

Nursing

Vital Signs

<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Per unit protocol
<input type="checkbox"/> Measure blood pressure	Routine, Every 4 hours By Doppler only for VADs; Check blood pressure by manual cuff and Doppler
<input type="checkbox"/> Pulse oximetry	Routine, Daily Current FIO2 or Room Air:

Activity

<input type="checkbox"/> Activity (Out of bed)	Routine, 3 times daily Specify: Out of bed 3 times a day as tolerated
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S

Nursing Care

<input type="checkbox"/> Daily weights	Routine, Daily
<input type="checkbox"/> Strict intake and output	Routine, Every hour
<input type="checkbox"/> Reinforce dressing	Routine, As needed Reinforce with: Incision dressings
<input type="checkbox"/> VAD Change dressing - Daily	Routine, Daily
<input type="checkbox"/> VAD Change dressing - Maintenance	Routine, As needed Maintenance: twice weekly and as needed for draining or soiling
<input checked="" type="checkbox"/> VAD Speed Order	Routine, Once Device Type: LVAD Motor Speed (rpms): Rationale:
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Driveline stabilization device	Routine, Until discontinued, Starting S At all times to stabilize and support driveline
<input type="checkbox"/> Document VAD parameters upon arrival to unit and every 4 hours	Routine, Until discontinued, Starting S
<input type="checkbox"/> 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
<input type="checkbox"/> All orders to be cleared by VAD Team	Routine, Until discontinued, Starting S
<input type="checkbox"/> Perfusion to assist with all transports	Routine, Until discontinued, Starting S
<input type="checkbox"/> Stabilization device: anchor or belt in place at all times	Routine, Until discontinued, Starting S
<input type="checkbox"/> Contact perfusion with all questions regarding device function	Routine, Until discontinued, Starting S
<input type="checkbox"/> Device requirements	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

<input type="checkbox"/> 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
<input type="checkbox"/> 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

<input type="checkbox"/> Diet (Heart Healthy)	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
<input type="checkbox"/> 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:
<input type="checkbox"/> 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

<input type="checkbox"/> Pharmacy consult to manage dose adjustments for renal function	Routine, Until discontinued, Starting S For Until specified Adjust dose for:
<input type="checkbox"/> Pharmacy consult to manage heparin: LVAD patient	STAT, Until discontinued, Starting S For Until specified Heparin Indication: LVAD Monitoring: aPTT
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication: LVAD (Specify Target INR) Target INR:

Oral Antihypertensives

<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled BP HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> amLODIPine (NORVASC) tablet	5 mg, oral, daily BP HOLD parameters for this order: Contact Physician if:

Antithrombotic Management

<input type="checkbox"/> aspirin chewable tablet	81 mg, oral, daily at 1700
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<input type="checkbox"/> aspirin tablet	325 mg, oral, daily at 1700
<input type="checkbox"/> dipyridamole (PERSANTINE) tablet	50 mg, oral, 3 times daily

Dietary Supplements

<input type="checkbox"/> ascorbic acid (VITAMIN C) tablet	500 mg, oral, 2 times daily
<input type="checkbox"/> folic acid (FOLVITE) tablet	1 mg, oral, daily
<input type="checkbox"/> cyanocobalamin tablet	1,000 mcg, oral, daily
<input type="checkbox"/> ferrous sulfate tablet	325 mg, oral, 2 times daily with meals

Medications

<input type="checkbox"/> furosemide (LASIX) tablet	40 mg, oral, 2 times daily at 0900, 1700
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, 2 times daily
<input type="checkbox"/> pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> metoclopramide (REGLAN) tablet	5 mg, oral, every 6 hours scheduled
<input type="checkbox"/> multivitamin with minerals tablet	1 tablet, oral, daily
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, 2 times daily

Pain Management

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
<input type="checkbox"/> Norco or Tylenol #3 (Single Response)	
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6) 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:
<input type="checkbox"/> 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:

Bowel Management

<input type="checkbox"/> bisacodyl (DULCOLAX) EC tablet	5 mg, oral, nightly PRN, constipation
<input type="checkbox"/> bisacodyl (DULCOLAX) suppository	10 mg, rectal, every 8 hours PRN, constipation

VTE

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

VTE/DVT Risk Definitions

URL:

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

[Anticoagulation Guide for COVID patients](#)

URL:

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

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

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

For CrCl GREATER than or EQUAL TO 30 mL/min -
enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection subcutaneous
Indication(s):

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: 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	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

VTE/DVT Risk Definitions

URL:

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

URL:

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

[Anticoagulation Guide for COVID patients](#)

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

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

Moderate risk of VTE Routine, Once

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

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

Moderate risk of VTE Routine, Once

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

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High risk of VTE Routine, Once

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

Place sequential compression device (Single Response)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High risk of VTE Routine, Once

