Artificial Urinary Sphincter Post-Op [1813]

]	Acidosis	Post-op
<u>. </u>	Acute Post-Hemorrhagic Anemia	Post-op
<u>. </u>	Acute Renal Failure	Post-op
<u>. </u>	Acute Respiratory Failure	Post-op
<u>. </u>	Acute Thromboembolism of Deep Veins of Lower	Post-op
,	Extremities	1 551 55
]	Anemia	Post-op
]	Bacteremia	Post-op
İ	Bipolar disorder, unspecified	Post-op
Ī	Cardiac Arrest	Post-op
İ	Cardiac Dysrhythmia	Post-op
<u> </u>	Cardiogenic Shock	Post-op
i I	Decubitus Ulcer	Post-op
i I	Dementia in Conditions Classified Elsewhere	Post-op
Ī	Disorder of Liver	Post-op
Ī	Electrolyte and Fluid Disorder	Post-op
<u> </u>	Intestinal Infection due to Clostridium Difficile	Post-op
	Methicillin Resistant Staphylococcus Aureus Infection	Post-op
	Obstructive Chronic Bronchitis with Exacerbation	Post-op
	Other Alteration of Consciousness	Post-op
Ī	Other and Unspecified Coagulation Defects	Post-op
	Other Pulmonary Embolism and Infarction	Post-op
<u> </u>	Phlebitis and Thrombophlebitis	Post-op
<u> </u>	Protein-calorie Malnutrition	Post-op
Ī	Psychosis, unspecified psychosis type	Post-op
Ī	Schizophrenia Disorder	Post-op
Ī	Sepsis	Post-op
Ī	Septic Shock	Post-op
	Septicemia	Post-op
l	Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled	Post-op
Π	Urinary Tract Infection, Site Not Specified	Post-op
	ctive Outpatient, Observation, or Admission (Single I Elective outpatient procedure: Discharge following	Response) Routine, Continuous, PACU & Post-op
	routine recovery	
)	Outpatient observation services under general	Admitting Physician:
	supervision	Patient Condition:
		Bed request comments: PACU & Post-op
١	Outpatient in a bed - extended recovery	Admitting Physician:
)	Outpatient in a peu - extenueu recovery	Bed request comments:
		PACU & Post-op
)	Admit to Inpatient	Admitting Physician:
'	, tallit to inpation	Level of Care:
		Patient Condition:
		Bed request comments:
		Certification: I certify that based on my best clinical judgme
		and the patient's condition as documented in the HP and
		progress notes, I expect that the patient will need hospital
		services for two or more midnights.

Patient has active outpatient status order on file	
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments: PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Admission (Single Response) Patient has active status order on file	
() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed	Routine, Until discontinued, Starting S, Scheduling/ADT
Transfer (Single Response) Patient has active inpatient status order on file	
() Transfer patient	Level of Care: Bed request comments: Scheduling/ADT
() Return to previous bed Code Status @CERMSG(674511:)@	Routine, Until discontinued, Starting S, Scheduling/ADT
[X] Code Status (Single Response) DNR and Modified Code orders should be placed by	by the responsible physician.
() Full code	Code Status decision reached by: Post-op
() DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Post-op

Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
	Post-op
	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity? Modified Code restrictions:
	Post-op
Treatment Restrictions ((For use when a patient is	<u> </u>
in a cardiopulmonary arrest))	arrest, the selected treatments will NOT be provided. I
in a daratopalmonary arrooty	understand that all other unselected medically indicated
	treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
	Post-op
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
	Once, Post-op
suspect Tuberculosis, please order this test	
for rapid diagnostics.	S
Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Post-op
[] Fall precautions	Increased observation level needed:
[] Tall precautions	Post-op
Latex precautions	Post-op
Seizure precautions	Increased observation level needed:
[] Goizaro produtiono	Post-op
	. 33. 34
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP - Per Unit Protocol - PACU	Routine, Per unit protocol, PACU
Vital signs - T/P/R/BP - Per Unit Protocol - Post-Op Vital signs - T/P/R/BP - Per Unit Protocol - Post-Op	·
[] Vital Signs - 1/F/N/BF - Fel Offit Flotocol - Fost-Op	riodi Rodilile, rei dilli protocol, rost-op
Activity	
[] Activity (specify)	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	PACU
Notify	

[] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: 96 Systolic BP greater than: 180 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 40 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 22 Respiratory rate less than: 10 SpO2 less than: 90 24 hour weight gain greater than: 2 lbs Glucose greater than: 400 Glucose less than: 50
[] Notify Resident for vitals:	Urine output less than (mL/hr): 20 Routine, Until discontinued, Starting S Temperature greater than: 101.5 Temperature less than: 96 Systolic BP greater than: 180 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 40 MAP less than: Heart rate greater than (BPM): 120 Heart rate less than (BPM): 50 Respiratory rate greater than: 22 Respiratory rate less than: 10 SpO2 less than: 90 24 hour weight gain greater than: 2 lbs Glucose greater than: 400 Glucose less than: 50
Nursing	Urine output less than (mL/hr): 20
[] Intake and output	Pouting Every chift PACIL® Poet on
	Routine, Every shift, PACU & Post-op Routine, Once For 1 Occurrences
[] Discontinue IV fluids when tolerating by mouth	Flush with NS 5mL every 8 hours and PRN, Post-op
[] Saline lock IV	Routine, Continuous, Post-op
[] Change IV site dressing	Routine, Per unit protocol, Post-op
[] Foley catheter care - to gravity	Routine, Until discontinued, Starting S
	Orders: to gravity Post-op
[] Meatal care	Routine, Until discontinued, Starting S Every shift with soap and water , Post-op
[] Apply ice pack	Routine, Until discontinued, Starting S
	Afftected area:
	Waking hours only?
	Nurse to schedule?
	Special Instructions:
	To scrotum once until bedtime, Post-op
[] Incentive spirometry	Routine, Every 2 hours while awake, PACU & Post-op
[] Instruct patient on how to create and use a penile	· · · · · · · · · · · · · · · · · · ·
[] Supplies at bedside once patient arrives to floor	Routine, Until discontinued, Starting S 20 mL syringe 2 inch silk tape, Post-op
[] Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once
·-	Type:
	Size:
	Urinometer needed:
	Post-op

[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain Post-op
[] Perineal care	Routine, 2 times daily, Post-op
[] Remove Foley catheter POD #1	Routine, Once, Post-op
Diet	
[] 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: Post-op
IV Fluids	
IV Fluids	
sodium chloride 0.9% infusion	introveneus et 105 ml /hr. continuous Doot en
[] lactated ringers infusion	intravenous, at 125 mL/hr, continuous, Post-op intravenous, at 125 mL/hr, continuous, Post-op
dextrose 5%-lactated ringers infusion	intravenous, at 125 mL/hr, continuous, Post-op
[] dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	intravenous, at 125 mL/hr, continuous, Post-op
Combination Antibiotics (Single Response) HOP-Surgery approved antibiotic options for penile consult pharmacy or infectious disease consultant f () ampicillin-sulbactam (UNASYN) 3 g injection () gentamicin (GARAMYCIN) IVPB plus ceFAZolin	prosthesis surgery. If patient allergy prevents use of options below, for alternative options. 3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis "And" Linked Panel
(ANCEF) IVPB - For patients GREATER THAN 12	
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy: Surgical Prophylaxis
[] cefazolin (ANCEF) IVPB	3 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Reason for Therapy: Surgical Prophylaxis
() gentamicin (GARAMYCIN) IVPB plus ceFAZolin (ANCEF) IVPB - For patients LESS than or EQUA 120 kg	"And" Linked Panel L to
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Reason for Therapy:
[] cefazolin (ANCEF) IVPB	2 g, intravenous, once, Starting S, For 1 Doses, Pre-op Give within 1 hour of procedure. Infuse over 30 minutes. Repeat 8 hours after initial dose if still intra-op. Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
() gentamicin (GARAMYCIN) IVPB plus clindamycin (CLEOCIN) IVPB - For Penicillin or Vancomycin A patients	

