

**General**

**Common Present on Admission Diagnosis**

|                                                                                                                                 |         |
|---------------------------------------------------------------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Acidosis                                                                                               | Details |
| <input type="checkbox"/> Acute Post-Hemorrhagic Anemia                                                                          | Details |
| <input type="checkbox"/> Acute Renal Failure                                                                                    | Details |
| <input type="checkbox"/> Acute Respiratory Failure                                                                              | Details |
| <input type="checkbox"/> Acute Thromboembolism of Deep Veins of Lower Extremities                                               | Details |
| <input type="checkbox"/> Anemia                                                                                                 | Details |
| <input type="checkbox"/> Bacteremia                                                                                             | Details |
| <input type="checkbox"/> Bipolar disorder, unspecified                                                                          | Details |
| <input type="checkbox"/> Cardiac Arrest                                                                                         | Details |
| <input type="checkbox"/> Cardiac Dysrhythmia                                                                                    | Details |
| <input type="checkbox"/> Cardiogenic Shock                                                                                      | Details |
| <input type="checkbox"/> Decubitus Ulcer                                                                                        | Details |
| <input type="checkbox"/> Dementia in Conditions Classified Elsewhere                                                            | Details |
| <input type="checkbox"/> Disorder of Liver                                                                                      | Details |
| <input type="checkbox"/> Electrolyte and Fluid Disorder                                                                         | Details |
| <input type="checkbox"/> Intestinal Infection due to Clostridium Difficile                                                      | Details |
| <input type="checkbox"/> Methicillin Resistant Staphylococcus Aureus Infection                                                  | Details |
| <input type="checkbox"/> Obstructive Chronic Bronchitis with Exacerbation                                                       | Details |
| <input type="checkbox"/> Other Alteration of Consciousness                                                                      | Details |
| <input type="checkbox"/> Other and Unspecified Coagulation Defects                                                              | Details |
| <input type="checkbox"/> Other Pulmonary Embolism and Infarction                                                                | Details |
| <input type="checkbox"/> Phlebitis and Thrombophlebitis                                                                         | Details |
| <input type="checkbox"/> Protein-calorie Malnutrition                                                                           | Details |
| <input type="checkbox"/> Psychosis, unspecified psychosis type                                                                  | Details |
| <input type="checkbox"/> Schizophrenia Disorder                                                                                 | Details |
| <input type="checkbox"/> Sepsis                                                                                                 | Details |
| <input type="checkbox"/> Septic Shock                                                                                           | Details |
| <input type="checkbox"/> Septicemia                                                                                             | Details |
| <input type="checkbox"/> Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled | Details |
| <input type="checkbox"/> Urinary Tract Infection, Site Not Specified                                                            | Details |

**Admission or Observation (Single Response) (Selection Required)**

|                                                                                 |                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Admit to Inpatient                                        | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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. |
| <input type="radio"/> Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:                                                                                                                                                                                                                                                |
| <input type="radio"/> Outpatient in a bed - extended recovery                   | Admitting Physician:<br>Bed request comments:                                                                                                                                                                                                                                                                      |

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

- |                                                                                    |                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Admit to Inpatient                                        | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>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. |
| <input type="checkbox"/> Outpatient observation services under general supervision | Admitting Physician:<br>Patient Condition:<br>Bed request comments:                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Outpatient in a bed - extended recovery                   | Admitting Physician:<br>Bed request comments:                                                                                                                                                                                                                                                                      |

**Admission (Single Response)**

Patient has active status order on file.

- |                                             |                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Admit to inpatient | Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Code Status**

@CERMSG(674511:):@

Code Status (Single Response)

DNR and Modified Code orders should be placed by the responsible physician.

- |                                                                        |                                                                                                                                                                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Full code                                     | Code Status decision reached by:                                                                                                                                                                           |
| <input type="checkbox"/> DNR (Do Not Resuscitate) (Selection Required) |                                                                                                                                                                                                            |
| <input type="checkbox"/> DNR (Do Not Resuscitate)                      | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?                                |
| <input type="checkbox"/> Consult to Palliative Care Service            |                                                                                                                                                                                                            |
| <input type="checkbox"/> Consult to Palliative Care Service            | Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number:                                                                                                       |
| <input type="checkbox"/> Consult to Social Work                        | Reason for Consult:                                                                                                                                                                                        |
| <input type="checkbox"/> Modified Code                                 | Did the patient/surrogate require the use of an interpreter?<br>Did the patient/surrogate require the use of an interpreter?<br>Does patient have decision-making capacity?<br>Modified Code restrictions: |

- |                                                                                                               |                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) | I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.<br>Treatment Restriction decision reached by:<br>Specify Treatment Restrictions: |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Isolation**

- |                                                                                                                                         |              |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <input type="checkbox"/> Airborne isolation status                                                                                      |              |
| <input type="checkbox"/> Airborne isolation status                                                                                      | Details      |
| <input type="checkbox"/> Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. | Once, Sputum |

|                                                   |         |
|---------------------------------------------------|---------|
| <input type="checkbox"/> Contact isolation status | Details |
| <input type="checkbox"/> Droplet isolation status | Details |
| <input type="checkbox"/> Enteric isolation status | Details |

### Precautions

|                                                 |                                     |
|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aspiration precautions | Details                             |
| <input type="checkbox"/> Fall precautions       | Increased observation level needed: |
| <input type="checkbox"/> Latex precautions      | Details                             |
| <input type="checkbox"/> Seizure precautions    | Increased observation level needed: |

## Nursing

### Vital Signs

|                                                      |                                                                |
|------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Vital signs - T/P/R/BP      | Routine, Every 4 hours<br>And PRN.                             |
| <input type="checkbox"/> Pulse oximetry - spot check | Routine, Every 4 hours<br>Current FIO2 or Room Air:<br>And PRN |

### Activity

|                                                                                                          |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Activity as tolerated - Restricted to CAGT unit (except for diagnostic testing) | Routine, Until discontinued, Starting S<br>Specify: Activity as tolerated<br>Restricted to CAGT unit (except for diagnostic testing) |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

### Nursing

|                                                      |                                              |
|------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Daily weights               | Routine, Daily                               |
| <input type="checkbox"/> Strict intake and output    | Routine, Every 8 hours                       |
| <input type="checkbox"/> Initiate and maintain IV    |                                              |
| <input type="checkbox"/> Insert peripheral IV        | Routine, Once                                |
| <input type="checkbox"/> sodium chloride 0.9 % flush | 10 mL, intravenous, every 12 hours scheduled |
| <input type="checkbox"/> sodium chloride 0.9 % flush | 10 mL, intravenous, PRN, line care           |

### Consent

|                                                                            |                                 |
|----------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Ensure consent for chemotherapy has been obtained | Routine, Once For 1 Occurrences |
|----------------------------------------------------------------------------|---------------------------------|

### Protocols

|                                                                                   |                                                                                                                                                        |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initiate Protocol/Orders: CAGT Neutropenic Fever (adult) | Routine, Until discontinued, Starting S<br>Protocol: CAGT Neutropenic Fever (adult)<br>Initiate for FIRST temperature greater than 38 degrees Celsius. |
| <input type="checkbox"/> Chemotherapy Regimen:                                    | Routine, Until discontinued, Starting S<br>Chemotherapy Regimen: ***                                                                                   |

### Electrolyte Protocols

|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Cell and Gene Therapy Electrolyte Replacement Protocol - Potassium | Routine, Until discontinued, Starting S<br>These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. |
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|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Cell and Gene Therapy Electrolyte Replacement Protocol - Magnesium | Routine, Until discontinued, Starting S<br>These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Cell and Gene Therapy Electrolyte Replacement Protocol - Phosphate | Routine, Until discontinued, Starting S<br>These orders are intended for the treatment of electrolyte depletion in ADULTS. Do NOT use these orders for patients with the following: calculated creatinine clearance (CrCl) LESS than 50 mL/minute or patient receiving dialysis, serum creatinine has increased by 0.3 mg/dL since last value reported or urine output LESS than 500 mL during last 24 hours, body weight LESS than 30 kg, patients with DKA. ELECTROLYTE ORDERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAILY. For patients with dosing or monitoring needs other than those outlined below, please submit separate orders. |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**IV Access**

|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Insert line                            | Routine, Once<br>Line Type: Central venous catheter - triple lumen<br>Placement in operating room prior to admission.                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Insert line                            | Routine, Once<br>Line Type: Central venous catheter - double lumen<br>Placement in Interventional Radiology.                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> IR Consult To Interventional Radiology | Routine<br>Please acknowledge reason for placing this order?<br>Is the patient pregnant?<br>What are the patient's sedation requirements?<br>What is the expected date for Procedure?<br>What exam is being requested?<br>Physician contact number:<br>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**

|                                                                                                                    |                                         |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Notify Physician if temp greater than 38 degrees Celsius                                  | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Physician - if weight increases by 1 kilogram or more                              | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Blood Bank of patient's transplant status                                          | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Physician - for Hemoglobin LESS THAN 7 gram/deciliter                              | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Physician - for Platelets LESS THAN 10,000 microliter                              | Routine, Until discontinued, Starting S |
| <input type="checkbox"/> Notify Physician - if no Single Donor Platelets (SDP) available                           | Routine, Until discontinued, Starting S |
| <input checked="" type="checkbox"/> Electrolytes                                                                   |                                         |
| <input checked="" type="checkbox"/> Notify Physician if potassium is less than 3.2 mEq/L or greater than 5.5 mEq/L | Routine, Until discontinued, Starting S |
| <input checked="" type="checkbox"/> Notify Physician if magnesium is less than 1.2 mg/dL or greater than 4.5 mg/dL | Routine, Until discontinued, Starting S |
| <input checked="" type="checkbox"/> Notify Physician if phosphate is less than 1.5 mg/dL or greater than 9 mg/dL   | Routine, Until discontinued, Starting S |

**Diet**

|                                             |                                                                                                                                                                                                                             |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diet - Neutropenic | Diet effective now, Starting S<br>Diet(s): Additional Instructions<br>Additional Instructions: Neutropenic/Low Bacteria<br>Advance Diet as Tolerated?<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid: |
| <input type="checkbox"/> Diet               | Diet effective now, Starting S<br>Diet(s):<br>Other Options:<br>Advance Diet as Tolerated?<br>IDDSI Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:<br>Foods to Avoid:                                         |
| <input type="checkbox"/> NPO                | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:                                                                                                                                                    |

## IV Fluids

### IV Bolus (Single Response)

|                                                      |                                                        |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % bolus | 500 mL, intravenous, at 999 mL/hr, once, For 1 Doses   |
| <input type="checkbox"/> sodium chloride 0.9 % bolus | 1,000 mL, intravenous, at 999 mL/hr, once, For 1 Doses |

### Maintenance IV Fluids (Single Response)

|                                                                                                            |                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % infusion                                                    | 42 mL/hr, intravenous, continuous |
| <input type="checkbox"/> dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion | 42 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % infusion                                                   | 42 mL/hr, intravenous, continuous |
| <input type="checkbox"/> sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion         | 42 mL/hr, intravenous, continuous |

## Medications

### Pharmacy Consult

|                                              |                                                                                                                                |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Consult to Pharmacy | Routine, Until discontinued, Starting S<br>Specify reason: Pharmacotherapy / Drug Monitoring / Electrolytes / Renal Adjustment |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

### Medications

|                                                              |                                                                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> pantoprazole (PROTONIX) EC tablet   | 40 mg, oral, nightly<br>Indication(s) for Proton Pump Inhibitor (PPI) Therapy:                                                      |
| <input type="checkbox"/> famotidine (PEPCID) tablet          | 40 mg, oral, daily                                                                                                                  |
| <input type="checkbox"/> levofloxacin (LEVAQUIN) tablet      | 500 mg, oral, daily at 0600 (TIME CRITICAL)<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Medical Prophylaxis |
| <input type="checkbox"/> fluconazole (DIFLUCAN) tablet       | 200 mg, oral, daily<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Medical Prophylaxis                         |
| <input type="checkbox"/> acyclovir (ZOVIRAX) tablet          | 800 mg, oral, daily<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Medical Prophylaxis                         |
| <input type="checkbox"/> valACYclovir (VALTREX) tablet       | 500 mg, oral, daily<br>Type of Therapy: New Anti-Infective Order<br>Reason for Therapy: Medical Prophylaxis                         |
| <input type="checkbox"/> phytonadione ((AQUA-MEPHYTON) IVPB  | 2 mg, intravenous, for 30 Minutes, user specified, S at 5:00 PM<br>Indication:                                                      |
| <input type="checkbox"/> multivitamin (THERAGRAN) per tablet | 1 tablet, oral, daily                                                                                                               |

## Contraception - Initiate on admission for female patients only

|                                                                       |                                       |
|-----------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> medroxyPROGESTERone (PROVERA) tablet         | 10 mg, oral, daily                    |
| <input type="checkbox"/> medroxyPROGESTERone (DEPO-PROVERA) injection | 150 mg, intramuscular, every 3 months |

## Mouth Care

|                                                                  |                                                                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Oral care                               | Routine, Every 2 hours For Until specified<br>Normal saline mouth rinse every 2 hours while awake |
| <input type="checkbox"/> Oral care - Fluoride (GEL-KAM) 0.4% gel | dental, daily                                                                                     |
| <input type="checkbox"/> Oral care - Med Oral                    | Routine, Daily<br>MedOral mouthrinse - 1 packet by mouth swish and spit<br>ONCE DAILY and PRN     |
| <input type="checkbox"/> Oral care - salt and soda oral rinse    | buccal, 4 times daily                                                                             |

## Chlorhexidine Wash

|                                                               |                                                                                       |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> chlorhexidine (HIBICLENS) 4 % liquid | Topical, daily, Starting S<br>For patients that can shower. Apply from the chin down. |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------|

## Transfusion Pre-medication

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> sodium chloride 0.9 % bolus          | 250 mL, intravenous, for 15 Minutes, 2 times daily PRN, transfusion               |
| <input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection | 12.5 mg, intravenous, 2 times daily PRN, prior to each transfusion                |
| <input type="checkbox"/> acetaminophen (TYLENOL) tablet       | 650 mg, oral, 2 times daily PRN, mild pain (score 1-3), prior to each transfusion |

## Medications PRN

|                                                                                       |                                                                                                              |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> artificial tears solution                                    | 1 drop, Both Eyes, PRN, dry eyes, As Directed<br>Leave at bedside                                            |
| <input type="checkbox"/> sodium chloride (OCEAN) 0.65 % nasal spray                   | 2 spray, Each Nare, every 2 hour PRN, dry nostrils<br>Leave at bedside                                       |
| <input type="checkbox"/> temazepam (RESTORIL) capsule                                 | 15 mg, oral, nightly PRN, sleep<br>If needed may repeat x1 dose after 30 minutes.<br>Indication(s): Insomnia |
| <input type="checkbox"/> aluminum/magnesium hydroxide/simethicone (MAALOX) suspension | 30 mL, oral, every 4 hours PRN, indigestion                                                                  |

## VTE

### DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

VTE/DVT Risk Definitions

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTE\DVTRISK 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 therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

|                                                                                                                 |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Moderate risk of VTE                                                                   | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis

Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

|                                                                                                                                                      |                                                                                        |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                             | Place/Maintain sequential compression device continuous                                | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | Moderate risk of VTE                                                                   | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                             | Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | Contraindications exist for mechanical prophylaxis                                     | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/>                                                                                                                             | Place/Maintain sequential compression device continuous                                | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)     |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | High risk of VTE                                                                       | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                             | Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | Contraindications exist for mechanical prophylaxis                                     | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/>                                                                                                                             | Place/Maintain sequential compression device continuous                                | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)     |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | High risk of VTE                                                                       | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                             | Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | Contraindications exist for mechanical prophylaxis                                     | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/>                                                                                                                             | Place/Maintain sequential compression device continuous                                | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required)                                                                                        |                                                                                        |                                                                                                                                                                  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                                                                          |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/> Low Risk (Single Response) (Selection Required)                                                                             |                                                                                        |                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                             | Low risk of VTE                                                                        | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation                                                        |
| <input type="checkbox"/> 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 BUT order Sequential compression device **"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 prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM<br>For patients with weight GREATER than 100 kg.                                                                |
| <input type="checkbox"/> warfarin (COUMADIN) tablet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oral, daily at 1700, Starting S+1<br>Indication:                                                                                                                         |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                      |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                          |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                 |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Routine, Continuous                                                                                                                                                      |
| <input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                          |
| Moderate Risk Definition<br>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.<br>One or more of the following medical conditions:<br>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<br>Age 60 and above<br>Central line<br>History of DVT or family history of VTE<br>Anticipated length of stay GREATER than 48 hours<br>Less than fully and independently ambulatory<br>Estrogen therapy<br>Moderate or major surgery (not for cancer)<br>Major surgery within 3 months of admission |                                                                                                                                                                          |
| <input type="checkbox"/> Moderate Risk (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
| <input type="checkbox"/> Moderate risk of VTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Routine, Once                                                                                                                                                            |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                          |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>"And" Linked Panel</b>                                                                                                                                                |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                              |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Routine, Continuous                                                                                                                                                      |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>"And" Linked Panel</b>                                                                                                                                                |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                              |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                 |
| <input type="checkbox"/> 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

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

5,000 Units, subcutaneous, every 12 hours

Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

HEParin (porcine) injection - For Patients with weight GREATER than 100 kg

7,500 Units, subcutaneous, every 8 hours

For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet

oral, daily at 1700

Indication:

Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S

Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous

Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1  
For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1  
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                            | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> 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:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                   | 30 mg, subcutaneous, daily at 1700<br>Indication(s):                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                   | subcutaneous<br>Indication(s):                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection                                                                                                                                                                                                                                                 | 2.5 mg, subcutaneous, daily<br>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): |
| <input type="checkbox"/> heparin (porcine) injection                                                                                                                                                                                                                                                      | 5,000 Units, subcutaneous, every 8 hours                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.                                                                                                                                                                                                                    |
| <input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                                                                                                                                                                                       | 7,500 Units, subcutaneous, every 8 hours<br>For patients with weight GREATER than 100 kg.                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet                                                                                                                                                                                                                                                       | oral, daily at 1700<br>Indication:                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)                                                                                                                                                                                                                                   | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                               | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                                                                                                                                                                          | Routine, 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 or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                 | Routine, Once<br>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<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                |
| [ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy                                                                                                                                                                                                                                                | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                     |
| ( ) 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:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>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<br>Indication(s):                                                                                                                                                                                                                                                                                                                                     |
| ( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |
| [ ] enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                                        | subcutaneous<br>Indication(s):                                                                                                                                                                                                                                                                                                                                                           |
| ( ) fondaparinux (ARIXTRA) injection                                                                                                                                                                                                                                                                      | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>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<br>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<br>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)<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                               |
| [ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy                                                                                                                                                                                                                                             | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                     |
| ( ) warfarin (COUMADIN) tablet                                                                                                                                                                                                                                                                            | oral, daily at 1700, Starting S+1<br>Indication:                                                                                                                                                                                                                                                                                                                                         |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)                                                                                                                                                                                                                                                        | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                                                                                                                                                                                                                                      |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                    | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                                 |

Place/Maintain sequential compression device continuous Routine, Continuous

**DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)**

VTE/DVT Risk Definitions

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

[Anticoagulation Guide for COVID patients](#)

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required)

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

Moderate risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  
Therapy for the following:

Place sequential compression device (Single Response)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

Moderate risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  
Therapy for the following:

Place sequential compression device (Single Response)

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

High risk of VTE Routine, Once

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  
Therapy for the following:

Place sequential compression device (Single Response)

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 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)

High risk of VTE Routine, Once

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> | Place sequential compression device (Single Response)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                  |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> | LOW Risk of DVT (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |
|                          | Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |
| <input type="checkbox"/> | Low Risk (Single Response) (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                  |
| <input type="checkbox"/> | Low risk of VTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation                                                        |
| <input type="checkbox"/> | MODERATE Risk of DVT - Surgical (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |
|                          | Moderate Risk Definition<br>Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.<br>One or more of the following medical conditions:<br>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<br>Age 60 and above<br>Central line<br>History of DVT or family history of VTE<br>Anticipated length of stay GREATER than 48 hours<br>Less than fully and independently ambulatory<br>Estrogen therapy<br>Moderate or major surgery (not for cancer)<br>Major surgery within 3 months of admission |                                                                                                                                                                  |
| <input type="checkbox"/> | Moderate Risk (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |
| <input type="checkbox"/> | Moderate risk of VTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> | Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>"And" Linked Panel</b>                                                                                                                                        |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                      |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>"And" Linked Panel</b>                                                                                                                                        |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                      |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> | 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM

Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg

7,500 Units, subcutaneous, every 8 hours, Starting S+1

For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet

oral, daily at 1700, Starting S+1

Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S

Indication:

[ ] Mechanical Prophylaxis (Single Response) (Selection Required)

( ) Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

( ) Place/Maintain sequential compression device continuous

Routine, Continuous

( ) MODERATE Risk of DVT - Non-Surgical (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 - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**  
Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis  
Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous  
Routine, Continuous

Contraindications exist for pharmacologic prophylaxis **"And" Linked Panel**  
AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis  
Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis  
Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single 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  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection  
5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  
5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg  
7,500 Units, subcutaneous, every 8 hours  
Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.

warfarin (COUMADIN) tablet  
oral, daily at 1700  
Indication:

Pharmacy consult to manage warfarin (COUMADIN)  
STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis  
Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous  
Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

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 Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1  
For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1  
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

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

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 Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single 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  
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

( ) heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours

( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours  
For patients with weight GREATER than 100 kg.

( ) warfarin (COUMADIN) tablet oral, daily at 1700  
Indication:

( ) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

( ) HIGH Risk of DVT - Surgical (Hip/Knee) (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

[ ] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)

( ) Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

( ) aspirin chewable tablet 162 mg, oral, daily, Starting S+1

( ) aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

( ) Apixaban and Pharmacy Consult (Selection Required)

[ ] apixaban (ELIQUIS) tablet 2.5 mg, oral, 2 times daily, Starting S+1  
Indications: VTE prophylaxis

[ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy STAT, Until discontinued, Starting S  
Indications: VTE prophylaxis

( ) enoxaparin (LOVENOX) injection (Single 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                                                               |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                        | 30 mg, subcutaneous, daily at 1700<br>Indication(s):                                                                                                                                                                                                                                                                                                                                     |
| () For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous                                                             |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                        | subcutaneous<br>Indication(s):                                                                                                                                                                                                                                                                                                                                                           |
| () fondaparinux (ARIXTRA) injection                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): |
| <input type="checkbox"/> heparin (porcine) injection                                                                                           | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.                                                                                                                                                                                                                 |
| <input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                            | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM<br>For patients with weight GREATER than 100 kg.                                                                                                                                                                                                                                                                                |
| () Rivaroxaban and Pharmacy Consult (Selection Required)                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission                               | 10 mg, oral, daily at 0600 (TIME CRITICAL)<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy                                                             | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                     |
| () warfarin (COUMADIN) tablet                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                | oral, daily at 1700, Starting S+1<br>Indication:                                                                                                                                                                                                                                                                                                                                         |
| () Pharmacy consult to manage warfarin (COUMADIN)                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                                                                                                                                                                                                                                      |

#### DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:

"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"

URL:

"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"

[Anticoagulation Guide for COVID patients](#)

|                                                                                                                                                           |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| () Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) |                                                                                                                                                                  |
| () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)                            |                                                                                                                                                                  |
| <input type="checkbox"/> Moderate risk of VTE                                                                                                             | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis                                           | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                            |                                                                                                                                                                  |

|                                                                                                                                                      |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                          | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                     | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) |                                                                                                                                                                  |
| <input type="checkbox"/> Moderate risk of VTE                                                                                                        | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis                                      | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                                                                                                  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                          | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                     | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)     |                                                                                                                                                                  |
| <input type="checkbox"/> High risk of VTE                                                                                                            | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis                                      | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                                                                                                  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                          | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                     | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)     |                                                                                                                                                                  |
| <input type="checkbox"/> High risk of VTE                                                                                                            | Routine, Once                                                                                                                                                    |
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis                                      | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.<br>Therapy for the following: |
| <input type="checkbox"/> Place sequential compression device (Single Response)                                                                       |                                                                                                                                                                  |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                          | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                         |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                     | Routine, Continuous                                                                                                                                              |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required)                                                                                        |                                                                                                                                                                  |
| Low Risk Definition<br>Age less than 60 years and NO other VTE risk factors                                                                          |                                                                                                                                                                  |
| <input type="checkbox"/> Low Risk (Single Response) (Selection Required)                                                                             |                                                                                                                                                                  |
| <input type="checkbox"/> Low risk of VTE                                                                                                             | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation                                                        |
| <input type="checkbox"/> 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 BUT order Sequential compression device **"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 prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

Contraindications exist for pharmacologic prophylaxis Routine, Once  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (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

|                                                                                                                                                                                                                                      |                                                                                                                       |                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                             | 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| <input type="checkbox"/>                                                                                                                                                                                                             | heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                            | 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM<br>For patients with weight GREATER than 100 kg.                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                             | warfarin (COUMADIN) tablet                                                                                            | oral, daily at 1700, Starting S+1<br>Indication:                                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                                             | Pharmacy consult to manage warfarin (COUMADIN)                                                                        | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                      |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                               |                                                                                                                       |                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for mechanical prophylaxis                                                                    | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                             | Place/Maintain sequential compression device continuous                                                               | Routine, Continuous                                                                                                                                                      |
| <input type="checkbox"/> MODERATE Risk of DVT - Non-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                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                          |
| <input type="checkbox"/> Moderate Risk (Selection Required)                                                                                                                                                                          |                                                                                                                       |                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                             | Moderate risk of VTE                                                                                                  | Routine, Once                                                                                                                                                            |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)                                                                                                     |                                                                                                                       |                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device                           | <b>"And" Linked Panel</b>                                                                                                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for pharmacologic prophylaxis                                                                 | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                             | Place/Maintain sequential compression device continuous                                                               | Routine, Continuous                                                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis                                      | <b>"And" Linked Panel</b>                                                                                                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for pharmacologic prophylaxis                                                                 | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                             | Contraindications exist for mechanical prophylaxis                                                                    | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                 |
| <input type="checkbox"/> 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

If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min  
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)

5,000 Units, subcutaneous, every 12 hours

Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

HEParin (porcine) injection - For Patients with weight GREATER than 100 kg

7,500 Units, subcutaneous, every 8 hours

For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet

oral, daily at 1700

Indication:

Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S

Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis

Routine, Once

No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous

Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis

Routine, Once

No pharmacologic VTE prophylaxis due to the following contraindication(s):



enoxaparin (LOVENOX) injection (Single 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

heparin (porcine) injection - For Patients with weight GREATER than 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1  
For patients with weight GREATER than 100 kg.

warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1  
Indication:

Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S  
Indication:

Mechanical Prophylaxis (Single Response) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once  
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)

|                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                            | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> 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:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                   | 30 mg, subcutaneous, daily at 1700<br>Indication(s):                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                   | subcutaneous<br>Indication(s):                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> fondaparinux (ARIXTRA) injection                                                                                                                                                                                                                                                 | 2.5 mg, subcutaneous, daily<br>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): |
| <input type="checkbox"/> heparin (porcine) injection                                                                                                                                                                                                                                                      | 5,000 Units, subcutaneous, every 8 hours                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> 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<br>Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.                                                                                                                                                                                                                    |
| <input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg                                                                                                                                                                                                       | 7,500 Units, subcutaneous, every 8 hours<br>For patients with weight GREATER than 100 kg.                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> warfarin (COUMADIN) tablet                                                                                                                                                                                                                                                       | oral, daily at 1700<br>Indication:                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)                                                                                                                                                                                                                                   | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                               | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous                                                                                                                                                                                                                          | Routine, 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 or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) Contraindications exist for pharmacologic prophylaxis                                                                                                                                                                                                                                                 | Routine, Once<br>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<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                |
| [ ] Pharmacy consult to monitor apixaban (ELIQUIS) therapy                                                                                                                                                                                                                                                | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                     |
| ( ) 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:<br>Weight Dose<br>LESS THAN 100kg enoxaparin 40mg daily<br>100 to 139kg enoxaparin 30mg every 12 hours<br>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<br>Indication(s):                                                                                                                                                                                                                                                                                                                                     |
| ( ) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |
| [ ] enoxaparin (LOVENOX) injection                                                                                                                                                                                                                                                                        | subcutaneous<br>Indication(s):                                                                                                                                                                                                                                                                                                                                                           |
| ( ) fondaparinux (ARIXTRA) injection                                                                                                                                                                                                                                                                      | 2.5 mg, subcutaneous, daily, Starting S+1<br>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<br>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<br>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<br>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)<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                               |
| [ ] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy                                                                                                                                                                                                                                             | STAT, Until discontinued, Starting S<br>Indications: VTE prophylaxis                                                                                                                                                                                                                                                                                                                     |
| ( ) warfarin (COUMADIN) tablet                                                                                                                                                                                                                                                                            | oral, daily at 1700, Starting S+1<br>Indication:                                                                                                                                                                                                                                                                                                                                         |
| ( ) Pharmacy consult to manage warfarin (COUMADIN)                                                                                                                                                                                                                                                        | STAT, Until discontinued, Starting S<br>Indication:                                                                                                                                                                                                                                                                                                                                      |
| [ ] Mechanical Prophylaxis (Single Response) (Selection Required)                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                          |
| ( ) Contraindications exist for mechanical prophylaxis                                                                                                                                                                                                                                                    | Routine, Once<br>No mechanical VTE prophylaxis due to the following contraindication(s):                                                                                                                                                                                                                                                                                                 |

( ) Place/Maintain sequential compression device continuous Routine, Continuous

## Labs

### Labs admit ONLY

|                          |                                                      |                                                 |
|--------------------------|------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> | COVID-19 qualitative PCR                             |                                                 |
| <input type="checkbox"/> | COVID-19 qualitative RT-PCR - Nasopharyngeal swab    | Once<br>Specimen Source: Nasopharyngeal Swab    |
| <input type="checkbox"/> | COVID-19 qualitative RT-PCR - Sputum                 | Once<br>Specimen Source: Sputum                 |
| <input type="checkbox"/> | COVID-19 qualitative RT-PCR - Bronchoalveolar lavage | Once<br>Specimen Source: Bronchoalveolar Lavage |
| <input type="checkbox"/> | CBC with differential                                | Once                                            |
| <input type="checkbox"/> | Basic metabolic panel                                | Once                                            |
| <input type="checkbox"/> | Comprehensive metabolic panel                        | Once                                            |
| <input type="checkbox"/> | Fibrinogen                                           | Once                                            |
| <input type="checkbox"/> | Lactate dehydrogenase, LDH                           | Once                                            |
| <input type="checkbox"/> | Magnesium                                            | Once                                            |
| <input type="checkbox"/> | Partial thromboplastin time                          | Once                                            |
| <input type="checkbox"/> | Phosphorus                                           | Once                                            |
| <input type="checkbox"/> | Prealbumin                                           | Once                                            |
| <input type="checkbox"/> | Prothrombin time with INR                            | Once                                            |
| <input type="checkbox"/> | Uric acid                                            | Once                                            |
| <input type="checkbox"/> | Urinalysis with microscopic                          | Once                                            |
| <input type="checkbox"/> | hCG qualitative, urine screen                        | Once                                            |

Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):

### Microbiology

|                          |                                     |                                                                                                                                                                                                                                                                      |
|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Blood culture x 2                   | <b>"And" Linked Panel</b>                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | Blood Culture (Aerobic & Anaerobic) | Once, Blood<br>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. |
| <input type="checkbox"/> | Blood Culture (Aerobic & Anaerobic) | Once, Blood<br>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

|                          |                         |                                                                                                                                                                                                                                                                                    |
|--------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Blood Bank Instructions | Routine, Once<br>Transplant tentatively scheduled for:<br>Donor Type:<br>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:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Consult to Respiratory Therapy

Reason for Consult?

## Additional Orders