## Heart Transplant ICU to Floor Transfer [2211] General Admission/Transfer/Discharge Level of Care: [] Transfer patient Bed request comments: Nursing **Vitals** [X] Vital signs - T/P/R/BP Routine, Per unit protocol On arrival and then routine **Activity** [X] Activity as tolerated Routine, Until discontinued, Starting S Specify: Activity as tolerated Nursing [X] Telemetry "And" Linked Panel [X] Telemetry monitoring Routine, Acute Care Continuous 24 hrs only For 24 Hours Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Routine, Continuous [X] Telemetry Additional Setup 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 Routine, 4 times daily before meals and at bedtime [X] Bedside glucose Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL [X] Patient to wear mask Routine, Until discontinued, Starting S while undergoing tests in other parts of the hospital and when walking in hallway [X] Daily weights Routine, Daily [X] Intake and output Routine, Every shift [] Pacemaker settings Routine, Until discontinued, Starting S Atrial Setting (MA): Ventrical Setting (MA): Sensitivity Setting (millivolts): AV Interval (milliseconds): Options: MA/Sensitivity can be adjusted to keep capture. [X] Pacer wires attached to generator with a ventricular rate Routine, Until discontinued, Starting S setting greater than 80 beats/min with MA (A and V) settings documented [X] Backup generator and 2 batteries available at the Routine, Until discontinued, Starting S bedside, documented in the patient record every shift. [X] Change temporary pacemaker batteries every 72 hours. Routine, Until discontinued, Starting S Document date/time/initial on generator and note battery change in patient record-if patient is pacemaker

dependent.. Back up generator within reach

Notify	
[X] Notify	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 when the patient arrives on floor
[X] Notify (General)	Routine, Until discontinued, Starting S, Transplant CV Surgery Service when patient arrives on floor
[X] Notify	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for blood pressure less than 90 systolic or greater than 110 diastolic
[X] Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for heart rate less than 80 or greater than 130 beats per minute
[X] Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 713-441-1100 for respiratory rate greater than 30 per minute
[X] Notify (General)	Routine, Until discontinued, Starting S, Transplant Cardiology Service @ 714-441-1100 for temperature greater than 100.5 degrees F
[X] Notify Consultants of patient transfer location	Routine, Until discontinued, Starting S, Consultants of patient's transfer location
Diet	
[] NPO	Diet effective now, Starting S NPO:
II Diet Deet Treserviert	Pre-Operative fasting options:
[] Diet - Post Transplant	Diet effective now, Starting S Diet(s): Post Transplant
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid: Post Transplant
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour.
( ) sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous, Post-op Replace urine output with continuous IV 0.45% sodium chloride with 75 mEq sodium bicarbonate mL per mL. Replacement fluids not to exceed a maximum of 250 mL per hour and a minimum of 75 mL per hour
Medications	
Restricted Medications	
[X] No adenosine and No beta-blockers	STAT, Until discontinued, Starting S
	Reason for "No" order: Post-Heart Transplant
[X] No anti-platelet agents EXcluding aspirin	
[X] No anti-platelet agents EXcluding aspirin  [X] No ketorolac (Toradol)	Reason for "No" order: Post-Heart Transplant Post-op STAT, Until discontinued, Starting S Reason for "No" order: Post-Heart Transplant

Proton Pump Inhibitor (Single Response)	
() pantoprazole (PROTONIX) 40 mg IV Push	40 mg, intravenous, daily, Post-op Administer over NO LESS than 3 minutes. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
( ) pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600, Post-op Do NOT Crush. Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Vasodilators	
[] hydrALAZINE (APRESOLINE) IV Push	5 mg, intravenous, every 6 hours, Post-op For Systolic Blood Pressure GREATER than 140 mmHg BP HOLD parameters for this order: Contact Physician if:
PRN Mild Pain (Pain Score 1-3) (Single Response) (adjust dose for renal/liver function and age)	
() acetaminophen (TYLENOL) tablet OR oral solution Maximum of 4 grams of acetaminophen per day f sources)	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give the tablet if the patient can tolerate oral medication.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient cannot receive oral tablet but can receive oral solution.  Patients LESS than 65 years old (Single Response)
(adjust dose for renal/liver function and age)	
<ul> <li>acetaminophen-codeine (TYLENOL #3) tablet OF Maximum of 4 grams of acetaminophen per day f sources)</li> </ul>	R elixir "Or" Linked Panel rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	tablet "Or" Linked Panel
	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
<ul><li>() HYDROcodone-acetaminophen 7.5/325 (NORCO OR elixir</li></ul>	)) tablet "Or" Linked Panel
	rom all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.

