord injury with paresis                              |   |
| or<br>Se<br>A                    | cute spinal cord injury with paresis<br>Iltiple major traumas   |   |
| or<br>Se<br>A<br>Mu<br>Ab        | cute spinal cord injury with paresis<br>iltiple major traumas<br>dominal or pelvic surgery for CANCER |   |
| or<br>Se<br>Au<br>Mu<br>Ab<br>Ac | cute spinal cord injury with paresis<br>Iltiple major traumas   |   |

| [] High Risk (Selection Required)                |   |
|--|---|
| [] High risk of VTE                              | Routine, Once   |
| [] High Risk Pharmacological Prophylaxis - Hip o | or Knee   |
| (Arthroplasty) Surgical Patient (Single Respons  | se)   |
| (Selection Required)                             |   |
| () Contraindications exist for pharmacologic     | Routine, Once   |
| prophylaxis                                      | No pharmacologic VTE prophylaxis due to the following |
|  | contraindication(s):                                  |
| () aspirin chewable tablet                       | 162 mg, oral, daily, Starting S+1                     |
| () aspirin (ECOTRIN) enteric coated tablet       | 162 mg, oral, daily, Starting S+1                     |
| () Apixaban and Pharmacy Consult (Selection F    | Required)   |
| [] apixaban (ELIQUIS) tablet                     | 2.5 mg, oral, 2 times daily, Starting S+1             |
|  | Indications: VTE prophylaxis                          |
| [] Pharmacy consult to monitor apixaban          | STAT, Until discontinued, Starting S                  |
| (ELIQUIS) therapy                                | Indications: VTE prophylaxis                          |
| () enoxaparin (LOVENOX) injection (Single Res    | sponse)   |
| (Selection Required)                             |   |
| ( ) enoxaparin (LOVENOX) syringe                 | 40 mg, subcutaneous, daily at 0600, Starting S+1      |
|  | Indication(s): VTE Prophylaxis                        |

| Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  Patients weight between 140 kg or GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis  2.5 mg, subcutaneous, daily, S If the patient does not have a h Heparin-Induced Thrombocyto Contraindicated in patients LES procedure, or CrCl LESS than This patient has a history of or Thrombocytopenia (HIT):  () heparin (porcine) injection  Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis |   |
|---|---|
| Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  Patients weight between 140 kg or GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis  2.5 mg, subcutaneous, daily, S If the patient does not have a h Heparin-Induced Thrombocyto Contraindicated in patients LES procedure, or CrCl LESS than This patient has a history of or Thrombocytopenia (HIT):  () heparin (porcine) injection  Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight 140 kg or Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight between mL/min Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis Starting S+1 For Patients weight 140 kg or ML/min Indication(s): VTE Prophylaxis |   |
| ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min  ( ) fondaparinux (ARIXTRA) injection  ( ) fondaparinux (ARIXTRA) injection  ( ) heparin (porcine) injection  40 mg, subcutaneous, 2 times Starting S+1 For Patients weight 140 kg or mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 For Patients weight 140 kg or mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 For Patients weight 140 kg or mL/min Indication(s): VTE Prophylaxis Contraindicated in patients LES procedure, or CrCl LESS than This patient has a history of or Thrombocytopenia (HIT):  ( ) heparin (porcine) injection  5,000 Units, subcutaneous, even  | s daily at 0600, 1800 (TIME CRITICAL), 100-139 kg and CrCl GREATER than 30  |
| ( ) fondaparinux (ARIXTRA) injection  2.5 mg, subcutaneous, daily, S  If the patient does not have a h Heparin-Induced Thrombocyto Contraindicated in patients LES procedure, or CrCl LESS than This patient has a history of or Thrombocytopenia (HIT):  ( ) heparin (porcine) injection  5,000 Units, subcutaneous, even  | s daily at 0600, 1800 (TIME CRITICAL), GREATER and CrCl GREATER than 30   |
|   | tarting S+1 istory or suspected case of penia (HIT) do NOT order this medication. SS than 50kg, prior to surgery/invasive 30 mL/min suspected case of Heparin-Induced |
| ()  | ery 8 hours, S+1 at 6:00 AM   |
|   | ery 12 hours, S+1 at 6:00 AM h high risk of bleeding, e.g. weight LESS than 75yrs.  |
| ( ) HEParin (porcine) injection - For Patients 7,500 Units, subcutaneous, even with weight GREATER than 100 kg For patients with weight GREATER   |   |
| ( ) Rivaroxaban and Pharmacy Consult (Selection Required)   |   |
| [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, oral, daily at 0600 (TIME Indications: VTE prophylaxis  | ME CRITICAL)  |
| [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy STAT, Until discontinued, Sta Indications: VTE prophylaxis   | rting S   |
| ( ) warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+Indication:  | 1   |
| ( ) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Start Indication:  | ing S   |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)   |   |
| ( ) Contraindications exist for mechanical Routine, Once  |   |
|   |   |
| ( ) Place/Maintain sequential compression Routine, Continuous device continuous   | s due to the following contraindication(s):   |
| abs   | s due to the following contraindication(s):   |

| Laboratory                            |                           |
|---------------------------------------|---------------------------|
| [X] Hemoglobin A1c                    | AM draw For 1 Occurrences |
| [] Basic metabolic panel              | AM draw For 1 Occurrences |
| [] Comprehensive metabolic panel      | AM draw For 1 Occurrences |
| [X] Lipid panel                       | AM draw For 1 Occurrences |
| [] Hepatic function panel             | AM draw For 1 Occurrences |
| [] CBC with platelet and differential | AM draw For 1 Occurrences |
| [] TSH                                | AM draw For 1 Occurrences |
| [] T4, free                           | AM draw For 1 Occurrences |
| [] Ammonia level                      | AM draw For 1 Occurrences |
| [] Magnesium level                    | AM draw For 1 Occurrences |
| [] Lithium level                      | AM draw For 1 Occurrences |
| [] Valproic acid level                | AM draw For 1 Occurrences |

| [] Carbamazepine level  | AM draw For 1 Occurrences |
|---|---------------------------|
| [] Vitamin B12 level  | AM draw For 1 Occurrences |
| [] Vitamin D 25 hydroxy level   | AM draw For 1 Occurrences |
| [] Urinalysis, automated with microscopy                                | Once                      |
| [] hCG qualitative, urine   | Once                      |
| [] Urine drugs of abuse screen  | Once                      |
| [X] HIV Ag/Ab combination   | AM draw For 1 Occurrences |
| [X] Syphilis treponema screen with RPR confirmation (reverse algorithm) | AM draw For 1 Occurrences |
| [X] hCG qualitative, serum screen                                       | AM draw For 1 Occurrences |

# Cardiology

#### Cardiology

STAT, Once
Clinical Indications:
Interpreting Physician:
Evaluate QT interval

# Rehab

### Consults

For Physician Consult orders use sidebar

#### **Ancillary Consults**

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

# **Additional Orders**