[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses, Pre-op Indication:
[] clindamycin (CLEOCIN) IVPB	900 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses,
	Pre-op
	Give within 1 hour of penile prosthesis procedure. Infuse over 30 minutes. Repeat 3 hours after initial dose if still intra-op.
	Indication:
() gentamicin (GARAMYCIN) IVPB plus vancomy (VANCOCIN) IVPB	
[] gentamicin (GARAMICIN) IVPB	5 mg/kg, intravenous, Administer over: 30 Minutes, once, For 1 Doses,
	Pre-op Indication:
[] vancomycin (VANCOCIN) IVPB	15 mg/kg, intravenous, once, Starting S, For 1 Doses, Pre-op
[] Valiconiyelii (VAIVOOOliv) IVI B	Give within 2 hours of penile prosthesis procedure. Infuse over 60
	minutes. Repeat 8 hours after initial dose if still intra-op.
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
Other Antibiotics: For Patients GREATER than	120 kg (Single Response)
() ceFAZolin (ANCEF) IV - For Patients GREATE	
120 kg	Type of Therapy: New Anti-Infective Order
() cofevitin (MEEOVIN) IV	Reason for Therapy: Surgical Prophylaxis 2 g, intravenous, once, For 1 Doses, PACU & Post-op
() cefoxitin (MEFOXIN) IV	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
() metronidazole (FLAGYL) IV	500 mg, intravenous, once, For 1 Doses, PACU & Post-op
	Type of Therapy: New Anti-Infective Order
(1)	Reason for Therapy: Surgical Prophylaxis
() ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, PACU & Post-op
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
() levofloxacin (LEVAQUIN) IV	500 mg, intravenous, once, Starting S, For 1 Doses, PACU &
	Post-op
	Type of Therapy: New Anti-Infective Order
() vancomycin (VANCOCIN) IV	Reason for Therapy: Surgical Prophylaxis 15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op
() varioumyom (v/mvocomy) iv	Dose to be given 12 hours after pre-op dose. Use of
	vancomycin is indicated due to high prevalence rates for
	MRSA, for all areas within the hospital.
	Type of Therapy: New Anti-Infective Order
() gentamicin (GARAMICIN) IVPB - For Penicillin	Reason for Therapy: Surgical Prophylaxis Allergic 5 mg/kg, intravenous, Administer over: 30 Minutes, once,
Patients	Starting S, For 1 Doses, PACU & Post-op
	Indication:
Other Antibiotics: For Patients LESS than or EG	QUAL to 120 kg (Single Response)
() ceFAZolin (ANCEF) IV - For Patients LESS tha	n or 2 g, intravenous, once, For 1 Doses, PACU & Post-op
EQUAL to 120 kg	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
() cefoxitin (MEFOXIN) IV	2 g, intravenous, once, For 1 Doses, PACU & Post-op
	Type of Therapy: New Anti-Infective Order
() metronidazole (FLAGYL) IV	Reason for Therapy: Surgical Prophylaxis 500 mg, intravenous, once, For 1 Doses, PACU & Post-op
() Metrorildazole (FLAGTL) IV	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis
() ampicillin-sulbactam (UNASYN) IV	3 g, intravenous, once, Starting S, For 1 Doses, PACU &
	Post-op
	Type of Therapy: New Anti-Infective Order
	Reason for Therapy: Surgical Prophylaxis

() levofloxacin (LEVAQUIN) IV	500 mg, intravenous, once, Starting S, For 1 Doses, PACU & Post-op Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, PACU & Post-op Dose to be given 12 hours after pre-op dose. Use of vancomycin is indicated due to high prevalence rates for MRSA, for all areas within the hospital. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
() gentamicin (GARAMICIN) IVPB - For Penicillin Allergic Patients	5 mg/kg, intravenous, Administer over: 30 Minutes, once, Starting S, For 1 Doses, PACU & Post-op Indication:

Beta Blockers - Day of Surgery (Single Response)

If patient was on beta blocker therapy prior to the procedure:

- 1. The patient must have a dose of beta blocker on day of surgery (pre-op or post-op) OR a contraindication to beta blocker should be documented on the day of surgery (pre or post op)
- 2. A beta blocker should be resumed (via order or medication reconciliation) pos-op Day 1 OR a contraindication to beta blocker should be documented on POD 1 or POD 2.