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[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient cannot swallow tablet.
( ) HYDROcodone-acetaminophen 10/325 (NORCO OR elixir	tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per day f sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication.
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Use if patient can not swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS that mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day).
	Give if patient is able to tolerate oral medication
PRN Oral for Moderate Pain (Pain Score 4-6): For NOTICE: Before any pain medication is used you I (adjust dose for renal/liver function and age)	Patients GREATER than 65 years old (Single Response) MUST NOTIFY MD and get approval.
() acetaminophen-codeine (TYLENOL #3) tablet OF	R elixir "Or" Linked Panel
	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, once PRN, moderate pain (score 4-6), Post-op
300-30 mg per tablet	Give if patient is able to tolerate oral medication.
	The use of codeine-containing products is contraindicated in patients
[] acetaminophen-codeine 300 mg-30 mg	LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: 12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	Use if patient cannot swallow tablet.  The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
( ) HYDROcodone-acetaminophen 5/325 (NORCO) OR elixir	
Maximum of 4 grams of acetaminophen per day f sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet.
() traMADol (ULTRAM) tablet - For eGFR LESS tha mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op (Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.
PRN IV for Moderate Pain (Pain Score 4-6): For Pa If you select a PCA option you will not be allowed to (adjust dose for renal/liver function and age)	atients LESS than 65 years old (Single Response) to also order IV PRN pain medications from this section.
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed

PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op Use if patient is unable to swallow or faster onset is needed
PRN Oral for Severe Pain (Pain Score 7-10): For Patients (adjust dose for renal/liver function and age)	LESS than 65 years old (Single Response)
( ) HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to telerate eral medication
( ) mounting (MCID) tablet	Give if patient is able to tolerate oral medication
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
PRN Oral for Severe Pain (Pain Score 7-10): For Patients (adjust dose for renal/liver function and age)	GREATER than 65 years old (Single Response)
· ,	
	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	Post-op Give if patient is able to tolerate oral medication 1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet      ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
<ul> <li>() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet</li> <li>() HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet</li> <li>() HYDROmorphone (DILAUDID) tablet</li> </ul>	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op
() HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet  () HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet  () HYDROmorphone (DILAUDID) tablet  () morphine (MSIR) tablet	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  15 mg, oral, every 6 hours PRN, severe pain (score 7-10),
( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet  ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet  ( ) HYDROmorphone (DILAUDID) tablet  ( ) morphine (MSIR) tablet  ( ) oxyCODONE (ROXICODONE) immediate release tablet	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication
( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet  ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet  ( ) HYDROmorphone (DILAUDID) tablet  ( ) morphine (MSIR) tablet  ( ) oxyCODONE (ROXICODONE) immediate release tablet  PRN IV for Severe Pain (Pain Score 7-10): For Patients LE If you select a PCA option you will not be allowed to also on	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5SS than 65 years old (Single Response) rder IV PRN pain medications from this section.
( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet  ( ) HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet  ( ) HYDROmorphone (DILAUDID) tablet  ( ) morphine (MSIR) tablet  ( ) oxyCODONE (ROXICODONE) immediate release tablet  PRN IV for Severe Pain (Pain Score 7-10): For Patients LE If you select a PCA option you will not be allowed to also of (adjust dose for renal/liver function and age)	Post-op Give if patient is able to tolerate oral medication  1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  2 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient is able to tolerate oral medication  SSS than 65 years old (Single Response) rder IV PRN pain medications from this section.

