General

Common Present on Admission Diagnosis

[] Acidosis	Details
[] Acute Post-Hemorrhagic Anemia	Details
[] Acute Renal Failure	Details
[] Acute Respiratory Failure	Details
[] Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	
[] Anemia	Details
[] Bacteremia	Details
[] Bipolar disorder, unspecified	Details
[] Cardiac Arrest	Details
[] Cardiac Dysrhythmia	Details
[] Cardiogenic Shock	Details
[] Decubitus Ulcer	Details
[] Dementia in Conditions Classified Elsewhere	Details
[] Disorder of Liver	Details
[] Electrolyte and Fluid Disorder	Details
[] Intestinal Infection due to Clostridium Difficile	Details
[] Methicillin Resistant Staphylococcus Aureus Infection	Details
[] Obstructive Chronic Bronchitis with Exacerbation	Details
[] Other Alteration of Consciousness	Details
[] Other and Unspecified Coagulation Defects	Details
[] Other Pulmonary Embolism and Infarction	Details
[] Phlebitis and Thrombophlebitis	Details
[] Protein-calorie Malnutrition	Details
[] Psychosis, unspecified psychosis type	Details
[] Schizophrenia Disorder	Details
[] Sepsis	Details
[] Septic Shock	Details
[] Septicemia	Details
[] Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
[] Urinary Tract Infection, Site Not Specified	Details
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 judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
() Outpatient characteristics and in the second	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition: Bod request comments:
() Outpatient in a had extended receivery	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:

Bed request comments:

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

() Admit to Inpatient	Admitting Physician:
()	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
Supervision	
) Outpatient in a had outpaded measurem.	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.
Code Status	
@CERMSG(674511:)@	
X] Code Status (Single Response) DNR and Modified Code orders should be placed by	by the responsible physician.
() Full code	Code Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	
	Priority: Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
() Modified Code	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Modified Code restrictions:
] Treatment Restrictions ((For use when a patient is	
in a cardiopulmonary arrest))	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:
solation	
] Airborne isolation status	
•	Details
••	
	Dotoilo
J Contact isolation status	Details
 [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. [] Contact isolation status 	Once, Sputum Details

1 Droplet isolation status	Details
 Droplet isolation status Enteric isolation status 	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Neuroinea	
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP (per unit protocol)	Routine, Per unit protocol
[X] Pulse oximetry continuous	Routine, Continuous
	Current FIO2 or Room Air:
Activity	
[X] Activity (specify)	Routine, 2 times daily
	Specify: Up with assistance,Up in chair
	Additional modifier:
[] Ambulate with assistance	Routine, 3 times daily
	Specify: with assistance
[] Strict bed rest	Routine, Until discontinued, Starting S
Nursing Care	
[] Daily weights	Routine, Daily
[X] Strict intake and output	Routine, Every hour
[] Measure central venous pressure	Routine, Every 4 hours
[] Hemodynamic Monitoring	Routine, Continuous
	Measure:
[] Insert and Maintain Temperature Sensing Foley	
[] Insert Foley catheter	Routine, Once
	Type: Temperature Sensing
	Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
[] Nasogastric Tube Insert and Maintain	
[] Nasogastric tube insertion	Routine, Once
	Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S
	Tube Care Orders:
[] Neurological assessment	Routine, Every shift Assessment to Perform:
[X] Oral care for intubated patients	Routine, Every 4 hours
	For intubated patients
[X] Oral care for non intubated patients	Routine, Every shift
	For non intubated patients
[] Peripheral vascular assessment	Routine, Every 6 hours
[X] Elevate HOB	Routine, Until discontinued, Starting S
	Head of bed: 30 degrees

Notify

[] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than:
	Temperature less than:
	Systolic BP greater than:
	Systolic BP less than:
	Diastolic BP greater than:
	Diastolic BP less than:
	MAP less than:
	Heart rate greater than (BPM):
	Heart rate less than (BPM):
	Respiratory rate greater than:
	Respiratory rate less than:
	SpO2 less than:
[] Notify Physician for acute changes in neuological status	Routine, Until discontinued, Starting S
[] Notify Physician for no bowel movement in 72 hours	Routine, Until discontinued, Starting S
Diet (Single Response)	
() NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
() NPO - except meds	Diet effective now, Starting S
	NPO: Except meds
	Pre-Operative fasting options:
() Diet -	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
() Tube Feeding	
[] Tube feeding - continuous Continu	JOUS
	eeding Formula:
Tube F	eeding Schedule: Continuous eeding Route:
	0
	ube Feed rate (mL/hr):
	ce Rate by (mL/hr):
	ube Feed Rate (mL/hr):
	n to manage Tube Feed?
[] XR Abdomen 1 Vw Routine	e, 1 time imaging, Starting S at 1:00 AM For 1
IV Fluids	
Bolus Fluids (Single Response)	
	500 mL introvenous for 15 Minutes and Ear 1 Deser
() sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
() lactated ringer's bolus 500 mL	500 mL, intravenous, for 15 Minutes, once, For 1 Doses
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses
() albumin human 5 % bottle	25 g, intravenous, for 15 Minutes, once, For 1 Doses
	Indication:

Maintenance IV Fluids (Single Response)

() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous	
() dextrose 5%-0.9% sodium chloride infusion	75 mL/hr, intravenous, continuous	
() dextrose 5 % and lactated Ringer's infusion	75 mL/hr, intravenous, continuous	
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous	
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() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion

Medications

Antibiotics

Anupioucs	
[] vancomycin (VANCOCIN) IV - for CENTRAL LINE USE ONLY	intravenous Reason for Therapy:
] vancomycin (VANCOCIN) IV - for PERIPHERAL LINE USE ONLY	intravenous For PERIPHERAL LINE use only. Reason for Therapy:
] piperacillin-tazobactam (ZOSYN) IV	intravenous Reason for Therapy:
] cefepime (MAXIPIME) IV	intravenous Reason for Therapy:
] cefTRIAxone (ROCEPHIN) IV	intravenous, for 30 Minutes Reason for Therapy:
] azithromycin (ZITHROMAX) IV	intravenous, for 60 Minutes Reason for Therapy:
] metronidazole (FLAGYL) IV	intravenous Reason for Therapy:
] meropenem (MERREM) IV	intravenous Reason for Therapy:
Scheduled Antihypertensives (Single Response)	
() labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
) labetalol (NORMODYNE)	intravenous, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Other Systolic BP Hold for Systolic BP LESS than (in mmHg): 110 Contact Physician if:
) metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
) metoprolol (LOPRESSOR) injection	5 mg, intravenous BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
) hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours BP HOLD parameters for this order: Contact Physician if:
PRN Antihypertensives	
Iabetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM	 10 mg, intravenous, every 6 hours PRN, high blood pressure, Systolic Blood Pressure GREATER than 160 mmHg Administer at 2 mg/minute. BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Other Heart Rate Hold for Heart Rate LESS than (in bpm): 55 Contact Physician if:
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] hydrALAZINE (APRESOLINE) injection - Use all therapy if patient is tachycardic (GREATER than BPM)	
/asoactive Infusions	
] niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
] norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
	Initiate norepinephrine infusion at 2 mcg/min.
	Titrate to keep MAP between 65 mmHg to 70 mmHg }.
	Titrate by 2 - 5 mcg/minute every 5 minutes. Notify MD if dose exceeds 30 mcg/minute.
] epINEPHrine (ADRENALIN) in dextrose 5% 250	· · · · · · · · · · · · · · · · · · ·
infusion	Initiate epinephrine infusion at 2 mcg/min
	Titrate to keep MAP between 65 mmHg to 70 mmHg.
	Titrate by 2 - 5 mcg/minute every 5 minutes.
	Notify MD if dose exceeds 30 mcg/minute.
Active GI Bleeding	
] pantoprazole (PROTONIX) injection - bolus	80 mg, intravenous, once PRN, for GI Bleed
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
] pantoprazole (PROTONIX) IV	8 mg/hr, intravenous, for 10 Hours
	Per Med Staff Policy, R.Ph. will automatically switch IV to
	equivalent PO dose when above approved criteria are satisfied:
] octreotide (SANDOSTATIN) injection - bolus	100 mcg, intravenous, once, For 1 Doses
] octreotide (SandoSTATIN) IV	50 mcg/hr, intravenous, for 10 Hours, continuous
Stress Ulcer Prophylaxis (Single Response)	-
) famotidine (PEPCID) IV or ORAL	"Or" Linked Panel
[] famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours
	IV or ORAL
[] famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL
) pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600
) omeprazole (PriLOSEC) suspension	Indication(s) for Proton Pump Inhibitor (PPI) Therapy: 40 mg, Nasogastric, once, For 1 Doses
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Constipation (Single Response)	
) bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation
) bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
bisacodyl (DULCOLAX) suppositorylactulose solution	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics] ondansetron (ZOFRAN) IV	10 mg, rectal, daily PRN, constipation20 g, oral, every 8 hours PRN, constipation17 g, oral, daily PRN, constipation100 mg, Nasogastric, 2 times daily PRN, constipation100 mg, oral, 2 times daily4 mg, intravenous, every 8 hours PRN, nausea, vomiting
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or R 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Rectal
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or R [] promethazine (PHENERGAN) 25 mg in	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Rectal "Or" Linked Panel 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea,
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or R 	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Rectal "Or" Linked Panel 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or R [] promethazine (PHENERGAN) 25 mg in	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Rectal "Or" Linked Panel 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
 bisacodyl (DULCOLAX) suppository lactulose solution polyethylene glycol (GLYCOLAX) packet docusate (COLACE) 50 mg/5 mL liquid docusate sodium (COLACE) capsule Antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or R [] promethazine (PHENERGAN) 25 mg in	10 mg, rectal, daily PRN, constipation 20 g, oral, every 8 hours PRN, constipation 17 g, oral, daily PRN, constipation 100 mg, Nasogastric, 2 times daily PRN, constipation 100 mg, oral, 2 times daily 4 mg, intravenous, every 8 hours PRN, nausea, vomiting Rectal "Or" Linked Panel 12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting

[] promethazine (PHENERGAN) suppository Give if ondansetron (ZOFRAN) is ineffective and patient is UNa tolerate oral medication.	ble to

Antiemetics

[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

PRN Mild Pain (Pain Score 1-3) or Fever (Single Response) (adjust dose for renal/liver function and age)

acetaminophen (TYLENOL) tablet OR oral solution "Or" Linked Panel
 Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

[]	acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F
		Maximum of 3 grams of acetaminophen per day from all sources.
		(Cirrhosis patients maximum: 2 grams per day from all sources)
[]	acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F
		Maximum of 3 grams of acetaminophen per day from all sources.
		(Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.

PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response) (adjust dose for renal/liver function and age)

() acetaminophen-codeine (TYLENOL #3) tablet OR elixir "Or" Linked Panel
 Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

 acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
() HYDROcodone-acetaminophen 7.5/325 (NORCO	D) tablet "Or" Linked Panel
OR elixir Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet.
() HYDROcodone-acetaminophen 10/325 (NORCC OR elixir) tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet [] HYDROcodone-acetaminophen (HYCET) 	 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. multiple medication (score 4-6)
7.5-325 mg/15 mL solution	Use if patient can not swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS that mL/min, change frequency to every 12 hours)	an 30 50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day).
	Give if patient is able to tolerate oral medication
PRN Oral Medications for Moderate Pain (Pain So (adjust dose for renal/liver function and age)	ore 4-6): For Patients GREATER than 65 years old (Single Response)
() acetaminophen-codeine (TYLENOL #3) tablet O	
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	tablet "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)

2.5-108.3 mg/5 mL solution If	0 mL, oral, every 6 hours PRN, moderate pain (score 4-6) patient cannot swallow tablet.
) traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	0 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day).
	Give if patient is able to tolerate oral medication
PRN IV Medications for Moderate Pain (Pain Score 4- (adjust dose for renal/liver function and age)	6): For Patients LESS than 65 years old (Single Response)
) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6)
) morphine 2 mg/mL injection	Use if patient is unable to swallow or faster onset is needed 2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
) HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
PRN IV Medications for Moderate Pain (Pain Score 4- (adjust dose for renal/liver function and age)	6): For Patients GREATER than 65 years old (Single Response)
) fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
) morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score
	4-6) Lise if patient is unable to swallow or faster onset is needed
) HYDROmorphone (DILAUDID) injection	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6)
PRN Oral Medications for Severe Pain (Pain Score 7-	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age)) HYDROmorphone (DILAUDID) tablet	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age)) HYDROmorphone (DILAUDID) tablet	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
 PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age)) HYDROmorphone (DILAUDID) tablet) morphine (MSIR) tablet) oxyCODONE (ROXICODONE) immediate release tal 	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) dive if patient is able to tolerate oral medication.
 PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age)) HYDROmorphone (DILAUDID) tablet) morphine (MSIR) tablet) oxyCODONE (ROXICODONE) immediate release tal PRN Oral Medications for Severe Pain (Pain Score 7- 	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
 PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROmorphone (DILAUDID) tablet morphine (MSIR) tablet oxyCODONE (ROXICODONE) immediate release tal PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROcodone-acetaminophen (NORCO) 7.5-325 m per tablet HYDROcodone-acetaminophen (NORCO 10-325) 	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
 PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROmorphone (DILAUDID) tablet morphine (MSIR) tablet oxyCODONE (ROXICODONE) immediate release tal PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROcodone-acetaminophen (NORCO) 7.5-325 m per tablet 	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. blet 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 : For Patients GREATER than 65 years old (Single Response) ng 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.
 PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROmorphone (DILAUDID) tablet morphine (MSIR) tablet oxyCODONE (ROXICODONE) immediate release tal PRN Oral Medications for Severe Pain (Pain Score 7- (adjust dose for renal/liver function and age) HYDROcodone-acetaminophen (NORCO) 7.5-325 m per tablet HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet 	Use if patient is unable to swallow or faster onset is needed 0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed 10): For Patients LESS than 65 years old (Single Response) 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10 mg , oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 10): For Patients GREATER than 65 years old (Single Response) ng 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. 2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication.

() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	Use if patient is unable to swallow or faster onset is needed
() morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed

PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old (Single Response) (adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	Use if patient is unable to swallow or faster onset is needed
() morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Use if patient is unable to swallow or faster onset is needed
Nebulized Medications	
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
[] albuterol (PROVENTIL) nebulizer solution	2.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, Respiratory Therapy - every 6 hours Aerosol Delivery Device:
[] ipratropium (ATROVENT) 0.02 % nebulizer solution	0.5 mg, nebulization, every 4 hours PRN, shortness of breath Aerosol Delivery Device:
Eye Care	
[] artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
[] hypromellose (NATURES TEARS) ophthalmic solution	2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
Insomnia	
[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Pharmacy Consults	
 Pharmacy consult to change IV medications to concentrate fluids maximally 	STAT, Until discontinued, Starting S
[] Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
 Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses 	STAT, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
] Pharmacy Consult to Manage Heparin: STANDARD	STAT, Until discontinued, Starting S
dose protocol (DVT/PE) - with titration boluses	Heparin Indication:
	Specify:
	Specify:
	Monitoring:
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S

TE	
/T Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
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 therapeu	Itic
anticoagulant or VTE prophylaxis with Risk Strati	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTÉ prophylaxis	
Required)	X .
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
	o order for
() Moderate Risk - Patient currently has an active therepoute anticeast whether a V/TE prophylavia	
therapeutic anticoagulant or VTE prophylaxis	Selection
Required)	Douting Orga
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
	No mechanical VTE prophylaxis due to the following
prophylaxis	
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] High risk of VTE	
	Routine, Once
 Patient currently has an active order for 	Routine, Once Routine, Once
[] Patient currently has an active order for	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
[] Patient currently has an active order for	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 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: Response)
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response)
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active ord 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active ord 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord 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: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for (Selection
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for (Selection Routine, Once
 [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: • Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for (Selection Routine, Once Routine, Once

() Contraindications exist for mechanical	Response)
prophyloxic	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 fac	ctors
[] Low Risk (Single Response) (Selection Require	/
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
MODERATE Risk of DVT - Surgical (Selection Re	equired)
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. M contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, 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	irs
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required 	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	
() Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Contraindications exist for pharmacologic prop BUT order Sequential compression device Contraindications exist for pharmacologic 	Routine, Once No pharmacologic VTE prophylaxis due to the following
 Contraindications exist for pharmacologic prop BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel
 Contraindications exist for pharmacologic prog BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prop 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 Contraindications exist for pharmacologic prog BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic prog AND mechanical prophylaxis Contraindications exist for pharmacologic 	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
 Contraindications exist for pharmacologic prop BUT 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 mechanical prophylaxis Contraindications exist for mechanical prophylaxis Contraindications exist for mechanical prophylaxis 	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): sponse)
 Contraindications exist for pharmacologic prop BUT 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 mechanical prophylaxis Contraindications exist for mechanical prophylaxis Contraindications exist for mechanical prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe 	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): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
 Contraindications exist for pharmacologic prop BUT 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 mechanical prophylaxis Contraindications exist for mechanical prophylaxis Contraindications exist for mechanical prophylaxis 	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): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 0600, Starting S+1

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (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)	
 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.	lechanical prophylaxis is optional unless pharmacologic is
stroke, rheumatologic disease, sickle cell disease, Age 60 and above	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	29
Less than fully and independently ambulatory	5
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	tion
() 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
rinted on 8/9/2022 at 2:33 PM from SLIP	contraindication(s):

[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	enoxaparin (LOVENOX) injection (Single Respo (Selection Required)	nse)
()		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
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and 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.
()	, ,	oral, daily at 1700 Indication:
		STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Sele Required)	ction
· · ·	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
	GH Risk of DVT - Surgical (Selection Required)	
Both One	h Risk Definition h pharmacologic AND mechanical prophylaxis m e or more of the following medical conditions:	nust be addressed. t mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Thr		י דויטומוטרוס. מרוונימוטוטווטוון מרוונטטטע פערוטוטרוס. מרוונורוטרוטור, טוטופור ס
or p	protein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg	
or p Sev Ac	protein S deficiency; hyperhomocysteinemia; mye	
or p Sev Act Mult	protein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg cute spinal cord injury with paresis	
or p Sev Act Mult Abd Acu	protein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas	
or p Sev Act Mult Abd Acu Hist	brotein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg sute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE	eloproliferative disorders)
or p Sev Act Mult Abd Acu Hist	brotein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg bute spinal cord injury with paresis litiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica	eloproliferative disorders)
or p Sev Act Abd Abd Hist [] H [] H	brotein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg bute spinal cord injury with paresis liple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica Single Response) (Selection Required)	Routine, Once
or p Sev Act Abd Abd Hist	brotein S deficiency; hyperhomocysteinemia; mye vere fracture of hip, pelvis or leg bute spinal cord injury with paresis litiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Surgica Single Response) (Selection Required) Contraindications exist for pharmacologic	eloproliferative disorders)

() enoxaparin for VTE Prophylaxis (Single Resp	onse)
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
$\frac{1700}{(1 - 20)}$	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 30 mg every 12 hours	30 mg, subcutaneous, every 12 hours Indication(s): VTE Prophylaxis
 enoxaparin (LOVENOX) 40 mg daily at 1700 	40 mg, subcutaneous, daily at 1700 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12 hours	40 mg, subcutaneous, every 12 hours 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, 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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	and matations, and arabipin and body synaronic, and mornon, protein o
or protein S deficiency: hyperhomocysteinemia: n	
or protein S deficiency; hyperhomocysteinemia; n	
Severe fracture of hip, pelvis or leg	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	nyeloproliferative disorders)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE	nyeloproliferative disorders)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-S	Routine, Once Surgical
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	Routine, Once Surgical
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 - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic	Routine, Once Surgical) Routine, Once
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	Routine, Once Surgical
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 - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic	Routine, Once Surgical) Routine, Once
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res	Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Routine, Once Surgical N Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res	Nyeloproliferative disorders) Routine, Once Surgical N Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required)	Nyeloproliferative disorders) Routine, Once Surgical No No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe	Routine, Once Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis

$\overline{()}$		
()	patients weight between 100-139 kg AND CrCI GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
		Indication(s): VTE Prophylaxis
$\overline{()}$	patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
()	CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and 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 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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	lechanical 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	Routine, Continuous
()	Place/Maintain sequential compression device continuous	Routine, Continuous
() HIG	Place/Maintain sequential compression	Routine, Continuous
() HIG Rec Hig	Place/Maintain sequential compression device continuous iH Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition	Routine, Continuous
() HIG Rec Hig Bot	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis	Routine, Continuous
() HIG Rec Higl Bot	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions:	Routine, Continuous
() HIG Rec Hig Bot One Thr	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thre or p	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; m	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thr or p Sev	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thr or p Sev Ac	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Botl One Thre or p Sev Ac Mul	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas	Routine, Continuous must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIC Rec Higl Botl One Thre or p Sev Ac Mul Abc	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thro or p Sev Acc Mul Abc	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke	Routine, Continuous must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thro or p Sev Acc Mul Abc	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER	Routine, Continuous must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bot One Thro or p Sev Acc Mul Abc	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke	Routine, Continuous must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIC Rec Higl Botl One Thro or p Sevv Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bottl One Thro or p Sev Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C
() HIG Rec Higl Bottl One Thre or p Sev Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders)
() HIG Rec Higl Botl One Thre or p Sev Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee
() HIG Rec Higl Botl One Thr or p Sev Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee
() HIG Rec Higl Botl One Thr or p Sev Ac Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee
() HIG Rec Higl Bottl One Thro or p Sev Ac Mul Abc Acu Hist []	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required)	Routine, Continuous must be addressed. int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e)
() HIG Rec Higl Bottl One Thro or p Sev Ac Mul Abc Acu Hist []	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e) Routine, Once
() HIG Rec Higl Bottl One Thre or p Sev Ac Mul Abc Acu Hist	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic	Routine, Continuous must be addressed. Int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e) Routine, Once No pharmacologic VTE prophylaxis due to the following
() HIG Rec Higl Bottl One Thre or p Sev Ac Mul Abc Acu Hist [] []] (()	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic prophylaxis	Routine, Continuous must be addressed. ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() HIG Rec Higl Botl One Thre or p Sev Ac Mul Abc Acu Hist [] - []] - ((() ()	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet	Routine, Continuous must be addressed. int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee a) Routine, Once Knee a) Routine, Once Interface b) Routine, Once Interface b) Routine, Once Interface Interface b) 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
() HIG Rec Higl Botl One Thre or p Sev Ac Mul Abc Acu Hist [] F []] F (() ()	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Continuous must be addressed. int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee a) Routine, Once Knee a) Routine, Once Interface b) Routine, Once Interface b) Routine, Once Interface Interface b) 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
() HIG Rec Higl Bott One Thre or p Sev Ac Mul Abc Acu Hist [] []]] (() ()	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia protein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re apixaban (ELIQUIS) tablet	Routine, Continuous must be addressed. must be addressed. int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e) 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 informations: VTE prophylaxis
() HIG Rec Higl Bott One Thre or p Sev Ac Mul Abc Acu Hist [] []]] (() ()	Place/Maintain sequential compression device continuous H Risk of DVT - Surgical (Hip/Knee) (Selection quired) h Risk Definition h pharmacologic AND mechanical prophylaxis e or more of the following medical conditions: ombophilia (Factor V Leiden, prothrombin varia rotein S deficiency; hyperhomocysteinemia; my rere fracture of hip, pelvis or leg ute spinal cord injury with paresis tiple major traumas lominal or pelvic surgery for CANCER te ischemic stroke tory of PE ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Hip or Arthroplasty) Surgical Patient (Single Response Selection Required) Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re	Routine, Continuous must be addressed. must be addressed. int mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders) Routine, Once Knee e) 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 2.5 mg, oral, 2 times daily, Starting S+1

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exaparin (LOVENOX) syringe exaparin (LOVENOX) syringe - For ients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
exaparin (LOVENOX) syringe - For ients with CrCL LESS than 30 mL/min	Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
ients with CrCL LESS than 30 mL/min xaparin (LOVENOX) syringe - For	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
ients with CrCL LESS than 30 mL/min xaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
ients with CrCL LESS than 30 mL/min xaparin (LOVENOX) syringe - For	For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
xaparin (LOVENOX) syringe - For	Indication(s): VTE Prophylaxis
	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
ients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3
	mL/min.
	Indication(s): VTE Prophylaxis
enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
ients weight between 140 kg or	Starting S+1
	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
/min	mL/min
	Indication(s): VTE Prophylaxis
aparinux (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 medicati
	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
	Recommended for patients with high risk of bleeding, e.g. weight LES
	than 50kg and age GREATER than 75yrs.
	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
	10 mg, oral, daily at 0600 (TIME CRITICAL)
	Indications: VTE prophylaxis
nission	
	STAT, Until discontinued, Starting S
RELTO) therapy	Indications: VTE prophylaxis
arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
-	Indication:
macy consult to manage warfarin	STAT, Until discontinued, Starting S
JMADIN)	Indication:
anical Prophylaxis (Single Response) (Sele red)	ction
	Routine, Once
hylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
e/Maintain sequential compression	Routine, Continuous
	ients weight between 140 kg or EATER and CrCl GREATER than 30 (min aparinux (ARIXTRA) injection rin (porcine) injection rin (porcine) injection (Recommended atients with high risk of bleeding, e.g. ht < 50kg and age > 75yrs) arin (porcine) injection - For Patients weight GREATER than 100 kg roxaban and Pharmacy Consult (Selection aired) roxaban (XARELTO) tablet for hip or e arthroplasty planned during this hission armacy consult to monitor rivaroxaban .RELTO) therapy arin (COUMADIN) tablet macy consult to manage warfarin JMADIN) anical Prophylaxis (Single Response) (Sele red) raindications exist for mechanical hylaxis

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	Routine, Once
 Moderate risk of VTE 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.
propriyitaxite	Therapy for the following:
Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F F 9	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
Moderate Risk - Patient currently has an activ	ve order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
Propristanto	Therapy for the following:
Place sequential compression device (Singl	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F. obilitaria	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
] High risk of VTE	Pouting Ones
	Routine, Once
Patient currently has an active order for	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Patient currently has an active order for	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
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:
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response)
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
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 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or 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: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
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 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE 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: E e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous der for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
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 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl Place sequential compression device (Singl () Contraindications exist for mechanical 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous der for c (Selection Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active or therapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Singl () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous der for ic (Selection Routine, Once Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

()	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
MO	DERATE Risk of DVT - Surgical (Selection Re	-
Pha con One	traindicated. e or more of the following medical conditions:	lechanical prophylaxis is optional unless pharmacologic is
stro Age Cer Hist Ant		nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome rs
Est Mod	rogen therapy derate or major surgery (not for cancer) jor surgery within 3 months of admission	
	Moderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once
F	Aoderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required	
	Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	device continuous	Routine, Continuous
	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, 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, 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 (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
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
Age 60 and above Central line	leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE	rs
Anticipated length of stay GREATER than 48 hour	
Less than fully and independently ambulatory	
Less than fully and independently ambulatory Estrogen therapy	
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	
Less than fully and independently ambulatory Estrogen therapy	
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission] Moderate Risk (Selection Required) [] Moderate risk of VTE] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select	
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission] Moderate Risk (Selection Required) [] [] Moderate risk of VTE []] Moderate Risk Pharmacological Prophylaxis -	tion
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop	tion
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE] 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	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(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) [] 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	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] 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	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(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) [] 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 [] Contraindications exist for pharmacologic prophylaxis	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "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):
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - 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 [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "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):
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - 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 [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "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): Donse) 40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S+1
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - 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 [] Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) () enoxaparin (LOVENOX) syringe	tion bhylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous bhylaxis "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): boonse) 40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis

. /	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30
		mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30
		mL/min Indication(s): VTE Prophylaxis
() 1	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
()		If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to
		surgery/invasive procedure, or CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight
	with weight GREATER than 100 kg	GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700
()		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
R	lechanical Prophylaxis (Single Response) (Se lequired)	
• •	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	
	device continuous H Risk of DVT - Surgical (Selection Required)	
HIG	H Risk of DVT - Surgical (Selection Required)	bhylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
HIG Add	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop	
HIG Add	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required)	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
HIG Add] H	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
HIG Add] H []	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required)	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
HIG Add [] H [] H [] H (\$ () ()	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgio Single Response) (Selection Required) Contraindications exist for pharmacologic	Chylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once cal Patient Routine, Once
HIG Add [] H [] H [] H (\$ () ()	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgio Single Response) (Selection Required)	Routine, Once Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis due to the following
HIG Add [] H [] H (\$ () (H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh 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):
HIG Add [] H [] H (\$ () (H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh Risk Pharmacological Prophylaxis - Surgio Single Response) (Selection Required) Contraindications exist for pharmacologic prophylaxis enoxaparin for VTE Prophylaxis (Single Respo	Routine, Once cal Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
HIG Add [] H [] H (\$ () (H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh 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
HIG Add [] H [] [] H () () () ()	H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh 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	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
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HIG Add [] H [] (5 () (() (() (() (() (() (() ((H Risk of DVT - Surgical (Selection Required) ress both pharmacologic and mechanical prop ligh Risk (Selection Required) High risk of VTE ligh 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 fondaparinux (ARIXTRA) injection	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 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):

 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
 Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, every 12 hours at 0900, 2100
CrCl GREATER than 30 mL/min	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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
Address both pharmacologic and mechanical prop	phylaxis 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) 	Knee
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
() aspinin (ECOTRIN) enteric coaled tablet	Page 22 of

[]	apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
[]		Indications: VTE prophylaxis
[]	Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	enoxaparin (LOVENOX) injection (Single Resp	
	(Selection Required)	40 mm automatic deity at 0000. Otarting 0.4
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1
	CrCI GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3 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 mL/min
		Indication(s): VTE Prophylaxis
() 1	iondaparinux (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 medicati
		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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES 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:
	sk and Prophylaxis Tool (Single Response)	
vı⊢/l	DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Antice	pagulation Guide for COVID patients	DEFINITIONS.pdf" URL:
	Daguiation Guide for COVID Patients	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

Platent currently has an active order for therapeutic anticoagulation of 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) No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once No derater risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Routine, Once No prophylaxis Place/Maintain sequential compression device continuous No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Place/Maintain sequential compression device continuous Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once No mechanical VTE prophylaxis Place/Maintain sequential compression device continuous Routine, Once No phaties due to refer for therapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device continuous Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis		Required) Moderate risk of VTE	Routine, Once
therapeutic anticoagulant or VTE No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Place sequential compression device (Single Response) No mechanical VTE prophylaxis due to the following contraindications): Place Maintain sequential compression device continuous Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Place Maintain sequential compression device continuous Routine, Once No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis (Selection Required) Moderate Risk - 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 tor the following: Place sequential compression device (Single Response) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis Platent currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulant or VTE prophylaxis			
prophylaxis therapeutic anticoagulation for other indication. Therapy for the following: Place sequential compression device (Single Response) 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 order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Moderate risk of VTE Routine, Once Routine, Once Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis No mechanical VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Place sequential compression device (Single Response) No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Routine, Once Routine, Conce therapeutic anticoagulant or VTE prophylaxis (Selection Required) Place/Maintain sequential compression device continuous Routine, Once Routine, Once High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once No mechanical VTE prophylaxis due to the following contraindications (s): Place/Maintain sequential compression device continuous R			,
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() Place/Maintain sequential compression Routine, Continuous	tl F]] () () () () F tl F]	herapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device continuous High Risk - Patient currently has an active ord herapeutic anticoagulant or VTE prophylaxis Required) High risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Single Contraindications exist for mechanical	(Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: e Response) Routine, Once
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() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgate early ambulation
MODERATE Risk of DVT - Surgical (Selection Re	equired)
contraindicated.	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 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 Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)
() Contraindications exist for pharmacologic prop 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 prop AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
 () patients weight between 100-139 kg AND 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 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 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
() heparin (porcine) injection nted on 8/9/2022 at 2:33 PM from SUP	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Page 25 of 3

	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:
	lechanical 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
MOI	DERATE Risk of DVT - Non-Surgical (Selection juired)	
Pha cont One CHF strol Age	traindicated. a or more of the following medical conditions: F, MI, lung disease, pneumonia, active inflamma ke, rheumatologic disease, sickle cell disease, I 60 and above tral line ory of DVT or family history of VTE	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Antie Less Estr Mod Majo	cipated length of stay GREATER than 48 hours s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission	
Antie Less Estr Mod Maje	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once
Antia Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection	Routine, Once
Antia Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Antia Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph	Routine, Once
Antic Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Antio Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Antic Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proph	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Antic Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk OVTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proph AND mechanical prophylaxis Contraindications exist for pharmacologic proph AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "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 pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Antic Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk OVTE Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proph AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "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 pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Antic Less Estr Mod Majo	s than fully and independently ambulatory ogen therapy derate or major surgery (not for cancer) or surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Ion-Surgical Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic proph Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous Contraindications exist for pharmacologic proph AND mechanical prophylaxis Contraindications exist for pharmacologic proph AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	Routine, Once on hylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "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 pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 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 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) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	must be addressed.
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	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):
$\overline{()}$	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:
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	Mechanical Prophylaxis (Single Response) (Se	election
	Required)	Dautina Once
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	 No mechanical VTE prophylaxis due to the following contraindication(s)
()	Place/Maintain sequential compression	Routine, Continuous
()	device continuous	,
	GH Risk of DVT - Non-Surgical (Selection Requ	uirod)
	<u> </u>	ulieu)
	h Risk Definition	
Bot	h pharmacologic AND mechanical prophylaxis	s must be addressed.
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	e or more of the following medical conditions:	ant mutations, anticardiolinin antibody syndrome: antithromhin, protein C
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Thr or p Sev Ac Mul Abc Acu His	rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg pute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Routine, Once 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 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min Indication(s): VTE Prophylaxis
Thr or p Sev Ac Mul Abc Acu His	rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg pute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min	Routine, Once 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 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
Thr or p Sev Ac Mul Abc Acu His	rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Routine, Once 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 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S
Thr or p Sev Ac Mul Abc Acu His	rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg pute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Routine, Once 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 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
Thr or p Sev Ac Mul Abc Acu His	rombophilia (Factor V Leiden, prothrombin vari protein S deficiency; hyperhomocysteinemia; m vere fracture of hip, pelvis or leg cute spinal cord injury with paresis ltiple major traumas dominal or pelvic surgery for CANCER ute ischemic stroke tory of PE High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Res (Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Routine, Once 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 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (S	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selecti Required)	on
High Risk Definition Both pharmacologic AND mechanical prophylax One or more of the following medical conditions Thrombophilia (Factor V Leiden, prothrombin va	
Both pharmacologic AND mechanical prophylax One or more of the following medical conditions	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders)
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	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders)
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	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee
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 Respon	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee
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 Respon (Selection Required) [) Contraindications exist for pharmacologic	Routine, Once or Knee nse) Routine, Once Routine, Once Routine, Once
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 Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Routine, Once nse) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 Respon (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee hse) 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
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 Responding to the second s	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C myeloproliferative disorders) Routine, Once or Knee hse) 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
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 Responding (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 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
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 Respondice) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Responding the section (Single Responding to the section (Section Required)	Routine, Once or Knee nse) Routine, Once or Knee nse) Routine, Once or Knee 102 my oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
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 Respond (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 or Knee 102 my oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis

()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
()	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 GREATER and CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCI GREATER than 30 mL/min 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 medicatior 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.
()	Rivaroxaban and Pharmacy Consult (Selection Required)	n
[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
)	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
)	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	lection
_ ŀ		Routine, Once
	Contraindications exist for mechanical	
	Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)

Labs

Hematology/Coagulation

[] CBC with differential	Once	
[] CBC hemogram	Once	
[] D-dimer	Once	
[] Fibrinogen	Once	
[] Hemoglobin and hematocrit	Once	
[] Prothrombin time with INR	Once	
[] Partial thromboplastin time	Once	

Chemistry

[] Amylase	Once	
[] Basic metabolic panel	Once For 1 Occurrences	
[] Blood gas, arterial	Once	
[] Blood gas, venous	Once	
[] Calcium	Once For 1 Occurrences	

[] Calcium, ionized	Once For 1 Occurrences
[] Comprehensive metabolic panel	Once For 1 Occurrences
[] Hepatic function panel	Once For 1 Occurrences
[] Lactic acid level	Now then every 4 hours For 2 Occurrences
[] Lipase	Once
[] Magnesium	Once For 1 Occurrences
[] Phosphorus	Once For 1 Occurrences

Cardiac

[]	Troponin T : STAT	STAT For 1 Occurrences
	Troponin T : Now and every 6 hours x 2	Now then every 6 hours For 2 Occurrences
[]	Troponin T : Now and every 8 hours x 2	Now then every 8 hours For 2 Occurrences

Urine

[] Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:
[] Urine drugs of abuse screen	Once

Microbiology

[] Blood culture x 2	2 "And" Linked Panel	
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.	
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.	
[] Respiratory pathogen panel with COVID-19	Once	
[] Sputum culture	Once, Sputum	

Blood Bank

Use Type and Crossmatch Order Set for transfusion orders

[] T	[] Type and screen	
[]	Type and screen	Once, Blood Bank
[] []	ABO and Rh confirmation	Once, Blood Bank Confirmation

Cardiology

Cardiology	
[] ECG 12 lead-STAT	STAT, Once
	Clinical Indications:
	Interpreting Physician:
[] ECG 12 lead	Routine, Every 8 hours For 3 Occurrences
	Clinical Indications:
	Interpreting Physician:
[] Echocardiogram 2d complete with contrast	Routine, 1 time imaging, Starting S at 1:00 AM
Imaging	
СТ	
[] CT Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

X-Ray

[] Chest 1 Vw Portable

Routine, 1 time imaging, Starting S at 1:00 AM For 1

[] XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Portable
Respiratory	
Respiratory	
[] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies: Vent Management Strategies:
[] Oxygen therapy-	Routine, Continuous Device: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
[] Incentive spirometry	Routine, Every 2 hours while awake
Consults	
Ancillary Consults	
[] Consult to Case Management	Consult Reason:
Consult to Social Work	Reason for Consult:
[X] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once Reason for consult:

Special Instructions: Location of Wound?

[] Consult PT wound care