Plastic Surgery Admission (not for Post-Op) [2056]

This order set is NOT to be used for Post-Operative care orders. Use Plastic Surgery Post-Op order set for Post-Operative care orders.

General	
Common Present on Admission Diagnosis	
1 Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
] Bacteremia	Details
] Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
] Decubitus Ulcer	Details
] Dementia in Conditions Classified Elsewhere	Details
] Disorder of Liver	Details
] Electrolyte and Fluid Disorder	Details
Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
] Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
] Schizophrenia Disorder	Details
] Sepsis	Details
] Septic Shock	Details
] Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
] Urinary Tract Infection, Site Not Specified	Details
Elective Outpatient, Observation, or Admission (Single	Response)
) Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
	PACU & Post-op
) Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments: PACU & Post-op

() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
Admission or Observation (Single Response) Patient has active status order on file	
() Admit to Inpatient	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	Admitting Physician: Patient Condition:
() Outpatient in a bed - extended recovery	Bed request comments:  Admitting Physician: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file	
() Admit to Inpatient	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 sorvices for two or more midnights.
() Outpatient observation services under general supervision	services for two or more midnights.  Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
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	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.  Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.	Once, Sputum
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
Activity/Patient Position	
[] Strict bed rest	Routine, Until discontinued, Starting S Up in chair in AM
[] Up in chair	Routine, Until discontinued, Starting S
	Specify: Up in chair
F1. Analysista with posistance assess Alexand	Additional modifier:
[] Ambulate with assistance every 4 hours	Routine, Now then every 4 hours Specify: with assistance
[] Ambulate with assistance every 8 hours	Routine, Every 8 hours
	Specify: with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S
77. 4. 11.	Specify: Activity as tolerated
[] Avoid pressure to	Routine, Once Orientation:
	Location:
[] Head of bed	Routine, Until discontinued, Starting S
	Head of bed:
[] Patient position: Elevate foot of bed	Routine, Until discontinued, Starting S
	Position:
	Additional instructions: elevate foot of bed Elevate (degrees):
[] Patient position: Semi-Fowler's	Routine, Until discontinued, Starting S
	Position: semi-Fowler's
	Additional instructions:
	With bed flexed in semi-fowler's (lawn chair) position.

[] Patient position: Do not reposition patient	Routine, Until discontinued, Starting S Position:
	Additional instructions: do not reposition
[] Shower patient	Routine, Daily
	Specify:
	Additional modifier:
Nursing Care	
[] Neurological assessment	Routine, Once
	Assessment to Perform:
[] Peripheral vascular assessment	Routine, Once
[] Assess head	Routine, Every 4 hours
	Assess: Head (Facial, eyelids) for color, refill, hematoma.
	Notify Resident or staff for any changes.
[] Assess breast	Routine, Every 4 hours
	Assess: Breast - assess nipple for color, refill, and hematoma.
	Notify Resident or staff for any changes.
[] Assess abdomen	Routine, Every 4 hours
	Assess: Abdomen - assess for color, refill, and hematoma. Notify Resident or staff for any changes.
[] Assess On-Q Pump	Routine, Every 4 hours
[] //occoo on & rump	Assess: Assess On-Q Pump every 4 hours
[] Intake and output	Routine, Per unit protocol
11	Include amount from surgical drain in intake and output
[] No ice pack	Routine, Until discontinued, Starting S
	Unless ordered otherwise
[] Limb precautions	Location:
	Precaution:
[] May use either arm for blood pressure or needle sticks	Routine, Until discontinued, Starting S
[] Supportive bra	Routine, Until discontinued, Starting S
	Do not remove post-operative bra.
[] Abdominal binder	Routine, Once
	Waking hours only?
	Nurse to schedule?
	Special Instructions:
	Keep abdominal binder open and loose while in bed. When
	patient gets up in chair, place binder on. Open when back in
[] Compression garmet	bed. Routine, Until discontinued, Starting S
[] Compression garmer	Intervention: Remove every 3 hours for 1 hour
	intervention. Nemove every officiation i flour
Flap Assessment	
[] Flap assessment	Routine, Every hour
	Side:
	Location:
	Assessment:
	Notify Resident or staff for any changes.
Tubes and Drain Care	

[] Drain care- Compression Suction; Attach bulbs to gown with safety pins. Do NOT tape drains to patient.; Strip tubing and record output every 4 hours	Routine, Every 4 hours Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Attach bulbs to gown with safety pins. Do NOT tape drains to patient. Drainage/Suction: To Compression (Bulb) Suction,Strip tubing,Other (specify) Specify: Empty drain and record output every 4 hours. Flush drain with:
[] Drain care- Clean site daily with normal saline. Apply ointment and cover with gauze.	Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with normal saline. Apply ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
[] Drain care- Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze.	Routine, Daily Drain 1: Drain 2: Drain 3: Drain 4: All Drains: Jackson Pratt Care Details: Clean site daily with peroxide. Apply bacitracin ointment and cover with gauze. Drainage/Suction: To Compression (Bulb) Suction Flush drain with:
[] Do not remove Foley	Routine, Until discontinued, Starting S Rationale:
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain, to gravity
[] Foley catheter - discontinue	Routine, Once
Wound/Incision Care	
[] Surgical/incision site care- Wet to dry, Nomal Saline	Routine, Every 8 hours Location: Site: Apply: Dressing Type: Moist to Dry, Normal Saline Open to air?
[] Surgical/incision site care- Wet to dry, Dakins	Routine, Every 8 hours Location: Site: Apply: Dressing Type: Other Specify: Wet to dry, Dakins Open to air?
[] Surgical/incision site care- Do not remove dressing	Routine, Once Location: Site: Apply: Dressing Type: Open to air? Do not remove or change surgical dressing

[] Wound care orders	Routine, Every 12 hours
	Wound care to be performed by:
	Location:
	Site:
	Irrigate wound?
	Apply: Drossing Type:
[1] Dravide aguisment / ausplies at hadaide	Dressing Type:
[] Provide equipment / supplies at bedside	Routine, Once Supplies:
[1] Drovide equipment / europlice et hadeide: Extre Pre to	
[] Provide equipment / supplies at bedside: Extra Bra to bedside	Routine, Once Supplies: Other (specify)
beaside	Other: Extra Bra to bedside.
	Size ***
[] Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri
[] Negative pressure would therapy (Not a consuit order)	Existing wound vac?
	Type of Wound:
	Wound Location:
	Pressure (mmHg): 125
	Therapy Settings:
	Intensity:
	Foam Type:
[] Consult to Wound Ostomy Care Nurse	Reason for consult:
[1 constants from a colonity care frames	Reason for consult:
	Reason for consult:
	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
Skin Graft Donor Site Care	
[] Heat lamp	Routine, 4 times daily
	Duration of treatment (minutes): 15
	Distance from site: 2-3 feet
[] Skin graft donor site care	Routine, 4 times daily
	Instructions: Leave donor site intact for 48 hours, clean any
	excessive fluid leakage as needed. After 48 hours, remove
	clear Tegaderm but DO NOT remove Zeroform gauze. Wipe
	off any excess fluid gently PRN. Use heat lamp to treat donor
	site 4 x/day when patient is aw
[] Negative pressure wound therapy (Not a consult order)	Routine, Every Mon, Wed, Fri
	NPWT to be applied by: Physician
	Existing wound vac?
	Type:
	Type of Wound:
	Wound Location:
	Pressure (mmHg): 125
	Therapy Settings:
	Intensity:
	Foam Type:
	DO NOT change negative pressure wound therapy dressing**
Notify	
	Doubling Limiti diagontinuod Ctartina C. Natifu Diagtic Commun.
[] Notify Physician- Notify Plastic Surgery resident on-call	Routine, Until discontinued, Starting S, Notify Plastic Surgery
or Plastics Attending Surgeon for ANY questions	resident on-call or Plastics Attending Surgeon for ANY
regarding the flap or change in flap assessment	questions regarding the flap or change in flap assessment
[] Notify Physician- or Resident of any acute changes in	Routine, Until discontinued, Starting S, or Resident of any
patient status	acute changes in patient status
Diet	
Diet	

[] NPO	Diet effective now, Starting S NPO:
	Pre-Operative fasting options:
NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO:
	Pre-Operative fasting options:
[] Diet-Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet - Easy to digest (GERD)	Diet effective now, Starting S Diet(s): Easy to digest (GERD) Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet- 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet-Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
Education	
[] Patient education- Drain care	Routine, Prior to discharge Patient/Family: Education for: Drain care
[] Patient education- Dressing change	Routine, Once Patient/Family: Education for: Other (specify) Specify: Dressing change
[] Patient education- Lovenox teaching	Routine, Prior to discharge Patient/Family: Education for: Self admin of medication, Other (specify) Specify: Lovenox teaching for home administration.
[] Patient education- Pain pump	Routine, Prior to discharge Patient/Family: Patient Education for: Other (specify) Specify: Pain pump
[] Patient education- Post-op urine color	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Blue/green urine post op is normal
[] Patient education- Scopolamine patch	Routine, Once Patient/Family: Education for: Other (specify) Specify: Scopolmine patch side effects education

[] Patient education- Surgeons post op instructions	Routine, Prior to discharge Patient/Family: Education for: Other (specify) Specify: Dispense surgeon's post op instructions prior to discharge.
IV Fluids	
IV Fluids	
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
[] lactated Ringer's infusion	125 mL/hr, intravenous, continuous, Post-op
[] sodium chloride 0.9 % infusion	125 mL/hr, intravenous, continuous, Post-op
[] sodium chloride 0.9 % with potassium chloride 20 infusion	
[] sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	125 mL/hr, intravenous, continuous, Post-op
D.A. II. C.	
Medications	
	gesia, after using this order set go to the Order Set Activity and access erapy for Opioid Naive Patients (or Tolerant Patients if appropriate).
Pharmacy Consult	
[] Pharmacy consult to manage dosing of medication	STAT, Until discontinued, Starting S Which drug do you need help dosing? Contact Number:
IV Antibiotics: For Patients LESS than or EQUAL to	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	1 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours Use if patient penicillin allergic. Reason for Therapy: Surgical Prophylaxis
[] vancomycin IV plus Optional Pharmacy Consult to Vancomycin	
[] vancomycin (VANCOCIN)	15 mg/kg, intravenous Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
[] Pharmacy consult to manage vancomycin	STAT, Until discontinued, Starting S Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:
IV Antibiotics: For Patients GREATER than 120 kg	
[] ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, every 6 hours Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IV - For Patients GREATER that kg	
[] cefepime (MAXIPIME) IV - For antipseudomonal coverage	2 g, intravenous, every 8 hours Reason for Therapy: Surgical Prophylaxis Surgical Prophylaxis:

[] clindamycin (CLEOCIN) IV	900 mg, intravenous, for 30 Minutes, every 8 hours Use if patient penicillin allergic. Reason for Therapy: Surgical Prophylaxis
] vancomycin IV plus Optional Pharmacy Consult to D Vancomycin	
[] vancomycin (VANCOCIN) 19	5 mg/kg, intravenous leason for Therapy: Surgical Prophylaxis lurgical Prophylaxis:
R	TAT, Until discontinued, Starting S Leason for Therapy: Surgical Prophylaxis Lurgical Prophylaxis:
Topical Antibiotics	
] bacitracin ointment	Topical, 3 times daily Apply to drain site.
] bacitracin-polymyxin B (POLYSPORIN) ointment	Topical, 3 times daily Apply to drain site.
] neomycin-bacitracin-polymyxinB (NEOSPORIN) ointment	Topical, 3 times daily Apply to drain site.
] mupirocin (BACTROBAN) 2 % ointment	Topical, 3 times daily Apply to drain site.
] povidone-iodine (BETADINE) ointment	Topical, 3 times daily Apply to drain site.
Ophthalmic Antibiotic Ointments (Single Response)	
) gentamicin (GARAMYCIN) 0.3 % (3 mg/gram) ophthalmic ointment	3 times daily
( ) tobramycin-dexamethasone (TOBRADEX) ophthalm ointment	nic Both Eyes, 3 times daily
Facial Operations	
] chlorhexidine (PERIDEX) 0.12 % solution	15 mL, Mouth/Throat, 2 times daily Swish and Spit
] artificial tears ophthalmic solution	2 drop, Both Eyes, every 4 hours PRN, dry eyes
] artificial tears ointment	Both Eyes, nightly PRN, dry eyes
] clonIDINE HCI (CATAPRES) tablet	oral, 2 times daily PRN, high blood pressure BP & HR HOLD parameters for this order: Contact Physician if:
Bowel Care - NOT HMSJ	
] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.
] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence
] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or ineffective.
] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation
diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg pe tablet	
Anxiolytics: For Patients LESS than 65 years old	
] LORAZepam (ATIVAN) tablet	1 mg, oral, every 6 hours PRN, anxiety Indication(s): Anxiety
Anxiolytics: For Patients GREATER than or EQUAL	to 65 years old
] LORAZepam (ATIVAN) tablet	0.5 mg, oral, every 6 hours PRN, anxiety

Muscle Spasms (Single Response)
Caution: muscle relaxants should be minimized in patients over 65 years of age.

) cyclobenzaprine (FLEXERIL) tablet		5 mg, oral, every 8 hours PRN, muscle spasms
) methocarbamol (ROBAXIN) tablet		500 mg, oral, 3 times daily PRN, muscle spasms
Muscle Pain		
] diazepam (VALIUM) tablet		5 mg, oral, every 6 hours PRN, anxiety, muscle pain Indication(s): Other Specify: Muscle Pain
On-Q Pump (Single Response)		
) ropivacaine 0.2% (PF) (NAROPIN) solution f	or On-Q	270 mL, infiltration, continuous
Pump		Regional Block:
		Location:
		Catheter: Continuous Rate:
		Bolus Dose (Optional):
) ropivacaine 0.5% (PF) (NAROPIN) solution f	or On-Q	270 mL, infiltration, continuous
Pump		Regional Block:
·		Location:
		Catheter:
		Continuous Rate: Bolus Dose (Optional):
		· · ·
PCA Medications (Single Response)		
( ) morPHINE PCA 30 mg/30 mL		
[] morPHINE PCA 30 mg/30 mL		Loading Dose: Not Ordered PCA Dose: 1 mg Lockout
		I: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour mit): 20 mg
		nous, continuous
		ement of breakthrough pain. Administer only if respiratory rate 12
	per mir	nute or more and POSS level of 2 or less. If more than 2 bolus
		in 12 hours or if pain persists after increase in demand dose, call
		ng prescriber. For breakthrough pain in patients ages 19-59 years
	4ث اما م	by a more livered from the property below (Delvis Deces 2000 F.7. II OII) was
		h normal renal function, may bolus {Bolus Dose: 26657::"2"} mg
	every {	Bolus Frequency:26659::"3"} hours as needed. If pain persists,
	every { may in	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC
[] Vital signs - T/P/R/BP	every { may in Adjust Routin	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol
[] Vital signs - T/P/R/BP	every { may in Adjust Routin - Initial	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol  ly and every 30 minutes for 1 hour after PCA started, bolus
[] Vital signs - T/P/R/BP	every { may in Adjust Routin - Initial admini	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then
[] Vital signs - T/P/R/BP	every { may in Adjust Routin - Initial admini - Every	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus
Uital signs - T/P/R/BP	every { may in Adjust Routin - Initial admini - Every admini	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then / hour x 2 starting second hour after PCA started, bolus stered or dose change; then
[] Vital signs - T/P/R/BP	every { may in Adjust Routin - Initial admini - Every admini - Every	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus
Vital signs - T/P/R/BP    Richmond agitation sedation scale	every { may in Adjust Routin - Initial admini - Every admini - Every	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus stered or dose change; then hours until PCA therapy is discontinued.
	every { may in Adjust Routin - Initial admini - Every admini - Every - Imme Routin Hold in	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus stered or dose change; then 4 hours until PCA therapy is discontinued.  ediately following PCA administration tubing change e, Once of units of the pain persists, and one of the pai
	every { may in Adjust Routin - Initial admini - Every admini - Every - Imme Routin Hold ir	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus stered or dose change; then 4 hours until PCA therapy is discontinued. Ediately following PCA administration tubing change e, Once offusion daily at:  RASS:
	every { may in Adjust Routin - Initial admini - Every admini - Every - Imme Routin Hold ir Target BIS Mo	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus stered or dose change; then 4 hours until PCA therapy is discontinued. Ediately following PCA administration tubing change e, Once infusion daily at:  RASS: Conitoring (Target BIS: 40-60):
	every { may in Adjust Routin - Initial admini - Every admini - Every - Imme Routin Hold ir Target BIS Mo	Bolus Frequency:26659::"3"} hours as needed. If pain persists, crease PCA demand dose by {PCA Dose:26660::"0.5"} mg ONC doses for age, renal function or other factors.  e, Per unit protocol ly and every 30 minutes for 1 hour after PCA started, bolus stration or dose change; then hour x 2 starting second hour after PCA started, bolus stered or dose change; then 4 hours until PCA therapy is discontinued. Ediately following PCA administration tubing change e, Once offusion daily at:  RASS:

[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therapy
		- PCA pump discontinued by any service other than the prescriber
	Chan the DCA number and call and aring	responsible for IV PCA therapy
[]	Stop the PCA pump and call ordering	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or
	physician and/or CERT team for any of the following:	less - Severe and/or recent confusion or disorientation
	rollowing.	- POSS sedation level 4: Somnolent and difficult to arouse
		- Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
		- Urinary retention
17	naloxone (NARCAN) 0.4 mg/mL injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for
L1	0.2 mg	respiratory rate 8 per minute or less OR patient somnolent and difficult to
	0.2 mg	arouse (POSS GREATER than 3).
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4
		mg). If naloxone is needed, please call the ordering physician and/or
		CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
		minutes for 3 times.
( ) h	ydromorPHONE PCA (DILAUDID) 15 mg/30 ml	_
]``[]	, , ,	Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout:
"	PCA	Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3
		mg
		intravenous, continuous
		Management of breakthrough pain. Administer only if respiratory rate 12
		per minute or more and POSS level of 2 or less. If more than 2 bolus
		doses in 12 hours or if pain persists after increase in demand dose, call
		ordering prescriber. For breakthrough pain in patients ages 19-59 years
		old with normal renal function, may bolus {Bolus Dose:26662::"0.2"} mg
		every {Bolus Frequency:26663::"3"} hours as needed. If pain persists,
		may increase PCA demand dose by {PCA Dose:26664::"0.1"} mg ONCE.
		Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date:
		Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol
		- Initially and every 30 minutes for 1 hour after PCA started, bolus
		administration or dose change; then
		- Every hour x 2 starting second hour after PCA started, bolus
		administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
1	Richmond agitation sedation scale	- Immediately following PCA administration tubing change Routine, Once
[]	McIlliona agilation sedation scale	Hold infusion daily at:
		Target RASS:
		BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours.
		Assess and document side effects of at least every 4 hours for duration of
		therapy and when patient complains of pain and/or side effects.
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued
''	, , (-1),	for any reason
		- Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therapy
		- PCA pump discontinued by any service other than the prescriber
		responsible for IV PCA therapy
		• •

[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
	following:	<ul> <li>Severe and/or recent confusion or disorientation</li> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> <li>Sustained hypotension (SBP less than 90)</li> </ul>
		- Excessive nausea or vomiting - Urinary retention
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).
		Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
() fe	entaNYL PCA (SUBLIMAZE) 1500 mcg/30 mL	minutes for a times.
[]`[]		Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout: Not Ordered Basal Rate: 0 mcg/hr Four Hour Dose Limit: 150 mcg
		intravenous, continuous
		Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call
		ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function
		or other factors.
_		Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then
		- Every 4 hours until PCA therapy is discontinued.
[]	Richmond agitation sedation scale	- Immediately following PCA administration tubing change Routine, Once Hold infusion daily at:
		Target RASS: BIS Monitoring (Target BIS: 40-60):
		60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of
	Notify Dhysisian (Chasify)	therapy and when patient complains of pain and/or side effects.
	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia
		- Prior to administration of any other narcotics, antiemetics, or sedatives
		other than those ordered by the prescriber responsible for IV PCA therapy
_		<ul> <li>PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy</li> </ul>
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less
	following:	<ul> <li>Severe and/or recent confusion or disorientation</li> <li>POSS sedation level 4: Somnolent and difficult to arouse</li> </ul>
		- POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90)
		- Excessive nausea or vomiting
		- Urinary retention

[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).  Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
PCA	Medications (Single Response)	
()_m	norPHINE PCA 30 mg/30 mL	
[]	morPHINE PCA 30 mg/30 mL	Nurse Loading Dose: Not Ordered PCA Dose: 1 mg Lockout Interval: Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 20 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose:26657::"2"} mg every {Bolus Frequency:26659::"3"} hours as needed. If pain persists,
		may increase PCA demand dose by {PCA Dose:26660:: "0.5"} mg ONCE. Adjust doses for age, renal function or other factors.
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued.
[]	Richmond agitation sedation scale	- Immediately following PCA administration tubing change Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.
[]	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
[]	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).  Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

Nurse Loading Dose: Not Ordered PCA Dose: 0.2 mg Lockout Not Ordered Basal Rate: 0 mg/hr MAX (Four hour dose limit): 3 mg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patients ages 19-59 years old with normal renal function, may bolus {Bolus Dose: 26662::"0.2"} mg every {Bolus Frequency: 26663::"3"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose: 26664::"0.1"} mg ONCE Adjust doses for age, renal function or other factors. Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
Routine, Per unit protocol  - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then  - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then  - Every 4 hours until PCA therapy is discontinued.  - Immediately following PCA administration tubing change
Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.
Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therap - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute of less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).  Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.

	fentaNYL (SUBLIMAZE) 600 mcg/30 mL PCA	Nurse Loading Dose: Not Ordered PCA Dose: 10 mcg Lockout Interval: Not Ordered Basal Rate: 0 mcg/hr MAX (Four hour dose limit): 150 mcg intravenous, continuous Management of breakthrough pain. Administer only if respiratory rate 12 per minute or more and POSS level of 2 or less. If more than 2 bolus doses in 12 hours or if pain persists after increase in demand dose, call ordering prescriber. For breakthrough pain in patient 19-59 years old, may bolus {Bolus Dose:26656::"25"} mcg every {Bolus Frequency:26655::"2"} hours as needed. If pain persists, may increase PCA demand dose by {PCA Dose:26654::"10"} mcg ONCE. Adjust doses for age, renal function or other factors.
		Turn Off PCA Continuous Dose (Basal Rate) On Date: Turn Off PCA Continuous Dose (Basal Rate) At Time:
[]	Vital signs - T/P/R/BP	Routine, Per unit protocol - Initially and every 30 minutes for 1 hour after PCA started, bolus administration or dose change; then - Every hour x 2 starting second hour after PCA started, bolus administered or dose change; then - Every 4 hours until PCA therapy is discontinued Immediately following PCA administration tubing change
[]	Richmond agitation sedation scale	Routine, Once Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): 60 minutes after administration of pain medication AND every 4 hours. Assess and document side effects of at least every 4 hours for duration of therapy and when patient complains of pain and/or side effects.
	Notify Physician (Specify)	Routine, Until discontinued, Starting S, - PCA pump infusion discontinued for any reason - Inadequate analgesia - Prior to administration of any other narcotics, antiemetics, or sedatives other than those ordered by the prescriber responsible for IV PCA therapy - PCA pump discontinued by any service other than the prescriber responsible for IV PCA therapy
	Stop the PCA pump and call ordering physician and/or CERT team for any of the following:	Routine, Until discontinued, Starting S, - Respiratory rate 10 per minute or less - Severe and/or recent confusion or disorientation - POSS sedation level 4: Somnolent and difficult to arouse - Sustained hypotension (SBP less than 90) - Excessive nausea or vomiting - Urinary retention
[]	naloxone (NARCAN) 0.4 mg/mL injection 0.2 mg	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3).  Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15 minutes for 3 times.
Mild	Pain (Pain Score 1-3) or Fever	
[] ad	cetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Contact physician for fever GREATER than 101 F
Oral f	for Moderate Pain (Pain Score 4-6) (Single R	esponse)
	YDROcodone-acetaminophen (NORCO) 5-325 Iblet	5 mg per 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
	YDROcodone-acetaminophen (NORCO) 7.5-32 er tablet	25 mg 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)

( ) traMADol (ULTRAM) tablet ( ) oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
IV for Moderate Pain (Pain Score 4-6) (Single Response) If you select a PCA option you will not be allowed to also ord	der IV PRN pain medications from this section.
() morPHINE injection	1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6) Give if patient cannot tolerate oral medications or a faster onset of action is required.
Oral for Severe Pain (Pain Score 7-10) (Single Response)	
( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10)
( ) traMADol (ULTRAM) tablet	100 mg, oral, every 6 hours PRN, severe pain (score 7-10)
() oxyCODone-acetaminophen (PERCOCET) 10-325 mg per tablet	1 tablet, oral, every 4 hours PRN, severe pain (score 7-10)
IV for Severe Pain (Pain Score 7-10) (Single Response) If you select a PCA option you will not be allowed to also order.	der IV PRN pain medications from this section.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) Give if patient cannot tolerate oral medications or a faster onset of action is required.
Respiratory	
[X] naloxone (NARCAN) injection	0.2 mg, intravenous, once PRN, respiratory depression, as needed for respiratory rate 8 per minute or less OR patient somnolent and difficult to arouse (POSS GREATER than 3). Repeat Naloxone 0.2 mg once in 2 minutes if necessary (MAXIMUM 0.4 mg). If naloxone is needed, please call the ordering physician and/or CERT team. Monitor vital signs (pulse oximetry, P/R/BP) every 15
	minutes for 3 times.
Bowel Care - NOT HMSJ	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.
[] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or ineffective.
[] senna (SENOKOT) tablet	1 tablet, oral, 2 times daily PRN, constipation
[] diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg per tablet	1 tablet, oral, 4 times daily PRN, diarrhea
Bowel Care - HMSJ Only	
[] docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation Use docusate for stool softener as needed.
[] simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation Suppository can be used if oral therapy is not tolerated or ineffective.

per tablet diphenoxylate-atropine (LOMOTIL) 2.5-0.025 mg	per 1 tablet, oral, 4 times daily PRN, diarrhea
tablet	r tablet, ordi, 4 times daily i 100, diamica
Antiemetics	
X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
<ul><li>[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet</li></ul>	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset o action is required.
] promethazine (PHENERGAN) IV or Oral or Recta	
[] promethazine (PHENERGAN) 12.5 mg 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.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
X] ondansetron (ZOFRAN) IV or Oral (Selection Req	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset o action is required.
] promethazine (PHENERGAN) IV or Oral or Recta	<u> </u>
[] promethazine (PHENERGAN) 12.5 mg in	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN,
sodium chloride 0.9 % 0.9 % 20 mL for	nausea, vomiting
Alaris pump syringe option	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
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiemetics	
X] ondansetron (ZOFRAN) IV or Oral (Selection Red	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset or action is required.
] promethazine (PHENERGAN) IVPB or Oral or Re	
[] promethazine (PHENERGÁN) 25 mg in sodium chloride 0.9 % 50 mL 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
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting

[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
tching: For Patients GREATER than 70 years old	I (Single Response)
X) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
] cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
tching: For Patients LESS than 70 years old (Sin	gle Response)
) diphenhydrAMINE (BENADRYL) tablet	25 mg, oral, every 6 hours PRN, itching
) hydrOXYzine (ATARAX) tablet	10 mg, oral, every 6 hours PRN, itching
X) cetirizine (ZyrTEC) tablet	5 mg, oral, daily PRN, itching
) fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne	
nsomnia: For Patients GREATER than or EQUAL	to 70 years old (Single Response)
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
nsomnia: For Patients LESS than 70 years old (S	Single Response)
) zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
) ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
/ I E	
	ise)
√TE  DVT Risk and Prophylaxis Tool 1 (Single Respon 1  VTE/DVT Risk Definitions	URL:
OVT Risk and Prophylaxis Tool 1 (Single Respon 1  VTE/DVT Risk Definitions  Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  ) Patient currently has an active order for therapeuranticoagulant or VTE prophylaxis with Risk Strate (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification e order for
OVT Risk and Prophylaxis Tool 1 (Single Respon 1  VTE/DVT Risk Definitions  Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification e order for
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratten (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic  ification  e order for (Selection
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  Patient currently has an active order for therapeur anticoagulant or VTE prophylaxis with Risk Strate (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic  ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
OVT Risk and Prophylaxis Tool 1 (Single Respont 1  VTE/DVT Risk Definitions  ) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
OVT Risk and Prophylaxis Tool 1 (Single Respont 1  VTE/DVT Risk Definitions  ) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  ) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single)	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)  Routine, Once No mechanical VTE prophylaxis due to the following
VTE/DVT Risk Definitions  Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis	URL:  "\\appt1\epicappprod\\Restricted\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"  utic ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  ) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression	URL:  "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"  utic iffication  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)  Routine, Once No mechanical VTE prophylaxis due to the following
OVT Risk and Prophylaxis Tool 1 (Single Respont 1)  VTE/DVT Risk Definitions  ) Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic  ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
VTE/DVT Risk Definitions  Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis	URL:  "\\appt1\epicappprod\\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic ification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
VTE/DVT Risk Definitions  Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)  Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  Moderate risk of VTE  Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis  Place/Maintain sequential compression device continuous  Place/Maintain sequential compression device continuous  Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic  ification  Re order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: Response)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  re order for (Selection
OVT Risk and Prophylaxis Tool 1 (Single Respont 1  VTE/DVT Risk Definitions  Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratten (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Singlet)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE	URL:     "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic dification  e order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  e order for (Selection  Routine, Once
OVT Risk and Prophylaxis Tool 1 (Single Respont 1  VTE/DVT Risk Definitions  ) Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratt (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Singlet)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"  utic  ification  Re order for (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following: Response)  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  e order for (Selection

	Place sequential compression device (Single R		
()	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	
() H	ligh Risk - Patient currently has an active order	for	
	nerapeutic anticoagulant or VTE prophylaxis (S required)	election	
	High risk of VTE	Routine, Once	
	Patient currently has an active order for	·	
	therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on	
	prophylaxis	therapeutic anticoagulation for other indication.	
	propriyiaxis	Therapy for the following:	
[]	Place sequential compression device (Single R		
	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	
	ligh Risk - Patient currently has an active order		
	nerapeutic anticoagulant or VTE prophylaxis (S	election	
	lequired)		
	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 R		
()	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	
() LOV	V Risk of DVT (Selection Required)		
	Risk Definition		
	less than 60 years and NO other VTE risk fact	ors	
, , , 9	rices than so years and the ether the heritaet		
[1 [	ow Risk (Single Response) (Selection Require	١)	
	Low risk of VTE	Routine, Once	
( )	LOW HISK OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
		early ambulation	
() MO	DERATE Risk of DVT - Surgical (Selection Rec		
	derate Risk Definition	fulleu)	
		pohonical prophylovia is optional uplace pharmacelegia is	
Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optio contraindicated.  One or more of the following medical conditions:		echanical prophylaxis is opilonal unless pharmacologic is	
	HF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous		
	troke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome		
	tral line		
	ory of DVT or family history of VTE		
		<b>,</b>	
	cipated length of stay GREATER than 48 hours s than fully and independently ambulatory		
	ogen therapy		
Mod	ogen therapy derate or major surgery (not for cancer)		
Mod	ogen therapy		

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro BUT 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 pro AND mechanical prophylaxis</li> </ul>	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):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	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	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
() matients weight 4.40 km an CDE ATED AND	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),
CICI GREATER (nan 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
() Toridaparilida (ATTA) 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, 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, S+1 at 6:00 AM
with weight GREATER than 100 kg	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) (Se	election
Required)	
() 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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	Dautina Once
<ul><li>[] Moderate risk of VTE</li><li>[] Moderate Risk Pharmacological Prophylaxis -</li></ul>	Routine, Once
Non-Surgical Patient (Single Response) (Selec	tion
Required)	74O11
( ) Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic pro 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	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S 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
( ) matients weight between 100 100 km AND	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
CICI GREATER MAIT 30 ME/IIIII	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. 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 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 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of DVT - Surgical (Selection Required)	
Lligh Diels 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 - Surgion	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Resp	onse)
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
<ul><li>enoxaparin (LOVENOX) injection</li></ul>	30 mg, subcutaneous, daily at 1700
	Indication(s):
( ) enoxaparin (LOVENOX) 30 mg Every 12 Ho	
<ul><li>enoxaparin (LOVENOX) injection</li></ul>	30 mg, subcutaneous, daily at 1700
	Indication(s):
( ) enoxaparin (LOVENOX) 40 mg Daily at 1700	
<ul><li>enoxaparin (LOVENOX) injection</li></ul>	40 mg, subcutaneous, daily at 1700
	Indication(s):
( ) enoxaparin (LOVENOX) 40 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours
	Indication(s):
() 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
( ) Tichanii (horolie) iiljeolion	5,000 dring, subcutaneous, every dribuis, 0+1 at 0.00 Aivi

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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
	Indication:
( ) Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (S	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Rec	quired)

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	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() (0) (7) (0) (1)	contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (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
() a stigate weight high ways 400 400 km AND	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
OTO SICE/CIETC CHAIT SO THE TIME	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
() (ADIV(TDA): : ::	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	ection
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) (Selection	1
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 - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)	
() 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 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
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	sponse)
( ) 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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
() anavanarin (LOV/ENOV) avringa. For	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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.	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, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selectio	n
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	OTAT II (*) !:
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy () warf arin (COUMADIN) tablet	Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
( ) warranin (COOMADIN) tablet	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	
DVT Disk and Drambularia Tool (Cinals Deep area)	(Calcation Demoired)
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL:
VIL/DVI NISK Dellillions	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeut	ic
anticoagulant or VTE prophylaxis with Risk Stratifi	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (§	Selection
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 therapeutic anticoagulation for other indication.
prophylaxis	Therapy for the following:
11	morapy for the following.

[] Place sequential compression device (Single	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
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis ( Required)	(Selection
[] 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	
() 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 - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	Destine Ones
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
proprijada	Therapy for the following:
[] Place sequential compression device (Single	
( ) 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 - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis ( Required)	(Selection
[] 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	Routine, Once No mechanical VTE prophylaxis due to the following
prophylaxis	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 fa	ctors
g. 111 milita	
] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once
( ) == :: ::=	
() = :::::::::::::::::::::::::::::::::::	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourg early ambulation

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	phylaxis "And" Linked Panel
BUT order Sequential compression device	Douting Once
[] 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 pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	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	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
() Tondapannux (ARIX TRA) 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, 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, S+1 at 6:00 AM
	with weight GREATER than 100 kg	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:
[] N	lechanical Prophylaxis (Single Response) (Sel	ection
	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	
` '	DERATE Risk of DVT - Non-Surgical (Selection	n
	uired)	
	derate Risk Definition	
		echanical prophylaxis is optional unless pharmacologic is
	traindicated.	
	e or more of the following medical conditions:	
CHF	·, IVII, lung disease, pneumonia, active inflamm	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
	e 60 and above	reg swelling, dicers, verious stasis and nephrotic syndrome
	tral line	
	ory of DVT or family history of VTE	
	cipated length of stay GREATER than 48 hours	8
	s than fully and independently ambulatory	3
	rogen therapy	
	derate or major surgery (not for cancer)	
	or surgery within 3 months of admission	
,	3 ,	
[] N	Noderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once
	Anderate Risk Pharmacological Prophylaxis -	

Moderate risk of VTE Routine, Once
[] M   ( D'   D)
<ul><li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)</li></ul>
( ) Contraindications exist for pharmacologic prophylaxis - "And" Linked Panel Order Sequential compression device
[] Contraindications exist for pharmacologic prophylaxis  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression Routine, Continuous device continuous
( ) Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis
[] Contraindications exist for pharmacologic prophylaxis  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis  No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)
( ) enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 1700, Starting S 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
CICI GREATER (Half 30 HIL/Hill)	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 () tray (1) 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 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
() warrann (OOONN ID II V) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Sel Required)</li></ul>	ection
() 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	
<ul> <li>HIGH Risk of DVT - Surgical (Selection Required)</li> <li>High Risk Definition</li> </ul>	
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	yeloproliferative disorders)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgion	cal Patient
(Single Response) (Selection Required)	Pauting Ones
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Response	onse)
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Hou	· , ,
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
, , , , , , , , , , , , , , , , , , , ,	Indication(s):

( ) enoxaparin (LOVENOX) 40 mg Daily at 1700	า
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours
() (         (A DIVITO A)	Indication(s):
() 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, 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
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s):  Routine, Continuous
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; n Severe fracture of hip, pelvis or leg	tyeloproliferative 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 - Non- Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (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
<ul> <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 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 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>[] Mechanical Prophylaxis (Single Response) (S Required)</li></ul>	Selection
() 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) (Selection	ion
Required)	JOH
High Risk Definition	
Both pharmacologic AND mechanical prophylax	is must be addressed.
One or more of the following medical conditions:	
	riant 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	
A ( ' ' ' ' ' ' ' '	

[] High Risk (Selection Required)

[] High risk of VTE

Routine, Once

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

() Contraindications exist for pharmacologic prophylaxis

Prophylaxis

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

() aspirin chewable tablet

() aspirin (ECOTRIN) enteric coated tablet

162 mg, oral, daily, Starting S+1

2.5 mg, oral, 2 times daily, Starting S+1

Indications: VTE prophylaxis

[] apixaban (ELIQUIS) tablet

() Apixaban and Pharmacy Consult (Selection Required)

Acute ischemic stroke

[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Res (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 CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 for patients with high risk of bleeding, e.g. 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 (Selectic Required)	on
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	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 Indication:
[] Mechanical Prophylaxis (Single Response) (Se 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
VT Risk and Prophylaxis Tool (Single Response	e) (Selection Required)

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

VTE/DVT Risk Definitions

"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

Anticoagulation Guide for COVID patients URL:

"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

() Patient currently has an active order for therapeu				
anticoagulant or VTE prophylaxis with Risk Strati	fication			
(Single Response) (Selection Required)				
( ) Moderate Risk - Patient currently has an active order for				
therapeutic anticoagulant or VTÉ prophylaxis				
Required)				
Moderate risk of VTE	Routine, Once			
11	Routine, Once			
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on			
, ,	therapeutic anticoagulation for other indication.			
prophylaxis				
	Therapy for the following:			
Place sequential compression device (Single				
() 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			
() Moderate Risk - Patient currently has an active	e order for			
therapeutic anticoagulant or VTE prophylaxis				
Required)				
1 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.			
propriyiaxis	Therapy for the following:			
[1] Place sequential compression device (Single				
[] Place sequential compression device (Single	• •			
() Contraindications exist for mechanical	Routine, Once			
prophylaxis	No mechanical VTE prophylaxis due to the following			
( ) DI ( ) ( ) ( ) ( ) ( )	contraindication(s):			
() Place/Maintain sequential compression	Routine, Continuous			
device continuous				
() High Risk - Patient currently has an active ord				
therapeutic anticoagulant or VTE prophylaxis	Selection			
Required)				
[] High risk of VTE	Routine, Once			
<ul><li>Patient currently has an active order for</li></ul>	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	Response)			
() 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 - Patient currently has an active ord	er for			
therapeutic anticoagulant or VTE prophylaxis				
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.			
[1] Place cognential compression device (Cinale	Therapy for the following:			
[] Place sequential compression device (Single				
() Contraindications exist for mechanical	Routine, Once			
prophylaxis	No mechanical VTE prophylaxis due to the following			
() 5) (1)	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 factors
	[1 Low Risk (Single Response) (Selection Required)

Routine, Once

Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae

early ambulation

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

Moderate Risk Definition

() Low risk of VTE

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Major sargery within a months of damission			
Moderate Risk (Selection Required)			
[] Moderate risk of VTE	Routine, Once		
[] Moderate Risk Pharmacological Prophylaxis -			
Patient (Single Response) (Selection Require			
() Contraindications exist for pharmacologic pre BUT 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 pro AND mechanical prophylaxis	ophylaxis "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		
() enoxaparin (LOVENOX) injection (Single Re	contraindication(s):		
(Selection Required)	sponse)		
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1		
() onexapa (20 v 21 v 27 v 37 m. ge	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		
	1111-/111111		

() 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. 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 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 Indication:			
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:			
[] Mechanical Prophylaxis (Single Response) (Sel 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			
( ) MODERATE Risk of DVT - Non-Surgical (Selection Required)				
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line				
			History of DVT or family history of VTE	
			Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory	
Estrogen therapy				
Moderate or major surgery (not for cancer)				
Major surgery within 3 months of admission				
[] Moderate Risk (Selection Required)				
[] Moderate risk of VTE	Routine, Once			
[] Moderate Risk Pharmacological Prophylaxis -				
Non-Surgical Patient (Single Response) (Selection Required)				
<ul> <li>( ) Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	ohylaxis - "And" Linked Panel			

[ ] Contraindications exist for mechanical	Routine, Once			
prophylaxis	No mechanical VTE prophylaxis due to the following			
	contraindication(s):			
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)				
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis			
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1			
( ) Pallonia IIII erez ===== II iII iII iII iII iII iII iII iI	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	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			
	mL/min			
() (     ' (ADIVTDA)'' ('	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	Recommended for patients with high risk of bleeding, e.g. weight			
3	GREATER than 100 kg.			
() warfarin (COUMADIN) tablet	oral, daily at 1700			
	Indication:			
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S			
(COUMADIN)	Indication:			
<ul><li>[] Mechanical Prophylaxis (Single Response) (Sel Required)</li></ul>	ection			
() 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)				
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 - Surgio	cal Patient			
(Single Response) (Selection Required)				
() Contraindications exist for pharmacologic	Routine, Once			
prophylaxis	No pharmacologic VTE prophylaxis due to the following			
	contraindication(s):			
( ) Enoxaparin for VTE Prophylaxis (Single Response)				
() enoxaparin (LOVENOX) 30 mg Daily at 1700				
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700			
() anatomoria (LOV/ENIOV) 00	Indication(s):			
( ) enoxaparin (LOVENOX) 30 mg Every 12 Hours				
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):			
	maroanomor.			

() enoxaparin (LOVENOX) 40 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
( ) enoxaparin (LOVENOX) 40 mg Every 12 Hou	Indication(s):
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours Indication(s):
() 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 for patients with high risk of bleeding, e.g. 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 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
) HIGH Risk of DVT - Non-Surgical (Selection Requ	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	Paulina Ones
[] High risk of VTE	Routine, Once
<ul><li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)</li></ul>	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	oonse)
( ) 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 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
<ul> <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 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.
()		oral, daily at 1700
( )	Wallalin (CCOM) ID II Y Lablet	Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
` '	IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)	
		hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
,	autoco botti pilatiliacologio ana mostianical propi	This is y cracing from that hace logical and modification topiny laxie.
$\overline{[]}$	High Risk (Selection Required)	
[]	High risk of VTE	Routine, Once
[]	High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)	
()		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 Re	
[	] 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 Indications: VTE prophylaxis
()	enoxaparin (LOVENOX) injection (Single Resp	onse)
-	(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	30 mg, subcutaneous, daily at 0600, Starting S+1
	Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
7	\	Indication(s): VTE Prophylaxis
(	) 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.
_		Indication(s): VTE Prophylaxis
(	) enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Patients weight between 140 kg or	Starting S+1
	GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	IIID/IIIIII	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
()		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.

Required) [] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	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 Indication:
T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)  Moderate Risk - Patient currently has an active	ication
therapeutic anticoagulant or VTE prophylaxis (Sequired)	
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	Response)
() 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 therapeutic anticoagulant or VTE prophylaxis (\$Required)	order for Selection
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. Therapy for the following:
[] Place sequential compression device (Single	
() 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
	er for
) High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Sequired)	Selection
) High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (\$\frac{1}{2}}	

(	) 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 order therapeutic anticoagulant or VTE prophylaxis (SRequired)	
[]	High 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. Therapy for the following:
[]	Place sequential compression device (Single R	lesponse)
(	) 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
() LC	W Risk of DVT (Selection Required)	
	w Risk Definition ge less than 60 years and NO other VTE risk fact	ors
[]	Low Risk (Single Response) (Selection Required	d)
()	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
( ) MC	ODERATE Risk of DVT - Surgical (Selection Req	-
Ph co Or CH str Ag Ce His An Le Es Mo	Intraindicated. The or more of the following medical conditions: The or more of the following medical conditions: The or more of the following medical conditions: The order of the following medical conditions: The order of the	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
11	Moderate Risk (Selection Required)  Moderate risk of VTE	Pouting Once
	Moderate Risk Pharmacological Prophylaxis - S	Routine, Once urgical
()	Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proplement	hylaxis "And" Linked Panel
Γ.	BUT order Sequential compression device  Contraindications exist for pharmacologic	Routine, Once
l. -	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
()	Contraindications exist for pharmacologic propl	hylaxis "And" Linked Panel

		D // O
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
Π	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following
		contraindication(s):
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 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
7.	nationto weight hotwoon 100 120 kg AND	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	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 CREATER and CrCLCREATER than 3
		For Patient weight of 140 kg or GREATER and CrCl GREATER than 3 mL/min
		Indication(s): VTE Prophylaxis
`	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
,	Torradparriax (7 tt t) trivity injustion	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
· \	hanavia (na vaina) inigation	Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	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.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
l N	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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul> <li>Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)</li> </ul>	
() Contraindications exist for pharmacologic prop 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):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	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	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	ection
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)	
Link Diek 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

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg	gical Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Res	sponse)
() enoxaparin (LOVENOX) 30 mg Daily at 170	00
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 H	ours
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 170	00
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 H	ours
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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
· · · · · · · · · · · · · · · · · · ·	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Reg	uired)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() (0) (7) (0) (1)	contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (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
() a stigate waight high ways 400 400 km AND	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
OTO SICE/CIETC CHAIT SO THE TIME	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
() (ADIV(TDA):: ::	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	ection
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) (Selection	1
Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip of (Arthroplasty) Surgical Patient (Single Respond (Selection Required)	
() 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 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
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	sponse)
() 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 CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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 for patients with high risk of bleeding, e.g. 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)	1
<ul><li>[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li></ul>	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy () warf arin (COUMADIN) tablet	Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s):  Routine, Continuous
device continuous	Trouting, Continuous
Labs Today	
Hematology/Coagulation	
Hemoglobin and hematocrit	Once
CBC with platelet and differential     Prothrombin time with INR	Once
Protnrombin time with link     Partial thromboplastin time	Once Once
Chemistry	
Basic metabolic panel	Once
Magnesium	Once
[] Calcium	Once
Labs Tomorrow	
Hematology/Coagulation	
[] Hemoglobin and hematocrit	AM draw For 1 Occurrences

CBC with platelet and differential	AM draw For 1 Occurrences	
[] Prothrombin time with INR	AM draw For 1 Occurrences	
[] Partial thromboplastin time	AM draw For 1 Occurrences	
Chemistry		
[] Basic metabolic panel	AM draw For 1 Occurrences	
[] Magnesium	AM draw For 1 Occurrences	
[] Calcium	AM draw For 1 Occurrences	
Cardiology		
Imaging		

# Other Studies

# Respiratory

### Respiratory

[] Incentive spirometry Routine, Every hour 10 times per hour

# Rehab

### Consults

For Physician Consult orders use sidebar

Ancillary Consults (For Physician Consults, use the Sidebar)

[] Consult to case management	Consult Reason:
[] Consult to social work for discharge planning	Reason for Consult: Discharge Planning
[] 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?
[] 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	Reason For Consult? Purpose/Topic:
[] Consult to Respiratory Therapy	Reason for Consult?
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Langauge Pathology	Routine, Once Reason for consult:
[] Consult to Wound Ostomy Care Nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Reason for consult:

# Additional Orders