<input type="checkbox"/>	Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
<input type="checkbox"/>	Place sequential compression device (Single Response)	
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	LOW Risk of DVT (Selection Required)	
	Low Risk Definition	
	Age less than 60 years and NO other VTE risk factors	
<input type="checkbox"/>	Low Risk (Single Response) (Selection Required)	
<input type="checkbox"/>	Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation
<input type="checkbox"/>	MODERATE Risk of DVT - Surgical (Selection Required)	
	Moderate Risk Definition	
	Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	
	One or more of the following medical conditions:	
	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	
	Age 60 and above	
	Central line	
	History of DVT or family history of VTE	
	Anticipated length of stay GREATER than 48 hours	
	Less than fully and independently ambulatory	
	Estrogen therapy	
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	
<input type="checkbox"/>	Moderate Risk (Selection Required)	
<input type="checkbox"/>	Moderate risk of VTE	Routine, Once
<input type="checkbox"/>	Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)	
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Place/Maintain sequential compression device continuous	Routine, Continuous
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	"And" Linked Panel
<input type="checkbox"/>	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/>	enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)

subcutaneous Daily at 1700

[] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 CrCl LESS than 30 mL/min.

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection

5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

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

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

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

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

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

For patients with weight GREATER than 100 kg.

() warfarin (COUMADIN) tablet

oral, daily at 1700, Starting S+1

Indication:

() Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S

Indication:

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

() Contraindications exist for mechanical prophylaxis

Routine, Once

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

() Place/Maintain sequential compression device continuous

Routine, Continuous

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)

[] Moderate risk of VTE

Routine, Once

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

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

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

Place/Maintain sequential compression device continuous
Routine, Continuous

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

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

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

For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection
subcutaneous
Indication(s):

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

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous
Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

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

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)

subcutaneous Daily at 1700

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

() For CrCl GREATER than or EQUAL TO 30 mL/min -

enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection subcutaneous
Indication(s):

() fondaparinux (ARIXTRA) injection

2.5 mg, subcutaneous, daily

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

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

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

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

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

() Apixaban and Pharmacy Consult (Selection Required)

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	
	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
<input type="checkbox"/> rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
<input type="checkbox"/> Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	
	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	
	STAT, Until discontinued, Starting S Indication:

DVT Risk and Prophylaxis Tool (Single Response)

VTE/DVT Risk Definitions

URL:

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

URL:

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

[Anticoagulation Guide for COVID patients](#)

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

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

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Moderate Risk (Selection Required)

Moderate risk of VTE Routine, Once

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

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)

subcutaneous Daily at 1700

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

For CrCl GREATER than or EQUAL TO 30 mL/min -

enoxaparin (LOVENOX) subcutaneous

enoxaparin (LOVENOX) injection subcutaneous
Indication(s):

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

HIGH Risk of DVT - Surgical (Selection Required)

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

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

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

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

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

enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

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

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

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

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

Mechanical Prophylaxis (Single Response) (Selection Required)

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

Place/Maintain sequential compression device continuous Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE Routine, Once

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

<input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: 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	
<input type="checkbox"/> For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<input type="checkbox"/> For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous	
<input type="checkbox"/> enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
<input type="checkbox"/> 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):
<input type="checkbox"/> heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<input type="checkbox"/> heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
<input type="checkbox"/> heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
<input type="checkbox"/> warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
<input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
<input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required)	
<input type="checkbox"/> Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required)

High risk of VTE

Routine, Once

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

() Place/Maintain sequential compression device continuous

Routine, Continuous

Labs

Lab Every Morning x 3

<input checked="" type="checkbox"/> CBC with platelet and differential	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Basic metabolic panel	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Prothrombin time with INR	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Partial thromboplastin time	AM draw repeats For 3 Occurrences

Labs

<input type="checkbox"/> LDH	Once
<input type="checkbox"/> Hematocrit	AM draw repeats For 3 Occurrences Everyday x 3 for HeartWare; Device must be updated daily with correct hematocrit for flow calculations
<input type="checkbox"/> Prothrombin time with INR	AM draw repeats For 3 Occurrences Everyday x 3 for warfarin management
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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

<input type="checkbox"/> LDH	Once
<input type="checkbox"/> Hematocrit	AM draw repeats For 3 Occurrences Everyday x 3 for HeartWare; Device must be updated daily with correct hematocrit for flow calculations
<input type="checkbox"/> Prothrombin time with INR	AM draw repeats For 3 Occurrences Everyday x 3 for warfarin management
<input checked="" type="checkbox"/> 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

<input type="checkbox"/> Blood culture x 2	"And" Linked Panel
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Sputum culture	Once, Sputum
<input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture	Once Specimen Source: Urine Specimen Site:

Imaging

X-Ray

Chest 1 Vw Portable Routine, 1 time imaging, Starting S at 1:00 AM For 1

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

Consult to Nutrition Services Reason For Consult? Other (Specify)
Specify: Nutrition Assessment

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: