COVID-19 ICU admission [4430]

General Present on Admission (Single Response) (Selection Required) () COVID-19 virus detected Details () Suspected COVID-19 Virus **Details Admission (Single Response)** Patient has active status order on file. () Admit to inpatient Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. **Code Status** @CERMSG(674511:)@ [X] Code Status (Single Response) DNR and Modified Code orders should be placed by the responsible physician. () Full code Code Status decision reached by: () DNR (Do Not Resuscitate) (Selection Required) [] DNR (Do Not Resuscitate) Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? [] Consult to Palliative Care Service [] Consult to Palliative Care Service Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult: [] Consult to Social Work () Modified Code Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: [] Treatment Restrictions ((For use when a patient is NOT I understand that if the patient is NOT in a cardiopulmonary in a cardiopulmonary arrest)) arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided. Treatment Restriction decision reached by: Specify Treatment Restrictions: **COVID-19 ISOLATION REQ (Selection Required)** Airborne plus Contact isolation is recommended for all Confirmed or Suspected COVID-19 patients. Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance. [X] Airborne Isolation [X] Airborne isolation status Include eye protection [X] Contact Isolation [X] Contact isolation status Include eye protection

	02			

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

Nursing

Nursing	
Vital Signs (Selection Required)	
Vital signs with link to algorithm of Stepwise manage	gement of Hypoxemia
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
[X] Pulse oximetry continuous	Routine, Continuous For Until specified
[A] I dise oximetry continuous	Current FIO2 or Room Air:
	Cultoner 102 of recommend
Nursing Care	
	ET Davidina Evany have
[X] Strict intake and output for a target of 24 hour N	ET Routine, Every hour
EVEN balance	Douting Until discontinued Starting C For Until appoiling
[X] Limit repeated entry to room	Routine, Until discontinued, Starting S For Until specified
	Batch all care and work with pharmacy and providers to limit repeated entry to patient care room.
[X] Oral care for intubated patients	Routine, Every 4 hours
[A] Oral care for intubated patients	For intubated patients
[X] Oral care for non intubated patients	Routine, Every shift
[A] Oral care for non-intubated patients	For non intubated patients
[] Hemodynamic Monitoring	Routine, Continuous
[] Tremodynamic Monitoring	Measure:
[] Measure central venous pressure	Routine, Every 4 hours
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous For 3 Days
[1 Tolerhouty monitoring	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
	Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous
	High Heart Rate (BPM): 120
	Low Heart Rate(BPM): 50
	High PVC's (per minute): 10
	High SBP(mmHg): 175
	Low SBP(mmHg): 100
	High DBP(mmHg): 95
	Low DBP(mmHg): 40
	Low Mean BP: 60
	High Mean BP: 120 Low SPO2(%): 94
Foley-NOT Recommended if patient able to void	Low 3FO2(70). 94
	Pauting Onco
[] Insert Foley catheter	Routine, Once Type: Temperature Sensing
	Size:
	Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S
[] Toloy Cambiol Care	Orders: Maintain
[] Neurological assessment	Routine, Every shift
11	Assessment to Perform:
[] Peripheral vascular assessment	Routine, Every 6 hours
[] Elevate HOB	Routine, Until discontinued, Starting S
11	Head of bed: 30 degrees
[] Daily weights	Routine, Daily
11 /	,

Activity (Selection Required)

[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
[] Up with assistance	Routine, Until discontinued, Starting S Specify: Up with assistance
[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
COVID-19 Position Care	
[] ICU proning interventions	Routine, Until discontinued, Starting S Indications for Proning: BIS score 40 to 60 OR RASS - 4?
[] Return patient to supine post-proning	Routine, Until discontinued, Starting S
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: Temperature less than: Systolic BP greater than: Systolic BP less than: Diastolic BP greater than: Diastolic BP less than: MAP less than: MAP less than: 65 Heart rate greater than (BPM): 120 Heart rate less than (BPM): 60 Respiratory rate greater than: Respiratory rate less than: SpO2 less than: 92
[X] Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign changes)	Routine, Until discontinued, Starting S For Until specified, For critical values.
Diet (Single Response)	
() NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
() NPO - except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
() 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:

[1] Tube feeding continuous	Continuous
[] Tube feeding - continuous	
	Tube Feeding Formula:
	Tube Feeding Schedule: Continuous
	Tube Feeding Route:
	Initial Tube Feed rate (mL/hr):
	Advance Rate by (mL/hr):
	Goal Tube Feed Rate (mL/hr):
	Dietitian to manage Tube Feed?
[] XR Abdomen 1 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1

IV Fluids-IV Fluids for COVID-19 Should be Minimized

IV Fluids for COVID-19 Should be Minimized

Insert and Maintain IV / Central Line Access

[X] Insert and Maintain IV	"And" Linked Panel	
[X] Insert peripheral IV	STAT, Once For 1 Occurrences	
[X] Saline lock IV	Routine, Once For 1 Occurrences	
[X] sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care	
[1] Consult for Venous Access	Διτρος.	

[] Consult for Venous Access Access:

Bolus Fluids (Single Response)

IV Fluids for COVID-19 Should be Minimized

() sodium chloride 0.9 % bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
() sodium chloride 0.9 % bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
() lactated ringer's bolus 500 mL	500 mL, intravenous, Administer over: 15 Minutes, once, For 1 Doses
() lactated ringers bolus 1000 mL	1,000 mL, intravenous, Administer over: 30 Minutes, once, For 1 Doses
() albumin human 5 % bottle	25 g, intravenous, Administer over: 15 Minutes, once, For 1 Doses Indication:

Medications

Pharmacy Consults

[X] Pharmacy consult to change IV medications to	STAT, Until discontinued, Starting S
concentrate fluids maximally	
[] Pharmacy consult to manage dose adjustments for renal	STAT, Until discontinued, Starting S
function	Adjust dose for:

General COVID-19 Treatment (Single Response)

Neither Azithromycin, Hydroxychloroquine nor Ivermectin (or any combination thereof) are viable treatments for COVID-19.

Use of these agents for the treatment of COVID-19 at HM shall be limited only to within the context of a clinical trial.

Contact local Clinical Pharmacy with any questions.

() Moderate to Severe COVID-19

Houston Methodist has approved this drug with certain criteria based on those who are most likely to benefit from its use. Please review the following criteria for your patient:

SARS-CoV-2 PCR or Antigen result documented within 10 days

Documented symptom onset within 10 days

REQUIRING SUPPLEMENTAL OXYGEN to maintain SpO2 GREATER than 94% or an SpO2 LESS than or EQUAL to 94% on Room Air without improvement

ALT LESS than 10x the upper limit of normal

Patients may not benefit from remdesivir treatment if they are beyond 10 days from symptom onset

[] remdesivir IV Loading and Maintenance Doses Only	- HMH "Followed by" Linked Panel
[] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[] remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1100, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[] remdesivir IV Loading and Maintenance Doses Only	- HMSL "Followed by" Linked Panel
[] remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[] remdesivir in sodium chloride 0.9% 100 mL infusion The infusion infusio	100 mg, intravenous, Administer over: 30 Minutes, every 24 hours, Starting H+24 Hours, For 4 Doses NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10 days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement: - HMB "Followed by" Linked Panel