() Reason for no beta-blocker in periop	Routine, Once For 1 Occurrences Reasons for not administering Beta-Blockers-Perioperatively: PACU
() metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, once, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:
() metoprolol (LOPRESSOR) injection	2.5 mg, intravenous, once, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, once, For 1 Doses, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:

Beta Blockers - Day After Surgery (Single Response)

If patient was on beta-blocker therapy prior to the procedure:

- 1. The patient must have a dose of beta blocker on day or surgery (Pre-Op or Post-Op) OR a contraindication to beta blocker should be documented on the day of surgery (Pre or Post Op).
- 2. A beta blocker should be resumed (via order or medication reconciliation) Post-Op Day 1 OR a contraindication to beta blocker should be documented on POD 1 or POD 2.

() metoprolol tartrate (LOPRESSOR) tablet	12.5 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:
() carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Starting S+1, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:

() metoprolol (LOPRESSOR) injection	2.5 mg, intravenous, 2 times daily, Starting S+1, Post-op Hold for SBP less than 100 mmHg, DBP less than 60, HR less than 50 or patient is on a vasopressor or inotrope. BP & HR HOLD parameters for this order: Contact Physician if:
Mild Pain (Pain Score 1-3)	
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op May administer when patient is passing flatus. 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) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, mild pain (score 1-3), Post-op May administer when patient is passing flatus Allowance for Patient Preference:
[] traMADol (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Allowance for Patient Preference:

VTF

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

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

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

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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 therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] 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: PACU & Post-op
[1] Place sequential compression device (Single	e Response)

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (\$Required)			
[] Moderate risk of VTE	Routine, Once, PACU & Post-op		
[] 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: PACU & Post-op		
[] Place sequential compression device (Single	_		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (\$ Required) 			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] 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: PACU & Post-op		
[] Place sequential compression device (Single	Place sequential compression device (Single Response)		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):		
() Discontinuity ()	PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (\$ Required) 			
[] High risk of VTE	Routine, Once, PACU & Post-op		
[] 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: PACU & Post-op		
[] Place segmential compression device (Single	PACO & Post-op Place sequential compression device (Single Response)		
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s): PACU & Post-op		
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op		
() LOW Risk of VTE (Selection Required)			
[] Low Risk (Single Response) (Selection Require	ed)		
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation PACU & Post-op		
() MODERATE Risk of VTE - Surgical (Selection Re	· · · · · · · · · · · · · · · · · · ·		

[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prop Patient (Single Response) (Selection	Required)
() Contraindications exist for pharmac BUT order Sequential compression	
[] Contraindications exist for pharma	cologic Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
I. Disconfidence of the control of t	PACU & Post-op
[] Place/Maintain sequential compredevice continuous	
Contraindications exist for pharmac AND mechanical prophylaxis	
[] Contraindications exist for pharma	
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[1] Control disctions suist for machine	PACU & Post-op
[] Contraindications exist for mechar prophylaxis	ical Routine, Once No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (S	· · · · · · · · · · · · · · · · · · ·
(Selection Required)	
Patient renal status: @CRCL@	
	an or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	a daile.
LESS THAN 100kg enoxaparin 40m	
100 to 139kg enoxaparin 30mg eve	
	kg enoxaparin 40mg every 12 hours
GREATER THAN or EQUAL to 140 () For CrCl LESS than 30mL/min - el	kg enoxaparin 40mg every 12 hours
() For CrCl LESS than 30mL/min - en subcutaneous Daily at 1700	kg enoxaparin 40mg every 12 hours
() For CrCl LESS than 30mL/min - el subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl LESS than 30mL/min - el subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUA	Ag enoxaparin 40mg every 12 hours noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min -
() For CrCl LESS than 30mL/min - el subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUA enoxaparin (LOVENOX) subcutan	Ag enoxaparin 40mg every 12 hours noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): IL TO 30 mL/min - eous
() For CrCl LESS than 30mL/min - el subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUA	Ag enoxaparin 40mg every 12 hours noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): IL TO 30 mL/min - eous
() For CrCl LESS than 30mL/min - el subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUA enoxaparin (LOVENOX) subcutan	Ag enoxaparin 40mg every 12 hours noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	Ag enoxaparin 40mg every 12 hours noxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): LTO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	Ag enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): LTO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	Ag enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): LTO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	Ag enoxaparin 40mg every 12 hours anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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):
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection	Ag enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Bous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection	Ag enoxaparin 40mg every 12 hours anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - anous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtion enoxaparin (LOVENOX) subcutantification () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommendation)	Ag enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - elous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op nended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU &
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtion enoxaparin (LOVENOX) subcutantification () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recomme for patients with high risk of bleeding	Ag enoxaparin 40mg every 12 hours 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Bous Subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op mended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtion enoxaparin (LOVENOX) subcutantification () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommendation)	Agenoxaparin 40mg every 12 hours anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - eous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op nended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recomme for patients with high risk of bleeding weight < 50kg and age > 75yrs)	Age enoxaparin 40mg every 12 hours anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Bous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommendation for patients with high risk of bleeding weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with high risk of Patients with high risk of bleeding weight < 50kg and age > 75yrs)	Anoxaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Sous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recomme for patients with high risk of bleeding weight < 50kg and age > 75yrs)	Age enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Sous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patwith weight GREATER than 100 kg	Accomparin 40mg every 12 hours 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Bous Subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op For patients with weight GREATER than 100 kg.
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommendation for patients with high risk of bleeding weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with high risk of Patients with high risk of bleeding weight < 50kg and age > 75yrs)	Age enoxaparin 40mg every 12 hours allowaparin (LOVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): L TO 30 mL/min - Sous subcutaneous, Starting S+1, PACU & Post-op Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
() For CrCl LESS than 30mL/min - ensubcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection () For CrCl GREATER than or EQUAtenoxaparin (LOVENOX) subcutant [] enoxaparin (LOVENOX) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patwith weight GREATER than 100 kg	According to the patient of the patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op Indication.

[] Mechanical Prophylaxis (Single Response) (S Required)	election
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
MODERATE Risk of VTE - Non-Surgical (Selecti Required)	on
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Sele Required)	
 Contraindications exist for pharmacologic pro Order Sequential compression device 	ophylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() 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): PACU & Post-op
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	<u>_</u>
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, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	· · ·
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op 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 (Single Response)	

High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: () Not high bleed risk (Single Response) () Wt > 100 kg7,500 Units, subcutaneous, every 8 hours () Wt LESS than or equal to 100 kg 5,000 Units, subcutaneous, every 8 hours () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult oral, daily at 1700 Indication: () WITH pharmacy consult [] Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) Indication: [] warfarin (COUMADIN) tablet oral, daily at 1700 Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical Routine, Once prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op () Place/Maintain sequential compression Routine, Continuous, PACU & Post-op device continuous () HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High risk of VTE Routine, Once, PACU & Post-op [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op () 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, PACU & Post-op Indication(s):

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):	
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op	
() 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, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Sel Required)	ection	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op	
) HIGH Risk of VTE - Non-Surgical (Selection Requi	ired)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once, PACU & Post-op	
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Non-S	,	
Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op	
() 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 (subcutaneous Daily at 1700	LOVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):	
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	· /	
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):	

