Acute Kidney Injury / Acute Renal Failure [598]

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
Blectrolyte 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
Defects Other and Unspecified Coagulation Defects	Details
Other Pulmonary Embolism and Infarction	Details
Phlebitis and Thrombophlebitis	Details
Protein-calorie Malnutrition	Details
Psychosis, unspecified psychosis type	Details
[] Schizophrenia Disorder	Details
[] Sepsis	Details
Septic Shock	Details
[] Septicemia	Details
Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Details
Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	Required)
() Admit to Inpatient	Admitting Physician:
(,	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Admission or Observation (Single Despense)	
Admission or Observation (Single Response)	

() Admit to Inpatient	Admitting Physician:
	Level of Care: Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
(1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician: Patient Condition:
supervision	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
() Sulpation in a sour extended receivery	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:)@	
IVI Code Ctatus (Cingle December)	
[X] Code Status (Single Response) DNR and Modified Code orders should be placed by	the responsible physician
Divit and inibulied Code orders should be placed by	the responsible physician.
() Full code Co	ode Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required)	
() DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
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[] 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	
Telemetry Order	
[] Telemetry	"And" Linked Panel
Telemetry monitoring	Routine, Continuous For 5 Days
[]	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry: Chest pain syndrome
	Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40 Low Mean BP: 60
	High Mean BP: 120
	Low SPO2(%): 94
	LOW SFO2(76). 94
Vital Signs	
[] Vital Signs	Routine, Every 4 hours
[] Orthostatic blood pressure	Routine, Once
	BP lying, sitting, standing (check for orthostatic hypotension)
[] Pulse oximetry	Routine, Every 4 hours
	Current FIO2 or Room Air:
Nursing	
[] Height and weight	Routine, Once
	On admission
[] Daily weights	Routine, Daily
[] Strict intake and output	Routine, Every shift
[] Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once
	Type:
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
	Orders: Maintain
Diet	
[] Diet - Renal	Diet effective now, Starting S
[] Dist Rollar	Diet effective flow, Starting 3 Diet(s): Renal (80GM Pro, 2-3GM Na, 2-3GM K)
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
I .	

[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated? IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet	Diet effective now, Starting S
	Diet(s):
	Other Options:
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] NPO	Foods to Avoid: Diet effective now, Starting S
[] NPO	NPO:
	Pre-Operative fasting options:
IV	
Peripheral IV Access	
[X] Initiate and maintain IV	
	itine, Once
[X] sodium chloride 0.9 % flush 10 n	mL, intravenous, every 12 hours scheduled
[X] sodium chloride 0.9 % flush 10 n	mL, intravenous, PRN, line care
IV Bolus (Single Response)	
() electrolyte-A (PLASMA-LYTE A) bolus	500 mL, intravenous, once, For 1 Doses
() electrolyte-A (PLASMA-LYTE A) bolus	1,000 mL, intravenous, once, For 1 Doses
() albumin human 5 % bottle	12.5 g, intravenous, Administer over: 15 Minutes, once Indication:
() albumin human 5 % bottle	25 g, intravenous, Administer over: 30 Minutes, once Indication:
() sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
() lactated ringer's bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
Consult	
Pharmacy Consults	
[X] Pharmacy consult to manage dose adjustments for ren- function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
Medications	
Phosphate Binders	
[] calcium acetate (PHOSLO) capsule	1,334 mg, oral, 3 times daily with meals

] sevelamer (RENVELA) tablet	800 mg, oral, 3 times daily with meals
luid Overload	
] One time dose - furosemide (LASIX) injection	intravenous, once, For 1 Doses
Scheduled Doses - furosemide (LASIX) injection	intravenous, daily
facidosis is present,	
sodium bicarbonate IV Bolus/Push	50 mEq, intravenous, once, For 1 Doses
1 Codiam bicarbonate IV Bolacii dell'	Administer over 15 minutes using syringe adapter if available. May be administered IV push in emergent situations.
] sodium bicarbonate 75 mEq in 1/2NS 1000 mL	100 mL/hr, intravenous, continuous
] sodium bicarbonate 150 mEq in sterile water 1,00	00 mL 100 mL/hr, intravenous, continuous
/TE	
OVT Risk and Prophylaxis Tool (Single Response)	(Selection Required)
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Antique guilation Cuida for COVID nationts	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 therapeut	tic
anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	ication
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S Required)	Selection
[] 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	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Diagonalista in a superial account in	contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (Selection
Required) [] Moderate risk of VTE	Routine, Once
Patient currently has an active order for	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	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Diago (Maria) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active orde	
	Selection
therapeutic anticoagulant or VTE prophylaxis (\$	
therapeutic anticoagulant or VTE prophylaxis (Sequired)	
therapeutic anticoagulant or VTE prophylaxis (\$ Required) [] High risk of VTE	Routine, Once
therapeutic anticoagulant or VTE prophylaxis (\$\frac{\text{Required}}{\text{Prophylaxis}}\$ [] High risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once
therapeutic anticoagulant or VTE prophylaxis (\$ Required) [] High risk of VTE	Routine, Once

[] Place sequential compression device (Single R	esponse)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Se 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 R	esponse)
() 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 factor	ors
[] Low Risk (Single Response) (Selection Required))
() 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 Req	uired)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamma stroke, rheumatologic disease, sickle cell disease, I Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	Pouting Once
[] Moderate risk of VTE[] Moderate Risk Pharmacological Prophylaxis - St Patient (Single Response) (Selection Required)	Routine, Once urgical
 () Contraindications exist for pharmacologic proph BUT order Sequential compression device 	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic proph AND mechanical prophylaxis 	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once 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 Re	sponse)
(Selection Required)	
Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

 For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	(LOVENOX)
enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	· /
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, 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) (S	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis Non-Surgical Patient (Single Response) (Sel	
Required)	ection
() Contraindications exist for pharmacologic p	rophylaxis - "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 p AND mechanical prophylaxis	rophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for mechanical	contraindication(s): Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyianio	contraindication(s):
() enoxaparin (LOVENOX) injection (Single R (Selection Required)	esponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or E doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 ho	
() For CrCl LESS than 30mL/min - enoxapar	in (LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 3 enoxaparin (LOVENOX) subcutaneous	0 mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced

Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
(, , , , , , , , , , , , , , , , , , ,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (S 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	rodune, continuous
	M
) HIGH Risk of DVT - Surgical (Selection Required	1)
High Risk Definition	a nevert has a delegace and
Both pharmacologic AND mechanical prophylaxi	s must de addressed.
One or more of the following medical conditions:	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	myeloprolilerative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[1] High Dick (Sologtion Doguirod)	
[] High Risk (Selection Required)	Pouting Once
[] High risk of VTE	Routine, Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic 	Routine, Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following
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 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
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 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
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 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourseless 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) PUAL to 30mL/min, enoxaparin orders will apply the following recommended
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	l F	2.5 mg, subcutaneous, daily, Starting S+1 f 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
	p T	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 (Re		5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bl		Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yr		han 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - Formulawith weight GREATER than 10		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 ndication:
() Pharmacy consult to manage (COUMADIN)		STAT, Until discontinued, Starting S ndication:
[] Mechanical Prophylaxis (Single Required)	Response) (Select	tion
() Contraindications exist for me prophylaxis		Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential con device continuous		Routine, Continuous
) HIGH Risk of DVT - Non-Surgical	(Selection Require	q/
High Risk Definition	(Selection Require	u)
Both pharmacologic AND mechan	ical prophylaxis mu	ist he addressed
One or more of the following medi		ot be addressed.
		mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhom		
Severe fracture of hip, pelvis or le	g	
Acute spinal cord injury with pare	sis	
Multiple major traumas		
Abdominal or pelvic surgery for C	ANCER	
Acute ischemic stroke		
History of PE		
[] High Risk (Selection Required)		
[] High Risk (Selection Required) [] High risk of VTE		Routine, Once
	F phylaxis - Non-Sur	· · · · · · · · · · · · · · · · · · ·
[] High risk of VTE [] High Risk Pharmacological Pro	F phylaxis - Non-Surç ection Required)	· · · · · · · · · · · · · · · · · · ·
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[] High risk of VTE [] High Risk Pharmacological Pro Patient (Single Response) (Sele () Contraindications exist for pharmacological Pro prophylaxis () enoxaparin (LOVENOX) inject (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREAT doses by weight: Weight Dose LESS THAN 100kg enoxapari	phylaxis - Non-Surgection Required) armacologic F tion (Single Response) ER than or EQUAL in 40mg daily g every 12 hours	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): use) to 30mL/min, enoxaparin orders will apply the following recommended
[] High risk of VTE [] High Risk Pharmacological Pro Patient (Single Response) (Sele () Contraindications exist for pharmacological Pro prophylaxis () enoxaparin (LOVENOX) inject (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREAT doses by weight: Weight Dose LESS THAN 100kg enoxapari 100 to 139kg enoxaparin 30m	phylaxis - Non-Surgection Required) armacologic F tion (Single Response) ER than or EQUAL in 40mg daily g every 12 hours to 140kg enoxaparing	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): use) to 30mL/min, enoxaparin orders will apply the following recommended and 40mg every 12 hours
[] High risk of VTE [] High Risk Pharmacological Pro Patient (Single Response) (Sele () Contraindications exist for pharmacological Pro prophylaxis () enoxaparin (LOVENOX) inject (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREAT doses by weight: Weight Dose LESS THAN 100kg enoxaparin 100 to 139kg enoxaparin 30m GREATER THAN or EQUAL to () For CrCl LESS than 30mL/m subcutaneous Daily at 1700	phylaxis - Non-Surgection Required) armacologic F tion (Single Response) TER than or EQUAL an 40mg daily g every 12 hours to 140kg enoxaparin	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): use) It to 30mL/min, enoxaparin orders will apply the following recommended The 40mg every 12 hours OVENOX)
[] High risk of VTE [] High Risk Pharmacological Pro Patient (Single Response) (Sele () Contraindications exist for pharmacological Pro prophylaxis () enoxaparin (LOVENOX) inject (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREAT doses by weight: Weight Dose LESS THAN 100kg enoxapari 100 to 139kg enoxaparin 30m GREATER THAN or EQUAL to () For CrCl LESS than 30mL/m	phylaxis - Non-Surgection Required) armacologic F tion (Single Responde) TER than or EQUAL In 40mg daily ag every 12 hours to 140kg enoxaparin tin - enoxaparin (LC) ection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): use) It to 30mL/min, enoxaparin orders will apply the following recommended In 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700 Indication(s):

[] 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	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	1
Required)	

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

II II'd D'd (Oderd'd Dec 'de IV	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or Knee	
(Arthroplasty) Surgical Patient (Single Response)	
(Selection Required)	,
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response)	

(Selection Required)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
() For CrCl GREATER than or EQUAL TO 30	Indication(s): mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
T Risk and Prophylaxis Tool (Single Response /TE/DVT Risk Definitions	URL:
Anticoagulation Guide for COVID patients	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formush.com/files/houstonmethodict/decuments/C
	"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 Stratii (Single Response) (Selection Required)	fication

Required)

F1 Martinette 2st CVTT	D. C. O.
[] 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.
propriylaxis	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριορηγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Troumo, Commucus
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTÉ prophylaxis (\$	
Required)	
[] Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	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 orde	
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	Deuting Ones
[] 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
propriyidatio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
() High Risk - Patient currently has an active orde	er for
therapeutic anticoagulant or VTE prophylaxis (\$	
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() 51 (11)	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	A a va
Age less than 60 years and NO other VTE risk fac	ctors
[1 Low Pick (Single Decrease) (Selection Decreir	ad)
[] Low Risk (Single Response) (Selection Require	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
1	Carry ambulation

MODERATE Risk of DVT - Surgical (Selection Required) Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE Routine, Once [] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis "And" Linked Panel BUT order Sequential compression device [] Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis "And" Linked Panel AND mechanical prophylaxis [] Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): [] Contraindications exist for mechanical Routine, Once No mechanical VTE prophylaxis due to the following prophylaxis contraindication(s): () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 30 mg, subcutaneous, daily at 1700, Starting S+1 [] enoxaparin (LOVENOX) injection Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 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

. This patient has a history of or suspected case of Heparin-Induced

procedure, or CrCl LESS than 30 mL/min.

Thrombocytopenia (HIT):

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS
than 50kg and age GREATER than 75yrs.
7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
oral, daily at 1700, Starting S+1
Indication:
STAT, Until discontinued, Starting S
Indication:
ection
Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
,
n

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

1 Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic proph Order Sequential compression device	nylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic proph AND mechanical prophylaxis	nylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

(Selection Required)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

30 mg, subcutaneous, daily at 1700 Indication(s): mL/min - subcutaneous Indication(s):
subcutaneous
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:
election
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
Routine, Continuous
l) ophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
Routine, Once
ical Patient
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
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 - Non-S Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)
subcutaneous Daily at 1700

[] enoxaparin (LOVENOX) injection
30 mg, subcutaneous, daily at 1700
Indication(s):

() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	L/min -
[] enoxaparin (LOVENOX) subcutarieous	subcutaneous
[] Chexapanii (20 v 21 v 3 v 4 mjestich	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) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 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:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
, taareee sear priamiassings and moonamear prop	ny and by discining nomin manuscrogress and meeticanical recognistion
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response	
(Selection Required) () Contraindications exist for pharmacologic	Routine Once
() Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for pharmacologic prophylaxis aspirin chewable tablet	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Remarks) 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired)
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Reference) [] apixaban (ELIQUIS) tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Recognition of ELIQUIS) tablet [] Pharmacy consult to monitor apixaban	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S
 () Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Reference) [] apixaban (ELIQUIS) tablet 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Recognition of the property of th	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Recognition of the property of th	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight:	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Recognition (In Inc.) [In Inc.] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUIPMENT (In Inc.) [In	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Recognition (In Inc.) [In Inc.] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUIPMENT (In Inc.) [In	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
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() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (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 hours GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin (No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 equired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (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 hours GREATER THAN or EQUAL to 140kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin () enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended Acrin 40mg every 12 hours LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (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 hours GREATER THAN or EQUAL to 140kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin () enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 menoxaparin (LOVENOX) subcutaneous	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 guired) 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): L/min -
() Contraindications exist for pharmacologic prophylaxis () aspirin chewable tablet () aspirin (ECOTRIN) enteric coated tablet () Apixaban and Pharmacy Consult (Selection Re [] apixaban (ELIQUIS) tablet [] Pharmacy consult to monitor apixaban (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Resp (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 hours GREATER THAN or EQUAL to 140kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin () enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 m	No pharmacologic VTE prophylaxis due to the following contraindication(s): 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended Acrin 40mg every 12 hours LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 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):
() hengrin (percine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection	
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) Madazata Risk Residue (Selection Required)	ation
 () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (So 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	
() 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 - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (So 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 R	esponse)
() 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 order	er for
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
F. eF. year.	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριοριτγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
	or for
() High Risk - Patient currently has an active order the reporting antique graphylant or V/TE prophylavia (
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	D. C. O.
[] 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	ctors
[] Low Risk (Single Response) (Selection Requir	ed)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Re	•
Moderate Risk Definition	
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	moonamoan propriyhamo to optionar amood priamiadologid to
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	, log swelling, diodle, verious stable and hopificate syndionic
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	ire
Less than fully and independently ambulatory	113
Estrogen therapy	
Moderate or major surgery (not for cancer)	
MISIOU STRUCKY WITHIN & MONTHE OF GAMILEGIAN	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
Moderate Risk (Selection Required)	Routine, Once
Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis -	Surgical
Moderate Risk (Selection Required)	Surgical

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	etion
 () Contraindications exist for pharmacologic pro Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
 For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced

Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
(, , , , , , , , , , , , , , , , , , ,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (S Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Nouthe, Continuous
	n
) HIGH Risk of DVT - Surgical (Selection Required	1)
High Risk Definition	a moved by a diduced and
Both pharmacologic AND mechanical prophylaxi	s must de addressed.
One or more of the following medical conditions:	
	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	nyeloprolilerative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[1] High Dick (Sologtion Doguirod)	
[] High Risk (Selection Required)	Pautino Onco
[] High risk of VTE	Routine, Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ical Patient
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic 	Routine, Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic 	Routine, Once
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic 	ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) 	ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) 	ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ 	ical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECC.	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECT doses by weight: 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourseless 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hourseless 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECT 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 enoxal () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECT 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 enoxation () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECT 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 enoxal () For CrCl LESS than 30mL/min - enoxaparin 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECT 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 enoxations () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Re (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECC 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 enoxations () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min -
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EC 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 enoxations and the subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min - subcutaneous, Starting S+1
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surge (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or ECC 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 enoxations () For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) UAL to 30mL/min, enoxaparin orders will apply the following recommended rs parin 40mg every 12 hours (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): mL/min -

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommende	
for patients with high risk of bleeding, e.g.	
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	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)	
Required) () Contraindications exist for mechanical	Pouting Once
 () Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection I	Required)
High Risk Definition	(toquilou)
Both pharmacologic AND mechanical prophy	axis must be addressed.
One or more of the following medical condition	
or protein S deficiency; hyperhomocysteinem	variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Severe fracture of hip, pelvis or leg	ia, myeloproliterative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
Thistory of the	
High Risk (Selection Required)	
[] High risk of VTE	
[] High Risk Pharmacological Prophylaxis - N	Routine, Once
Patient (Single Response) (Selection Requ	lon-Surgical ired)
Patient (Single Response) (Selection Requ () Contraindications exist for pharmacologic	lon-Surgical lired) Routine, Once
Patient (Single Response) (Selection Requ	lon-Surgical ired) Routine, Once No pharmacologic VTE prophylaxis due to the following
Patient (Single Response) (Selection Requ () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single	lon-Surgical ired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Patient (Single Response) (Selection Requ () Contraindications exist for pharmacologic prophylaxis	lon-Surgical ired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Patient (Single Response) (Selection Requ () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or	lon-Surgical ired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight:	lon-Surgical lired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response)
Patient (Single Response) (Selection Requ () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or	Ion-Surgical ired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dai 100 to 139kg enoxaparin 30mg every 12	Ion-Surgical iired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended by hours
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dai	Ion-Surgical iired) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended by hours
Patient (Single Response) (Selection Requ. () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dai 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg enoxaparin	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended by hours exaparin 40mg every 12 hours
Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dai 100 to 139kg enoxaparin 30mg every 12	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended by hours exaparin 40mg every 12 hours
Patient (Single Response) (Selection Requ. () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg dai 100 to 139kg enoxaparin 30mg every 12 GREATER THAN or EQUAL to 140kg end () For CrCl LESS than 30mL/min - enoxap	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Response) EQUAL to 30mL/min, enoxaparin orders will apply the following recommended by hours exaparin 40mg every 12 hours

subcutaneous 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 For patients with weight GREATER than 100 kg.
oral, daily at 1700 Indication:
STAT, Until discontinued, Starting S Indication:
ection
Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
1

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

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

(Selection Required)

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	· ·
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (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)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
Labs	
Hematology/Coagulation	
[] CBC and differential	Once
Chemistry	
[] Albumin	Once
Basic metabolic panel	Once
Blood gas, arterial	STAT For 1 Occurrences
[] Calcium, ionized	Once
CK	Once
[] Comprehensive metabolic panel	Once