Only

[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses
		Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
	remdesivir IV Loading and Maintenance Doses Only	- HMTW "Followed by" Linked Panel
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, For 4 Doses
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
	remdesivir IV Loading and Maintenance Doses Only	
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses
		Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 10
		days: Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL	100 mg, intravenous, Administer over: 30 Minutes, daily at 1300, For 4
	infusion	Doses
		NOTE Palletis do NOT fieed to comblete a full course of Remoestyll
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500.
		prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory
		prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10
		prior to discharge. Hold for ALT greater than 500. Provide the approximate number of days the patient has had respiratory

[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days:
.,		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
	remdesivir IV Loading and Maintenance Doses - Only	HMW "Followed by" Linked Panel
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses
		Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days: Is the patient currently receiving oxygen support or has consistently had
		oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
-	remdesivir IV Loading and Maintenance Doses - HMCCH Only	"Followed by" Linked Panel
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+90 Minutes, For 1 Doses
		Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respirator Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days:
		Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement:
[]	remdesivir in sodium chloride 0.9% 100 mL infusion	100 mg, intravenous, Administer over: 30 Minutes, daily at 1500, For 4 Doses
		NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge. Hold for ALT greater than 500.
		Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
		Patient has a positive COVID-19 PCR or Antigen result within the last 1 days: Is the patient currently receiving oxygen support or has consistently had

Houston Methodist has approved the use of a 3 day course of remdesivir in patients with mild COVID-19 not admitted to the hospital for COVID related symptoms

Please review the following criteria for your patient:

Patient was NOT hospitalized BECAUSE OF COVID-19 diagnosis and/or symptoms

Patient is currently NOT REQUIRING OXYGEN (or increase in baseline oxygen requirement)

Patient has not received remdesivir in last 90 days

Patient is immunocompromised - OR - > 65 with at least one comorbid condition conferring high risk to progression

If patient was hospitalized BECAUSE OF COVID-19 AND REQUIRING OXYGEN, please see "Moderate to Severe COVID-19"

[] Mild - HMB Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
] Mild - HMH Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses
[] remedestin mildelen	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] Mild - HMW Only	"Followed by" Linked Panel

[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or
	more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] Mild - HMWB Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses
	Provide the approximate number of days the patient has had respiratory
	Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days:
	My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to
	COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1500, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days:
	My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to
	COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or
	more COVID-19 high risk factor:
[] Mild - HMSL Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory
	Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to
	COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or
	more COVID-19 high risk factor:

[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, every 24 hours, Starting S+1, For 2 Doses Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] Mild - HMCL Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory
	Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days: My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to
	COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1300, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to
	COVID-19:
	My patient has received RDV within the past 90 days: My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] Mild - HMCCH Only	"Followed by" Linked Panel
[] remdesivir infusion	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory
	Covid-19 Symptoms: Patient has a positive COVID-19 PCR or Antigen result within the last 10
	days:
	My patient is hospitalized for COVID-19: My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1000, Starting S+1, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
[] Mild LIMTWOok	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] Mild - HMTW Only	"Followed by" Linked Panel

[] remdesivir infusion	200 mg, intravenous, Administer over: 30 Minutes, once, For 1 Doses Provide the approximate number of days the patient has had respiratory
	Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or more COVID-19 high risk factor:
[] remdesivir infusion	100 mg, intravenous, Administer over: 60 Minutes, daily at 1100, For 2 Doses
	Provide the approximate number of days the patient has had respiratory Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last 10 days:
	My patient is hospitalized for COVID-19:
	My patient is requiring oxygen or increase in baseline oxygen flow due to COVID-19:
	My patient has received RDV within the past 90 days:
	My patient is immunocompromised OR > 65 years old and has one or
	more COVID-19 high risk factor:
nmunomodulatory Agents	
Baricitinib (OLUMIANT) for COVID-19 (R	ESTRICTED)
[] baricitinib (OLUMIANT) tablet	4 mg, oral, daily at 1700, For 14 Doses
(RESTRICTED)	RESTRICTED to infectious diseases, pulmonary, or critical care
	specialists. Are you a specialist or ordering on behalf of one?
	The patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation.
	Does the patient have a history of TB?
	Does the patient have an active bacterial or fungal infection?

[] Baricitinib (OLUMIANT) for COVID-19 (RESTRIC	CTED)
[] baricitinib (OLUMIANT) tablet (RESTRICTED)	4 mg, oral, daily at 1700, For 14 Doses RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? The patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation. Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? The patient has an ALC LESS than 200 or ANC LESS than 1000 or hemoglobin LESS than 8: Is this patient on renal replacement therapy? I am aware that baricitinib increases the risk for secondary bacterial and fungal infections.
[] QuantiFERON-TB Gold Plus, 4 tube	AM draw For 1 Occurrences
[] Coccidioides antibody, IgG/IgM by ELISA	AM draw For 1 Occurrences
[] Histoplasma Abs	AM draw For 1 Occurrences
[] Pharmacy consult to manage dose	STAT, Until discontinued, Starting S
adjustments for renal function	Adjust dose for:
[] tocilizumab (ACTEMRA) infusion for COVID (RESTRICTED)	8 mg/kg, intravenous, once, For 1 Doses RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? Is this a repeat dose? Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? Does the patient have chronic bowel disease – risk of GI

Antibiotics

[1 - '('strange A Late State and CO Mile to
[] azithromycin (ZITHROMAX) IV	intravenous, Administer over: 60 Minutes
	Reason for Therapy:
[] cefepime (MAXIPIME) IV	intravenous
	Reason for Therapy:

perforation?

I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.

1	
[] cefTRIAxone (ROCEPHIN) IV	intravenous, Administer over: 30 Minutes Reason for Therapy:
[] linezolid (ZYVOX) IV	intravenous, Administer over: 60 Minutes, every 12 hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Reason for Therapy:
[] piperacillin-tazobactam (ZOSYN) IV	intravenous, Administer over: 30 Minutes Reason for Therapy:
[] meropenem (MERREM) IV	500 mg, intravenous, every 6 hours Reason for Therapy:
[] metronidazole (FLAGYL) IV	intravenous Reason for Therapy:
[] vancomycin (VANCOCIN) IV (Single Response)	·
() vancomycin (VANCOCIN) IV - for PERIPHERAL LINE USE ONLY	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
() vancomycin (VANCOCIN) IV - for CENTRAL LINE USE ONLY	intravenous Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values. Reason for Therapy:
Scheduled Antihypertensives (Single Response)	
() labetalol (NORMODYNE) tablet	200 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
() labetalol (NORMODYNE)	intravenous, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Other Systolic BP Hold for Systolic BP LESS than (in mmHg): 110 Contact Physician if:
() metoprolol tartrate (LOPRESSOR) tablet	100 mg, oral, 2 times daily at 0600, 1800 BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
() metoprolol (LOPRESSOR) injection	5 mg, intravenous BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm,Systolic BP LESS than 100 mmHg Contact Physician if:
() hydrALAZINE (APRESOLINE) injection	10 mg, intravenous, every 6 hours BP HOLD parameters for this order: Contact Physician if:
PRN Antihypertensives	
[] labetalol (NORMODYNE,TRANDATE) injection - an alternative agent if heart rate is LESS than 55	