	()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op
			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):
	7)	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
	()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
	()	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, PACU & Post-op
	()	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
	()	warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op
	()	, , , , , , , , , , , , , , , , , , , ,	Indication:
	()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
		(COUMADIN)	Indication:
Ī	[]	Mechanical Prophylaxis (Single Response) (Sele	ection
		Required)	
	()	Contraindications exist for mechanical	Routine, Once
		prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
			PACU & Post-op
	()	Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
	1 114	device continuous	
)		GH Risk of VTE - Surgical (Hip/Knee) (Selection	
		equired)	
I		High Risk (Selection Required)	Pouting Once DACIL & Dept on
ī		High risk of VTE High Risk Pharmacological Prophylaxis - Hip or I	Routine, Once, PACU & Post-op
I		(Arthroplasty) Surgical Patient (Single Response	
		(Selection Required)	
		Contraindications exist for pharmacologic	Routine, Once
	()	prophylaxis	No pharmacologic VTE prophylaxis due to the following
		1 1 7	contraindication(s):
			contraindication(s).
			PACU & Post-op
	()	aspirin chewable tablet	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
	()	aspirin (ECOTRIN) enteric coated tablet	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op
	() ()	•	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired)
	() () ()	aspirin (ECOTRIN) enteric coated tablet	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op
	() () ()	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
	() () () []	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response)	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Respo	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response)	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUA	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUA doses by weight:	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUA	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse)
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended
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	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) 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 enoxaparin (LESS than 30mL/min - enoxaparin (LESS than 20mL/min - enoxapa	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
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	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) 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 enoxaparin (LESS than 30mL/min - enoxaparin (LESS than 20mL/min - enoxapa	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op
	[]	aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re apixaban (ELIQUIS) tablet Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAdoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa) For CrCl LESS than 30mL/min - enoxaparin (Lovenoxaparin (Lovenoxapar	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
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		aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAD doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa) For CrCl LESS than 30mL/min - enoxaparin (Lovenox) [] enoxaparin (Lovenox) injection) For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (Lovenox) subcutaneous	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s): _/min -
		aspirin (ECOTRIN) enteric coated tablet Apixaban and Pharmacy Consult (Selection Re] apixaban (ELIQUIS) tablet] Pharmacy consult to monitor apixaban (ELIQUIS) therapy enoxaparin (LOVENOX) injection (Single Response (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAdoses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa) For CrCl LESS than 30mL/min - enoxaparin (Lessis subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection) For CrCl GREATER than or EQUAL TO 30 mleenoxaparin (LOVENOX) subcutaneous	PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op 162 mg, oral, daily, Starting S+1, PACU & Post-op quired) 2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis onse) AL to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours OVENOX) 30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
() 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, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	n
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL), PACU & Post-op 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, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

VTE Risk and Prophylaxis Tool (Single Response)

Low Risk Definition Moderate Risk Definition

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

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

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

Anticoagulation Guide for COVID patients

URL:

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

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

() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis (S	Selection
Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] 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:
	PACU & Post-op
[] Place sequential compression device (Single I	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
1 1 7	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	, 100 m.
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	Sciotion
Moderate risk of VTE	Routine, Once, PACU & Post-op
	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.
	Therapy for the following:
[1] Discourse of the control of the Co. (O'. 1).	PACU & Post-op
[] Place sequential compression device (Single I	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	
() High Risk - Patient currently has an active orde	
therapeutic anticoagulant or VTE prophylaxis (S	Selection
Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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:
	PACU & Post-op
[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
k. eb)	contraindication(s):
	PACU & Post-op
() Place/Maintain sequential compression	Routine, Continuous, PACU & Post-op
device continuous	reduite, Continuous, 1 7100 a 1 ost op
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	DETECTION
	Deuting Once DACII 9 Part or
[] High risk of VTE	Routine, Once, PACU & Post-op
[] 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:
	PACU & Post-op
[] Place sequential compression device (Single F	Response)
() Contraindications exist for mechanical	Routine, Once
() Contraindications exist for mechanical	Routine, Once

() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Require	q)
() Low risk of VTE	Routine, Once
() Low Hower VII	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
	PACU & Post-op
() MODERATE Risk of VTE - Surgical (Selection Red	quired)
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once, PACU & Post-op
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
	PACU & Post-op
[] Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
() Contraindications exist for pharmacologic prop	hylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[1] Control adjections switch for mach spinal	PACU & Post-op
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
	PACU & Post-op
() enoxaparin (LOVENOX) injection (Single Resp	·
(Selection Required)	,
Patient renal status: @CRCL@	
	AL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	
ONE/TIENT TIME OF EGONE TO FIORG CHONOPE	ann loning overy 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, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	· · ·
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op
[]	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op
, ,	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
() hangin (nandas) (da se	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM, PACU &
	Post-op