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score
	7-10), Post-op
	Use if patient is unable to swallow or faster onset is needed
( ) morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op
	Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	<ul><li>0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op</li><li>Use if patient is unable to swallow or faster onset is needed</li></ul>
Bowel Care	
[X] sennosides-docusate sodium (SENOKOT-S) 8.6 per tablet	-50 mg 1 tablet, oral, 2 times daily, Post-op Hold for diarrhea.
[] bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation, (if with persistent constipation), Post-op
[X] polyethylene glycol (MIRALAX) packet	17 g, oral, daily PRN, constipation, Post-op
[X] docusate sodium (COLACE) capsule	100 mg, oral, daily PRN, constipation, Post-op
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	quired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset or action is required.
[X] promethazine (PHENERGAN) Oral or IV or Recta	· · · · · · · · · · · · · · · · · · ·
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, once, For 1 Doses
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, once, For 1 Doses
[X] promethazine (PHENERGAN) injection	12.5 mg, intravenous, once, For 1 Doses
[] metoclopramide (REGLAN) injection	5 mg, intravenous, 3 times daily, Post-op Given for Gastric Motility Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are
	satisfied:
Itching: For Patients LESS than 70 years old (Sing	satisfied:
Itching: For Patients LESS than 70 years old (Single)	satisfied: gle Response)
() diphenhydrAMINE (BENADRYL) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op
	satisfied: gle Response)
( ) diphenhydrAMINE (BENADRYL) tablet ( ) hydrOXYzine (ATARAX) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op S than 60 mg, oral, 2 times daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) tablet     () hydrOXYzine (ATARAX) tablet     () cetirizine (ZyrTEC) tablet     () fexofenadine (ALLEGRA) tablet - For eGFR LES	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 6S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded
() diphenhydrAMINE (BENADRYL) tablet     () hydrOXYzine (ATARAX) tablet     () cetirizine (ZyrTEC) tablet     () fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 6S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded
diphenhydrAMINE (BENADRYL) tablet     hydrOXYzine (ATARAX) tablet     cetirizine (ZyrTEC) tablet     fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 8S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) tablet () hydrOXYzine (ATARAX) tablet () cetirizine (ZyrTEC) tablet () fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne  Itching: For Patients between 70-76 years old (Sin () cetirizine (ZyrTEC) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 8S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) tablet () hydrOXYzine (ATARAX) tablet () cetirizine (ZyrTEC) tablet () fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne  Itching: For Patients between 70-76 years old (Sin () cetirizine (ZyrTEC) tablet  Itching: For Patients GREATER than 77 years old	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 8S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op  (Single Response)  5 mg, oral, daily PRN, itching, Post-op
( ) diphenhydrAMINE (BENADRYL) tablet ( ) hydrOXYzine (ATARAX) tablet ( ) cetirizine (ZyrTEC) tablet ( ) fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne  Itching: For Patients between 70-76 years old (Sin ( ) cetirizine (ZyrTEC) tablet  Itching: For Patients GREATER than 77 years old ( ) cetirizine (ZyrTEC) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 8S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op  (Single Response)  5 mg, oral, daily PRN, itching, Post-op
() diphenhydrAMINE (BENADRYL) tablet () hydrOXYzine (ATARAX) tablet () cetirizine (ZyrTEC) tablet () fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne  Itching: For Patients between 70-76 years old (Sin () cetirizine (ZyrTEC) tablet  Itching: For Patients GREATER than 77 years old () cetirizine (ZyrTEC) tablet  Insomnia: For Patients LESS than 70 years old (Sin () cetirizine (ZyrTEC) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 6S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op  (Single Response)  5 mg, oral, daily PRN, itching, Post-op  Single Response)
( ) diphenhydrAMINE (BENADRYL) tablet ( ) hydrOXYzine (ATARAX) tablet ( ) cetirizine (ZyrTEC) tablet ( ) fexofenadine (ALLEGRA) tablet - For eGFR LES 80 mL/min, reduce frequency to once daily as ne  Itching: For Patients between 70-76 years old (Sin ( ) cetirizine (ZyrTEC) tablet  Itching: For Patients GREATER than 77 years old ( ) cetirizine (ZyrTEC) tablet  Insomnia: For Patients LESS than 70 years old ( Sin ) zolpidem (AMBIEN) tablet	satisfied:  gle Response)  25 mg, oral, every 6 hours PRN, itching, Post-op 10 mg, oral, every 6 hours PRN, itching, Post-op 5 mg, oral, daily PRN, itching, Post-op 6S than 60 mg, oral, 2 times daily PRN, itching, Post-op eded  ngle Response)  5 mg, oral, daily PRN, itching, Post-op  I (Single Response)  5 mg, oral, daily PRN, itching, Post-op  Single Response)  5 mg, oral, nightly PRN, sleep, Post-op 8 mg, oral, nightly PRN, sleep, Post-op

DVT Risk and Prophylaxis Tool (Single Response	e) (Selection Required)
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
<ul> <li>Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required)</li> </ul>	
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	PACU & Post-op
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:  PACU & Post-op
[] Place sequential compression device (Single	·
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op

[]	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[]	Place sequential compression device (Single R	desponse)
(	) Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):  PACU & Post-op
(	device continuous	Routine, Continuous, PACU & Post-op
	W Risk of DVT (Selection Required)	
	w Risk Definition e less than 60 years and NO other VTE risk fact	ors
[]	Low Risk (Single Response) (Selection Required	d)
()	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op
MC	DDERATE Risk of DVT - Surgical (Selection Red	quired)
Ph co Or Ch str Ag Ce His An Le Es Mo	ntraindicated. ne or more of the following medical conditions: dF, MI, lung disease, pneumonia, active inflamm	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
11	Moderate risk of VTE	Routine, Once, PACU & Post-op
	Moderate Risk Pharmacological Prophylaxis - S	
()	Patient (Single Response) (Selection Required) Contraindications exist for pharmacologic propied BUT order Sequential compression device	hylaxis "And" Linked Panel
Ī	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[	Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
7.	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
()		Routine, Once
[]	Contraindications exist for pharmacologic prophylaxis  Contraindications exist for mechanical	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

| (Selection Required)
Printed on 3/28/2023 at 9:14 AM from POC environment

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 i	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
() 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, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op 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): PACU & Post-op
) Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op

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, PACU & Post-op
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selecti Required)</li> </ul>	ion
Contraindications exist for pharmacologic propional order Sequential compression device	hylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
Contraindications exist for pharmacologic propagation     AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	L/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op 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, PACU & Post-op
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op 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): PACU & Post-op
(	() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() H	HIGH Risk of DVT - Surgical (Selection Requi	red)
H B	High Risk Definition Both pharmacologic AND mechanical prophyl One or more of the following medical condition	axis must be addressed.
o S	or protein S deficiency; hyperhomocysteinemi Severe fracture of hip, pelvis or leg	variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C a; myeloproliferative disorders)
	Acute spinal cord injury with paresis  Multiple major traumas	
	Abdominal or pelvic surgery for CANCER	
	Acute ischemic stroke	
F	History of PE	
[]	High Risk (Selection Required)	
]	High risk of VTE	Routine, Once
[]	High Risk Pharmacological Prophylaxis - S (Single Response) (Selection Required)	urgical Patient
(	() Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
(	() enoxaparin (LOVENOX) injection (Single I (Selection Required)	· , ,
-	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or	EQUAL to 30mL/min, enoxaparin orders will apply the following recommended
	For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox	y nours
	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg end  () For CrCl LESS than 30mL/min - enoxapa	v nours oxaparin 40mg every 12 hours
	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dail 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg end	ovaparin 40mg every 12 hours  Arin (LOVENOX)  30 mg, subcutaneous, daily at 1700
	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO	ours oxaparin 40mg every 12 hours  arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection	ours oxaparin 40mg every 12 hours  arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
(	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous	y nours exaparin 40mg every 12 hours  arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): 30 mL/min -  subcutaneous Indication(s):  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.
(	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	ours exaparin 40mg every 12 hours  arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mL/min -  subcutaneous Indication(s):  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):
<u>(</u>	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	Arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): 30 mL/min -  subcutaneous Indication(s):  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):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<u>(</u>	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg end () For CrCl LESS than 30mL/min - enoxapasubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mL/min -  subcutaneous Indication(s):  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):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM S,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
<u>(</u>	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enoxaparin 20mg every 12 h GREATER THAN or EQUAL to 140kg enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Jours  Jours  Jours  Journ (LOVENOX)  30 mg, subcutaneous, daily at 1700  Indication(s):  30 mL/min -  Subcutaneous  Indication(s):  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):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  S,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.
<u>(</u>	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enox  () For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () 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	Arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mL/min -  subcutaneous Indication(s):  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):  5,000 Units, subcutaneous, every 8 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.  7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
<u>(</u>	doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 h GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommender for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () heparin (porcine) injection - For Patients	Arin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): 30 mL/min -  subcutaneous Indication(s):  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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, Starting S+1

Indication:

[] Mechanical Prophylaxis (Single Response) (S	Selection
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 Red	quired)
High Risk Definition	
Both pharmacologic AND mechanical prophylax One or more of the following medical conditions:	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	myeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis  Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
The High Birt (October December 1)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Non	
Patient (Single Response) (Selection Require	d)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Re	sponse)
(Selection Required)	
Patient renal status: @CRCL@  For patients with CrCl GREATER than or EC	QUAL to 30mL/min, enoxaparin orders will apply the following recommended
	urs
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa	urs aparin 40mg every 12 hours
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	ars aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa	aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30	aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s): 2.5 mg, subcutaneous, daily, PACU & Post-op
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection	aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection	aparin 40mg every 12 hours  In (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection	aparin 40mg every 12 hours  n (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700  [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxal () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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):
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxa  () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxal () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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):
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
For patients with CrCl GREATER than or Eddoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxal () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	ars aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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):  5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 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, PACU & Post-op
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hor GREATER THAN or EQUAL to 140kg enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	aparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, PACU & Post-op 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): 5,000 Units, subcutaneous, every 8 hours, PACU & Post-op 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
	Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[1] High Rick (Sologtion Required)	
[] High Risk (Selection Required)	Pouting Once DACIL® Post on
[] High risk of VTE	Routine, Once, PACU & Post-op
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Respons (Selection Required)	ie)
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R	
`	• •
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
<ul><li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() = 0.0H=00 ii	(1.0) (5)(0)(
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
[] Shorapanii (EGVERON) injoulon	Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op	
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op 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, PACU & Post-op 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), PACU & Post-op 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, PACU & Post-op Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
<ul><li>[] Mechanical Prophylaxis (Single Response) (Sele Required)</li></ul>	ection	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
OVT Risk and Prophylaxis Tool (Single Response)		
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:	
Anticoagulation Guide for COVID patients	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"	
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)</li> </ul>		
<ul> <li>( ) Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>		
Moderate risk of VTE	Routine, Once, PACU & Post-op	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:  PACU & Post-op	
[ ] Place sequential compression device (Single R		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	

() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$Required)	
Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
<ul> <li>High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (\$ Required)</li> </ul>	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: PACU & Post-op
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() High Risk - Patient currently has an active orde therapeutic anticoagulant or VTE prophylaxis (\$ Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
<ul><li>Patient currently has an active order for</li></ul>	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
II Di	PACU & Post-op
Place sequential compression device (Single	• •
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	etors
[] 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 PACU & Post-op
) MODERATE Risk of DVT - Surgical (Selection Re	equired)

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, PACU & Post-op				
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)				
() Contraindications exist for pharmacologic prophy BUT order Sequential compression device	/laxis "And" Linked Panel			
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op			
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op			
() Contraindications exist for pharmacologic prophy AND mechanical prophylaxis	/laxis "And" Linked Panel			
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op			
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op			
() enoxaparin (LOVENOX) injection (Single Responsation (Selection Required)	nse)			
Patient renal status: @CRCL@				
For patients with CrCl GREATER than or EQUAl doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin	L to 30mL/min, enoxaparin orders will apply the following recommended in 40mg every 12 hours			
() For CrCl LESS than 30mL/min - enoxaparin (LC	OVENOX)			
subcutaneous Daily at 1700				
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):			
() For CrCl GREATER than or EQUAL TO 30 mL enoxaparin (LOVENOX) subcutaneous	/min -			
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):			

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
	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, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
for patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS
0 0 , ,	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, PACU &
with weight GREATER than 100 kg	Post-op
ğ ğ	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	lection
Required)	
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
F F J E	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	, ,
) MODERATE Risk of DVT - Non-Surgical (Selection	 on
Required)	
NA I DI DI CITA	

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

[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
	enoxaparin (LOVENOX) injection (Single Response (Selection Required)	onse)
	Patient renal status: @CRCL@	

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

	n 30mL/min - enoxaparin (	(LOVENOX)			
subcutaneous Daily at 1700					
[] enoxaparin (LOVE	ENOX) injection	30 mg, subcutaneous, daily at 1700			
		Indication(s):			
() For CrCl GREATER	( ) For CrCl GREATER than or EQUAL TO 30 mL/min -				
enoxaparin (LOVEN	NOX) subcutaneous				
[] enoxaparin (LOVE	ENOX) injection	subcutaneous			
		Indication(s):			
() fondaparinux (ARIXT	TRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op			
		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) inje	ection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op			
() heparin (porcine) inje	ection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op			
for patients with high	risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS			
weight < 50kg and a	ge > 75yrs)	than 50kg and age GREATER than 75yrs.			
() heparin (porcine) inje	ection - For Patients	7,500 Units, subcutaneous, every 8 hours, PACU & Post-op			
with weight GREATE	R than 100 kg	For patients with weight GREATER than 100 kg.			
() warfarin (COUMADII	N) tablet	oral, daily at 1700, PACU & Post-op			
		Indication:			
() Pharmacy consult to	manage warfarin	STAT, Until discontinued, Starting S			
(COUMADIN)	G	Indication:			
[] Mechanical Prophylax	is (Single Response) (Sel	ection			
Required)					
() Contraindications ex	ist for mechanical	Routine, Once			
prophylaxis		No mechanical VTE prophylaxis due to the following contraindication(s):			
		PACU & Post-op			
() Place/Maintain seque	ential compression	Routine, Continuous, PACU & Post-op			
device continuous					

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

[1 High Dick (Coloction Doguirod)			
[] High Risk (Selection Required)			
[] High risk of VTE Routine, Once			
[] High Risk Pharmacological Prophylaxis - 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	ponse)		
(Selection Required)			
Patient renal status: @CRCL@			
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours			
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)		
subcutaneous Daily at 1700			
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700		
	Indication(s):		
() For CrCl GREATER than or EQUAL TO 30 n	nL/min -		
enoxaparin (LOVENOX) subcutaneous			
[] enoxaparin (LOVENOX) injection	subcutaneous		
	Indication(s):		
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1		
	If the patient does not have a history or suspected case of		
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.		
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive		
	procedure, or CrCl LESS than 30 mL/min.		
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):		
( ) honorin (norgina) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM		
( ) heparin (porcine) injection ( ) heparin (porcine) injection (Recommended			
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS		
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.		
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1		
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.		
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1		
() Wallalli (COOMADIN) tablet	Indication:		
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S		
(COUMADIN)	Indication:		
Mechanical Prophylaxis (Single Response) (Se			
Required)			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):		
() Place/Maintain sequential compression	Routine, Continuous		
device continuous			

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, PACU & Post-op [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): PACU & Post-op enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, PACU & Post-op 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, PACU & Post-op () heparin (porcine) injection (Recommended 5,000 Units, subcutaneous, every 12 hours, PACU & Post-op 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. 7,500 Units, subcutaneous, every 8 hours, PACU & Post-op () heparin (porcine) injection - For Patients with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. () warfarin (COUMADIN) tablet oral, daily at 1700, PACU & Post-op Indication: () Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication:

Required)

Mechanical Prophylaxis (Single Response) (Selection

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
( ) Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required)	n
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, PACU & Post-op
<ul><li>[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)</li></ul>	se)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection R	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op 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) Patient renal status: @CRCL@	ponse)
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	• • • • • • • • • • • • • • • • • • • •
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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):
nted on 3/28/2023 at 9:14 AM from POC environment	

() h	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
	neparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
	or patients with high risk of bleeding, e.g.	Post-op
weight < 50kg and age > 75yrs)		Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	neparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
V	with weight GREATER than 100 kg	Post-op
/\ <u>-</u>	2'	For patients with weight GREATER than 100 kg.
F	Rivaroxaban and Pharmacy Consult (Selection Required)	
[]	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op
	knee arthroplasty planned during this	Indications: VTE prophylaxis
	admission Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
L J	(XARELTO) therapy	Indications: VTE prophylaxis
() v	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op
	,	Indication:
	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	COUMADIN)	Indication:
	echanical Prophylaxis (Single Response) (Sele equired)	ection
	Contraindications exist for mechanical	Routine, Once
p	orophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
		PACU & Post-op
1 ' '	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	device continuous	
Labs		
	ory Every Morning x 3 Days	
	<u> </u>	AM draw reports For 2 Days
	with platelet and differential community commu	AM draw repeats For 3 Days  AM draw repeats For 3 Days
	prehensive metabolic panel	AM draw repeats For 3 Days
	nesium level	AM draw repeats For 3 Days
	sphorus level	AM draw repeats For 3 Days
	orning at 5:30 x 3 Days	·
		AM In the second Fire O.D.
[X] FK50	06 Tacrolimus level, random	AM draw repeats For 3 Days EVERY MORNING AT 5:30 AM
[] Cycle	osporine level, random	AM draw repeats For 3 Days
[] Oyok	ooponine level, random	EVERY MORNING AT 5:30 AM
[] Siroli	imus level, random	AM draw repeats For 3 Days
		EVERY MORNING AT 5:30 AM
Laborate	ory Repeat Every Monday x 3	
	prehensive metabolic panel	Every Monday For 2 Occurrences
	megalovirus by PCR	Every Monday For 3 Occurrences  Every Monday For 3 Occurrences
[] Cyto	inlegation as by 1 Cit	Specimen Source:
Microbio	ology	
	d culture x 2	"And" Linked Panel
[] Bl	,	Once, Blood
		Collect before antibiotics given. Blood cultures should be ordered x2, with
		each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line
		should NEVER be used.
•		

[] Blood Culture (Aer	obic & Anaerobic)	each se sets fro	Blood before antibiotics given. Blood cultures should be ordered x2, with at drawn from a different peripheral site. If unable to draw both am a peripheral site, please call the lab for assistance; an IV line NEVER be used.
[] Respiratory pathogen p	panel with COVID-19 R	T-PCR	Once
[] Sputum culture			Conditional Frequency, Sputum CONDITIONAL: One activation if temperature greater than 99.9 degrees Farenheit
[] Urinalysis screen and r	microscopy, with reflex	to culture	Once Specimen Source: Urine Specimen Site: CONDITIONAL: One activation if temperature greater than 99.9 degrees Farenheit
Cardiology			
ECG			
[] ECG 12 lead			Routine, Daily For 14 Days Clinical Indications: Interpreting Physician: Daily for 14 days post op
Imaging			
Diagnostic X-Ray			
[] XR Chest 1 Vw Portab	le		Routine, Daily imaging For 3 Days Upright
[] XR Chest 1 Vw Portab	le (Daily)		Routine, Daily imaging For 14 Days Daily for 14 days post op
[] XR Chest 1 Vw Portable (for temp greater than 99.9)		n 99.9)	Routine, Conditional Frequency For 3 Occurrences Conditional - One Activation - If Temperature greater than 99.9 degrees Farenheit.
Consults For Physician Consult o	rders use sidebar		
Consults			
[X] Consult to PT eval and	treat		Special Instructions: For ambulation and muscle strengthening Weight Bearing Status: For ambulation and muscle strengthening
[] 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:
[X] Consult Cardiac Rehab	Phase 1		Routine, Once Clinical Indications: Heart Transplant To start on Day *** for endurance training
[X] Consult to Nutrition Se	rvices		Reason For Consult? Other (Specify) Specify: Post Transplant Diet Education Post Transplant Diet Education
[] Consult to Case Manag	gement		Consult Reason: Discharge Planning
[] Consult to Diabetes Ed	_		Reason for Consult: New Onset,Self Care / Meter for new onset for blood sugar checks, insulin sliding scale and diet
[X] Consult Methodist Reh	ab Associates		Reason for Consult: PM&R Evaluation

[] Consult to Transplant Social Work	Reason for Consult? Organ Transplant: Heart Contact Heart Transplant Social Worker for Heart Transplant at 713-441-5451
[] Consult to Transplant Financial Services	Reason for Consult? Medication Coverage Post-Transplant Organ Transplant: Heart Contact Heart Transplant Financial Services for transplant consultation at 713-441-5451
[] Consult to Transplant Coordinator for Discharge Planning Education	Details