[] Creatinine (Serum)	Once
[] Hemoglobin A1c	Once
[] Hepatic function panel	Once
[] Lactate dehydrogenase	Once
[] Magnesium	Once
Osmolality, serum	Once
[] Phosphorus	Once
[] PTH, intact	Once
[] Uric acid	Once
Urine	
	0
[] Creatinine clearance, urine, 24 hour	Once
[] Creatinine, urine, random [] Chloride, urine, random	Once Once
[] Osmolality, urine	Once
[] Protein, urine, 24 hour	Once
[] Protein, urine, random	Once
Dotassium, urine, random	Once
Sodium, urine, random	Once
[] Urinalysis screen and microscopy, with reflex to cul-	
[1] Chinalysis solven and microscopy, man renex to sur	Specimen Source: Urine
	Specimen Site:
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
	eate from a paripharal cital placea call the lab for accietance: an IV line
	sets from a peripheral site, please call the lab for assistance; an IV line
	should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	should NEVER be used. Once, Blood
Blood Culture (Aerobic & Anaerobic)	should NEVER be used. Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with
[] Blood Culture (Aerobic & Anaerobic)	should NEVER be used. 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
[] Blood Culture (Aerobic & Anaerobic)	should NEVER be used. Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with
Blood Culture (Aerobic & Anaerobic)	should NEVER be used. 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
[] Blood Culture (Aerobic & Anaerobic)	should NEVER be used. 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
Blood Culture (Aerobic & Anaerobic)	should NEVER be used. 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)	should NEVER be used. 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
[] Blood Culture (Aerobic & Anaerobic)	should NEVER be used. 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. Daily, Starting S For 3 Occurrences
[] Blood Culture (Aerobic & Anaerobic) Today X 3 Days [] CBC and differential [] Basic metabolic panel	should NEVER be used. 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. Daily, Starting S For 3 Occurrences Daily, Starting S For 3 Occurrences
Today X 3 Days [] Blood Culture (Aerobic & Anaerobic) Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN	should NEVER be used. 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. Daily, Starting S For 3 Occurrences Daily, Starting S For 3 Occurrences Daily, Starting S For 3 Occurrences
Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus	should NEVER be used. 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. Daily, Starting S For 3 Occurrences
Today X 3 Days [] Basic metabolic panel [] BUN [] Creatinine level	should NEVER be used. 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. Daily, Starting S For 3 Occurrences
Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology	should NEVER be used. 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. Daily, Starting S For 3 Occurrences
Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences
Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Routine, Once
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Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology [] ECG 12 lead	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Example 1
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[] Blood Culture (Aerobic & Anaerobic) Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology [] ECG 12 lead [] Echocardiogram complete w contrast and 3D if nee Imaging	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Example 1
Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology [] ECG 12 lead [] Echocardiogram complete w contrast and 3D if nee	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Example 1
[] Blood Culture (Aerobic & Anaerobic) Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology [] ECG 12 lead [] Echocardiogram complete w contrast and 3D if nee Imaging	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Example 1
[] Blood Culture (Aerobic & Anaerobic) Today X 3 Days [] CBC and differential [] Basic metabolic panel [] BUN [] Creatinine level [] Phosphorus Cardiology Cardiology [] ECG 12 lead [] Echocardiogram complete w contrast and 3D if nee Imaging Ultrasound	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Routine, Once Clinical Indications: Other: See Comments Interpreting Physician: For acute renal failure aded Routine, 1 time imaging, Starting S at 1:00 AM
Today X 3 Days Today X 3 Days CBC and differential Basic metabolic panel BUN Creatinine level Phosphorus Cardiology Cardiology Cardiology Cardiology Ultrasound Ultrasound US Renal	Should NEVER be used. 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. Daily, Starting S For 3 Occurrences Routine, Once Clinical Indications: Other: See Comments Interpreting Physician: For acute renal failure aded Routine, 1 time imaging, Starting S at 1:00 AM Routine, 1 time imaging, Starting S at 1:00 AM For 1

[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
] XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
СТ	
[] CT Renal Stone Protocol	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Respiratory	
Respiratory	
[] Oxygen therapy - NC 2 Lpm	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Device 2: Device 3: Indications for O2 therapy:
Consults	
Ancillary Consults	
[] Consult to Case Management	Consult Reason:
Consult to Case Management 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: Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?