## CAGT Admission Allogeneic SCT [1250]

Common Present on Admission Diagnosis	
	Details
4	Details
Acute Post-Hemorrhagic Anemia     Acute Renal Failure	Details
•	
Acute Respiratory Failure	Details Details
Acute Thromboembolism of Deep Veins of Lower Extremities	Details
] Anemia	Details
] Bacteremia	Details
Bipolar disorder, unspecified	Details
Cardiac Arrest	Details
Cardiac Dysrhythmia	Details
Cardiogenic Shock	Details
Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Electrolyte and Fluid Disorder	Details
	Details
Intestinal Infection due to Clostridium Difficile  Methicillin Resistant Staphylococcus Aureus Infection	Details
Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
<u> </u>	Details
Other and Unspecified Coagulation Defects  Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
<del> </del>	Details
Protein-calorie Malnutrition  Psychosis, unspecified psychosis type	Details
Schizophrenia Disorder	Details
Sepsis	Details
Septic Shock	Details
Septicesia	Details
<del> </del>	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
J Officery Fract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	n Required)
) Admit to Inpatient	Admitting Physician:
) Admit to Inpatient	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgme
	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:

() Admit to Inpatient	Admitting Physician: Level of Care:
	Patient Condition:
	Bed request comments:  Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
() Outpatient in a bed - extended recovery	Bed request comments:  Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments:
	Dea request comments.
Admission (Single Response) Patient has active status order on file.	
() Admit to inpatient	Admitting Dhysician:
() 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.
	Services for two or more manights.
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	Boes patient have decision-making capacity:
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
[] Cananit to Casial Wards	Enter call back number:
[] Consult to Social Work () Modified Code	Reason for Consult:
( ) Modified Code	Did the patient/surrogate require the use of an interpreter?  Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
	Modified Code restrictions:
[] Treatment Restrictions ((For use when a patient is	
in a cardiopulmonary arrest))	arrest, the selected treatments will NOT be provided. I
	understand that all other unselected medically indicated
	treatments will be provided.  Treatment Restriction decision reached by:
	riodanoni riodanonon decicion redelled by.
	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	Specify Treatment Restrictions:
[] Airborne isolation status [] Airborne isolation status	Specify Treatment Restrictions:  Details
Airborne isolation status     Airborne isolation status     Mycobacterium tuberculosis by PCR - If you	Specify Treatment Restrictions:
[] Airborne isolation status [] Airborne isolation status	Specify Treatment Restrictions:  Details

[] Contact isolation status	Details
[] Droplet isolation status	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	
[] Vital signs - T/P/R/BP	Routine, Every 4 hours And PRN.
Pulse oximetry - spot check	Routine, Every 4 hours
	Current FIO2 or Room Air:
	And PRN
Andhalla	
Activity	
[] Activity as tolerated - Restricted to CAGT unit (exce	
diagnostic testing)	Specify: Activity as tolerated
	Restricted to CAGT unit (except for diagnostic testing)
Nursing	
	Pautino Doily
Daily weights Strict intake and output	Routine, Daily
<del></del>	Routine, Every 8 hours
	Routine, Once
	0 mL, intravenous, every 12 hours scheduled
	0 mL, intravenous, PRN, line care
1	
Protocols	
[] Initiate Protocol/Orders: CAGT Neutropenic Fever (a	
	Protocol: CAGT Neutropenic Fever (adult)
	Initiate for FIRST temperature greater than 38 degrees
[] Chamatharany Dagiman	Celsius.
[] Chemotherapy Regimen:	Routine, Until discontinued, Starting S Chemotherapy Regimen: ***
[X] Electrolyte Protocols	Спетіопетару Кедіпеті.
	Routine, Until discontinued, Starting S
	These orders are intended for the treatment of electrolyte depletion in
	NDULTS. Do NOT use these orders for patients with the following:
C	alculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient
	eceiving dialysis, serum creatinine has increased by 0.3 mg/dL since last
	alue reported or urine output LESS than 500 mL during last 24 hours,
	ody weight LESS than 30 kg, patients with DKA. ELECTROLYTE
	ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY.
	or patients with dosing or monitoring needs other than those outlined elow, please submit separate orders.
	Routine, Until discontinued, Starting S
	These orders are intended for the treatment of electrolyte depletion in
	NDULTS. Do NOT use these orders for patients with the following:
	alculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient
	eceiving dialysis, serum creatinine has increased by 0.3 mg/dL since last
	alua ranantad ar urina autout I CCC than 500 nal. durina laat 04 haura
	alue reported or urine output LESS than 500 mL during last 24 hours,
	ody weight LESS than 30 kg, patients with DKA. ELECTROLYTE
	ody weight LESS than 30 kg, patients with DKA. ELECTROLYTE DRDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY.
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ody weight LESS than 30 kg, patients with DKA. ELECTROLYTE

[X] Cell and Gene Therapy Electrolyte Replacement Protocol - Phosphate	These of ADULTS calculated receiving value replaced body we ORDER For paties	Until discontinued, Starting S rders are intended for the treatment of electrolyte depletion in S. Do NOT use these orders for patients with the following: ed creatinine clearance (CrCl) LESS than 50 mL/minute or patient g dialysis, serum creatinine has increased by 0.3 mg/dL since last ported or urine output LESS than 500 mL during last 24 hours, ight LESS than 30 kg, patients with DKA. ELECTROLYTE S SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. ents with dosing or monitoring needs other than those outlined lease submit separate orders.
Consent		
[] Ensure consent for chemotherapy has been obtain	ined	Routine, Once For 1 Occurrences
IV Access		
[] Insert line		Routine, Once Line Type: Central venous catheter - triple lumen Placement in operating room prior to admission.
[] Insert line		Routine, Once Line Type: Central venous catheter - double lumen Placement in Interventional Radiology.
[] IR Consult To Interventional Radiology		Routine Please acknowledge reason for placing this order? Is the patient pregnant? What are the patient's sedation requirements? What is the expected date for Procedure? What exam is being requested? Physician contact number: You MUST call Interventional Radiology to schedule this test, TMH@ 713-441-6540; SL@ 281-274-7170; WB@ 281-477-1234, M - F, 7a - 5p. After hours emergency, page on-call Interventional Radiologist, TMH 713-404-7505, SL@ 281-274-7000, WB@ 281-477-1234.
Notify		
<ul><li>Notify Physician if temp greater than 38 degrees</li><li>Notify Physician - if weight increases by 1 kilogramore</li></ul>		Routine, Until discontinued, Starting S  Routine, Until discontinued, Starting S
Notify Blood Bank of patient's transplant status		Routine, Until discontinued, Starting S
[] Notify Physician - for Hemoglobin LESS THAN 7 gram/deciliter		Routine, Until discontinued, Starting S
[] Notify Physician - for Platelets LESS THAN 10,00 microliter	00	Routine, Until discontinued, Starting S
[] Notify Physician - if no Single Donor Platelets (SI available	OP)	Routine, Until discontinued, Starting S
[X] Electrolytes [X] Notify Physician if potassium is less than 3.2 mEq/L or greater than 5.5 mEq/L	Routine,	Until discontinued, Starting S
[X] Notify Physician if magnesium is less than 1.2 mg/dL or greater than 4.5 mg/dL	Routine,	Until discontinued, Starting S
[X] Notify Physician if phosphate is less than 1.5 mg/dL or greater than 9 mg/dL	Routine,	Until discontinued, Starting S
Diet		
[] Diet - Neutropenic		Diet effective now, Starting S Diet(s): Additional Instructions Additional Instructions: Neutropenic/Low Bacteria Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
	Foods to Avoid:
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
IV Fluids	
IV Bolus (Single Response)	
() sodium chloride 0.9 % bolus	500 mL, intravenous, at 999 mL/hr, once, For 1 Doses
() sodium chloride 0.9 % bolus	1,000 mL, intravenous, at 999 mL/hr, once, For 1 Doses
( ) soulding the new section ( ) solution	1,000 mz, marchodo, at 000 mz/m, 0100, 1 01 1 20000
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	42 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with	42 mL/hr, intravenous, continuous
potassium chloride 20 mEq/L infusion	•
() sodium chloride 0.45 % infusion	42 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium	42 mL/hr, intravenous, continuous
bicarbonate 75 mEq/L infusion	, , , , , , , , , , , , , , , , , , , ,
Medications	
Pharmacy Consult	
[] Consult to Pharmacy	Routine, Until discontinued, Starting S
	Specify reason: Pharmacotherapy / Drug Monitoring /
	Electrolytes / Renal Adjustment
Medications	
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, nightly
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
[] phytonadione (MEPHYTON) suspension	2.5 mg, oral, weekly
	Indication:
[] phytonadione ((AQUA-MEPHYTON) IVPB	2 mg, intravenous, for 30 Minutes, user specified, S at 5:00
	PM
	Indication:
[] multivitamin (THERAGRAN) per tablet	1 tablet, oral, daily
Contraception - Initiate on admission for female patients o	nly
[] medroxyPROGESTERone (PROVERA) tablet	10 mg, oral, daily
[] medroxyPROGESTERone (DEPO-PROVERA) injection	150 mg, intramuscular, every 3 months
Mouth Care	
[] Oral care	Routine, Every 2 hours For Until specified
[] Oral ballo	Normal saline mouth rinse every 2 hours while awake
[] Oral care - Fluoride (GEL-KAM) 0.4% gel	dental, daily
	·
[] Oral care - Med Oral	Routine, Daily
	MedOral mouthrinse - 1 packet by mouth swish and spit
[1] Ovel some colling to the colling to	ONCE DAILY and PRN
[] Oral care - salt and soda oral rinse	buccal, 4 times daily
Chlorhexidine Wash	
	Topical daily Starting C
[] chlorhexidine (HIBICLENS) 4 % liquid	Topical, daily, Starting S
	For patients that can shower. Apply from the chin down.