[] hydrALAZINE (APRESOLINE) injection - Use alte therapy if patient is tachycardic (GREATER than 1 BPM)	Systolic Blood Pressu	overy 6 hours PRN, high blood pressure, lire GREATER than 160 mmHg GREATER than (in bpm): 100
Neuromuscular Blockage (Single Response) Dose based on Ideal body weight (IBW), unless act	body weight LESS than ideal	body weight.
() cisatracurium (NIMbex) Continuous Infusion	"Followed by" Linke	d Panel
Recommended for patients with renal or hepatic fa	e.	
[] cisatracurium (NIMbex) infusion	0 mcg/kg/min, intravenous, c PROGRAM INFUSION PUMP EDICATION DOSED BY IDE	WITH WEIGHT NOTED IN ORDER
	hieve 2 of 4 Train of Four (TC or hours. IF TOF GREATER the og/kg/min. Monitor TOF every once at 2 of 4 TOF, repeat TOF one same infusion rate, then rep of the properties of the training the same infusion rate to the same rate to the sam	Titrate by 0.5 mcg/kg/min every hour to oF). Once at 2 of 4 TOF, repeat TOF in nan 2 of 4, INCREASE infusion rate by 0.5 hour to achieve and maintain 2 of 4 TOF. In four hours. IF TOF 2 of 4, CONTINUE eat TOF in 4 hours. IF TOF LESS than 2 by 0.5 mcg/kg/min. Monitor TOF every of 4 TOF. Once at 2 of 4 TOF, repeat mcg/kg/min.
() cisatracurium (NIMbex) IV Bolus and Continuous Infusion	"Followed by" Linke	d Panel
Recommended for patients with renal or hepatic fa	е.	
[] cisatracurium (NIMbex) injection	5 mg/kg, intravenous, once,	For 1 Doses
[] cisatracurium (NIMbex) infusion	l 0 mcg/kg/min, intravenous, c PROGRAM INFUSION PUMP EDICATION DOSED BY IDEA	WITH WEIGHT NOTED IN ORDER
	hieve 2 of 4 Train of Four (TC or hours. IF TOF GREATER the og/kg/min. Monitor TOF every once at 2 of 4 TOF, repeat TOF one same infusion rate, then rep of the same infusion rate to the same rat	Titrate by 0.5 mcg/kg/min every hour to F). Once at 2 of 4 TOF, repeat TOF in han 2 of 4, INCREASE infusion rate by 0.5 hour to achieve and maintain 2 of 4 TOF. In four hours. IF TOF 2 of 4, CONTINUE eat TOF in 4 hours. IF TOF LESS than 2 by 0.5 mcg/kg/min. Monitor TOF every of 4 TOF. Once at 2 of 4 TOF, repeat mcg/kg/min.
() vecuronium (NORCURON) Continuous Infusion	"Followed by" Linke	
Use caution in patients with renal or hepatic dysfu	on	
[] vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	B-1.5 mcg/kg/min, intravenous PROGRAM INFUSION PUMP EDICATION DOSED BY IDE	WITH WEIGHT NOTED IN ORDER
	hieve 2 of 4 Train of Four (TC or hours. IF TOF GREATER the og/kg/min. Monitor TOF every once at 2 of 4 TOF, repeat TOF one same infusion rate, then rep of the contract of th	n. Titrate by 0.1 mcg/kg/min every hour to F). Once at 2 of 4 TOF, repeat TOF in han 2/4, INCREASE infusion rate by 0.1 hour to achieve and maintain 2 of 4 TOF. In four hours. IF TOF 2 of 4, CONTINUE eat TOF in 4 hours. IF TOF LESS than 2 by 0.1 mcg/kg/min. Monitor TOF every of 4 TOF. Once at 2 of 4 TOF, repeat 5 mcg/kg/min.
() vecuronium (NORCURON) IV Bolus and Continuo Infusion	"Followed by" Linke	
Use caution in patients with renal or hepatic dysfu	on	

[] vecuronium (NORCURON) in SWFI injection 1 mg/mL	0.1 mg/kg, intravenous, once, For 1 Doses
[] vecuronium (NORCURON) 1 mg/mL in sodium chloride 0.9% 100 mL infusion	0.8-1.5 mcg/kg/min, intravenous, continuous **PROGRAM INFUSION PUMP WITH WEIGHT NOTED IN ORDER MEDICATION DOSED BY IDEAL BODY WEIGHT**
	Initiate infusion at 0.8mcg/kg/min. Titrate by 0.1 mcg/kg/min every hour to achieve 2 of 4 Train of Four (TOF). Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF GREATER than 2/4, INCREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. IF TOF 2 of 4, CONTINUE the same infusion rate, then repeat TOF in 4 hours. IF TOF LESS than 2 of 4, DECREASE infusion rate by 0.1 mcg/kg/min. Monitor TOF every hour to achieve and maintain 2 of 4 TOF. Once at 2 of 4 TOF, repeat TOF in four hours. Max dose 1.5mcg/kg/min.
Vasoactive Drips	
[] DOPamine IV infusion	2-10 mcg/kg/min, intravenous, titrated
[] DOButamine (DOBUTREX) infusion	2 mcg/kg/min, intravenous, continuous
[] epINEPHrine infusion	2-30 mcg/min, intravenous, titrated
[] norEPInephrine (LEVOPHED) infusion	2-30 mcg/min, intravenous, titrated
[] phenylephrine (NEO-SYNEPHRINE) infusion	5-300 mcg/min, intravenous, titrated
[] vasopressin (VASOSTRICT) infusion for shock	0.04 Units/min, intravenous, continuous
[] milrinone infusion 200 mcg/mL (premixed)	0.125-0.75 mcg/kg/min, intravenous, titrated
[] nitroglycerin infusion	5-200 mcg/min, intravenous, titrated
[] nitroprusside (NIPRIDE) infusion	0.3-8 mcg/kg/min, intravenous, titrated
[] niCARDipine (CARDENE) IV infusion	2.5-15 mg/hr, intravenous, titrated
[] esmolol (BREVIBLOC) infusion	50-200 mcg/kg/min, intravenous, titrated
Sedation	
[] propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion	
[] propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous Initiate propofol at 10 mcg/kg/min. After initiation reassess RASS/BIS within 10 min. Titrate for Sedation.
	LESS than desired sedation effect: Other
	Specify: INCREASE rate by 5 mcg/kg/min.
	DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.
	GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min while titrating sedation to meet RASS goal, Reassess RASS every 30 minutes
	If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
[] dexMEDEtomidine (PREcedex) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous
	Generally for mild to moderate sedation. Not for use in patients on
	neuromuscular blocking agents. NO LOADING DOSE. Initiate
	dexMEDEtomidine at 0.2 mcg/kg/hr. After initiation
	reassess RASS within 1 hour. Titrate for Sedation.
	LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour.
	DESIRED sedation effect: GREATER than desired sedation effect: Other (Specify)
	Specify: DECREASE rate by 0.1 mcg/kg/hour.
	If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to
	re-evaluate sedation therapy

[] lorazepam (ATIVAN) or midazolam (VERSED) infusion -HMH, HMSL, HMTW, HMWB, HMSTJ (Single Response)

() lorazepam (ATIVAN) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
() midazolam (VERSED) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
Iorazepam (ATIVAN) or midazolam (VERSED) ii HMSJ HMSTC Only (Single Response)	ntusion -
() LORAZepam (ATIVAN) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
() MIDAZolam (VERSED) 30 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
[] lorazepam (ATIVAN) or midazolam (VERSED) in HMW Only (Single Response)	nfusion -
() LORAZepam (ATIVAN) 30 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation

() MIDAZolam in 0.9% NaCl (VERSED) 1 mg/mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s):
[] fentanyl (SUBLIMAZE) or hydromorPHONE (DIL	` '
infusion - HMSJ Only (Single Response) () fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal
	If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to
() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion	re-evaluate sedation therapy intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and
	reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr Allowance for Patient Preference:
[] fentanyl (SUBLIMAZE) or hydromorPHONE (DIL infusion - NOT HMSJ (Single Response)	AUDID)
() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to re-evaluate sedation therapy
() hydromorPHONE (DILAUDID) 15 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr Allowance for Patient Preference:
Antitussives (Single Response)	
() guaiFENesin (MUCINEX) 12 hr tablet	1,200 mg, oral, every 12 hours PRN, cough
() benzonatate (TESSALON) capsule	200 mg, oral, every 8 hours PRN, cough
Antipyretics	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
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] acetaminophen (OFIRMEV) injection	1,000 mg, intravenous, Administer over: 15 Minutes, once, Fo 1 Doses
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:
	IV acetaminophen (Ofirmev) is restricted to use only in OR,
	PACU, or ICU areas, and for patients that cannot tolerate oral
	per tube, or rectal routes of administration. Do you attest that
	this restriction has been met?
tress Ulcer Prophylaxis (Single Response)	
) famotidine (PEPCID) IV or ORAL	"Or" Linked Panel
[] famotidine (PEPCID) injection	20 mg, intravenous, every 12 hours
	IV or ORAL
	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO
[1] famatidina (DEDCID) tablat	dose when above approved criteria are satisfied:
[] famotidine (PEPCID) tablet	20 mg, oral, every 12 hours IV or ORAL
) pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium	40 mg, intravenous, daily at 0600
chloride 0.9 % 10 mL injection	Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PC dose when above approved criteria are satisfied:
	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
) omeprazole (PriLOSEC) suspension	40 mg, Nasogastric, once, For 1 Doses
,	Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Dexamethasone PO or IV (Single Response) -Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disea	9 patients (a) requiring oxygen supplementation or (b) requiring ase (i.e. symptoms less than 7 days).
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseases	ase (i.e. symptoms less than 7 days).
 -Dexamethasone should only be used in COVID-1 ventilator support. -Caution in using steroids early in COVID-19 diseases) dexamethasone (DECADRON) tablet 	ase (i.e. symptoms less than 7 days). 6 mg, oral, daily, For 10 Doses
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseases	ase (i.e. symptoms less than 7 days).
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disea) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV	ase (i.e. symptoms less than 7 days). 6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disea) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension	ase (i.e. symptoms less than 7 days). 6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased in COVID-19 dis	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased in COVID-19 dis	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN,
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased in COVID-19 dis	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased in COVID-19 dis	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased in COVID-19 dis	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disea) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased) dexamethasone (DECADRON) tablet dexamethasone (DECADRON) IV dexamethasone 4 mg/mL oral suspension antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or Reference (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disea) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased) dexamethasone (DECADRON) tablet dexamethasone (DECADRON) IV dexamethasone 4 mg/mL oral suspension antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or Reference (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased) dexamethasone (DECADRON) tablet dexamethasone (DECADRON) IV dexamethasone 4 mg/mL oral suspension antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or Recommendation [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased) dexamethasone (DECADRON) tablet dexamethasone (DECADRON) IV dexamethasone 4 mg/mL oral suspension antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or Reference (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disease.) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension Intiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository Intiemetics [] ondansetron (ZOFRAN) IV	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 diseased) dexamethasone (DECADRON) tablet dexamethasone (DECADRON) IV dexamethasone 4 mg/mL oral suspension antiemetics ondansetron (ZOFRAN) IV promethazine (PHENERGAN) IVPB or Oral or Reference (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disease.) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IV or Oral or Rect.	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting al "Or" Linked Panel 12.5 mg, intravenous, every 8 hours PRN, nausea, vomiting, PACU & Post-op
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disease.) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IV or Oral or Rect.	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disease.) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension Intiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository Intiemetics [] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IV or Oral or Rectal IVPB promethazine (PHENERGAN) IVPB promethazine (PHENERGAN) IVPB promethazine (PHENERGAN) IVPB promethazine (PHENERGAN) IVPB promethazine I	ase (i.e. symptoms less than 7 days). 6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting all "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require
-Dexamethasone should only be used in COVID-1 ventilator supportCaution in using steroids early in COVID-19 disease.) dexamethasone (DECADRON) tablet) dexamethasone (DECADRON) IV) dexamethasone 4 mg/mL oral suspension antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IVPB or Oral or Ref. [] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB [] promethazine (PHENERGAN) tablet [] promethazine (PHENERGAN) suppository antiemetics] ondansetron (ZOFRAN) IV] promethazine (PHENERGAN) IV or Oral or Rect.	6 mg, oral, daily, For 10 Doses 6 mg, intravenous, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 6 mg, oral, daily, For 10 Doses 4 mg, intravenous, every 8 hours PRN, nausea, vomiting ectal "Or" Linked Panel 12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is require 12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolera oral medication. 12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting al "Or" Linked Panel 12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, PACU & Post-op Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.	
Antiemetics		
] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting	
promethazine (PHENERGAN) IV or Oral or Rectal		
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required	
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to toler oral medication.	
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.	
Constipation (Single Response)		
) bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation	
) bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation	
) lactulose solution	20 g, oral, every 8 hours PRN, constipation	
) polyethylene glycol (GLYCOLAX) packet	17 g, oral, daily PRN, constipation	
) docusate (COLACE) 50 mg/5 mL liquid	100 mg, Nasogastric, 2 times daily PRN, constipation	
) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily	
Eye Care		
artificial tears ointment	Both Eyes, every 4 hours PRN, dry eyes	
,	Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)	
] hypromellose (NATURES TEARS) ophthalmic solu	ution 2 drop, Both Eyes, every 2 hour PRN, dry eyes Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)	
Pain/Analgesia		
PRN Mild Pain (Pain Score 1-3) or Fever (Single Response)		
(adjust dose for renal/liver function and age)		
() acetaminophen (TYLENOL) tablet OR oral solut	ion "Or" Linked Panel	
Maximum of 4 grams of acetaminophen per day sources)	from all sources. (Cirrhosis patients maximum: 2 grams per day from a	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F Maximum of 3 grams of acetaminophen per day from all sources.	
	(Cirrhosis patients maximum: 2 grams per day from all sources)	
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever, for fever GREATER than 102 F	
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use patient cannot swallow tablet.	
 PRN Oral Medications for Moderate Pain (Pain Sc 4-6): For Patients LESS than 65 years old (Single Response) 		
(adjust dose for renal/liver function and age)		
(dajast doss for forlar, invertained on and ago)		
() acetaminophen-codeine (TYLENOL #3) tablet C	OR elixir "Or" Linked Panel	

[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. 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:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
() HYDROcodone-acetaminophen 5/325 (NORO OR elixir	·
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:
() HYDROcodone-acetaminophen 7.5/325 (NOF OR elixir	
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	15 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient cannot swallow tablet. Allowance for Patient Preference:
() HYDROcodone-acetaminophen 10/325 (NOR OR elixir	
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution	20 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Use if patient can not swallow tablet. Allowance for Patient Preference:
() traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day).
	Give if patient is able to tolerate oral medication Allowance for Patient Preference:
PRN Oral Medications for Moderate Pain (Pain 94-6): For Patients GREATER than 65 years old (
Response) (adjust dose for renal/liver function and age)	
() acetaminophen-codeine (TYLENOL #3) table	t OR elixir "Or" Linked Panel
	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Give if patient is able to tolerate oral medication. 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:
Printed on 1/9/2024 at 4:39 PM from Production	Allowance for Patient Preference. Page 19 of 52

[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6) Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N: Allowance for Patient Preference:
() HYDROcodone-acetaminophen 5/325 (NORCO	O) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	y from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference:
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6) If patient cannot swallow tablet. Allowance for Patient Preference:
() traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours)	25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) (Max Daily dose not to exceed 200 mg/day). Give if patient is able to tolerate oral medication
	Allowance for Patient Preference:
[] PRN IV Medications for Moderate Pain (Pain Sco For Patients LESS than 65 years old (Single Resp	
(adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
() morphine 2 mg/mL injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
 PRN IV Medications for Moderate Pain (Pain Sco For Patients GREATER than 65 years old (Single Response) 	
(adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 2 hour PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
() morphine 2 mg/mL injection	1 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
() HYDROmorphone (DILAUDID) injection	0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Use if patient is unable to swallow or faster onset is needed
[] PRN Oral Medications for Severe Pain (Pain Scot 7-10): For Patients LESS than 65 years old (Single Response)	
(adjust dose for renal/liver function and age)	
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
() oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10) Give if patient is able to tolerate oral medication. Allowance for Patient Preference:

PRN Oral Medications for Severe Pain (Pain Sc	ore
7-10): For Patients GREATER than 65 years old	
Response)	
(adjust dose for renal/liver function and age)	
() HYDROcodone-acetaminophen (NORCO)	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
7.5-325 mg per tablet	Give if patient is able to tolerate oral medication.
	Allowance for Patient Preference:
() HYDROcodone-acetaminophen (NORCO	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)
10-325) 10-325 mg per tablet	Give if patient is able to tolerate oral medication. Allowance for Patient Preference:
() HYDROmorphone (DILAUDID) tablet	2 mg, oral, every 6 hours PRN, severe pain (score 7-10)
	Give if patient is able to tolerate oral medication.
	Allowance for Patient Preference:
() morphine (MSIR) tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10)
	Give if patient is able to tolerate oral medication.
() oxyCODONE (ROXICODONE) immediate	Allowance for Patient Preference: 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)
release tablet	Give if patient is able to tolerate oral medication.
	Allowance for Patient Preference:
[] PRN IV Medications for Severe Pain (Pain Scor	
For Patients LESS than 65 years old (Single Re	sponse)
(adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	50 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() () ()	Use if patient is unable to swallow or faster onset is needed
	Allowance for Patient Preference:
() morphine injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	Use if patient is unable to swallow or faster onset is needed
() HYDROmorphone (DILAUDID) injection	Allowance for Patient Preference: 0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() TTEROMORPHONE (ELEKOBIE) Injection	Use if patient is unable to swallow or faster onset is needed
[] PRN IV Medications for Severe Pain (Pain Scor	
For Patients GREATER than 65 years old (Sing	le
Response)	
(adjust dose for renal/liver function and age)	
() fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)
, ,	Use if patient is unable to swallow or faster onset is needed
	Allowance for Patient Preference:
() morphine injection	2 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
	Use if patient is unable to swallow or faster onset is needed Allowance for Patient Preference:
() HYDROmorphone (DILAUDID) injection	0.5 mg, intravenous, every 3 hours PRN, severe pain (score 7-10)
() The Nombrie (BLAGBIB) injection	Use if patient is unable to swallow or faster onset is needed
	,
Insomnia	
[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Respiratory Inhalers	
[] albuterol (PROAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing
[] albuteror (FIVOAIN FIFA) IIIIdlei	MDI with spacer only
[] ipratropium (ATROVENT HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing, shortness of
	breath
	MDI with spacer only
sodium chloride 0.9% bag for line care	
3	

S sodium chloride 0.9% bag for line care	250 mL, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.
TE	
VT Risk and Prophylaxis Tool 1 (Single Respon	se)
VTF/DVT Diels Definitions	LIDL.
VTE/DVT Risk Definitions	URL: "\\epic-nas.et0922.epichosted.com\static\OrderSets\VTED VTRISKDEFINITIONS.pdf"
Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
	Routine, Continuous

() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Section 2015).	
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Place acquential compression device (Single P	Therapy for the following:
[] Place sequential compression device (Single R() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyation	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Required	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of VTE - Surgical (Selection Req	·
[] Moderate Risk (Selection Required)	unou)
[] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - Si	·
Patient (Single Response) (Selection Required)	•
() Contraindications exist for pharmacologic propl	nylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Place/Maintain sequential compression	contraindication(s): Routine, Continuous
device continuous	Routine, Continuous
() Contraindications exist for pharmacologic propl	hylaxis "And" Linked Panel
AND mechanical prophylaxis	<u> </u>
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[1] Control disetions suist for mach spice!	contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriylaxis	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	, ,
(Selection Required)	<u>'</u>
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	rin 40mg every 12 hours
() For CrCII FSS than 20ml /min anavanarin //	OVENOV
() For CrCl LESS than 30mL/min - enoxaparin (I subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
[] 555.5.5 (25 * 2. * 5. * 7) 113 5 1 5 1 5 1	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	, ,
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
	Indication(s):

r transfusion 000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM dication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM al, daily at 1700, Starting S+1 dication:
000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM dication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM al, daily at 1700, Starting S+1 dication:
dication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM al, daily at 1700, Starting S+1 dication:
dication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM al, daily at 1700, Starting S+1 dication:
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM ral, daily at 1700, Starting S+1 dication:
5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM ral, daily at 1700, Starting S+1 dication:
al, daily at 1700, Starting S+1 dication:
dication:
dication:
STAT, Until discontinued, Starting S ndication:
oral, daily at 1700, Starting S+1 ndication:
1
utine, Once
mechanical VTE prophylaxis due to the following contraindication(s):
utine, Continuous
outine, Once
axis - "And" Linked Panel
Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Routine, Continuous
F

[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
)	contraindication(s):
) enoxaparin (LOVENOX) injection (Single Res	ponse)
(Selection Required) Patient renal status: @CRCL@	
Talletit Teriai Status. SCINOLS	
For patients with CrCl GREATER than or EQI	JAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	σ · · · · · · · · · · · · · · · · ·
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxar	parin 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
() E. O. O. O. O. E. A. T. F. M. T. C. O.	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 in enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous
, ,	Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to
	surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (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	
7) Historia	5.000 1.11
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
() Not high bleed risk (Single Response)	Indication for lower dose/frequency:
() Wt > 100 kg	7,500 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
() William pharmacy consum	Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
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[] Mechanical Prophylaxis (Single Response) (Se Required)	election
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
() HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQI doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 in enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
() HIGH Risk of VTE - Non-Surgical (Selection Requ	uired)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	

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	Operational institution and the first state of the state	Deutine Ones
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response (Selection Required)	onse)
	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 enoxapar	AL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (L subcutaneous Daily at 1700	LOVENOX)
j	[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
()	 For CrCl GREATER than or EQUAL TO 30 ml enoxaparin (LOVENOX) subcutaneous 	L/min -
Ï	[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
-	Mechanical Prophylaxis (Single Response) (Sele Required)	ection
()	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
	GH Risk of VTE - Surgical (Hip/Knee) (Selection quired)	
	High Risk (Selection Required)	
[]	High risk of VTE	Routine, Once
- (High Risk Pharmacological Prophylaxis - Hip or I (Arthroplasty) Surgical Patient (Single Response (Selection Required)	
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	aspirin chewable tablet	162 mg, oral, daily, Starting S+1
()	aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
()	Apixaban and Pharmacy Consult (Selection Re apixaban (ELIQUIS) tablet	quired) 2.5 mg, oral, 2 times daily, Starting S+1
L	ן מאואמטמוז (בבופטוט) נמטופנ	Indications: VTE prophylaxis

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

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 theraped	utic
anticoagulant or VTE prophylaxis with Risk Strat	
(Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Discontinuo () in the control of the control o	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
1 Moderate Rick - Patient Cliffentiv hac an activ	
) Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis	
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE	(Selection Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active ord	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Output () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Rer for (Selection Routine, Once Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous) High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) [] High risk of VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous ler for (Selection Routine, Once

[] Place sequential compression device (Single)	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active orde	r for
therapeutic anticoagulant or VTE prophylaxis (\$	
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
p. op. ny tanao	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
p p j s	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	reduine, commudat
() LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Require	ed)
() Low risk of VTE	Routine, Once
() =0.1.1.01.01.1.1	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of VTE - Surgical (Selection Re	·
[] Moderate Risk (Selection Required)	· · ·
Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	·
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
Contraindications exist for pharmacologic prop BUT order Sequential compression device	
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic	Phylaxis "And" Linked Panel Routine, Once
Contraindications exist for pharmacologic prop BUT order Sequential compression device	Routine, Once No pharmacologic VTE prophylaxis due to the following
Contraindications exist for pharmacologic prop BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Chylaxis "And" Linked Panel
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Chylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Chylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
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() Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Chylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
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 () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resing (Selection Required) Patient renal status: @CRCL@ 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ponse)
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 () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Resi (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s parin 40mg every 12 hours
 () Contraindications exist for pharmacologic prop BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis [] Patient renal status: @CRCL@ [] For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): ponse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s parin 40mg every 12 hours

() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history 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	and/or transfusion
Active GI ulcer	
Active of dicei	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() warfarin (COUMADIN) (Single Response)	•
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	•
() MODERATE Risk of VTE - Non-Surgical (Selection	n
Required)	
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Selection Required)	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	10, 0.100
Non-Surgical Patient (Single Response) (Sele Required)	ction
Contraindications exist for pharmacologic pro Order Sequential compression device	ophylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

[] Place/Maintain sequential compression device continuous	Routine, Continuo	ous
 Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	ylaxis "And	" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic contraindication(s	c VTE prophylaxis due to the following
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical V contraindication(s	TE prophylaxis due to the following
enoxaparin (LOVENOX) injection (Single Resp (Selection Required)Patient renal status: @CRCL@	onse)	
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapara		exaparin orders will apply the following recommende
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	OVENOX)	
[] enoxaparin (LOVENOX) injection	30 mg, subcutar Indication(s):	neous, daily at 1700
() For CrCl GREATER than or EQUAL TO 30 m		
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous	
	Indication(s):	
) fondaparinux (ARIXTRA) injection	Heparin-Induced T medication. Control surgery/invasive pr	not have a history of or suspected case of hrombocytopenia (HIT), do NOT order this raindicated in patients LESS than 50kg, prior to cocedure, or CrCl LESS than 30 mL/min history of or suspected case of Heparin-Induced
) 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 a	nd/or transfusion	
Chronic use of NSAIDs/steroids Active GI ulcer		
() High bleed risk		utaneous, every 12 hours er dose/frequency:
() Not high bleed risk (Single Response)		
() Wt > 100 kg		cutaneous, every 8 hours
() Wt LESS than or equal to 100 kg) warfarin (COUMADIN) (Single Response)	5,000 Units, sub	cutaneous, every 8 hours
() WITHOUT pharmacy consult	oral, daily at 1700 Indication:	
	maioation.	

[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgica (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (l	LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	rod
 HIGH Risk of VTE - Non-Surgical (Selection Requi 	i c uj

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[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() anavanaria (LOV/ENOY) injection (Single Boom	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ourse)
Patient renal status: @CRCL@	
Talletit Terial Status. @ONOL@	
For patients with CrCl GREATER than or EQU	AL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	, <u> </u>
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxapa	arin 40mg every 12 hours
() F. O.O.I. F.O. (I	LOVENOV
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)
subcutaneous Daily at 1700 align="block" enormal color: subcutaneous Daily at 1700"	20 mg, suboutaneous, daily at 1700
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	· · · · · · · · · · · · · · · · · · ·
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
[] onestapatin (2012) and and and	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700
() Wallaliii (COOMADIN) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	
Required)	
() Contraindications exist for mechanical	Routine, Once
rophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection	
Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or	
(Arthroplasty) Surgical Patient (Single Response	e)
(Selection Required)	Davidina Onca
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() aspinin (LCO) Min) entent Coated tablet	102 mg, trai, tally, starting st 1

() Apixaban and Pharmacy Consult (Selection Re	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	· · · ·
Patient renal status: @CRCL@	
5	
for patients with CrCl GREATER than or EQU doses by weight:	AL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	
GREATER THAN or EQUAL to 140kg enoxap	arin 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)
subcutaneous Daily at 1700	20 mg subsutanceus daily at 1700. Starting S. I.1
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	· /
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Tondaparmax () it in creatily injection	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	n
Required) [] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy () warfarin (COUMADIN) tablet	Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
() Wallaliii (COOMADIIV) tablet	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous

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 theraped	utic
anticoagulant or VTE prophylaxis with Risk Strat	
(Single Response) (Selection Required)	
) Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
A Maria and Dist. Dating the constitution and activities	
 Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required) 	
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE	(Selection Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for	Routine, Once Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
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therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous Output () Place/Maintain sequential compression device continuous High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis Required)	Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
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[] Place sequential compression device (Single Response)			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
	contraindication(s):		
() Place/Maintain sequential compression device continuous	Routine, Continuous		
() High Risk - Patient currently has an active orde	er for		
therapeutic anticoagulant or VTE prophylaxis (\$			
Required)			
[] High risk of VTE	Routine, Once		
[] Patient currently has an active order for	Routine, Once		
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on		
prophylaxis	therapeutic anticoagulation for other indication.		
propriyitatio	Therapy for the following:		
[] Place sequential compression device (Single			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following		
p p j s	contraindication(s):		
() Place/Maintain sequential compression	Routine, Continuous		
device continuous	Troumo, Commucus		
() LOW Risk of VTE (Selection Required)			
[] Low Risk (Single Response) (Selection Require	ed)		
() Low risk of VTE	Routine, Once		
() =0.1.1.01.01.1.1	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae		
	early ambulation		
() MODERATE Risk of DVT - Surgical (Selection Re	·		
[] Moderate Risk (Selection Required)			
Moderate risk of VTE	Routine, Once		
[] Moderate Risk Pharmacological Prophylaxis - S	· · · · · · · · · · · · · · · · · · ·		
Patient (Single Response) (Selection Required)			
() Contraindications exist for pharmacologic prop			
Contraindications exist for pharmacologic prop BUT order Sequential compression device			
Contraindications exist for pharmacologic propagation of the BUT order Sequential compression device Contraindications exist for pharmacologic	Pohylaxis "And" Linked Panel Routine, Once		
Contraindications exist for pharmacologic prop BUT order Sequential compression device	Routine, Once No pharmacologic VTE prophylaxis due to the following		
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Contraindications exist for pharmacologic propagation of the BUT order Sequential compression device Contraindications exist for pharmacologic	Routine, Once No pharmacologic VTE prophylaxis due to the following		
Contraindications exist for pharmacologic prop BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous		
Contraindications exist for pharmacologic prop BUT order Sequential compression device Contraindications exist for pharmacologic prophylaxis Place/Maintain sequential compression device continuous	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous		
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enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (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 Chronic use of NSAIDs/steroids Active GI ulcer	n and/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	· · ·
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() warfarin (COUMADIN) (Single Response)	
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
] Mechanical Prophylaxis (Single Response) (S Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selecti Required)	on
] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Sele Required) 	
() Contraindications exist for pharmacologic pro Order Sequential compression device	pphylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous

AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
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 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
) fondaparinux (ARIXTRA) injection) heparin (Single Response)	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
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 Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response)	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response)	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk () Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg) warfarin (COUMADIN) (Single Response)	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 8 hours oral, daily at 1700

[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	
Required) () Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Rodino, Commodo
) HIGH Risk of DVT - Surgical (Selection Required)	
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	Pouting Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgio	Routine, Once
(Single Response) (Selection Required)	ai Falient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQU	IAL 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	
ONEATER THAN OF EQUAL TO 140Kg CHOXAP	ann formy every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin (subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
[]	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m	nL/min -
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
[] elloxapalili (LOVENOA) ilijection	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
()	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() honorin (norgina) injection	Thrombocytopenia (HIT):
() heparin (porcine) injection () heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
·· ,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
) HIGH Risk of DVT - Non-Surgical (Selection Requ	,
Address both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	
i alicit (ciriqic Neoporioe) (celectivii Neutilleti)	

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

Patient renal status: @CRCL@

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:
Weight Dose
LESS THAN 100kg enoxaparin 40mg daily
100 to 139kg enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours

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

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 therapeu anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) 	
 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

[] Place sequential compression device (Single I	Response)	
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous		
() High Risk - Patient currently has an active orde		
therapeutic anticoagulant or VTE prophylaxis (S	Selection	
Required)		
[] High risk of VTE	Routine, Once	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on	
prophylaxis	therapeutic anticoagulation for other indication.	
	Therapy for the following:	
[] Place sequential compression device (Single I		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous		
() LOW Risk of VTE (Selection Required)	N.	
[] Low Risk (Single Response) (Selection Require		
() Low risk of VTE	Routine, Once	
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae	
() MODERATE DI L. () (TE. O	early ambulation	
() MODERATE Risk of VTE - Surgical (Selection Re	quirea)	
[] Moderate Risk (Selection Required)		
[] Moderate risk of VTE	Routine, Once	
[] Moderate Risk Pharmacological Prophylaxis - S		
Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel	
BUT order Sequential compression device	·	
BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once	
BUT order Sequential compression device	Routine, Once No pharmacologic VTE prophylaxis due to the following	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	Routine, Once No pharmacologic VTE prophylaxis due to the following	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous phylaxis "And" Linked Panel	
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BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Respondered) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUENCE doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Donse) JAL to 30mL/min, enoxaparin orders will apply the following recommended	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Respondered) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUENCE doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Donse) JAL to 30mL/min, enoxaparin orders will apply the following recommended	
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BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Respondent of Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUIPMENT of Selection Sequence of Sequence	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): conse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Respondered) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUENCE doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): conse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours	
BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Respondent of Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUIPM doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin () For CrCl LESS than 30mL/min - enoxaparin ()	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): conse) JAL to 30mL/min, enoxaparin orders will apply the following recommended s arin 40mg every 12 hours	

() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	L/min -		
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):		
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medical 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 a	nd/or transfusion		
Chronic use of NSAIDs/steroids	nu/or transiusion		
Active GI ulcer			
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:		
() Not high bleed risk (Single Response)	maloation for lower accomequatory.		
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM		
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM		
() warfarin (COUMADIN) (Single Response)	o,ooo oo, oaxoataooao, o.o., ooo.		
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1		
	Indication:		
() WITH pharmacy consult			
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S		
(COUMADIN)	Indication:		
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1		
	Indication:		
[] Mechanical Prophylaxis (Single Response) (Sele	ection		
Required)	Pouting Once		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):		
() Place/Maintain sequential compression	Routine, Continuous		
device continuous	reduite, Continuous		
) MODERATE Risk of VTE - Non-Surgical (Selection	1		
Required)			
[] Moderate Risk Pharmacological Prophylaxis -			
Non-Surgical Patient (Selection Required)			
[] Moderate Risk (Selection Required)			
[] Moderate risk of VTE	Routine, Once		
[] Moderate Risk Pharmacological Prophylaxis -			
Non-Surgical Patient (Single Response) (Selection 1)	tion		
Required)	abulasia II Analii I inke - Para-I		
 Contraindications exist for pharmacologic pro Order Sequential compression device 	phylaxis - "And" Linked Panel		
[] Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
	contraindication(s):		

device continuous		
Contraindications exist for pharmacologic prop AND mechanical prophylaxis		"And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
] Contraindications exist for mechanical prophylaxis		Once nanical VTE prophylaxis due to the following dication(s):
enoxaparin (LOVENOX) injection (Single Res	ponse)	
(Selection Required) Patient renal status: @CRCL@		
For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxap	s	/min, enoxaparin orders will apply the following recommend
) For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)	
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	•	subcutaneous, daily at 1700
) For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	Indicati nL/min -	on(s):
[] enoxaparin (LOVENOX) injection	subcuta	
fondaparinux (ARIXTRA) injection	If the pation Heparin-In medication surgery/in This patie	ubcutaneous, daily ent does not have a history of or suspected case of induced Thrombocytopenia (HIT), do NOT order this in. Contraindicated in patients LESS than 50kg, prior to ivasive procedure, or CrCl LESS than 30 mL/min int has a history of or suspected case of Heparin-Induced cytopenia (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 Chronic use of NSAIDs/steroids Active GI ulcer	and/or trans	fusion
) High bleed risk		nits, subcutaneous, every 12 hours n for lower dose/frequency:
Not high bleed risk (Single Response)		
() Wt > 100 kg		Jnits, subcutaneous, every 8 hours
() Wt LESS than or equal to 100 kg	5,000 (Jnits, subcutaneous, every 8 hours
warfarin (COUMADIN) (Single Response)		

[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	ection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of VTE - Surgical (Selection Required)	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgica (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUA doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
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 (l	LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
 For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sele Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous 1) HIGH Risk of VTE - Non-Surgical (Selection Requi	red)

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[] High Risk (Selection Required)			
[] High risk of VTE	Routine, Once		
[] High Risk Pharmacological Prophylaxis - Non-Surgical			
Patient (Single Response) (Selection Required)			
() Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
() anavanaria (LOV/ENOV) injection (Single Book	contraindication(s):		
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ourse)		
Patient renal status: @CRCL@			
Talletit Terial Status. SONOLS			
For patients with CrCl GREATER than or EQU	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	arin 40mg every 12 hours		
() F. O.O.I. F.O. II	LOVENOV		
() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX)		
subcutaneous Daily at 1700 align="block" enormal color: subcutaneous Daily at 1700"	30 mg, subcutaneous, daily at 1700		
	Indication(s):		
() For CrCl GREATER than or EQUAL TO 30 m	· · · · · · · · · · · · · · · · · · ·		
enoxaparin (LOVENOX) subcutaneous			
[] enoxaparin (LOVENOX) injection	subcutaneous		
[] onestapatin (2012) test, injection	Indication(s):		
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily		
	If the patient does not have a history of or suspected case of		
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.		
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive		
	procedure, or CrCl LESS than 30 mL/min.		
	This patient has a history of or suspected case of Heparin-Induced		
	Thrombocytopenia (HIT):		
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours		
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours		
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS		
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.		
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.		
() warfarin (COUMADIN) tablet	oral, daily at 1700		
() Wallalili (COOMADIN) tablet	Indication:		
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S		
(COUMADIN)	Indication:		
[] Mechanical Prophylaxis (Single Response) (Sel			
Required)			
() Contraindications exist for mechanical	Routine, Once		
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):		
() Place/Maintain sequential compression	Routine, Continuous		
device continuous			
) HIGH Risk of VTE - Surgical (Hip/Knee) (Selection			
Required)			
[] High Risk (Selection Required)			
[] High risk of VTE	Routine, Once		
[] High Risk Pharmacological Prophylaxis - Hip or			
(Arthroplasty) Surgical Patient (Single Response	e)		
(Selection Required)	D. C. O.		
() Contraindications exist for pharmacologic	Routine, Once		
prophylaxis	No pharmacologic VTE prophylaxis due to the following		
() agnirin chawahla tahlat	contraindication(s):		
() aspirin (FCOTRIN) enterin coated tablet	162 mg, oral, daily, Starting S+1		
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1		

() Apixaban and Pharmacy Consult (Selection R	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQL doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxap	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicat 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 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(
Place/Maintain sequential compression device continuous	Routine, Continuous
abs	
boratory-Admission	
CBC with platelet and differential Comprehensive metabolic panel	STAT For 1 Occurrences STAT For 1 Occurrences
	STATEOLIUCCHTENCES

[X] Partial thromboplastin time, activated (PTT)	STAT For 1 Occurrences
[X] Troponin T	STAT For 1 Occurrences
[X] NT-proBNP	STAT For 1 Occurrences
[X] Myoglobin	STAT For 1 Occurrences
[X] Procalcitonin	STAT For 1 Occurrences
[X] Creatine kinase, total (CPK)	STAT For 1 Occurrences
[] Blood culture x 2	"And" Linked Panel
	Once, Blood
	Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] hCG qualitative, urine screen	STAT For 1 Occurrences Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.):
Laboratory-Inflammatory Bundle	
[X] C-reactive protein	Once
[X] Interleukin 6	Once
[X] Ferritin level	Once
[X] D-dimer	Once
[X] LDH	Once
[X] Triglycerides	Once
[X] Fibrinogen	Once
[] Lactic acid level - Now and repeat 2x every 3 hours	
[] Prothrombin time with INR	Once
[] Partial thromboplastin time, activated	Once
Laboratory-Daily Repeat	
[X] CBC with platelet and differential	AM draw repeats For 3 Occurrences
[X] Comprehensive metabolic panel	AM draw repeats For 3 Occurrences
[] Additional Daily labs-Critical Illness/Clinical Deterio	
ADDITIONAL DAILY LABS for Critical Illness/Clinic	
[] Troponin T	AM draw repeats, Starting S+1 For 3 Occurrences
	AM draw repeats, Starting S+1 For 3 Occurrences
[] C-reactive protein	AM draw repeats, Starting S+1 For 3 Occurrences
[] LDH	AM draw repeats, Starting S+1 For 3 Occurrences
	AM draw repeats, Starting S+1 For 3 Occurrences
Laboratory-Type and Screen	
[X] Type and screen	STAT For 1 Occurrences
Cardiology	
Cardiology	
[X] ECG 12 lead upon admission	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
[] ECG 12 lead daily	Routine, Daily For 3 Occurrences Clinical Indications:
	Interpreting Physician:
Transthoracic Echocardiogram Complete, (w Contr Strain and 3D if needed)	

XR	
X] XR Chest 1 Vw Portable	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
Daily XR Chest 1 Vw Portable	Routine, Daily imaging, Starting S+1 For Until specified Consider daily CXR for the following patients: Age > 70, BN 40, or Increasing O2 requirements on the floor.
Respiratory	
espiratory	
Click here for COVID-19 Oxygen therapy algorithm	URL: "\\epic-nas.et0922.epichosted.com\static\OrderSets\COVI D19 Hypoxemia Algorithm.pdf"
] Mechanical ventilation	Routine Mechanical Ventilation: Vent Management Strategies: Adult Respiratory Ventilator Protocol
] Oxygen therapy-	Routine, Continuous Device: Titrate to keep O2 Sat Above: Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
Incentive spirometry	Routine, Every 2 hours while awake
Physician Consults	
	t of the COVID-19 positive patient.
hysician Consults	Reason for Consult? Management of COVID-19 positive patient
hysician Consults Consider using these consults to assist with management Consult Infectious Diseases for moderate to severe	Reason for Consult? Management of COVID-19 positive
hysician Consults Consider using these consults to assist with management Consult Infectious Diseases for moderate to severe COVID-19 patient Consult Hematology and Oncology for suspected	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated?
Consult Infectious Diseases for moderate to severe COVID-19 patient Consult Hematology and Oncology for suspected Cytokine Storm	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency
hysician Consults Consider using these consults to assist with management Consult Infectious Diseases for moderate to severe COVID-19 patient Consult Hematology and Oncology for suspected Cytokine Storm Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated? Reason for Consult? Patient/Clinical information communicated?
hysician Consults Consider using these consults to assist with management Consult Infectious Diseases for moderate to severe COVID-19 patient Consult Hematology and Oncology for suspected Cytokine Storm Consult Pulmonary/Crit Care for respiratory insufficiency Consult Nephrology/Hyperten	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with suspected Cytokine Storm Patient/clinical information communicated? Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated? Reason for Consult? Patient/Clinical information communicated?

Order?

Name of referring provider: Enter call back number:

Reason For Consult?

Reason for consult?

Reason for Consult:

Consult Reason:

Purpose/Topic:

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[] Consult to Nutrition Services

[] Consult to Case Management

[] Consult to Spiritual Care

[] Consult to Social Work