Left Ventricular Assist Device and Artificial Heart PostOp Transfer ICU to Floor [2079]

Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Measure blood pressure	Routine, Every 4 hours By Doppler only for VADs; Check blood pressure by manual cuff and Doppler
[] Pulse oximetry	Routine, Daily Current FIO2 or Room Air:
Activity	
[] Activity (Out of bed)	Routine, 3 times daily Specify: Out of bed 3 times a day as tolerated
[] Strict bed rest	Routine, Until discontinued, Starting S
Nursing Care	
[] Daily weights	Routine, Daily
[] Strict intake and output	Routine, Every hour
[] Reinforce dressing	Routine, As needed
	Reinforce with:
	Incision dressings
[] VAD Change dressing - Daily	Routine, Daily
[] VAD Change dressing - Maintenance	Routine, As needed Maintenance: twice weekly and as needed for draining or soiling
[X] VAD Speed Order	Routine, Once Device Type: LVAD Motor Speed (rpms): Rationale:
[] Change dressing (to LVAD)	Routine, Daily To LVAD dressing site. Daily and PRN to cannulation or percutaneous line exit site utilizing aseptic technique per protocol with 4 % Chlorhexidine solution, unless contraindicated.
[] Change dressing (to TAH)	Routine, Daily To TAH dressing site daily and PRN to cannulation or percutaneous line exit site utilizing sterile technique per protocol with hydrogen peroxide and betadine solution.
[] Driveline stabilization device	Routine, Until discontinued, Starting S At all times to stabilize and support driveline
[] Document VAD parameters upon arrival to unit and every 4 hours	Routine, Until discontinued, Starting S
[] Bedside glucose	Routine, 4 times daily before meals and at bedtime Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL
[] All orders to be cleared by VAD Team	Routine, Until discontinued, Starting S
[] Perfusion to assist with all transports	Routine, Until discontinued, Starting S
 Stabilization device: anchor or belt in place at all times Contact perfusion with all questions regarding device function 	Routine, Until discontinued, Starting S Routine, Until discontinued, Starting S
[] Device requirments	Routine, Until discontinued, Starting S A) HeartMatell: No need to disconnect controller B) Duraheart: Secondary controller, Hematocrit must be updated daily for flow calculations C) HeartWare: Secondary controller D) Syncardia: None

] Ensure PBU/battery charger is connected to emergency power outlet (red outlet) and backup batteries should be kept/ placed in battery charger when no in use.	Routine, Until discontinued, Starting S
] Emergencies per ACLS protocol/ Defibrillation per device recommendations	Routine, Until discontinued, Starting S Recommendations as follows HeartMate II: No need to disconnect controller Duraheart: Ensure console in "Safe Mode" HeartWare: No need to disconnect controller Syncardia: No chest compressions, defibrillation or cardioversion
Diet	
[] Diet (Heart Healthy)	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet (Diabetic)	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet -	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
Medications	
Pharmacy Consults	
 Pharmacy consult to manage dose adjustments for renal function 	Routine, Until discontinued, Starting S For Until specified Adjust dose for:
	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD
function	Adjust dose for: STAT, Until discontinued, Starting S For Until specified
function [] Pharmacy consult to manage heparin: LVAD patient	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR)
function function [] Pharmacy consult to manage heparin: LVAD patient [] Pharmacy consult to manage warfarin (COUMADIN)	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR: 5 mg, oral, daily BP HOLD parameters for this order:
function function [] Pharmacy consult to manage heparin: LVAD patient [] Pharmacy consult to manage warfarin (COUMADIN) Oral Antihypertensives	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR: 5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if: 25 mg, oral, every 6 hours scheduled BP HOLD parameters for this order:
function function [] Pharmacy consult to manage heparin: LVAD patient [] Pharmacy consult to manage warfarin (COUMADIN) Oral Antihypertensives [] lisinopril (PRINIVIL,ZESTRIL) tablet	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR: 5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if: 25 mg, oral, every 6 hours scheduled BP HOLD parameters for this order: Contact Physician if: 3.125 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order:
function function [] Pharmacy consult to manage heparin: LVAD patient [] Pharmacy consult to manage warfarin (COUMADIN) Oral Antihypertensives [] lisinopril (PRINIVIL,ZESTRIL) tablet [] hydrALAZINE (APRESOLINE) tablet	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR: 5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if: 25 mg, oral, every 6 hours scheduled BP HOLD parameters for this order: Contact Physician if: 3.125 mg, oral, 2 times daily at 0600, 1800
function [] Pharmacy consult to manage heparin: LVAD patient [] Pharmacy consult to manage warfarin (COUMADIN) Oral Antihypertensives [] lisinopril (PRINIVIL,ZESTRIL) tablet [] hydrALAZINE (APRESOLINE) tablet [] carvedilol (COREG) tablet	Adjust dose for: STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR: 5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if: 25 mg, oral, every 6 hours scheduled BP HOLD parameters for this order: Contact Physician if: 3.125 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: Contact Physician if: 3.125 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: Contact Physician if: 5 mg, oral, daily BP HOLD parameters for this order:

[] aspirin tablet	325 mg, oral, daily at 1700
[] dipyridamole (PERSANTINE) tablet	50 mg, oral, 3 times daily
Dietary Supplements	
[] ascorbic acid (VITAMIN C) tablet	500 mg, oral, 2 times daily
[] folic acid (FOLVITE) tablet	1 mg, oral, daily
[] cyanocobalamin tablet	1,000 mcg, oral, daily
[] ferrous sulfate tablet	325 mg, oral, 2 times daily with meals
Medications	
[] furosemide (LASIX) tablet	40 mg, oral, 2 times daily at 0900, 1700
[] potassium chloride (K-DUR) CR tablet	20 mEq, oral, 2 times daily
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] metoclopramide (REGLAN) tablet	5 mg, oral, every 6 hours scheduled
[] multivitamin with minerals tablet	1 tablet, oral, daily
 sennosides-docusate sodium (SENOKOT-S) 8.6- per tablet 	50 mg 2 tablet, oral, 2 times daily
Pain Management	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
] Norco or Tylenol #3 (Single Response)	
 HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
() acetaminophen-codeine (TYLENOL #3)	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)
300-30 mg per tablet	The use of codeine-containing products is contraindicated in patients
	LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N
	Allowance for Patient Preference:
 [] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet) 1 tablet, oral, every 4 hours PRN, severe pain (score 7-10) Allowance for Patient Preference:
10-525 mg per tablet	Allowance for ratient riference.
Bowel Management	
[] bisacodyl (DULCOLAX) EC tablet	5 mg, oral, nightly PRN, constipation
	5 mg, oral, nightly PRN, constipation 10 mg, rectal, every 8 hours PRN, constipation
[] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response)	10 mg, rectal, every 8 hours PRN, constipation (Selection Required)
I bisacodyl (DULCOLAX) suppository	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL:
[] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response)	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
[] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response)	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for
 bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for Selection
 bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) [] Moderate risk of VTE 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for Selection Routine, Once
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) [] Moderate risk of VTE [] Patient currently has an active order for 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for Selection Routine, Once Routine, Once
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ication order for Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 [] bisacodyl (DULCOLAX) suppository VTE DVT Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients () Patient currently has an active order for therapeut anticoagulant or VTE prophylaxis with Risk Stratifi (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single I 	10 mg, rectal, every 8 hours PRN, constipation (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" ic ic ication order for Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response)

 Place/Maintain sequential compression device continuous 	Routine, Continuous
) Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTÉ prophylaxis	
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	,
) High Risk - Patient currently has an active ord	er for
therapeutic anticoagulant or VTE prophylaxis	
Required)	、
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
FF)	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriylaxio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) High Risk - Patient currently has an active ord	ler 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.
propriylaxio	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
ριοριτγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
Tye less than ou years and NO Utier VIE IISK la	
1 Low Rick (Single Response) (Selection Requi	red)
 Low Risk (Single Response) (Selection Requi Low risk of VTE 	
() LOW HSK OF VIE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
	ממונפווומחוב אחבם

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	bhylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	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 Response) (Selection Required)

Patient renal status: @CRCL@

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

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxapa subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 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 procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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

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

(Selection Required) Patient renal status: @CRCL@	
	JAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour	
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, Starting S+1
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	autoritaria a Chartina Cuid
[] 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 medicatio
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se	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 - Non-Surgical (Selection Requ	Jired)
High Risk Definition	must be addressed
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed.
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
] High Risk (Selection Required)	
High Risk (Selection Required)[] High risk of VTE	Routine, Once

()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQ doses by weight: Weight Dose	UAL to 30mL/min, enoxaparin orders will apply the following recommended
	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	(LOVENOX)
_	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
	[] enoxaparin (LOVENOX) injection	subcutaneous
$\overline{()}$	fondenerinux (ADIVTDA) injection	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:
$\overline{()}$	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
()	(COUMADIN)	Indication:
-	Mechanical Prophylaxis (Single Response) (Se Required)	election
()	Contraindications exist for mechanical	Routine, Once
$\overline{()}$	prophylaxis Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
()	device continuous	Routine, continuous
HI	GH Risk of DVT - Surgical (Hip/Knee) (Selection)n
	quired)	
Hig	h Risk Definition	
	th pharmacologic AND mechanical prophylaxis	s must be addressed.
	e or more of the following medical conditions:	
		iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	protein S deficiency; hyperhomocysteinemia; r	nyeloproliferative disorders)
	vere fracture of hip, pelvis or leg	
	cute spinal cord injury with paresis	
	Iltiple major traumas dominal or pelvic surgery for CANCER	
	ute ischemic stroke	
	story of PE	
	, <u>-</u>	
1	High Risk (Selection Required)	

[] Llink Diele Dhermonological Drenkylovia Llin er [
 [] High Risk Pharmacological Prophylaxis - Hip or K (Arthroplasty) Surgical Patient (Single Response) (Selection Required) 	e)
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	
	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Red	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar	AL to 30mL/min, enoxaparin orders will apply the following recommended
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	-OVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 mL 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 CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
 [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ction
 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
OVT Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
 Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required) 	
 Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) 	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
() Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	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	e Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
 High Risk - Patient currently has an active orc 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 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 prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active orc therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once

	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyiaxis	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	ired)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga early ambulation
MODERATE Risk of DVT - Surgical (Selection F	•
Moderate Risk Definition	
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
CHF, MI, lung disease, pneumonia, active inflam	amotion debudration variance value concer concie chapity providuo
	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas	
stroke, rheumatologic disease, sickle cell diseas Age 60 and above	
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	se, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	se, leg swelling, ulcers, venous stasis and nephrotic syndrome ours Routine, Once - Surgical
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once - Surgical
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pro-	Routine, Once - Surgical
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device	Routine, Once - Surgical ed) ophylaxis "And" Linked Panel
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once - Surgical ed) rophylaxis "And" Linked Panel Routine, Once
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device	Routine, Once - Surgical ed) rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once - Surgical ed) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once - Surgical ed) rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once - Surgical ed) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once - Surgical ed) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis	Routine, Once - Surgical ad) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic pr	Routine, Once - Surgical ad) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Continuous
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis	Routine, Once - Surgical ad) rophylaxis Routine, Once - Surgical ad) rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous rophylaxis "And" Linked Panel Routine, Continuous rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic pr AND mechanical prophylaxis	Routine, Once Surgical ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Conce No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once Surgical od) rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous rophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous rophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Require () Contraindications exist for pharmacologic pr BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pr AND mechanical prophylaxis [] Contraindications exist for pharmacologic pr AND mechanical prophylaxis	Routine, Once Surgical ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Conce No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

Patient renal status: @CRCL@	
doses by weight:	UAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
	Sam Forng 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 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 CrCI LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
 MODERATE Risk of DVT - Non-Surgical (Selection Required) 	on
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. N contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
Age 60 and above	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	irs
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
11. Madarata Diala (Calastina Davida N	
[] Moderate Risk (Selection Required)	Pauting Onco

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

hadrood both pharmacologic and moonamout pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) 	
 Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	sponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQ doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxa	
 For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700 	(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	mL/min -
[] 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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 heparin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Req	
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required 	Surgical
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following

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

Patient renal status: @CRCL@	
doses by weight:	AL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	arin 40mg every 12 hours
() For CrCI 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 m enoxaparin (LOVENOX) subcutaneous 	L/ffilfi -
[] 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 CrCI LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	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	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
/T Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic	
anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	cation
() Moderate Risk - Patient currently has an active of	order for
therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for 	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
1	Therapy for the following:
[] Place sequential compression device (Single R	

[] Place sequential compression device (Single Response)

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

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome s
 [] Moderate Risk (Selection Required) [] Moderate risk of VTE 	Pouting Onco
	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

