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
1 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
Admission or Observation (Single Response) (Selection	n Required)
) Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Pod request commente:
() Outpatient in a bed - extended recovery	Bed request comments: Admitting Physician:

Patient has active status order on file

	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: Bed request comments:
) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (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.
@CERMSG(674511:)@	
X] Code Status (Single Response) DNR and Modified Code orders should be placed	d by the responsible physician.
() Full code	Code Status decision reached by:
DNR and Modified Code orders should be placed () Full code () DNR (Do Not Resuscitate) (Selection Required	Code Status decision reached by: d)
DNR and Modified Code orders should be placed	Code Status decision reached by:
DNR and Modified Code orders should be placed () Full code () DNR (Do Not Resuscitate) (Selection Required	Code Status decision reached by: d) Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter?
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DNR and Modified Code orders should be placed () Full code () DNR (Do Not Resuscitate) (Selection Required [] DNR (Do Not Resuscitate) [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work () Modified Code	Code Status decision reached by: d) 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? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? 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:
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DNR and Modified Code orders should be placed () Full code () DNR (Do Not Resuscitate) (Selection Required [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Palliative Care Service [] Consult to Social Work () Modified Code] Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest)) Cytokine Release Syndrome (CRS)	Code Status decision reached by: d) Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient have decision-making capacity? Modified Code restrictions: is NOT 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:
DNR and Modified Code orders should be placed () Full code () DNR (Do Not Resuscitate) (Selection Required [] DNR (Do Not Resuscitate) [] Consult to Palliative Care Service [] Consult to Social Work () Modified Code] Treatment Restrictions ((For use when a patient in a cardiopulmonary arrest)) Cytokine Release Syndrome (CRS)	Code Status decision reached by: d) 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? Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? 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: is NOT 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:

[] Strict intake and output

Routine, Every 8 hours

[] Oxygen therapy	Routine, Continuous
	Device: Nasal Cannula
	Rate in liters per minute:
	Rate in tenths of a liter per minute: O2 %:
	Device 2:
	Device 2. Device 3:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)
	Reason for telemetry:
[] Talamatru Additional Cature Information	Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50 High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
I	
Labs	
[] Urinalysis screen and microscopy, with reflex to	o culture Once
	Specimen Source: Urine
	Specimen Site:
[] LDH	AM draw repeats
[] C-reactive protein	AM draw repeats
[] Ferritin level	AM draw repeats
[] Interleukin 6	Once
Diagnostic Imaging	
[] X ray chart 2 views	Pouting 1 time imaging Starting S at 1:00 AM For 1
[] X-ray chest 2 views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
[] X-ray chest 1 view	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
Cardiology	
[] ECG 12 lead	Routine, Once
	Clinical Indications:
	Interpreting Physician:
[] Echocardiogram 2d complete with contrast	Routine, 1 time imaging, Starting S at 1:00 AM If indicated: unresponsive to fluids, requiring vasopressors.
Consults	
[] Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Nourotovicity	
Neurotoxicity	
Nursing	Details
[] Aspiration precautions	
[] Neuro checks	Routine, Every 4 hours
Diagnostic Imaging	

CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
] MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 If renal failure.
] EEG (routine)	Routine, Once Clinical Indication:
	Testing Location:
	Testing Duration:
Consults	
] Consult Neurology	Reason for Consult? Neurotoxicity
	Patient/Clinical information communicated?
	Patient/clinical information communicated?
V Fluids	
V Fluids	
] sodium chloride 0.9 % bolus	500 mL, intravenous, once, For 1 Doses
<i>Medications</i>	
ledications	
] tocilizumab (ACTEMRA) infusion (RESTRICTED)	
	This medication is restricted to Hematology, Oncology, and
	Rheumatology providers. Are you ordering on behalf of an approved provider?
	This medication is restricted to outpatient use with financial
	approval or inpatient use for grade 3 or 4 cytokine release
	syndrome. Please select indication for treatment:
] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever
] LORAZepam (ATIVAN) injection	1 mg, intravenous, every 5 min PRN, seizures Indication(s): Seizures
] levETIRAcetam (KEPPRA) IV (Single Response	.)
() Loading Dose ONLY	"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV - Loading Dose	intravenous, once, For 1 Doses Loading Dose
() Maintenance Doses ONLY	"Followed by" Linked Panel
[] levETIRAcetam (KEPPRA) IV -	500 mg, intravenous, 2 times daily
Maintenance Dose	Maintenance Dose
() Loading and Maintenance Doses	"Followed by" Linked Panel
 IevETIRAcetam (KEPPRA) IV - Loading Dose 	intravenous, once, For 1 Doses Loading Dose
[] levETIRAcetam (KEPPRA) IV -	500 mg, intravenous, 2 times daily
Maintenance Dose	Maintenance Dose
/TE	
OVT Risk and Prophylaxis Tool 1 (Single Respons	;e)
1	
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
) Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	
(Single Response) (Selection Required)	order for
() Moderate Rick Datient ourrently has an estive	
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	

[] 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	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	e order for
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 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
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 orde	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. 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 device continuous 	Routine, Continuous
) High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
	No phormopologia V/TE prophylovia hassiyasi netient is already are
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on the prophylaxis because the prophylaxies of the prophylaxies o
prophylaxis	therapeutic anticoagulation for other indication.
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
prophylaxis [] Place sequential compression device (Single)	therapeutic anticoagulation for other indication. Therapy for the following: Response)
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
 prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ctors
 prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factories [] Low Risk (Single Response) (Selection Required) 	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ctors ed)
prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous LOW Risk of DVT (Selection Required) Low Risk Definition Age less than 60 years and NO other VTE risk factors	therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ctors

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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "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 	hylaxis "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 Resp (Selection Required) 	oonse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. M	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
.	leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	S
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)	Bautine Ones
[] Moderate risk of VTE	Routine, Once
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select 	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ion
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop 	ion
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	ion hylaxis - "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic 	ion hylaxis - "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	ion hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ion hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel
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 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 3
	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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
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) (Se	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(
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HIGH Risk of DVT - Surgical (Selection Required)	
HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed.
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	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
$\frac{()}{()}$	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) (Se Required)	
	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
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	High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response)	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
	High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required)) enoxaparin (LOVENOX) syringe	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	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) (S Required) 	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) (Selecti	ion
Required)	
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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	: iriant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders)
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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	: iriant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respondent)	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) 	: iriant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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 [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis 	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection 	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required)
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection 	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once Inse, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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 (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once Inse, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 STAT, Until discontinued, Starting S Indications: VTE prophylaxis

()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
		Indication(s): VTE Prophylaxis
()	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
$\overline{()}$	enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
()	Patients weight between 140 kg or	Starting S+1
	GREATER and CrCI GREATER than 30 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, Starting S+1
		If the patient does not have a history or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	heparin (porcine) injection (Recommended	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.
	Rivaroxaban and Pharmacy Consult (Selection Required)	
[]		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:
F	Mechanical Prophylaxis (Single Response) (Sele Required)	ection
()	Contraindications exist for mechanical	Routine, Once
<u> </u>	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
• • •	Place/Maintain sequential compression device continuous	Routine, Continuous
/T Ri	sk and Prophylaxis Tool (Single Response) (Selection Required)
	/DVT Risk Definitions	URL:
		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
		DEFINITIONS.pdf"
<u>Antic</u>	coagulation Guide for COVID patients	URL:
		"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Pat	ient currently has an active order for therapeutic	
anti	ient currently has an active order for therapeutic icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required)	
anti (Sir () N	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active o	ation order for
anti (Sir () N tl	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se	ation order for
anti (Sir () N ti	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active o	ation order for election
anti (Sir () N tl []	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se Required)	ation order for
anti (Sir () N tl []	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se Required) Moderate risk of VTE	ation order for election Routine, Once
anti (Sir () N tl []	icoagulant or VTE prophylaxis with Risk Stratific ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (Se Required) Moderate risk of VTE Patient currently has an active order for	ation order for election Routine, Once Routine, Once

 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
) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. 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
 High Risk - Patient currently has an active order 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	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 order 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 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
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	ctors
] Low Risk (Single Response) (Selection Requir	red)
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga

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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 Diago/Maintain acquantial compression	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
	For Patients with CrCL LESS than 30 mL/min
() potiente weight between 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 GREATER and CrCI GREATER than 30
	mL/min
() fondaparinux (ARIXTRA) injection	Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1
() fondaparinux (ARIXTRA) 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 with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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	Rouine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selectic Required)	on
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. N contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	rs
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 of VTE [] Moderate Risk Pharmacological Prophylaxis -	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection) 	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	ntion phylaxis - "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic 	rtion phylaxis - "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	rtion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression 	rtion phylaxis - "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following
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 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCI GREATER than 3
	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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
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
() 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(
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
device continuous HIGH Risk of DVT - Surgical (Selection Required High Risk Definition	
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; m) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) I High Risk of VTE I High Risk Pharmacological Prophylaxis - Surgio) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; merical severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once ical Patient
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; merical severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) I High Risk Pharmacological Prophylaxis - Surgit (Single Response) (Selection Required) () Contraindications exist for pharmacologic) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once ical Patient Routine, Once
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HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; in Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours
HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; metrics Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 30 mg every 12 hours) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): monse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
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HIGH Risk of DVT - Surgical (Selection Required High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varior protein S deficiency; hyperhomocysteinemia; metrics Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE I High Risk (Selection Required) I High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg daily at 1700 () enoxaparin (LOVENOX) 40 mg daily at 1700) s must be addressed. iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders) Routine, Once ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): monse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis

	inux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
() heparin (i	porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patien	ts with high risk of bleeding, e.g. 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	(porcine) injection - For Patients ht 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:
() Pharmac (COUMA	y consult to manage warfarin DIN)	STAT, Until discontinued, Starting S Indication:
	al Prophylaxis (Single Response) (Se	
() Contraind	dications exist for mechanical	Routine, Once
prophylax () Place/Ma	kis iintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
device co		
) HIGH Risk of	DVT - Non-Surgical (Selection Requ	Jired)
Multiple majo Abdominal or Acute ischem History of PE	pelvic surgery for CANCER	
<u></u> <u>.</u>		
	(Selection Required)	
[] High risk	of VTE	Routine, Once
[] High risk [] High Risk	of VTE Pharmacological Prophylaxis - Non-S	Surgical
[] High risk[] High RiskPatient (Si	of VTE Pharmacological Prophylaxis - Non-S ngle Response) (Selection Required)	Surgical)
[] High risk [] High Risk Patient (Si	of VTE Pharmacological Prophylaxis - Non-S ngle Response) (Selection Required) dications exist for pharmacologic	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] High risk [] High Risk Patient (Si () Contraince prophylax () enoxapar 	of VTE Pharmacological Prophylaxis - Non-S ngle Response) (Selection Required) dications exist for pharmacologic	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 [] High risk [] High Risk Patient (Si () Contraince prophylax () enoxapare (Selectione () enoxapare () patients () patients 	of VTE Pharmacological Prophylaxis - Non-S ngle Response) (Selection Required) dications exist for pharmacologic kis in (LOVENOX) injection (Single Resp n Required) arin (LOVENOX) syringe	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min

() 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) (S Required) 	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) (Selecti	ion
Required)	
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respondent)	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) 	: iriant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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 [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis 	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection 	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required)
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet	: riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respor (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection 	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Required) 2.5 mg, oral, 2 times daily, Starting S+1
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once Inse, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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 (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Resport (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once Inse, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 STAT, Until discontinued, Starting S Indications: VTE prophylaxis

()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
$\overline{()}$		Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30
		mL/min. Indication(s): VTE Prophylaxis
()	Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
$\overline{()}$	fondenerinus (ADIVTRA) injection	Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
$\overline{()}$		7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
()	Required)	
[]	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:
Ē	Mechanical Prophylaxis (Single Response) (Sele 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
	isk and Prophylaxis Tool (Single Response)	
VIE	/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Antio	coagulation Guide for COVID patients	URL:
		"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
ant	tient currently has an active order for therapeutic icoagulant or VTE prophylaxis with Risk Stratific	
() [ngle Response) (Selection Required) Moderate Risk - Patient currently has an active of herapeutic anticoagulant or VTE prophylaxis (S	
	Required)	
[]	Moderate risk of VTE	Routine, Once
[]	Patient currently has an active order for	Routine, Once
	therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
	Proprintatio	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
) Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis	
Required)	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. 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
) High Risk - Patient currently has an active ord 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. Therapy for the following:
[] Place sequential compression device (Single	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once

[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic 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 3 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 3 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES 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.
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() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
 Contraindications exist for mechanical 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 (Selectio Required)	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	rs
[] Moderate Risk (Selection Required) [] [] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	
 Contraindications exist for pharmacologic prop Order Sequential compression device 	ohylaxis - "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 	ohylaxis "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 Resp (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 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
 patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min 	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30

$\overline{()}$) patients weight 140 kg or GREATER AND CrCI GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	
. ,	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
. ,	Place/Maintain sequential compression device continuous	Routine, Continuous
HIC	GH Risk of DVT - Surgical (Selection Required)	
1110	Sin Risk of DV1 - Ourgiour (Ocicotion Required)	
		ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Ad	dress both pharmacologic and mechanical prop	
Ade]	dress both pharmacologic and mechanical prop High Risk (Selection Required)	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio	Routine, Once Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo) enoxaparin (LOVENOX) 30 mg daily at	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 000000000000000000000000000000000000
Ade] []]	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo) enoxaparin (LOVENOX) 30 mg daily at 1700	Phylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours
Add] []] []] [() () () () ()	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo) enoxaparin (LOVENOX) 30 mg daily at 1700) enoxaparin (LOVENOX) 30 mg every 12 hours	Pohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
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Add [] [] [] [] [] () () () () () () () () () ()	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo) enoxaparin (LOVENOX) 30 mg daily at 1700) enoxaparin (LOVENOX) 30 mg every 12 hours) enoxaparin (LOVENOX) 40 mg daily at 1700) enoxaparin (LOVENOX) 40 mg every 12	bylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 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):
Add [] [] [] [] [] () () () () () () () () () ()	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo) enoxaparin (LOVENOX) 30 mg daily at 1700) enoxaparin (LOVENOX) 30 mg every 12 hours) enoxaparin (LOVENOX) 40 mg daily at 1700) enoxaparin (LOVENOX) 40 mg every 12 hours	Phylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
Add [] [] [] [] [] () () () () () () () () () ()	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Response) enoxaparin (LOVENOX) 30 mg daily at 1700) enoxaparin (LOVENOX) 30 mg every 12 hours) enoxaparin (LOVENOX) 40 mg daily at 1700) enoxaparin (LOVENOX) 40 mg every 12 hours fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	bylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Add 1 [] [] 1 [] () () () () () () () () () ()	dress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Responce) enoxaparin (LOVENOX) 30 mg daily at 1700) enoxaparin (LOVENOX) 30 mg every 12 hours) enoxaparin (LOVENOX) 40 mg daily at 1700) enoxaparin (LOVENOX) 40 mg every 12 hours fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended	bylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, daily, starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Si	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() 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:
 HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) 	
	nylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	, ,
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
1	

 Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 () enoxaparin (LOVENOX) injection (Single Resp. (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. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min.
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCI 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 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)	
 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:
/T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions	URL: "\\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 therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (So Required) 	
[] Moderate risk of VTE	

red)
actors
Routine, Continuous
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Response)
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Routine, Once
Routine, Once
er for (Selection
Routine, Continuous
No mechanical VTE prophylaxis due to the following contraindication(s):
Response) Routine, Once
therapeutic anticoagulation for other indication. Therapy for the following:
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Routine, Once
er for (Selection
contraindication(s): Routine, Continuous
No mechanical VTE prophylaxis due to the following
Response) Routine, Once
Therapy for the following:
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Routine, Once
(Selection Routine, Once
e order for
Routine, Continuous
No mechanical VTE prophylaxis due to the following contraindication(s):
Routine, Once
Therapy for the following:
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.

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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
1 Diago/Maintain acquantial compression	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
	For Patients with CrCL LESS than 30 mL/min
() activate unight between 400,400 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
CICI GILLATER (IIan 30 IIIE/IIIII	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCI GREATER than 30 mL/min	Starting S+1
	For Patient weight of 140 kg or GREATER and CrCI GREATER than 30
	mL/min
() fondonarinum (ADIVTDA) injection	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se	lection
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	ิท
Required) Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
	Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection) 	
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop 	tion
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	ntion phylaxis - "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic 	rtion phylaxis - "And" Linked Panel Routine, Once
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device 	ntion phylaxis - "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression 	rtion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
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 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic [] Contraindications exist for mechanical 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	tion phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S
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 () 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 3
	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):
() hoperin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 () heparin (porcine) injection () heparin (porcine) injection (Recommended 	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
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) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition Both pharmacologic AND mechanical prophylaxis	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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() 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, 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	juired)
High Risk Definition	
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	s must de addressed.
Both pharmacologic AND mechanical prophylaxi	
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One or more of the following medical conditions:	
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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() 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) (Selection
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) (Select	tion
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylax	vis must be addressed
Dour priarriacologic AND mechanical proprisia	
One or more of the following medical conditions	X.
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One or more of the following medical conditions Thrombophilia (Factor V Leiden, prothrombin va or protein S deficiency; hyperhomocysteinemia; 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 (Selection Required) [] High Risk Pharmacological Prophylaxis - Hip (Arthroplasty) Surgical Patient (Single Respo (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () Apixaban and Pharmacy Consult (Selection [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Respon (Selection Required)	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 162 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis esponse)
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(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	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 Patients weight between 140 kg or	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min
		Indication(s): VTE Prophylaxis
$\overline{)}$	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
		If the patient does not have a history or suspected case of
		Heparin-Induced Thrombocytopenia (HIT) do NOT order this 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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
()	Rivaroxaban and Pharmacy Consult (Selection 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	STAT, Until discontinued, Starting S
	(XARELTO) therapy	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) (Sele Required)	ection
()	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