` '	CrCl GREATER than or EQUAL TO 30 mL exaparin (LOVENOX) subcutaneous	Indication(s): /min -
	noxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op
	CrCl LESS than 30mL/min - enoxaparin (Locutaneous Daily at 1700	OVENOX)
dose Weig LES 100 t	patients with CrCl GREATER than or EQUA es by weight: ght Dose S THAN 100kg enoxaparin 40mg daily to 139kg enoxaparin 30mg every 12 hours ATER THAN or EQUAL to 140kg enoxapar	L to 30mL/min, enoxaparin orders will apply the following recommended rin 40mg every 12 hours
Patie	ent renal status: @CRCL@	
	caparin (LOVENOX) injection (Single Respondation Required)	
pro	ntraindications exist for mechanical phylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Cor pro	ntraindications exist for pharmacologic phylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() Cont	raindications exist for pharmacologic proph mechanical prophylaxis	ylaxis "And" Linked Panel
	ce/Maintain sequential compression rice continuous	Routine, Continuous, PACU & Post-op
	ntraindications exist for pharmacologic phylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
Orde	raindications exist for pharmacologic propher Sequential compression device	
[] Moder Non-S	rate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection	·
_	rate Risk (Selection Required) erate risk of VTE	Routine, Once, PACU & Post-op
Required	•	
devid	e/Maintain sequential compression ce continuous	Routine, Continuous, PACU & Post-op
` '	red) raindications exist for mechanical hylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): PACU & Post-op
[] Mecha	JMADIN) anical Prophylaxis (Single Response) (Sele	Indication: ction
	macy consult to manage warfarin	Indication: STAT, Until discontinued, Starting S
	arin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1, PACU & Post-op
() hepa	urin (porcine) injection - For Patients weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1, PACU & Post-op
for p	arin (porcine) injection (Recommended atients with high risk of bleeding, e.g. ht < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM, PACU & Post-op Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
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[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op 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 (Single Response)	······································
High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission	n and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
(, 3	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg	7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response)	5,000 Units, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult	5,000 Units, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication:
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication:
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet Mechanical Prophylaxis (Single Response) (S	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication:
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required)	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required)	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required)	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required)	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required)	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surg	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op gical Patient
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic	5,000 Units, subcutaneous, every 8 hours oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op gical Patient Routine, Once
() Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet] Mechanical Prophylaxis (Single Response) (S Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Surgical (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	oral, daily at 1700 Indication: STAT, Until discontinued, Starting S Indication: oral, daily at 1700 Indication: oral, daily at 1700 Indication: election Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s PACU & Post-op Routine, Continuous, PACU & Post-op Routine, Once, PACU & Post-op gical Patient

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 subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 in enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
() 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, PACU & Post-op 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, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1, PACU & Post-op 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) PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of VTE - Non-Surgical (Selection Requ	uired)
High Risk (Selection Required)	
[] High risk of VTE] High Risk Pharmacological Prophylaxis - Non-	
Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op

(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

subcutaneous Daily at 1700	00 1 1 1 1 1 1 1 1 1
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	L/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, PACU & Post-op If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, PACU & Post-op
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, PACU & Post-op
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, PACU & Post-op For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, PACU & Post-op 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 PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op
HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required)	
] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once, PACU & Post-op
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): PACU & Post-op
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1, PACU & Post-op
() Apixaban and Pharmacy Consult (Selection Re	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1, PACU & Post-op Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis

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 subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1, PACU & Post-op Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	· /
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1, PACU & Post-op Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1, PACU & Post-op 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, PACU & Post-op
() 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, PACU & Post-op 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, PACU & Post-op 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), PACU & Post-op 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, PACU & Post-op 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): PACU & Post-op
() Place/Maintain sequential compression device continuous	Routine, Continuous, PACU & Post-op

Labs

Laboratory

[] Potassium level - PACU	STAT For 1 Occurrences, PACU
[] Bedside glucose - PACU	STAT, Once, PACU
[] Hemoglobin	Once, PACU
[] Basic metabolic panel	Once, PACU

Imaging

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[] FL UGI w Air HD Barium with or without KUB

Routine, 1 time imaging, Starting S at 1:00 AM For 1 , Post-op