sodium chloride 0.9 % bolus	250 mL, intravenous, for 15 Minutes, 2 times daily PRN,
diphenhydrAMINE (BENADRYL) injection	
(T)((F)(0)) ( I) (	transfusion
acetaminophen (TYLENOL) tablet	650 mg, oral, 2 times daily PRN, mild pain (score 1-3), prior to each transfusion
ledications PRN	
artificial tears solution	1 drop, Both Eyes, PRN, dry eyes, As Directed Leave at bedside
sodium chloride (OCEAN) 0.65 % nasal sp	pray 2 spray, Each Nare, every 2 hour PRN, dry nostrils Leave at bedside
temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep If needed may repeat x1 dose after 30 minutes. Indication(s): Insomnia
aluminum/magnesium hydroxide/simethica	· · ·
suspension	
TE	
VT Risk and Prophylaxis Tool (Single Res	
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
) Patient currently has an active order for th	perapeutic
anticoagulant or VTE prophylaxis with Ris	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has a	
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph	
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)	ylaxis (Selection
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph	nylaxis (Selection  Routine, Once
( ) Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)     [] Moderate risk of VTE     [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once  Routine, Once  Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
( ) Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)     [] Moderate risk of VTE [] Patient currently has an active order for	Routine, Once  Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)     Moderate risk of VTE     Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once  Routine, Once  No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
( ) Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)     [] Moderate risk of VTE     [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response)
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has a	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous  In active order for hylaxis (Selection  Routine, Once
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an therapeutic anticoagulant or VTE propher Required)  [] Moderate risk of VTE  [] Patient currently has an active order for the sequence of the sequence	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous  In active order for hylaxis (Selection  Routine, Once or Routine, Once
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous  In active order for hylaxis (Selection  Routine, Once Or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
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() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an therapeutic anticoagulant or VTE propher Required)  [] Moderate risk of VTE  [] Patient currently has an active order for the therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical compression device () Contraindications () Contraindicat	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous  In active order for hylaxis (Selection  Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: (Single Response) al Routine, Once
() Moderate Risk - Patient currently has a therapeutic anticoagulant or VTE proph Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  () Moderate Risk - Patient currently has an therapeutic anticoagulant or VTE propher Required)  [] Moderate risk of VTE  [] Patient currently has an active order for the the rapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device of the response of	Routine, Once or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response) al Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ion Routine, Continuous  In active order for hylaxis (Selection  Routine, Once Or Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  (Single Response)

<ul> <li>High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] 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 sequential compression	contraindication(s):  Routine, Continuous
device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	der 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.
[1] Disconstini companying design (Cinal)	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following
ριοριιγιαλίο	contraindication(s):
( ) Place/Maintain sequential compression	Routine, Continuous
device continuous	reading, commutation
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() MODEDATE DI L. (D)/T. O	early ambulation
( ) MODERATE Risk of DVT - Surgical (Selection F	Required)
Moderate Risk Definition	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	Mechanical propriyiaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	nmation, 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 ho	urs
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 -	·
Patient (Single Response) (Selection Require	ed)
<ul> <li>() Contraindications exist for pharmacologic pr BUT order Sequential compression device</li> </ul>	ophylaxis "And" Linked Panel

	Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
` '	Contraindications exist for pharmacologic prop AND mechanical prophylaxis	phylaxis "And" Linked Panel
[]	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
ı	Patient renal status: @CRCL@	
( \ !	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	(LOVENOX)
	SUDCUIADEOUS DAIIV AT 1700	
[]	subcutaneous Daily at 1700  enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
[] ()		Indication(s):
[] ()	enoxaparin (LOVENOX) injection	Indication(s):
[]	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection	Indication(s): mL/min - subcutaneous Indication(s):
[]	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous	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
() f	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection	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.
() f () () () () () () () () () () () () () (	For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() f () () () () () () () () () () () () () (	For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous 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.	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
() f () f () f () () () () () () () () () () () () ()	For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() [] () () () () () () () () () () () () ()	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection fondaparinux (heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) heparin (porcine) injection - For Patients	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
() f	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous 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	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 Indication:  STAT, Until discontinued, Starting S
() f	For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection 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) lechanical Prophylaxis (Single Response) (Se	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 Indication:  STAT, Until discontinued, Starting S Indication:
() f () f () f () f () f () v () v	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous 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)	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 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
[] Moderate Risk Pharmacological Prophyla Non-Surgical Patient (Single Response)	
Required)	(Selection
() Contraindications exist for pharmacolog	gic prophylaxis - "And" Linked Panel
Order Sequential compression device	, , , , , , , , , , , , , , , , , , , ,
[] Contraindications exist for pharmacolo	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compressio device continuous	· ,
( ) Contraindications exist for pharmacolog AND mechanical prophylaxis	gic prophylaxis "And" Linked Panel
[] Contraindications exist for pharmacolo	
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for mechanical	contraindication(s):  Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxio	contraindication(s):
( ) enoxaparin (LOVENOX) injection (Sing (Selection Required)	le Response)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg d 100 to 139kg enoxaparin 30mg every 1 GREATER THAN or EQUAL to 140kg 6	2 hours
() For CrCl LESS than 30mL/min - enox	aparin (LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
()	Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL T enoxaparin (LOVENOX) subcutaneou</li> </ul>	
[] 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 nationt has a history of or suspected case of Henarin-Induced

Thrombocytopenia (HIT):

() neparin (porcine) injection	5,000 Units, subcutaneous, every 8 nours
() heparin (porcine) injection (Recommend	ed 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
() mananin (eeenmishi) tasiet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response Required)	(Selection
7. 2	Pauting Once
` '	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
prophylaxis	
() Place/Maintain sequential compression	Routine, Continuous
device continuous	· n
) HIGH Risk of DVT - Surgical (Selection Req	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophy	
One or more of the following medical condition	
	variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinen	nia; myeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - S</li></ul>	·
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li></ul>	Surgical Patient
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacological Prophylaxis - (Single Response)</li> </ul>	Surgical Patient  c Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li></ul>	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Science (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single</li> </ul>	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Science (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> </ul>	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Science (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	Surgical Patient  Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight:</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg da</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended ily
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         <ul> <li>LESS THAN 100kg enoxaparin 40mg dat 100 to 139kg enoxaparin 30mg every 12</li> </ul> </li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended ily hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg da</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended ily hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         <ul> <li>LESS THAN 100kg enoxaparin 40mg dat 100 to 139kg enoxaparin 30mg every 12</li> </ul> </li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended ily hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         <ul> <li>LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er</li> <li>() For CrCl LESS than 30mL/min - enoxal</li> </ul> </li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  FEQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours hours hoxaparin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er     </li> <li>() For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700</li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than of doses by weight: Weight Dose         <ul> <li>LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er</li> <li>() For CrCl LESS than 30mL/min - enoxal</li> </ul> </li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single (Selection Required)         <ul> <li>Patient renal status: @CRCL@</li> </ul> </li> <li>For patients with CrCl GREATER than or doses by weight:         <ul> <li>Weight Dose</li> <li>LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er</li> </ul> </li> <li>() For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700         <ul> <li>[] enoxaparin (LOVENOX) injection</li> </ul> </li> </ul>	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er  () For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er  () For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  0 30 mL/min -
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er  () For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  D 30 mL/min -  subcutaneous
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis  () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg da 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg er  () For CrCl LESS than 30mL/min - enoxal subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection  () For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous	Surgical Patient  C Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):  Response)  r EQUAL to 30mL/min, enoxaparin orders will apply the following recommended illy hours noxaparin 40mg every 12 hours  Darin (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s):  0 30 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)
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
[] 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 Resp (Selection Required)</li></ul>	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar	
() For CrCl LESS than 30mL/min - enoxaparin (	(LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	Indication(s): 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
() 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) (Sele	ection
Required)	
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip of	or Knee
(Arthroplasty) Surgical Patient (Single Respon	ise)
(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 F	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	sponse)
· · · · · · · · · · · · · · · · · · ·	

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(Selection Required)

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
[] enoxapanin (LOVENOX) injection	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 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 (Selecti Required)	· · · · · · · · · · · · · · · · · · ·
<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) (S 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	e) (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 theraped anticoagulant or VTE prophylaxis with Risk Strat	

Required)

Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
prophylaxis	Therapy for the following:
[1] Place acquential compression device (Single	
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
( ) Diago/Maintein aggregation aggregation	contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
	and or for
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (Required)	Selection
Moderate risk of VTE	Routine, Once
	Routine, Once
[ ] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyiaxis	Therapy for the following:
[1] Place sequential compression device (Single	
[ ] Place sequential compression device (Single () Contraindications exist for mechanical	Response)  Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
() High Risk - Patient currently has an active order	or for
therapeutic anticoagulant or VTE prophylaxis (	
Required)	Ociocion
[] 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.
propriylaxio	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriy and	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device 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.
Froh 1915	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
FF7	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
( ) LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fac	ctors
go .oooa oo youlo alla 110 olllor v 12 flok la	<del></del>
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once
(,	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
1	, · · · · · · · · · · · · · · · · · · ·

## 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 prophylaxis No mechanical VTE prophylaxis due to the following 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 - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
[]	Mechanical Prophylaxis (Single Response) (Sele	ection
	Required)	
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression	Routine, Continuous
	device continuous	
( ) MC	ODERATE Risk of DVT - Non-Surgical (Selection	
Re	equired)	

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Routine, Once
on
nylaxis - "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
nylaxis "And" Linked Panel
Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

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 Indication(s):  () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	() For CrCl LESS than 30mL/min - enoxaparin (	(LOVENOX)
Indication(s):  () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection  () fondaparinux (ARIXTRA)	subcutaneous Daily at 1700	
enoxaparin (LOVENOX) subcutaneous  [] enoxaparin (LOVENOX) injection    subcutaneous   Indication(s):   fondaparinux (ARIXTRA) injection   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   Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)   than 50kg and age GREATER than 75yrs.   heparin (porcine) injection - For Patients with weight GREATER than 100 kg   Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg   Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg   Oral, daily at 1700   Indication:   Mechanical Prophylaxis (Single Response) (Selection Required)   Place/Maintain sequential compression device continuous   Routine, Once   No mechanical VTE prophylaxis due to the following contraindication   Place/Maintain sequential compression   Routine, Continuous   HIGH Risk of DVT - Surgical (Selection Required)   High Risk of VTE   Routine, Once   Note   Place/Maintain Sequential Prophylaxis   Place/Maintain Sequential Prophylaxis   Place/Maintain Sequential Selection Required   Place/Maintain Seq	[] enoxaparin (LOVENOX) injection	
[] enoxaparin (LOVENOX) injection  subcutaneous Indication(s):  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () feparin-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  () 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  () heparin (porcine) injection - For Patients with weight GREATER than 100 kg  () warfarin (COUMADIN) tablet  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)	() For CrCl GREATER than or EQUAL TO 30 m	nL/min -
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 CCI LESS than 50kg, prior to surgery/invasive procedure, or CCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) 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 () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin () Pharmacy consult to manage war	enoxaparin (LOVENOX) subcutaneous	
() 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  () 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  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  1) Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis  1) High Risk (Selection Required)  [] High Risk (Selection Required)	[ ] enoxaparin (LOVENOX) injection	subcutaneous
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs. () heparin (porcine) injection - For Patients with weight GREATER than 100 kg Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. () warfarin (COUMADIN) tablet oral, daily at 1700 Indication: () Pharmacy consult to manage warfarin (COUMADIN)  ] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis undersoon device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis  [] High Risk (Selection Required) [] High Risk (Selection Required)	, , , , , , , , , , , , , , , , , , , ,	Indication(s):
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) than 50kg and age GREATER than 75yrs.  () heparin (porcine) injection - For Patients with weight GREATER than 100 kg Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  () warfarin (COUMADIN) tablet oral, daily at 1700 Indication:  () Pharmacy consult to manage warfarin (COUMADIN)  () Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)    High Risk (Selection Required)    High Risk (Selection Required)	( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection		If the patient does not have a history of or suspected case of
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 () 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 () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin () Pharmacy consult to manage warfarin () COUMADIN) () Contraindications exist for mechanical prophylaxis () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required) () High Risk of VTE  S,000 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight LEst than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight Lest than 50kg and age GR		Heparin-Induced Thrombocytopenia (HIT), do NOT order this
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection		medication. Contraindicated in patients LESS than 50kg, prior to
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)  () heparin (porcine) injection - For Patients with weight GREATER than 100 kg  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Pharmacy consult to manage warfarin (COUMADIN)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  High Risk (Selection Required)  [] Medianical Prophylaxis (Condended and mechanical prophylaxis on the prophylaxis of the prophylaxis		
( ) heparin (porcine) injection		This patient has a history of or suspected case of Heparin-Induced
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)		
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) (Selection Required)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  High Risk (Selection Required)  [] High Risk (Selection Required)  [] High Risk (Selection Required)  [] High Risk of VTE  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age CREATER than 100 kg  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age CREATER than 100 kg  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age CREATER than 100 kg  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age CREATER than 100 kg  Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age CREATER than 100 kg  Recommended f	() heparin (porcine) injection	
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) (Selection Required)  () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  [] High Risk of VTE   than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with ligh risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with ligh risk of bleeding, e.g. weight GREATER than 100 kg.  7,500 Units, subcutaneous, every 8 hours  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.		
( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg  ( ) warfarin (COUMADIN) tablet  ( ) Pharmacy consult to manage warfarin (COUMADIN)  ( ) Mechanical Prophylaxis (Single Response) (Selection Required)  ( ) Contraindications exist for mechanical prophylaxis  ( ) Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)    High Risk (Selection Required)    Routine, Once Pharmacological and Mechanical Prophylaxis    High Risk (Selection Required)    Routine, Once Pharmacological and Mechanical Prophylaxis    High Risk (Selection Required)    Routine, Once Pharmacological and Mechanical Prophylaxis.		
with weight GREATER than 100 kg  Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.  () warfarin (COUMADIN) tablet oral, daily at 1700 Indication:  () Pharmacy consult to manage warfarin (COUMADIN) Indication:  [] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  [] High Risk (Selection Required)  [] High risk of VTE Routine, Once		
GREATER than 100 kg.  () warfarin (COUMADIN) tablet oral, daily at 1700 Indication:  () Pharmacy consult to manage warfarin (COUMADIN) Indication:  [] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)     High risk of VTE   Routine, Once		
( ) warfarin (COUMADIN) tablet oral, daily at 1700 Indication: ( ) Pharmacy consult to manage warfarin (COUMADIN) Indication:  ] Mechanical Prophylaxis (Single Response) (Selection Required) ( ) Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication ( ) Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  High Risk (Selection Required)  [ ] High risk of VTE Routine, Once	with weight GREATER than 100 kg	
Indication:  () Pharmacy consult to manage warfarin (COUMADIN) Indication:  ] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  High Risk (Selection Required)  [] High risk of VTE Routine, Once		•
( ) Pharmacy consult to manage warfarin (COUMADIN) Indication:  ] Mechanical Prophylaxis (Single Response) (Selection Required) ( ) Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindication ( ) Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)   High risk of VTE   Routine, Once	() warfarin (COUMADIN) tablet	
(COUMADIN) Indication:  Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis  No mechanical VTE prophylaxis due to the following contraindication  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis    High Risk (Selection Required)    High risk of VTE    Routine, Once		
Mechanical Prophylaxis (Single Response) (Selection Required)  ( ) Contraindications exist for mechanical prophylaxis   Routine, Once prophylaxis   No mechanical VTE prophylaxis due to the following contraindication   Routine, Continuous   Routine, Continuous   Routine, Continuous   HIGH Risk of DVT - Surgical (Selection Required)   Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis   High Risk (Selection Required)   High risk of VTE   Routine, Once		
Required)  ( ) Contraindications exist for mechanical prophylaxis	· ,	
prophylaxis  () Place/Maintain sequential compression device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  [] High Risk (Selection Required)  [] High risk of VTE  Routine, Once		ection
( ) Place/Maintain sequential compression device continuous HIGH Risk of DVT - Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)   High risk of VTE Routine, Once	() Contraindications exist for mechanical	Routine, Once
device continuous  HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  High Risk (Selection Required)  High risk of VTE  Routine, Once	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
HIGH Risk of DVT - Surgical (Selection Required)  Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  High Risk (Selection Required)  Routine, Once		Routine, Continuous
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.    High Risk (Selection Required)   High risk of VTE Routine, Once		
High Risk (Selection Required)  High risk of VTE  Routine, Once		
[] High risk of VTE Routine, Once	Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
<ul><li>High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)</li></ul>		cal Patient
( ) Contraindications exist for pharmacologic Routine, Once	() Contraindications exist for pharmacologic	
prophylaxis No pharmacologic VTE prophylaxis due to the following	prophylaxis	No pharmacologic VTE prophylaxis due to the following
contraindication(s):		
( ) enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	( ) enoxaparin (LOVENOX) injection (Single Response)	oonse)

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 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 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	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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
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
High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	
( ) Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	· · ·
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	UAL to 30mL/min, enoxaparin orders will apply the following recommende
GREATER THAN or EQUAL to 140kg enoxal	parin 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):

<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.</li></ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
<ul><li>() heparin (porcine) injection - For Patients with weight GREATER than 100 kg</li></ul>	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
( ) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	Knee
( ) 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	equired)
[] 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
<ul><li>() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	ponse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose	IAL 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 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 m 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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs.  7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or 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:
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK 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 therapeutic anticoagulant or VTE prophylaxis with Risk Stratific	
(Single Response) (Selection Required)	
<ul> <li>() Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single R	Therapy for the following:
() 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
<ul> <li>() Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S Required)</li> </ul>	
[] Moderate risk of VTE	Routine, Once
[] 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 R	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	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	r for
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.
FF ,	Therapy for the following:
[] Place sequential compression device (Single F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriylaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Nouthle, Continuous
	· for
() High Risk - Patient currently has an active order	
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 F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() LOW Risk of DVT (Selection Required)	
Low Risk 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
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Re	quired)
Moderate Risk Definition	. ,
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	echanical prophylaxis is optional unless pharmacologic is
	echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease,	
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission  [] Moderate Risk (Selection Required)	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission  [] Moderate Risk (Selection Required) [] Moderate risk of VTE	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission  [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Selection Required Prophyl	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome  s  Routine, Once  Burgical
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission  [] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once

	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 Res (Selection Required)	ponse)
	Patient renal status: @CRCL@	
( \ !	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	(LOVENOX)
	SUBCUTANEOUS DAILY AT 1700	
[]	subcutaneous Daily at 1700 enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
[] ()		30 mg, subcutaneous, daily at 1700 Indication(s):
[] ()	enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
[]	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous  enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s):
[]	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (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
() f	enoxaparin (LOVENOX) injection  For CrCl GREATER than or EQUAL TO 30 nenoxaparin (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.
() f () I () I	For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) 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. 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
() f () f () I () I	For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection eparin (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
()   ()   ()   ()   ()   ()   ()   ()	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous 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
() f () f () I	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous 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.  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
() f	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection fondaparinux (ARIXTRA) injection enoxaparin (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 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 Indication: STAT, Until discontinued, Starting S
() f	For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection fondaparinux (ARIXTRA) injection eparin (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) lechanical 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:
() f	For CrCl GREATER than or EQUAL TO 30 nenoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection fondaparinux (ARIXTRA) injection enoxaparin (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)	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>	etion
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic 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):
<ul><li>() enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
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 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Selection Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Selection Required	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	lyeloproliterative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[1] High Dick (Salaction Dequired)	
[ ] High Risk (Selection Required)	Routine Once
[] High risk of VTE	Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li></ul>	cal Patient
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic</li> </ul>	cal Patient  Routine, Once
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgi (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 - Surgi (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 - Surgi (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 - Surgi (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 - Surgi (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> </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 - Surgi (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 EQUIPM</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 - Surgi (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 EQUOSES 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 - Surgi (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 EQUID 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 - Surgi (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 EQUOSES by weight:</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 - Surgi (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 EQUADS to 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 - Surgi (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 EQI doses by weight: Weight Dose         LESS THAN 100kg enoxaparin 40mg daily         100 to 139kg enoxaparin 30mg every 12 hours</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 - Surgi (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 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 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 are parin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Resign (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 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): 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 - Surgi (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): sponse)  UAL to 30mL/min, enoxaparin orders will apply the following recommended are parin 40mg every 12 hours
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Resident (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 subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 feet on the complex of the complex of</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 - Surgi (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 EQUASES 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> <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  as parin 40mg every 12 hours  (LOVENOX)  30 mg, subcutaneous, daily at 1700 Indication(s): mL/min -
<ul> <li>[] High risk of VTE</li> <li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() enoxaparin (LOVENOX) injection (Single Resign (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 subcutaneous Daily at 1700</li> <li>[] enoxaparin (LOVENOX) injection</li> <li>() For CrCl GREATER than or EQUAL TO 30 feet or CrCl GREATER</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  Spoarin 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 - Surgi (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 EQUASES 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> <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  as 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) (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>	Surgical
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar	
() For CrCl LESS than 30mL/min - enoxaparin (	(LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	Indication(s): 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
() 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) (Sele	ection
Required)	
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	
Required)	
10.15.15.00	

High Risk Definition
Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

(Selection Required)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30	
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	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
( ) heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	on
Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
( ) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
<ul><li>Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	election
( ) Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous

## Labs

## **Labs Admit ONLY**

[] COVID-19 qualitative PCR	
[] COVID-19 qualitative RT-PCR -	Once
Nasopharyngeal swab	Specimen Source: Nasopharyngeal Swab
[] COVID-19 qualitative RT-PCR - Sputum	Once
	Specimen Source: Sputum
[] COVID-19 qualitative RT-PCR -	Once
Bronchoalveolar lavage	Specimen Source: Bronchoalveolar Lavage
[] CBC with differential	Once
[] Amylase	Once
[] Basic metabolic panel	Once

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[] Cholesterol, total	Once
[] Comprehensive metabolic panel	Once
[] Fibrinogen	Once Once
[] Lactate dehydrogenase, LDH [] Lactic acid level	Once
[] Magnesium	Once
Partial thromboplastin time	Once
[] Phosphorus	Once
[] Prealbumin	Once
Prothrombin time with INR	Once
[] Triglycerides	Once
[] Uric acid	Once
[] Urinalysis with microscopic	Once
[] hCG qualitative, urine screen	Once
	Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
Microbiology	
[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
Blood Bank	
[] Blood Bank Instructions	Routine, Once Transplant tentatively scheduled for: Donor Type: 1. Notify Blood Bank of patient's transplant status. 2. All blood products must be leucoreduced and irradiated. 3. Blood Bank Tech: Consult Medical Director ASAP and FAX comments to CAGT (713-790-6345)
Cardiology	
Imaging	
Other Studies	
Respiratory	
Respiratory Therapy	
[] Incentive spirometry	Routine, Every 2 hours while awake Keep at bedside
Rehab	
Consults	
For Physician Consult orders use sidebar	
Ancillary Consults	
[] 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 Nutrition Services	Reason For Consult?
	Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
[] Consult to Wound Ostomy Care nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?
Additional Orders	
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