Patient renal status: @CRCL@

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

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

 For CrCI LESS than 30mL/min - enoxapa subcutaneous Daily at 1700 	arin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 3	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 procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	E 000 Unite automatic automatic 12 hours Sul at 600 AM
IOF DATIENTS WITH NIGH LISK OF DIEEGING, E.G.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selecti	ion
Required)	
Moderate Risk Definition	
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	
	uis
Less than fully and independently ambulatory	uis
Less than fully and independently ambulatory Estrogen therapy	uis
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	uis
Less than fully and independently ambulatory Estrogen therapy	uis
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	uis
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) [] Moderate Risk of VTE] Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk of VTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required)	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device	Routine, Once ction pphylaxis - "And" Linked Panel
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 OVTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic pro-	Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device	Routine, Once ction pphylaxis - "And" Linked Panel
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro- Order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device] Contraindications exist for pharmacologic prophylaxis] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selece Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once Routine, Continuous ophylaxis "And" Linked Panel Routine, Once
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) Moderate Risk (Selection Required) Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device] Contraindications exist for pharmacologic prophylaxis] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis mathematication(s): Routine, Continuous ophylaxis Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis Wand" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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 OVTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selece Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
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 OVTE Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis	Routine, Once ction ophylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@	
For patients with CrCI GREATER than or EQU doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() 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 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	automating C 1
[] 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 medicatio
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis() Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	must be addressed.
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
] High Risk (Selection Required)	

()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
	Patient renal status: @CRCL@	
	For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
()	For CrCI LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
Ī	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
()	 For CrCI GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous 	
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
()	fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
$\overline{()}$	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	lection
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	GH Risk of DVT - Surgical (Hip/Knee) (Selectio quired)	n
Hig Bot On Thr or p Sev Ac Mu Abo	h Risk Definition th pharmacologic AND mechanical prophylaxis e or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
	High Risk (Selection Required)	

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

Labs

Lab Every Morning x 3

[X] CBC with platelet and differential	AM draw repeats For 3 Occurrences
[X] Basic metabolic panel	AM draw repeats For 3 Occurrences
[X] Magnesium level	AM draw repeats For 3 Occurrences
[X] Phosphorus level	AM draw repeats For 3 Occurrences
[X] Prothrombin time with INR	AM draw repeats For 3 Occurrences
[X] Partial thromboplastin time	AM draw repeats For 3 Occurrences

Labs

[] LDH	Once
[] Hematocrit	AM draw repeats For 3 Occurrences
	Everyday x 3 for HeartWare; Device must be updated daily
	with correct hematocrit for flow calculations
[] Prothrombin time with INR	AM draw repeats For 3 Occurrences
	Everyday x 3 for warfarin management
[X] Platelet mapping	AM draw, Starting S+7 For 1 Occurrences
	Anticoagulant Therapy:
	Diagnosis:
	Fax Number (For TEG Graph Result): 713-791-5198
	Post op day #7
[X] Thromboelastograph	AM draw, Starting S+7 For 1 Occurrences
	Anticoagulant Therapy:
	Diagnosis:
	Fax Number (For TEG Graph Result): 713-791-5198
	On PostOp day #7,

Labs

[] LDH	Once
[] Hematocrit	AM draw repeats For 3 Occurrences
	Everyday x 3 for HeartWare; Device must be updated daily with correct hematocrit for flow calculations
[] Prothrombin time with INR	AM draw repeats For 3 Occurrences
	Everyday x 3 for warfarin management
[X] Thromboelastograph	AM draw, Starting S+7 For 1 Occurrences
	Anticoagulant Therapy:
	Diagnosis:
	Fax Number (For TEG Graph Result): 713-791-5198 On PostOp day #7,

Microbiology

[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT 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, one set may be drawn from a central line; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect STAT 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, one set may be drawn from a central line; an IV line should NEVER be used.
[] Sputum culture	Once, Sputum
[] Urinalysis screen and microscopy, with reflex	to culture Once Specimen Source: Urine Specimen Site:

Imaging

X-Ray

[] Chest 1 Vw Portable

Respiratory

Respiratory		
[] Oxygen therapy	Routine, Continuous	
	Device: Nasal Cannula	
	Rate in liters per minute: 2 Lpm	
	Rate in tenths of a liter per minute:	
	O2 %:	
	Device 2:	
	Device 3:	
	Titrate to keep O2 Sat Above: 92%	
	Indications for O2 therapy:	
	Wean oxygen to room air	
[] Incentive spirometry	Routine, Every hour while awake	
	Encourage deep breathing and coughing	

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult Cardiac Rehab Phase 1	Routine, Once Clinical Indications: endurance strengthening
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Nutrition Assessment
[X] Consult to PT eval and treat	Special Instructions: evaluate and treat for ambulation and muscle strengthening Weight Bearing Status:
[] Consult to Case Management	Consult Reason: Discharge Planning
[] Consult to OT eval and treat	Special Instructions: LVAD shower training Weight Bearing Status: