DVT Admission [1278]

Bacteremia Details	Common Present on Admission Diagnosis	
Acute Renal Failure Acute Renal Failure Acute Respiratory Failure Details Acute Thromboembolism of Deep Veins of Lower Extremities Learning Acute Thromboembolism of Deep Veins of Lower Extremities Details Details Bacteremia Details Bacteremia Details Bacteremia Details Biploar disorder, unspecified Details Cardiac Arrest Details Cardiac Dysrhythmia Details Details Details Decubitus Ulcer Details Decubitus Ulcer Details Dementia in Conditions Classified Elsewhere Details Dementia in Conditions Classified Elsewhere Details Destails Destails Disorder of Liver Details Disorder of Liver Details Disorder of Liver Details Disorder of Liver Details Details Disorder of Liver Details Detai	1 Acidosis	Details
Acute Renal Failure	•	
Acute Respiratory Failure Acute Thromboembolism of Deep Veins of Lower Extremities Anemia		
Acute Thromboembolism of Deep Veins of Lower Extremities		
Bacteremia Details] Acute Thromboembolism of Deep Veins of Lower	Details
Bipolar disorder, unspecified Details Cardiac Arrest Details Cardiac Dysrhythmia Details Cardiac Opsrhythmia Details Decubitus Ulcer Details Decubitus Ulcer Details Dementia in Conditions Classified Elsewhere Details Dementia in Conditions Classified Elsewhere Details Disorder of Liver Details Disorder of Liver Details Electrotyle and Fluid Disorder Details Intestinal Infection due to Clostridium Difficile 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 Alteration of Consciousness Details Other and Unspecified Coagulation Defects Details Other Informany Fimbolism and Infarction Details Phiebitis and Thrombophiebitis Details Protein-calorie Malnutrition Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Sepsic Shock Details Sepsic Shock Details Septicemia De] Anemia	Details
Cardiac Arrest Details] Bacteremia	Details
Cardiac Dysrhythmia Details] Bipolar disorder, unspecified	Details
Cardiogenic Shock Details Decubitius Ulcer Details Dementia in Conditions Classified Elsewhere Details Details Description of Liver Details Electrolyte and Fluid Disorder Details Intestinal Infection due to Clostridium Difficile 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 Alteration of Consciousness Details Other Pulmonary Embolism and Infarction Details Other Pulmonary Embolism and Infarction Details Phlebitis and Thrombophlebitis Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Psychosis, unspecified psychosis type Details Psychosis, unspecified psychosis type Details Septic Shock Details Septicemia Septic Shock Details Septicemia Details Septicemia Details Septicemia Details Other Jumpsocified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admitsion or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Certification: Bed request comments: Admitting Physician: Certification: Details Certification:] Cardiac Arrest	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 Intestinal Infection due to Clostridium Difficile Details Methicillin Resistant Staphylococcus Aureus Infection Details Obstructive Chronic Bronchitis with Exacerbation Details Obstructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other Pulmonary Embolism and Infarction 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 Sepsis Details Septicemia Details Septic Shock Details Septicemia Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Admitting Physician: Patient Condition: Patient] Cardiac Dysrhythmia	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 Methicillin Resistant Staphylococcus Aureus Infection Details Obstructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other Alteration of Consciousness Details Other Pulmonary Embolism and Infarction Details Phlebitis and Thrombophlebitis Details Protein-calorie Malnutrition Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Sepiscompheria Disorder Details Sepiscompheria Disorder Details Sepiscompheria Disorder Details Sepicemia Details Sepicemia Details Sepicemia Details Sepicemia Details Admit of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general Sepiscompheria Se] Cardiogenic Shock	Details
Disorder of Liver Details Electrolyte and Fluid Disorder Details Intestinal Infection due to Clostridium Difficile Details Methicillin Resistant Staphylococcus Aureus Infection Details Methicillin Resistant Staphylococcus Aureus Infection Details Obstructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other Alteration of Consciousness Details Other Pulmonary Embolism and Infarction Details Phlebitis and Thrombophlebitis Details Protein-calorie Malnutrition Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Psychosis, unspecified psychosis type Details Septic Shock Details Septic Shock Details Septicemia Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admitsion or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general Supervision Patient Condition: Bed request comments: Details] Decubitus Ulcer	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 Alteration of Consciousness Details Other Pulmonary Embolism and Infarction Details Other Pulmonary Embolism and Infarction Details Phlebitis and Thrombophlebitis Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Psychosis, unspecified psychosis type Details Sepsis Details Sepsic Shock Details Septic Shock Details Septicemia Details Septicemia Details Outpatient of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admitsion or Observation (Single Response) (Selection Required) Admit to Inpatient Admitsion or Observation (Single Response) (Selection Required) Outpatient observation services under general supervision Patient Condition: Bed request comments: Admitting Physician: Patient Condition: Bed request comments: Outpatient will need hospital services for two or more midnights. Admitting Physician: Patient Condition: Bed request comments: Outpatient observation services under general supervision Patient Condition: Bed request comments: Admitting Physician: Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Admitting Physician: Admitting Physician: Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Patient Condition: Bed request comme] Dementia in Conditions Classified Elsewhere	Details
Intestinal Infection due to Clostridium Difficile Methicillin Resistant Staphylococcus Aureus Infection Details Obstructive Chronic Bronchitis with Exacerbation Details Other Alteration of Consciousness Details Other Alteration of Consciousness 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 Sepsis Details Septic Shock Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Certification: Details Details Certification: Details Det] Disorder of Liver	Details
Methicillin Resistant Staphylococcus Aureus Infection Details Dotructive Chronic Bronchitis with Exacerbation 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 Septic Shock Details Septicemia Details Details Details Details Details Septicemia Details Admit or] Electrolyte and Fluid Disorder	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 Sepiss Details Sepsis Details Septic Shock Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admitsion or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.	Intestinal Infection due to Clostridium Difficile	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 Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Certification: Patient Condition: Bed request comments: Outpatient observation services under general supervision Patient Condition: Patient Condition: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:] Methicillin Resistant Staphylococcus Aureus Infection	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 Septic Shock Details Septicemia Details Septicemia Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Patient Condition: Bed request comments: Outpatient observation services under general supervision Patient Condition: Bed request comments: Outpatient observation services under general services for two or more midnights.] Obstructive Chronic Bronchitis with Exacerbation	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 Urinary Tract Infection, Site Not Specified Details Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:] Other Alteration of Consciousness	Details
Phlebitis and Thrombophlebitis Details Protein-calorie Malnutrition Details Psychosis, unspecified psychosis type Details Schizophrenia Disorder Details Sepsis Details Septic Shock Details Septicemia Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Bed request comments: Admitting Physician: Patient Condition: Bed request comments: Admitting Physician: Bed request comments: Admitting Physician: Patient Condition: Bed request comments: Bed request comments: Bed request comments: Admitting Physician: Patient Condition: Bed request comments: Bed request comments: Admitting Physician: Patient Condition: Bed request comments:] Other and Unspecified Coagulation Defects	Details
Protein-calorie Malnutrition] Other Pulmonary Embolism and Infarction	Details
Psychosis, unspecified psychosis type	Phlebitis and Thrombophlebitis	Details
Schizophrenia Disorder Details Sepsis Details Septic Shock Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Patient Condition: Bed request comments: Admitting Physician: Patient Condition: Bed request comments: Patient Condition: Patient Co] Protein-calorie Malnutrition	Details
Sepsis Details Septic Shock Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician:] Psychosis, unspecified psychosis type	Details
Septic Shock Details Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admitsion or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:] Schizophrenia Disorder	Details
Septicemia Details Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Urinary Tract Infection, Site Not Specified Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician:] Sepsis	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:] Septic Shock	Details
Mention of Complication, Not Stated as Uncontrolled Details Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. (1) Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: (2) Outpatient in a bed - extended recovery Admitting Physician:] Septicemia	Details
Admission or Observation (Single Response) (Selection Required) Admit to Inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:	Mention of Complication, Not Stated as Uncontrolled	Details
Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:] Urinary Tract Infection, Site Not Specified	Details
Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:	Admission or Observation (Single Response) (Selection	Required)
Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:) Admit to Inpatient	
Bed request comments:		
Certification: I certify that based on my best clinical judgmen and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:		
and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Admitting Physician:		•
progress notes, I expect that the patient will need hospital services for two or more midnights. Outpatient observation services under general supervision Admitting Physician: Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:		
services for two or more midnights. Outpatient observation services under general supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:		
Admitting Physician: supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:		
supervision Patient Condition: Bed request comments: Outpatient in a bed - extended recovery Admitting Physician:) Outpatient observation services under general	
Bed request comments: () Outpatient in a bed - extended recovery Admitting Physician:	, .	
() Outpatient in a bed - extended recovery Admitting Physician:	Supervision	
) Outpatient in a bed - extended recovery	Admitting Physician:

() Admit to Inpatient () Outpatient observation services under general supervision () Outpatient in a bed - extended recovery	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. Admitting Physician: Patient Condition: Bed request comments: 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 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))	I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
 [] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum
[] Contact isolation status	Details

Droplet isolation status	Details
[] Enteric isolation status	Details
Prescutions	
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP every 4 hours	Routine, Every 4 hours
[] Vital signs - T/P/R/BP per unit protocol	Routine, Per unit protocol
Activity	
[] Ambulate	Routine, 3 times daily
	Specify:
[] Ambulate as tolerated	Routine, 3 times daily
II. Orienta da con	Specify:
[] Strict bed rest	Routine, Until discontinued, Starting S May elevate Head of Bed 30 degrees.
Nursing	
	"And" Linked Panel
[] Telemetry [] Telemetry monitoring	Routine, Continuous
[] relementy monitoring	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous
[] Tolomony Additional Social Information	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
[] Place TED hose	Routine, Once
[] Collect initial labs before starting anticoagulation.	Routine, Once For 1 Occurrences
[] Height and weight	Routine, Once For 1 Occurrences
[1] Holghi and Holghi	On Admission.
Notify	
Notify Physician of following vitals	Routine, Until discontinued, Starting S, Systolic BP GREATER
Li Tiany Chysician of Tonorning Thair	than 180 mmHg
	Systolic BP LESS than 80 mmHg
	Heart rate GREATER than 120 bpm
	Heart rate LESS than 55 bpm
	SpO2 LESS than 90
Diet	
[] NPO	Diet effective now, Starting S
[] NPO	NPO:
[] NPO	

Diet effective now, Starting S Diet(s): Regular,Other Potass/Phos Potassium/Phosphorus: 2 GM Potassium Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Low Vitamin K
Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

IV Fluids

IV Fluids

[] sodium chloride 0.45 % infusion	intravenous, continuous	
[1] sodium chloride 0.9 % infusion	intravenous continuous	

Medications

Anti-coagulants (Single Response)

Patients may be eligible for enoxaparin if the time to surgical procedure is GREATER THAN 24 hours and renal function is STABLE.

() Enoxaparin

Pharmacy consult is available for anti-Xa monitoring for enoxaparin (Lovenox) in patients with CrCl LESS THAN 30 mL/min, extremes of body weight (LESS THAN 45kg or GREATER THAN 150kg), pregnancy, or elderly (age GREATER THAT or EQUAL to 75 years).

[] enoxaparin (LOVENOX) subcutaneous injection based on CrCl) (Single Response)	on (dosing
() For CrCl GREATER than or EQUAL to 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 12 hours	1 mg/kg, subcutaneous, every 12 hours scheduled Indication(s): Deep vein thrombosis
() For CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 24 hours	1 mg/kg, subcutaneous, every 24 hours scheduled Indication(s): Deep vein thrombosis
[] Pharmacy consult to manage therapeutic enoxaparin (LOVENOX)	STAT, Until discontinued, Starting S Indication(s): Deep vein thrombosis Reason for consult:
[] Prothrombin time with INR	Once
[] Partial thromboplastin time, activated	Once
[] Anti Xa, low molecular weight	Once Heparin Name: Lovenox

[] heparin consult or heparin IV infusion (Single Resp	DONSE)
() Pharmacy Consult to Manage Heparin: S	STAT, Until discontinued, Starting S
	Heparin Indication: DVT
	Specify:
	Specify:
	Monitoring:
	ntravenous, continuous
	ndication: Deep vein thrombosis
	Fherapeutic Monitoring Target:
<u> </u>	nce
[]	nce
[] Anti Xa, unfractionated Or	nce
) Direct Xa Inhibitors (Single Response)	
() rivaroxaban (XARELTO) initial therapy and mainter	nance
[] rivaroxaban (XARELTO) tablet	"Followed by" Linked Panel
	15 mg, oral, 2 times daily at 0900, 1700 (TIME CRITICAL), For 42
,	Doses
	Indications: Deep vein thrombosis / Pulmonary embolism
[] rivaroxaban (XARELTO) tablet	20 mg, oral, daily at 1700
El Disamon de la Constantina del Constantina de la Constantina del Constantina de la	Indications: Deep vein thrombosis / Pulmonary embolism
• • • • • • • • • • • • • • • • • • • •	STAT, Until discontinued, Starting S
, , , , ,	ndications: Deep vein thrombosis / Pulmonary embolism
() apixaban (ELIQUIS) initial therapy and maintenance	ce control con
[] apixaban (ELIQUIS) tablet	"Followed by" Linked Panel
[] apixaban (ELIQUIS) tablet	10 mg, oral, 2 times daily, For 14 Doses
	Indications: Deep vein thrombosis / Pulmonary embolism
[] apixaban (ELIQUIS) tablet	5 mg, oral, 2 times daily
	Indications: Deep vein thrombosis / Pulmonary embolism
	STAT, Until discontinued, Starting S
	ndications: Deep vein thrombosis / Pulmonary embolism
	<u>_</u>
() dabigatran (PRADAXA) therapy - after 5 days of	"And" Linked Panel
() dabigatran (PRADAXA) therapy - after 5 days of parenteral anticoagulation	"And" Linked Panel
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1	50 mg, oral, 2 times daily
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1	
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1	50 mg, oral, 2 times daily
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1 II II	50 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1 III	50 mg, oral, 2 times daily ndications: DVT/PE
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule II II [] Pharmacy consult to monitor dabigatran (PRADAXA) therapy	50 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule 1 II [] Pharmacy consult to monitor dabigatran (PRADAXA) therapy Vitamin K Antagonists (Single Response)	50 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule II [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule II [] Pharmacy consult to monitor dabigatran (PRADAXA) therapy Vitamin K Antagonists (Single Response) () warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) tablet	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule II [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3)
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S indication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule II [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3)
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3)
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences AM draw, Starting S+1 For 1 Occurrences
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S indication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences AM draw, Starting S+1 For 1 Occurrences Every 72 hours, Starting S+1
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S indication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences in Mark Mark Starting S+1 For 1 Occurrences in Starting S+1 For 1 Occurrences in Starting S+1 For 1 Occurrences in Starting S+1 For 1 Doses in Start
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3)
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily ndications: DVT/PE ndications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S ndication: Deep venous thrombosis (Target INR 2-3) STAT, Starting S For 1 Occurrences AM draw, Starting S+1 For 1 Occurrences Every 72 hours, Starting S+1 oral, once, S at 5:00 PM, For 1 Doses ndication: Deep venous thrombosis (Target INR 2-3) Routine, Until discontinued, Starting S
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Until discontinued, Starting S indication:
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Starting S For 1 Occurrences indication: Starting S For 1 Occurrences
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Until discontinued, Starting S indication:
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S+1 For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: S Fo
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S oral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: STAT, Starting S For 1 Occurrences indication: STAT, Starting S Fo
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S Doral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: STAT, Starting S For 1 Occurrences indication: STAT, Starting S For 1 Occurrences indication: Starting S For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3)
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran (PRADAXA) therapy [] Vitamin K Antagonists (Single Response) () warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) [] Prothrombin Time/INR STAT [] Prothrombin Time/INR every 72 hours () warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) tablet [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT [] Prothrombin Time/INR every 72 hours () warfarin (COUMADIN) with labs [] warfarin (COUMADIN) with labs [] warfarin (COUMADIN) tablet [] Prothrombin Time/INR STAT	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism indications: Deep vein thrombosis / Pulmonary embolism indications: Deep vein thrombosis / Pulmonary embolism indication: Deep venous thrombosis (Target INR 2-3) indication: D
parenteral anticoagulation [] dabigatran etexilate (PRADAXA) capsule [] Pharmacy consult to monitor dabigatran (PRADAXA) therapy] Vitamin K Antagonists (Single Response) () warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) [] Prothrombin Time/INR STAT [] Prothrombin Time/INR every 72 hours () warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) with consult and labs [] warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT [] Prothrombin Time/INR every 72 hours () warfarin (COUMADIN) with labs [] warfarin (COUMADIN) with labs [] warfarin (COUMADIN) tablet [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT [] Prothrombin Time/INR STAT	150 mg, oral, 2 times daily indications: DVT/PE indications: Deep vein thrombosis / Pulmonary embolism STAT, Until discontinued, Starting S Doral, once, S at 5:00 PM, For 1 Doses indication: Deep venous thrombosis (Target INR 2-3) indication: Starting S For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: Deep venous thrombosis (Target INR 2-3) indication: STAT, Starting S For 1 Occurrences indication: STAT, Starting S For 1 Occurrences indication: Starting S For 1 Occurrences indication: Deep venous thrombosis (Target INR 2-3)

acetaminophen (TYLENOL) oral/rectal	"Or" Linked Panel
acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, fever
] acetaminophen (TYLENOL) suppository	325 mg, rectal, every 4 hours PRN, fever For rectal use only.
Έ	
T Risk and Prophylaxis Tool (Single Respons /TE/DVT Risk Definitions	se) (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for theraperanticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)	
Moderate Risk - Patient currently has an act 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.
[] Place sequential compression device (Sing	Therapy for the following:
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F. 5F. 7	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 Moderate Risk - Patient currently has an act therapeutic anticoagulant or VTE prophylaxis 	
Required)	
Required) [] Moderate risk of VTE	Routine, Once
Required)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active or	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Output Output Description:	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous rder for s (Selection
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous rder for s (Selection Routine, Once
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous rder for s (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: gle Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous rder for s (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

therapeutic anticoagulant or VTE prophylaxis (Selection Required)

[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Di // / / / / / / / / / / / / / / / / /	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	CIOIS
[] Low Risk (Single Response) (Selection Require	ed)
() 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	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflamr	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	ırs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate Risk (Selection Required)	Routine, Once
	·
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required 	
() Contraindications exist for pharmacologic proj	
BUT order Sequential compression device	priylaxis And Linked Fanel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
[1 Place/Maintain acquential compression	
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	nhylovia "And" Linked Danel
() Contraindications exist for pharmacologic prophylavis	phylaxis "And" Linked Panel
AND mechanical prophylaxis	Pauting Once
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
II Ocatal Park	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	Indication(s): VTE Prophylaxis

Printed on 1/4/2023 at 10:16 AM from Production	contraindication(s):
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
() Contraindications exist for pharmacologic pro	
Non-Surgical Patient (Single Response) (Sele Required)	
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once
[] Moderate Risk (Selection Required)	Routine Once
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Estrogen therapy	
Anticipated length of stay GREATER than 48 hours than fully and independently ambulatory	urs
History of DVT or family history of VTE	
Age 60 and above Central line	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions:	
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
() MODERATE Risk of DVT - Non-Surgical (Select Required)	ion
Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Required)	
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (S	Indication:
() Pharmacy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() 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.
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	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):
() 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.
	For Patient weight of 140 kg or GREATER 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
	mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
() 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

[] Place/Maintain sequential compression device continuous	Routine, Continuous
 Contraindications exist for pharmacologic properties AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours 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) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Selection Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s):
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
1700	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 medicatic Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() honorin (noroing) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection() 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 LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, 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
() Dharmany consult to manage workering	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(Selection Required)	

() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
., .	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	ection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip of	
(Arthroplasty) Surgical Patient (Single Respon	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() A : - - - D ((O - - () -	2 1 1 1

() Apixaban and Pharmacy Consult (Selection Required)

[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response (Selection Required)	<u> </u>
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) (Sele Required) 	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
VT Risk and Prophylaxis Tool (Single Response) (VTE/DVT Risk Definitions	(Selection Required) URL: "\\annt1\anicannnred\Pactricted\OrderSets\\/TED\/TEISK

 $\verb|"\appt1\end{Restricted} Order Sets \| VTEDVTRISK \\$

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 therapeur	tic
anticoagulant or VTE prophylaxis with Risk Stratif	ication
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (
Required)	
Moderate risk of VTE	Routine, Once
	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
, ,	therapeutic anticoagulation for other indication.
prophylaxis	Therapy for the following:
[1] Disconstruction communication devices (Cincels	
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an active	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.
propriyidatio	Therapy for the following:
[] Place sequential compression device (Single	
	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Disc. (Maintain and Cales and Cal	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
p. 61.1)	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριοριιγιαλίδ	
() Place/Maintain acquential compression	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
[] High risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Place convential communication devices (O) vite	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	Routine, Continuous
device continuous	
() LOW Risk of DVT (Selection Required)	

[] Low Risk (Single Response) (Selection	ction Required)
() 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 Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[1] Moderate Piek (Selection Required)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
Moderate fisk of VTE Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	Surgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	<u> </u>
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() 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, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection Required)	on

Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selection	on
Required)	
 () Contraindications exist for pharmacologic prophy Order Sequential compression device 	ylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	ylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):

() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
() HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical prop	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin for VTE Prophylaxis (Single Respo	
() enoxaparin (LOVENOX) 30 mg daily at 1700	30 mg, subcutaneous, daily at 1700 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 CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
١	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
)	warranin (COOMADIN) tablet	Indication:
<u> </u>	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
,	(COUMADIN)	Indication:
G	GH Risk of DVT - Non-Surgical (Selection Requ	
		ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Ju	ness both pharmacologic and mechanical prop	mylaxis by Graening from Finantiacological and Mechanical Frophylaxis.
	ligh Risk (Selection Required)	
	High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Non-S	
	Patient (Single Response) (Selection Required)	
,	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
)	enoxaparin (LOVENOX) injection (Single Response)	ponse)
	(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	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
	CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
_		Indication(s): VTE Prophylaxis
)		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 30
		mL/min
	(45)/754)	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
		Through a system and a /LUT).
	hamania (namina) isia tika	Thrombocytopenia (HIT):
	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
)	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700 Indication:
)	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

[] High Risk (Selection Required)	D. C. O.
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required)	Doubles Once
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() conirin chouseble tablet	· ,
() aspirin (FCOTRIN) enterin coated tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	· /
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response (Selection Required)	onse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() Showapanin (Lovenon) synings	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
, , , , , , , , , , , , , , , , , , , ,	Starting S+1
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min.
	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or	Starting S+1
GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() fondangrinus (ADIVIDA) injection	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
() Pharmacy consult to manage warfarin (COUMADIN)	Indication:
	maioation.

\/TE/D\/T Diak Definitions	•
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"
() Definite and Leaves of a selection of the selection	
() Patient currently has an active order for therapeu	
anticoagulant or VTE prophylaxis with Risk Stratil	fication
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
	therapeutic anticoagulation for other indication.
prophylaxis	
[1] [D]	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	Routine, Continuous
device continuous	,
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis (
Required)	Ociocion
	Payting Once
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
, , ,	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
• • • • • • • • • • • • • • • • • • • •	reduino, continuodo
device continuous	
device continuous () High Rick - Patient currently has an active order.	or for
() High Risk - Patient currently has an active order	
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) 	Selection
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE	Selection Routine, Once
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) High risk of VTE	Selection Routine, Once
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
 () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() High Risk - Patient currently has an active order 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 (Single)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response)
() High Risk - Patient currently has an active order 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 (Single ()) Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
() High Risk - Patient currently has an active order 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 (Single)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for Selection Routine, Once
 () High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for Selection Routine, Once Routine, Once
 () High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
 () High Risk - Patient currently has an active order 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 (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) [] High risk of VTE [] Patient currently has an active order for 	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous er for Selection Routine, Once Routine, Once

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
II la Pid (Oirda Barrara) (Odarii a Barri	- N
[] Low Risk (Single Response) (Selection Require() Low risk of VTE	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() MODERATE Risk of DVT - Surgical (Selection Re	early ambulation
Moderate Risk Definition	squireu)
Pharmacologic prophylaxis must be addressed. M contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic property)	·
BUT order Sequential compression device	priylaxis And Linked Fanel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic propagation AND mechanical prophylaxis 	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single 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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1

mL/min

Indication(s): VTE Prophylaxis

CrCl GREATER than 30 mL/min

For Patients weight between 100-139 kg and CrCl GREATER than 30

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
	For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended 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) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. M contraindicated.	echanical prophylaxis is optional unless pharmacologic is

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700
() Wallatili (COOMADIN) tablet	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgion(Single Response) (Selection Required)	cal Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

· · · · · · · · · · · · · · · · · · ·	
() enoxaparin for VTE Prophylaxis (Single Resp	·
() enoxaparin (LOVENOX) 30 mg daily at	30 mg, subcutaneous, daily at 1700
1700	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 30 mg every 12	30 mg, subcutaneous, every 12 hours
hours	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg daily at	40 mg, subcutaneous, daily at 1700
1700	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) 40 mg every 12	40 mg, subcutaneous, every 12 hours
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 CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	·
HIGH Risk of DVT - Non-Surgical (Selection Req	uired)

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
	For Patients with CrCL LESS than 30 mL/min
	Indication(s): VTE Prophylaxis

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours 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) (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
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	

Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min. Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
()	fondaparinux (ARIXTRA) injection	Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
` '	Rivaroxaban and Pharmacy Consult (Selectic Required)	on
[]	rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	election
` '	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
` '	Place/Maintain sequential compression device continuous	Routine, Continuous
abs		
bs S	TAT	
	C and differential	STAT For 1 Occurrences
Part	tial thromboplastin time	STAT For 1 Occurrences
	C occult blood stool and Notify (Selection Req	
	POC accult blood stool	Unce
[] P	POC occult blood stool	Once Routine Until discontinued Starting S
[] P [] N	Notify Physician If occult stool is positive.	Routine, Until discontinued, Starting S
[] P [] N Anti		

[] Factor V leiden	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected
	result will auto release 10 days from finalization.):
[] Homocysteine, plasma	STAT For 1 Occurrences
Lupus anticoagulant	STAT For 1 Occurrences
The Education of the Ed	STAT For 1 Occurrences
Protein S activity	STAT For 1 Occurrences
Prothrombin gene mutation	STAT For 1 Occurrences
[] Flotthombili gene mutation	Release to patient (Note: If manual release option is selected result will auto release 10 days from finalization.):
Labs Tomorrow	
Description CBC and differential	AM draw For 1 Occurrences
Partial thromboplastin time	AM draw For 1 Occurrences
[] Comprehensive metabolic panel	AM draw For 1 Occurrences
Labs AM Repeat	
December 2015 [] CBC and differential	AM draw repeats For 3 Occurrences
Partial thromboplastin time	AM draw repeats For 3 Occurrences
Prothrombin time with INR	AM draw repeats For 3 Occurrences
Imaging	
СТ	
[] CT Angiogram Pe Chest	Routine, 1 time imaging, Starting S at 1:00 AM For 1 PE Protocol
X-Ray	
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
US for DVT Diagnosis	
PV duplex venous lower extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous lower extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous lower extremity right	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous upper extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous upper extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous upper extremity right	Routine, 1 time imaging, Starting S at 1:00 AM
us	
USPV Venous Lower Extremity Bilateral	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Lower Extremity Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Lower Extremity Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Upper Extremity Bilat	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Section 1	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Upper Extremity Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Nuclear	
NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
Consult to Case Management	Consult Reason:
<u> </u>	

] Consult to 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 OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply):
	Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation(if
	values are very abnormal):
	Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Other (Specify)
	Specify: Low vitamin K diet
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Respiratory Therapy	Reason for Consult?