General

Common Present on Admission Diagnosis

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

Patient has active status order on file

() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission (Single Response) Patient has active status order on file.	
) Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status @CERMSG(674511:)@	
X] Code Status (Single Response) DNR and Modified Code orders should be placed	by the responsible physician.
() Full code	Code Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
] Treatment Restrictions ((For use when a patient is in a cardiopulmonary arrest))	NOT I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions:
solation	
solation Airborne isolation status I Airborne isolation status	Details

	Contact isolation status	Details
	Droplet isolation status	Details
[]	Enteric isolation status	Details

Precautions

[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:

Nursing

Vital Signs

6	
[] Vital signs - T/P/R/BP	Routine, Every 4 hours
	And PRN.
] Pulse oximetry - spot check	Routine, Every 4 hours
	Current FIO2 or Room Air:
	And PRN
Activity	
] Activity as tolerated - Restricted to CAGT unit (except for	
diagnostic testing)	Specify: Activity as tolerated
	Restricted to CAGT unit (except for diagnostic testing)
Nursing	
] Daily weights	Routine, Daily
[] Strict intake and output	Routine, Every 8 hours
[] Initiate and maintain IV	
[] Insert peripheral IV Rout	tine, Once
	L, intravenous, every 12 hours scheduled
	hL, intravenous, PRN, line care
[] Ensure consent for chemotherapy has been obtained	Routine, Once For 1 Occurrences
Protocols	
[] Initiate Protocol/Orders: CAGT Neutropenic Fever (adult	
	Protocol: CAGT Neutropenic Fever (adult)
	Initiate for FIRST temperature greater than 38 degrees Celsius.
] Chemotherapy Regimen:	Routine, Until discontinued, Starting S
	Chemotherapy Regimen: ***
X] Electrolyte Protocols	
[X] Cell and Gene Therapy Electrolyte Rout	tine, Until discontinued, Starting S
Replacement Protocol - Potassium Thes	se orders are intended for the treatment of electrolyte depletion in
ADU	LTS. Do NOT use these orders for patients with the following:
calcu	ulated creatinine clearance (CrCl) LESS than 50 mL/minute or patie
recei	iving dialysis, serum creatinine has increased by 0.3 mg/dL since la
	e reported or urine output LESS than 500 mL during last 24 hours,
	v weight LESS than 30 kg, patients with DKA. ELECTROLYTE
	DERS SHOULD BE ASSESSED FOR APPROPRIATENESS DAIL
For p	patients with dosing or monitoring needs other than those outlined
hala	w places submit concrete orders

below, please submit separate orders.

[X] Cell and Gene Therapy Electrolyte Replacement Protocol - Magnesium	These orders ADULTS. Do calculated cr receiving dia value reporte body weight ORDERS SH For patients below, pleas	il discontinued, Starting S s are intended for the treatment of electrolyte depletion in o NOT use these orders for patients with the following: eatinine clearance (CrCl) LESS than 50 mL/minute or patient lysis, serum creatinine has increased by 0.3 mg/dL since last ed or urine output LESS than 500 mL during last 24 hours, LESS than 30 kg, patients with DKA. ELECTROLYTE HOULD BE ASSESSED FOR APPROPRIATENESS DAILY. with dosing or monitoring needs other than those outlined e submit separate orders.
[X] Cell and Gene Therapy Electrolyte Replacement Protocol - Phosphate	These orders ADULTS. Do calculated or receiving dia value reporte body weight ORDERS SH For patients	il discontinued, Starting S s are intended for the treatment of electrolyte depletion in o NOT use these orders for patients with the following: eatinine clearance (CrCl) LESS than 50 mL/minute or patient lysis, serum creatinine has increased by 0.3 mg/dL since last ed or urine output LESS than 500 mL during last 24 hours, LESS than 30 kg, patients with DKA. ELECTROLYTE HOULD BE ASSESSED FOR APPROPRIATENESS DAILY. with dosing or monitoring needs other than those outlined e submit separate orders.
IV Access		
[] Insert line	Lir	butine, Once ne Type: Central venous catheter - triple lumen acement in operating room prior to admission.
[] Insert line	Lir	outine, Once ne Type: Central venous catheter - double lumen acement in Interventional Radiology.
[] IR Consult To Interventional Radiology	Pla Is W W W Pr Yc TM 28 on	butine ease acknowledge reason for placing this order? the patient pregnant? hat are the patient's sedation requirements? hat is the expected date for Procedure? hat exam is being requested? hysician contact number: bu MUST call Interventional Radiology to schedule this test, <i>I</i> H@ 713-441-6540 ; SL@ 281-274-7170 ; WB@ 11-477-1234, M - F, 7a - 5p. After hours emergency, page -call Interventional Radiologist, TMH 713-404-7505, SL@ 11-274-7000, WB@ 281-477-1234.
Notify		
[] Notify Physician if temp greater than 38 degrees	Celsius Ro	outine, Until discontinued, Starting S
 [] Notify Physician - if weight increases by 1 kilogra more 	mor Ro	outine, Until discontinued, Starting S
[] Notify Blood Bank of patient's transplant status		outine, Until discontinued, Starting S
[] Notify Physician - for Hemoglobin LESS THAN 7 gram/deciliter	Ro	outine, Until discontinued, Starting S
[] Notify Physician - for Platelets LESS THAN 10,00 microliter	0 Ro	butine, Until discontinued, Starting S
[] Notify Physician - if no Single Donor Platelets (SI available	PP) Ro	outine, Until discontinued, Starting S
[X] Electrolytes		
[X] Notify Physician if potassium is less than 3.2 mEq/L or greater than 5.5 mEq/L		il discontinued, Starting S
[X] Notify Physician if magnesium is less than 1.2 mg/dL or greater than 4.5 mg/dL	Routine, Unt	il discontinued, Starting S
[X] Notify Physician if phosphate is less than 1.5 mg/dL or greater than 9 mg/dL	Routine, Unt	il discontinued, Starting S

Diet

[] Diet - Neutropenic	Diet effective now, Starting S Diet(s): Additional Instructions Additional Instructions: Neutropenic/Low Bacteria Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:
[] Diet	Foods to Avoid: Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated?
	IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
IV Fluids	
IV Bolus (Single Response)	
() sodium chloride 0.9 % bolus	500 mL, intravenous, at 999 mL/hr, once, For 1 Doses
() sodium chloride 0.9 % bolus	1,000 mL, intravenous, at 999 mL/hr, once, For 1 Doses
Maintenance IV Fluids (Single Response)	12 ml /br. introveneue, continuous
 () sodium chloride 0.9 % infusion () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 	42 mL/hr, intravenous, continuous 42 mL/hr, intravenous, continuous
 () sodium chloride 0.45 % infusion () sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion 	42 mL/hr, intravenous, continuous 42 mL/hr, intravenous, continuous
Medications	
Pharmacy Consult [] Consult to Pharmacy	Routine, Until discontinued, Starting S Specify reason: Pharmacotherapy / Drug Monitoring / Electrolytes / Renal Adjustment
Medications	
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, nightly Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	40 mg, oral, daily
[] famotidine (PEPCID) tablet	
	500 mg, oral, daily at 0600 (TIME CRITICAL) Type of Therapy: New Anti-Infective Order
[] levofloxacin (LEVAQUIN) tablet	500 mg, oral, daily at 0600 (TIME CRITICAL)
 [] levofloxacin (LEVAQUIN) tablet [] fluconazole (DIFLUCAN) tablet 	500 mg, oral, daily at 0600 (TIME CRITICAL) Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 200 mg, oral, daily Type of Therapy: New Anti-Infective Order
 [] levofloxacin (LEVAQUIN) tablet [] fluconazole (DIFLUCAN) tablet [] acyclovir (ZOVIRAX) tablet 	500 mg, oral, daily at 0600 (TIME CRITICAL) Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 200 mg, oral, daily Type of Therapy: New Anti-Infective Order Reason for Therapy: Medical Prophylaxis 800 mg, oral, daily Type of Therapy: New Anti-Infective Order
 [] levofloxacin (LEVAQUIN) tablet [] fluconazole (DIFLUCAN) tablet [] acyclovir (ZOVIRAX) tablet 	500 mg, oral, daily at 0600 (TIME CRITICAL)Type of Therapy: New Anti-Infective OrderReason for Therapy: Medical Prophylaxis200 mg, oral, dailyType of Therapy: New Anti-Infective OrderReason for Therapy: Medical Prophylaxis800 mg, oral, dailyType of Therapy: New Anti-Infective OrderReason for Therapy: Medical Prophylaxis800 mg, oral, dailyType of Therapy: New Anti-Infective OrderReason for Therapy: Medical Prophylaxis500 mg, oral, dailyType of Therapy: New Anti-Infective OrderReason for Therapy: New Anti-Infective OrderReason for Therapy: New Anti-Infective OrderReason for Therapy: New Anti-Infective Order500 mg, oral, dailyType of Therapy: New Anti-Infective Order

Contraception - Initiate on admission for female patie	ents only
[] medroxyPROGESTERone (PROVERA) tablet	10 mg, oral, daily
[] medroxyPROGESTERone (DEPO-PROVERA) injecti	ion 150 mg, intramuscular, every 3 months
Mouth Care	
[] Oral care	Routine, Every 2 hours For Until specified Normal saline mouth rinse every 2 hours while awake
[] Oral care - Fluoride (GEL-KAM) 0.4% gel	dental, daily
[] Oral care - Med Oral	Routine, Daily MedOral mouthrinse - 1 packet by mouth swish and spit ONCE DAILY and PRN
[] Oral care - salt and soda oral rinse	buccal, 4 times daily
Chlorhexidine Wash	
[] chlorhexidine (HIBICLENS) 4 % liquid	Topical, daily, Starting S For patients that can shower. Apply from the chin down.
Transfusion Pre-medication	
[] sodium chloride 0.9 % bolus	250 mL, intravenous, for 15 Minutes, 2 times daily PRN, transfusion
[] diphenhydrAMINE (BENADRYL) injection	12.5 mg, intravenous, 2 times daily PRN, prior to each transfusion
[] acetaminophen (TYLENOL) tablet	650 mg, oral, 2 times daily PRN, mild pain (score 1-3), prior to each transfusion
Medications PRN	
[] artificial tears solution	1 drop, Both Eyes, PRN, dry eyes, As Directed Leave at bedside
[] sodium chloride (OCEAN) 0.65 % nasal spray	2 spray, Each Nare, every 2 hour PRN, dry nostrils Leave at bedside
[] temazepam (RESTORIL) capsule	15 mg, oral, nightly PRN, sleep If needed may repeat x1 dose after 30 minutes. Indication(s): Insomnia
[] aluminum/magnesium hydroxide/simethicone (MAALO suspension	
VTE	
DVT Risk and Prophylaxis Tool (Single Response) (Se VTE/DVT Risk Definitions	election Required) URL:
Anticoagulation Guide for COVID patients	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
Anticoagulation Oulde for COVID Patients	"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 Stratificati (Single Response) (Selection Required)	ion
 Moderate Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Sele Required) 	
[] Moderate risk of VTE F	Routine, Once
	Routine, Once
prophylaxis ti	No pharmacologic VTE prophylaxis because: patient is already on herapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single Res	
prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
1	

 Place/Maintain sequential compression device continuous 	Routine, Continuous
) Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	•
[] Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) High Risk - Patient currently has an active ord	er for
therapeutic anticoagulant or VTE prophylaxis	
Required)	/
[] High risk of VTE	Routine, Once
 Patient currently has an active order for 	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
F. 551.7 10/10	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) High Risk - Patient currently has an active ord	er for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
[] High risk of VTE	Routine, Once
 Patient currently has an active order for 	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
ρισμηγιαλίο	Therapy for the following:
[] Place sequential compression device (Single	
 () Contraindications exist for mechanical 	Routine, Once
	No mechanical VTE prophylaxis due to the following
prophylaxis	contraindication(s):
() Diago/Maintain acquantial compression	
 Place/Maintain sequential compression device continuous 	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition	actoro.
Age less than 60 years and NO other VTE risk fa	actors
] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation

Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Me contraindicated.	echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	leg sweiling, dicers, venous stasis and hepriotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	8
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
, , ,	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	,
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Place/Maintain sequential compression	contraindication(s): Routine, Continuous
device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	
(Selection Required)	
Patient renal status: @CRCL@	

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

LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

 For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700 	arin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO a enoxaparin (LOVENOX) subcutaneous	30 mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selectio Required)	n
Moderate Risk Definition	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
, , ,	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	tion
Required) () Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
· ·	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Resp (Selection Required) 	ponse)

Patient renal status: @CRCL@	
doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	ann 40mg every 12 nours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 prophylaxis () Place/Maintain sequential compression 	Routine, Continuous
device continuous	
() HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yeloproliferative 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 - Surgi (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

(Selection Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ	UAL 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 hour	re
GREATER THAN or EQUAL to 140kg enoxap	
() For CrCI 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 r enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
 prophylaxis () Place/Maintain sequential compression device continuous 	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	nyeloproliferative disorders)
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

	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
. ,	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
()	For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[]] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
()	For CrCI GREATER than or EQUAL TO 30	mL/min -
r	enoxaparin (LOVENOX) subcutaneous	subautanaaus
L] 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 medicatio
		Contraindicated in patients LESS than 50kg, prior to surgery/invasive
		procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
	heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
	with weight GREATER than 100 kg warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700
()		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
-	lechanical Prophylaxis (Single Response) (Se Required)	election
	Contraindications exist for mechanical	Routine, Once
· ·	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
• •	Place/Maintain sequential compression	Routine, Continuous
	device continuous	-
	H Risk of DVT - Surgical (Hip/Knee) (Selectic juired)	in the second
	n Risk Definition	
•	n pharmacologic AND mechanical prophylaxis	s must be addressed.
	or more of the following medical conditions:	
		ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	rotein S deficiency; hyperhomocysteinemia; n	nyeloproliterative disorders)
	ere fracture of hip, pelvis or leg ute spinal cord injury with paresis	
AC	tiple major traumas	
Mult	ominal or pelvic surgery for CANCER	
Mult Abd Acu	lominal or pelvic surgery for CANCER te ischemic stroke ory of PE	

 High Risk Pharmacological Prophylaxis - Hip or I (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriyaxio	contraindication(s):
() aspirin chewable tablet	
	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
 Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 enoxaparin (LOVENOX) injection (Single Response) (Selection Required) 	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	AL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	_OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 ml	
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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):

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

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	red)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation
MODERATE Risk of DVT - Surgical (Selection R	
Moderate Risk Definition	
	Machanical prophylaxis is optional uplace pharmacelegic is
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Age 60 and above Central line	
Age 60 and above	
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hor	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hor	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hor Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs <u>Routine, Once</u> Surgical d)
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs <u>Routine, Once</u> Surgical d)
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

Patient renal status: @CRCL@	
doses by weight:	UAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou	re
GREATER THAN or EQUAL to 140kg enoxal	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history 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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection Required)	on
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	ırs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
1 Moderate Dick (Selection Derwised)	
[] Moderate Risk (Selection Required) [] [] Moderate risk of VTE	Routine, Once

	tion
Required)	
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	
Patient renal status: @CRCL@	
doses by weight: Weight Dose	JAL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	S
GREATER THAN or EQUAL to 140kg enoxap	
OREATER THAN OF EQUAL to Hong chorap	
() For CrCI LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	
	subcutaneous Indication(s):
	Indication(s): 2.5 mg, subcutaneous, daily
	Indication(s): 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of
	Indication(s): 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
	Indication(s): 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
	Indication(s): 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 CrCI LESS than 30 mL/min
	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
) fondaparinux (ARIXTRA) injection	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients 	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
 fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg) warfarin (COUMADIN) tablet 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication:
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg) warfarin (COUMADIN) tablet) Pharmacy consult to manage warfarin 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S
 fondaparinux (ARIXTRA) injection heparin (porcine) injection heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) heparin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
 () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication:
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg) warfarin (COUMADIN) tablet) Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Se Required)) Contraindications exist for mechanical 	Indication(s): 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: lection Routine, Once
) fondaparinux (ARIXTRA) injection) heparin (porcine) injection) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)) heparin (porcine) injection - For Patients with weight GREATER than 100 kg) warfarin (COUMADIN) tablet) Pharmacy consult to manage warfarin (COUMADIN) Mechanical Prophylaxis (Single Response) (Se Required) 	Indication(s): 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: lection

Address both pharmacologic and mechanical prop	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	
] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surgi (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 Res (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	
[] 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, 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 	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
) warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	
.	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	Douting Onco
] High risk of VTE High Risk Pharmacological Prophylaxis - Non-S	Routine, Once Surgical
Patient (Single Response) (Selection Required)
) Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	ponse)

Patient renal status: @CRCL@	
doses by weight: Weight Dose	JAL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	n
	ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res	Indications: VTE prophylaxis

Patient renal status: @CRCL@	
	AL 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 enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin (
() For CrCI LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	L/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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () Rivaroxaban and Pharmacy Consult (Selection Required) 	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
DVT Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeutid	
anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	cation
() Moderate Risk - Patient currently has an active of	order for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single R	

[] 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 activ therapeutic anticoagulant or VTE prophylaxis 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	
() 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 orc therapeutic anticoagulant or VTE prophylaxis Required) 	(Selection
[] 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	e 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 orc therapeutic anticoagulant or VTE prophylaxis 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	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection F	

Moderate Risk Definition	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	ation, 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	S
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic prop	hvlaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
Patient renal status: @CRCL@	

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

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

() For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700	arin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO enoxaparin (LOVENOX) subcutaneous	30 mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	
Moderate Risk Definition	
	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selec	tion
Required)	
() Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
Order Sequential compression device	· ·
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic pro	phylaxis "And" Linked Panel
AND mechanical prophylaxis	PILYIANIS AILU LIIIKEU FAILEI
	Routine, Once
•••	
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)

Patient renal status: @CRCL@	
doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxap	ann 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r 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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 prophylaxis () Place/Maintain sequential compression 	Routine, Continuous
device continuous	
() HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	nyeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

Patient renal status: @CRCL@	
	JAL 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 hour	S
GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n	\cdot
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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
 prophylaxis () Place/Maintain sequential compression device continuous 	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	lired)
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C yeloproliferative 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)	

()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
	GREATER THAN OF EQUAL to 140kg enoval	
()) For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
]	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
()	 For CrCI GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	mL/min -
Ī	[] 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
$\overline{()}$	with weight GREATER than 100 kg warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700
	, ,	Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	election
()	Contraindications exist for mechanical	Routine, Once
()	prophylaxis Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
HIC	device continuous GH Risk of DVT - Surgical (Hip/Knee) (Selectic	n
	quired)	
	h Risk Definition	
	th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions:	s must be addressed.
		ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or	protein S deficiency; hyperhomocysteinemia; n	
	vere fracture of hip, pelvis or leg	
	cute spinal cord injury with paresis Itiple major traumas	
Ab	dominal or pelvic surgery for CANCER	
Acu	ute ischemic stroke	
His	story of PE	
1	High Risk (Selection Required)	

1 High Rick Dharmacological Prophylavic Hip or	Knoo
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
piopinyiaxia	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
1. Dearmony concult to monitor anivaban	STAT, Until discontinued, Starting S
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) subcutaneous	subcutaneous
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
······································	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	۱
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):

Labs

Labs admit ONLY

[] COVID-19 qualitative PCR	
[] COVID-19 qualitative RT-PCR -	Once
Nasopharyngeal swab	Specimen Source: Nasopharyngeal Swab
[] COVID-19 qualitative RT-PCR - Sputum	Once
	Specimen Source: Sputum
[] COVID-19 qualitative RT-PCR -	Once
Bronchoalveolar lavage	Specimen Source: Bronchoalveolar Lavage
[] CBC with differential	Once
[] Basic metabolic panel	Once
[] Comprehensive metabolic panel	Once
[] Fibrinogen	Once
[] Lactate dehydrogenase, LDH	Once
[] Magnesium	Once
[] Partial thromboplastin time	Once
[] Phosphorus	Once
[] Prealbumin	Once
[] Prothrombin time with INR	Once
[] Uric acid	Once
[] Urinalysis with microscopic	Once
[] hCG qualitative, urine screen	Once
	Release to patient (Note: If manual release option is selected,
	result will auto release 10 days from finalization.):

Microbiology

[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood Bank

[] Blood Bank Instructions	Routine, Once
	Transplant tentatively scheduled for:
	Donor Type:
	1. Notify Blood Bank of patient's transplant status. 2. All
	blood products must be leucoreduced and irradiated. 3. Blood
	Bank Tech: Consult Medical Director ASAP and FAX
	comments to CAGT (713-790-6345)

Cardiology

Imaging

Other Studies

Respiratory

Respiratory Therapy

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?