## Inpatient Readmission Bariatric Patients [2293]

General	
Common Present on Admission Diagnosis	
Present on Admission	Details
[] Acidosis	Details
Acute Post-Hemorrhagic Anemia	Details
] Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
Bacteremia	Details
Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
Cardiac Dysrhythmia	Details
1 Cardiogenic Shock	Details
Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of the Liver	Details
Electrolyte and Fluid Disorder	Details
1 Intestinal Infection due to Clostridum Defficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
Other Aiteration of Consciousness     Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Other Full long Embolish and marction     Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
	Details
Psychosis, unspecified psychosis type	
Schizophrenia Disorder	Details  Details
Sepsis	
Septic Shock	Details Details
Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	Required)
( ) Admit to Inpatient	Admitting Physician:
.,	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission or Observation (Single Response)	

() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status @CERMSG(674511:)@	
[X] Code Status (Single Response)  DNR and Modified Code orders should be placed	by 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	
[] 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
<ul> <li>Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.</li> </ul>	Once, Sputum

[1] Contact inclution of the	Deteile
Contact isolation status     Droplet isolation status	Details  Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Vital signs - T/P/R/BP	Routine, Every 4 hours
Activity	
[] Bed rest	Routine, Until discontinued, Starting S
[] peg lest	Bathroom Privileges:
[] Up in chair	Routine, Until discontinued, Starting S
	Specify: Up ad lib,Out of bed,Up in chair
F1 Ambulata	Additional modifier:
[] Ambulate	Routine, 3 times daily Specify:
X Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
Dist.	
Diet	
[] NPO	Diet effective now, Starting S
	NPO: Pre-Operative fasting options:
NPO except meds	Diet effective now, Starting S For 2 Hours
	NPO: Except meds
	Pre-Operative fasting options:
[] Diet - Bariatric Clear Liquid	Diet effective now, Starting S
	Diet(s): Bariatric Bariatric: Bariatric Clear Liquid
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction: Foods to Avoid: Caffeine, Anti-Reflux, No Gastric Irritants
[] Diet - Bariatric Full Liquids	Diet effective now, Starting S
	Diet(s): Bariatric
	Bariatric: Bariatric Full Liquid
	Other Options: Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Bariatric Soft	Diet effective now, Starting S
	Diet(s): Bariatric Bariatric: Bariatric Soft
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
I	Foods to Avoid:

[] Diet - Bariatric Low Fat Regular	Diet effective now, Starting S
	Diet(s): Bariatric
	Bariatric: Bariatric Low Fat Regular
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Bariatric Pureed	Diet effective now, Starting S
	Diet(s): Bariatric
	Bariatric: Bariatric Pureed
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid:
	1 oods to Avoid.
IV Fluids	
IV Fluids (Single Response)	
() lactated ringers bolus	intravenous, once, For 1 Doses
() lactated Ringer's infusion	intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with	intravenous, continuous
potassium chloride 20 mEq/L infusion	
() sodium chloride 0.9 % bolus	500 mL, intravenous, once, For 1 Doses
() sodium chloride 0.9 % infusion	intravenous, continuous
() electrolyte-A (PLASMA-LYTE A) bolus	intravenous, once, For 1 Doses
() mvi, adult 10 mL, thiamine 100 mg, folic acid 1 mg	intravenous, once, For 1 Doses
infusion	Per Med Staff Policy, R.Ph. will automatically switch IV to
iliusion	equivalent PO dose when above approved criteria are
	satisfied:
Pharmacy Consults	
Pharmacy Consult	
[ ] Pharmacy consult to monitor and educate for bariatric surgery patient RE-admission	STAT, Until discontinued, Starting S
Medications	
Restricted medications	
Restricted medications  No NSAIDs EXcluding aspirin	STAT, Until discontinued, Starting S
	STAT, Until discontinued, Starting S Reason for "No" order:
[] No NSAIDs EXcluding aspirin	Reason for "No" order:
[ ] No NSAIDs EXcluding aspirin  Antibiotics Adjust dose for renal and/or liver impairment and for age gr	Reason for "No" order: reater than 60 years old.
[] No NSAIDs EXcluding aspirin  Antibiotics	Reason for "No" order: reater than 60 years old. intravenous
[ ] No NSAIDs EXcluding aspirin  Antibiotics Adjust dose for renal and/or liver impairment and for age gr	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this
[ ] No NSAIDs EXcluding aspirin  Antibiotics Adjust dose for renal and/or liver impairment and for age gr	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr [ ] piperacillin-tazobactam (ZOSYN) IV	Reason for "No" order:  reater than 60 years old.  intravenous  Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.  Reason for Therapy:
[ ] No NSAIDs EXcluding aspirin  Antibiotics Adjust dose for renal and/or liver impairment and for age gr	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr [ ] piperacillin-tazobactam (ZOSYN) IV	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr [ ] piperacillin-tazobactam (ZOSYN) IV	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.
Antibiotics Adjust dose for renal and/or liver impairment and for age graph piperacillin-tazobactam (ZOSYN) IV  [] ciprofloxacin (CIPRO) IV	reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr [ ] piperacillin-tazobactam (ZOSYN) IV	reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr  [ ] piperacillin-tazobactam (ZOSYN) IV  [ ] ciprofloxacin (CIPRO) IV	reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous Per Med Staff Policy, R.Ph. will automatically switch IV to
Antibiotics Adjust dose for renal and/or liver impairment and for age graph piperacillin-tazobactam (ZOSYN) IV  [] ciprofloxacin (CIPRO) IV	Reason for "No" order:  reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are
[ ] No NSAIDs EXcluding aspirin  Antibiotics    Adjust dose for renal and/or liver impairment and for age gr  [ ] piperacillin-tazobactam (ZOSYN) IV  [ ] ciprofloxacin (CIPRO) IV	reater than 60 years old.  intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy: intravenous Per Med Staff Policy, R.Ph. will automatically switch IV to

] fluconazole (DIFLUCAN) IV	intravenous, for 60 Minutes Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
] vancomycin (VANCOCIN) IV	15 mg/kg, intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
] ertapenem (INVanz) injection	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
Multivitamin and Mineral Supplements	
] multivitamin with minerals tablet	1 tablet, oral, 2 times daily Discontinue multiple vitamins in intravenous fluids.
] folic acid (FOLVITE) tablet	1 mg, oral, daily Discontinue folic acid in intravenous fluids.
] calcium citrate-vitamin D3 (CITRACAL+D) 315 mg-unit per tablet	
] ferrous gluconate (FERGON) tablet	324 mg, oral, daily
] cyanocobalamin injection	1,000 mcg, intramuscular, once, For 1 Doses
] cyanocobalamin tablet	500 mcg, sublingual, daily
√TE  OVT Risk and Prophylaxis Tool (Single Respon	nse) (Selection Required)
√TE  DVT Risk and Prophylaxis Tool (Single Respor  VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
√TE  OVT Risk and Prophylaxis Tool (Single Respor	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Structure (Single Response) (Selection Required)	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Description
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Street.	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Description  Training of the control o
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Str. (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active order for therapy anticoagulant or VTE prophylax therapeutic anticoagulant or VTE prophylax Required)  [] Moderate risk of VTE	URL:  "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Deutic ratification  tive order for is (Selection  Routine, Once
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Structure (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active order for therapy anticoagulant or VTE prophylax and therapeutic anticoagulant or VTE prophylax Required)	URL:  "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Deutic ratification  tive order for is (Selection
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Structure (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxing Required)  [] Moderate risk of VTE  [] Patient currently has an active order for the the rapeutic anticoagulant or VTE	URL:  "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Details ratification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Str. (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for the the rapeutic anticoagulant or VTE prophylaxis	URL:  "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Deteutic ratification  tive order for is (Selection  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Str. (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single Place)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Detail cratification  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
VTE  OVT Risk and Prophylaxis Tool (Single Resport VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therapy anticoagulant or VTE prophylaxis with Risk Str. (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single Place)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Detutic ratification  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
VTE  OVT Risk and Prophylaxis Tool (Single Respor VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  Patient currently has an active order for therap anticoagulant or VTE prophylaxis with Risk Str (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylax Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxis	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  Detutic ratification  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

( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
	contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
() High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	Response)
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	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 prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	ctors
[] Low Risk (Single Response) (Selection Requir	
() 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. No contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, 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) [] Moderate risk of VTE	Routine, Once

BUT order Sequential compression device	prophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	
[] Place/Maintain sequential compression device continuous	Routine, Continuous
( ) Contraindications exist for pharmacologic pand AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	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):
<ul><li>enoxaparin (LOVENOX) injection (Single F (Selection Required)</li></ul>	Response)
Patient renal status: @CRCL@  For patients with CrCl GREATER than or E	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 h GREATER THAN or EQUAL to 140kg enox	
() For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700	rin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<ul><li>() For CrCl GREATER than or EQUAL TO 3 enoxaparin (LOVENOX) subcutaneous</li></ul>	30 mL/min -
[] 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
( ) heparin (porcine) injection	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
<ul> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.</li> </ul>	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
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients</li> </ul>	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, S+1 at 6:00 AM
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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.
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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, S+1 at 6:00 AM  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1
<ol> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> </ol>	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, S+1 at 6:00 AM  For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>() warfarin (COUMADIN) tablet</li> <li>() Pharmacy consult to manage warfarin (COUMADIN)</li> <li>  Mechanical Prophylaxis (Single Response)</li> </ul>	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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	etion
<ul> <li>( ) Contraindications exist for pharmacologic pro Order Sequential compression device</li> </ul>	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 pro     AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	· · ·
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQI 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	
() 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 renoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() 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
() Wallalili (COOMADIN) tablet	Indication:
( ) Diameter and the second of size	
() 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 - Surgical (Selection Required	
·	)
High Risk Definition	and the address of
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; r	nyeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
riistory of FE	
[1] High Rick (Cologtion Required)	
[ ] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
	·
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li></ul>	ical Patient
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic</li> </ul>	Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li></ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight:</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxal</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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 enoxal</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQ 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</li> <li>() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended  rs parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, 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) (Sele Required)	ection
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	GH Risk of DVT - Non-Surgical (Selection Requir gh Risk Definition	red)
or Se Au Mu Ab Ac His	protein S deficiency; hyperhomocysteinemia; my evere fracture of hip, pelvis or leg cute spinal cord injury with paresis ultiple major traumas adominal or pelvic surgery for CANCER cute ischemic stroke story of PE	nt mutations, anticardiolipin antibody syndrome; antithrombin, protein C eloproliferative disorders)
[]	High Risk (Selection Required) High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Non-Su	
7)	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	onse)
	Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQUAdoses 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	AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
(	) For CrCl LESS than 30mL/min - enoxaparin (L	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	L/min -

[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() 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	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)	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
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	n
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C

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

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 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):
() 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
<ul><li>[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li></ul>	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (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:
<ul><li>[ ] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	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
T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	) (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 therapeu anticoagulant or VTE prophylaxis with Risk Strati	

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.
[1] Diago acquential compression device (Cingle	Therapy for the following:
<ul><li>[ ] Place sequential compression device (Single</li><li>( ) Contraindications exist for mechanical</li></ul>	
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
ριομηγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Rodino, Continuodo
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTÉ 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.
11. 51	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	Routine, Continuous
() High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (	
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[ ] Place sequential compression device (Single	• •
() 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	Routine, Continuous
() High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (	
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[ ] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
( ) Place/Maintain acquential compression	contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
( ) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	ctors
rigo 1000 than 00 yours and 110 other 112 horris	510.0
[] Low Risk (Single Response) (Selection Requir	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 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 - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression device [] Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): [] Place/Maintain sequential compression Routine, Continuous device continuous () Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis [] Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): [] Contraindications exist for mechanical Routine. Once No mechanical VTE prophylaxis due to the following prophylaxis contraindication(s):

( ) 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 - enoxapa subcutaneous Daily at 1700	arin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous	30 mL/min -
[] 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 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.	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 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) (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
	ODERATE Risk of DVT - Non-Surgical (Selection equired)	
Мс	oderate Risk Definition	

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)     Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	·
() Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "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 proph AND mechanical prophylaxis	nylaxis "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 Response	onse)

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

subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
[] Glioxapaliii (EG VEINGX) ilijediloli	Indication(s):
) For CrCl GREATER than or EQUAL TO $30$	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
for donorious (ADIVIDA) inication	Indication(s):
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 LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight
with weight GREATER than 100 kg	GREATER than 100 kg.
warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Single Required)	election
Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
Place/Maintain sequential compression device continuous	Routine, Continuous
GH Risk of DVT - Surgical (Selection Required	·
ddress both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	
High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	
Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

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 subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] 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):
() 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:
HIGH Risk of DVT - Non-Surgical (Selection Req	uired)
Address both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
<ul> <li>High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required</li> </ul>	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ 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	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	·
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700

Indication(s):

<ul> <li>For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> </ul>	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul><li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
( ) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<ul><li>HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)</li></ul>	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
<ul> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> </ul>	
( ) 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 Re	<u> </u>
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	oonse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
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 (	I OVENOX)
subcutaneous Daily at 1700	
I I ongvenorin /I ( )\/LN( )V\ injection	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
[] enoxaparin (LOVENOX) injection     () For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous     [] enoxaparin (LOVENOX) injection	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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
STAT, Until discontinued, Starting S Indications: VTE prophylaxis
oral, daily at 1700, Starting S+1 Indication:
STAT, Until discontinued, Starting S Indication:
URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
cation  order for
election
Routine, Once
Routine, Once Routine, Once
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: desponse)
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse) Routine, Once
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: esponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Lesponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  order for election
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: tesponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  order for election  Routine, Once
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Lesponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  order for election
Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: tesponse) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  order for election  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  Order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
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  Order for election  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.

() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active orde	
therapeutic anticoagulant or VTE prophylaxis (S	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 I	
() 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	(Country Continuous)
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (S	Selection
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyidado	Therapy for the following:
[] Place sequential compression device (Single I	· · · · · · · · · · · · · · · · · · ·
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Di (M) ()	contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	tors
[] Low Risk (Single Response) (Selection Require	d)
() 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	quirea)
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	S
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major dargery within a months of authosion	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - S	Surgical
[] Moderate risk of VTE	Surgical

IJ	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 Respondent (Selection Required)	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 hours GREATER THAN or EQUAL to 140kg enoxap	
	For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
()		(LOVEITON)
()	subcutaneous Daily at 1700	30 mg, subcutaneous, daily at 1700
()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n	30 mg, subcutaneous, daily at 1700 Indication(s):
()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
()	subcutaneous Daily at 1700  ] enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous  ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s):
()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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
()	subcutaneous Daily at 1700  ] enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous  ] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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.
()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) injection  heparin (porcine) injection  heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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):  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
() () () ()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n 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	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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):  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, S+1 at 6:00 AM
() () () ()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) injection  heparin (porcine) injection  heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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):  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.
() () () () () ()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n 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	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  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):  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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1
() () () () () () ()	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n 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 warfarin (COUMADIN) tablet	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:
() () () () () () () R	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) 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 warfarin (COUMADIN) tablet  Pharmacy consult to manage warfarin (COUMADIN)  Mechanical Prophylaxis (Single Response) (Se	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -  subcutaneous Indication(s):  2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  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, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	tion
<ul> <li>( ) Contraindications exist for pharmacologic pro Order Sequential compression device</li> </ul>	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 pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	· · ·
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	
() 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	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() 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
() namam (Coom Ent) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	RECTION
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	must be addressed.
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	lyeloprollierative disorders)
171	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
1 High Risk (Salaction Required)	
[] High Risk (Selection Required)	Pouting Once
[] High risk of VTE	Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li></ul>	cal Patient
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion	
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li></ul>	cal Patient
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic</li> </ul>	Routine, Once
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> </ul>	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)</li> <li>Patient renal status: @CRCL@</li> </ul> For patients with CrCl GREATER than or EQUATION (Single Response) (Selection Required)	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight:</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQU doses by weight: Weight Dose</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Results (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUID doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUADOSES by weight: Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Results (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUID doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUADOSES by weight: Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>(Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUAD 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 enoxaparin 40mg</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended sparin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgin (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>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 enoxaparin</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended sparin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgin (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQL 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 enoxaparin subcutaneous Daily at 1700</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended sparin 40mg every 12 hours  (LOVENOX)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgin (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>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 enoxaparin</li> <li>() For CrCl LESS than 30mL/min - enoxaparin</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended satisfactors are a solutions and the following recommended (LOVENOX)  30 mg, subcutaneous, daily at 1700
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgin (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> </ul> </li> <li>For patients with CrCl GREATER than or EQU doses by weight:         Weight Dose</li></ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended sparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQUADES THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 recovered to the subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended sparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Resmonth (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUAD 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 enoxaparin subcutaneous Daily at 1700         [] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended  separin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQUADES THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO 30 recovered to the subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended  sparin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Resmonth (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUAD 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 enoxaparin subcutaneous Daily at 1700         [] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 renoxaparin (LOVENOX) subcutaneous</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse)  JAL to 30mL/min, enoxaparin orders will apply the following recommended  separin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	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 - Non-Surgical (Selection Requ	ired)
One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative disorders)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
<ul><li>[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)</li></ul>	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Respondered)</li></ul>	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL 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 enoxap	
() 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 Indication(s):
( ) 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) Required)	(Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	ction
Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophyla	axis must be addressed.
One or more of the following medical condition	s:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombor protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	

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

History of PE

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 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 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
( ) Rivaroxaban and Pharmacy Consult (Selection Required)	n 
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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
abs	
OVID-19 Qualitative PCR	
COVID-19 qualitative RT-PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes
abs STAT	
CBC hemogram	STAT For 1 Occurrences
Comprehensive metabolic panel	STAT For 1 Occurrences
Albumin level	STAT For 1 Occurrences
Chromium, serum	STAT For 1 Occurrences
Copper level, serum	STAT For 1 Occurrences

[ ] C-reactive protein	STAT For 1 Occurrences
[] Fatty acid profile, essential, S	STAT For 1 Occurrences
	STAT For 1 Occurrences
[] Folate level	
[] Hemoglobin A1c	STAT For 1 Occurrences
[] Iron level	STAT For 1 Occurrences
[] Hepatic function panel	STAT For 1 Occurrences
[] Lipid panel	STAT For 1 Occurrences
[] Magnesium level	STAT For 1 Occurrences
[] Prealbumin level	STAT For 1 Occurrences
[] Parathyroid hormone	STAT For 1 Occurrences
[] Prothrombin time with INR	STAT For 1 Occurrences
[] Partial thromboplastin time, activated	STAT For 1 Occurrences
[] Thyroid stimulating hormone	STAT For 1 Occurrences
[] Selenium, serum	STAT For 1 Occurrences
[] Vitamin A level, plasma or serum	STAT For 1 Occurrences
[] Vitamin B1 level, whole blood	STAT For 1 Occurrences
[] Vitamin B12 level	STAT For 1 Occurrences
[] Vitamin B6 level, plasma	STAT For 1 Occurrences
[] Vitamin D 25 hydroxy level	STAT For 1 Occurrences
[] Vitamin E level, plasma or serum	STAT For 1 Occurrences
[] Vitamin K level, serum	STAT For 1 Occurrences
[] Zinc level, serum	STAT For 1 Occurrences

#### Labs AM x 1

[] CBC hemogram	AM draw For 1 Occurrences
[] Comprehensive metabolic panel	AM draw For 1 Occurrences
[] Albumin level	AM draw For 1 Occurrences
[] Chromium, serum	AM draw For 1 Occurrences
[] Copper level, serum	AM draw For 1 Occurrences
[] C-reactive protein	AM draw For 1 Occurrences
[] Fatty acid profile, essential, S	AM draw For 1 Occurrences
[] Folate level	AM draw For 1 Occurrences
[] Hemoglobin A1c	AM draw For 1 Occurrences
[] Iron level	AM draw For 1 Occurrences
[] Hepatic function panel	AM draw For 1 Occurrences
[] Lipid panel	AM draw For 1 Occurrences
[] Magnesium level	AM draw For 1 Occurrences
[] Prealbumin level	AM draw For 1 Occurrences
Parathyroid hormone	AM draw For 1 Occurrences
[] Prothrombin time with INR	AM draw For 1 Occurrences
[] Partial thromboplastin time, activated	AM draw For 1 Occurrences
[] Thyroid stimulating hormone	AM draw For 1 Occurrences
[] Selenium, serum	AM draw For 1 Occurrences
[] Vitamin A level, plasma or serum	AM draw For 1 Occurrences
[] Vitamin B1 level, whole blood	AM draw For 1 Occurrences
[] Vitamin B12 level	AM draw For 1 Occurrences
[] Vitamin B6 level, plasma	AM draw For 1 Occurrences
[] Vitamin D 25 hydroxy level	AM draw For 1 Occurrences
[] Vitamin E level, plasma or serum	AM draw For 1 Occurrences
[] Vitamin K level, serum	AM draw For 1 Occurrences
[] Zinc level, serum	AM draw For 1 Occurrences

# Cardiology

## Imaging

СТ

_			
[]	CT Abdomen Pelvis W Wo Contrast	Routine, 1 time imaging, Starting S at	1:00 AM For 1
[]	CT Angiogram Pe Chest	Routine, 1 time imaging, Starting S at	1:00 AM For 1

## Other Studies

## Respiratory

## Rehab

Consults
For Physician Consult orders use sidebar

#### **Ancillary Consults**

[] Consult to Bariatric Coordinator	Reason for Consult?
[] Consult to Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status:
[] Consult PT wound care	Special Instructions: Location of Wound?
[] Consult 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 Spiritual Care	Reason for consult?
[] Consult to Respiratory Therapy	Reason for Consult? Reason for consult: CPAP

#### Additional Orders