"https://fparchives.com/houstonmethodist/documents/HM %20COVID%20algorithm.pdf" Click here for appropriate isolation precautions as recommended by infection control "https://www.houstonmethodist.org/-/media/pdf/for-patient s/Coronavirus/HM_COVID_InfectionControlGuidance.pdf" 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. Admission or Observation (Single Response) (Selection Required) Admitting Physician: () Admit to inpatient 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. Admitting Physician: () Outpatient observation services under general supervision Patient Condition: Bed request comments: () Outpatient in a bed - extended recovery Admitting Physician: Bed request comments: **Admission or Observation (Single Response)** Patient has 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. Admitting Physician: () Outpatient observation services under general Patient Condition: supervision Bed request comments: () Outpatient in a bed - extended recovery Admitting Physician: Bed request comments: Admission or Observation (Single Response) (Selection Required)

URL:

OVID-19 Adult General Admission [4431]

Click here for treatment algorithm

/	A L Set BL 1.1
() 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.
() Admit to IP- University Teaching Service	Admitting Physician:
() Admit to IP- University Teaching Service	Resident Physician:
	Resident team assignment:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgement
	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.
	To reach the team taking care of this patient please call the
	University Teaching Service Answering Service at (713)
	363-9648 and ask for the team taking care of the patient to be
	paged. The team name is listed in both "Treatment Teams"
	and "Notes from Clinical Staff" sections in the
	Summary\Overview tab of Epic.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() UTS - Outpatient observation services under general	Admitting Physician:
supervision	Resident Physician:
·	Resident team assignment:
	Patient Condition:
	i attent condition.
	Bed request comments:
	Bed request comments:
	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be
	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams"
	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the
	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
() Outpatient in a bed - extended recovery Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician:
Admission or Observation (Single Response)	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments:
Admission or Observation (Single Response)	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments: Admitting Physician: Level of Care: Patient Condition:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments: Admitting Physician: Level of Care: Patient Condition: Bed request comments:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments: Admitting Physician: Level of Care: Patient Condition:
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments: 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
Admission or Observation (Single Response) Patient has active status order on file	Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. Admitting Physician: Bed request comments: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment

()	Admit to IP- University Teaching Service	Admitting Physician: Resident Physician:
		Resident team assignment:
		Level of Care:
		Patient Condition:
		Bed request comments:
		Certification: I certify that based on my best clinical judgement
		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.
		To reach the team taking care of this patient please call the
		University Teaching Service Answering Service at (713)
		363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams"
		and "Notes from Clinical Staff" sections in the
		Summary\Overview tab of Epic.
()	Outpatient observation services under general	Admitting Physician:
()	supervision	Patient Condition:
	oup of the left	Bed request comments:
()	UTS - Outpatient observation services under gene	·
()	supervision	Resident Physician:
	·	Resident team assignment:
		Patient Condition:
		Bed request comments:
		To reach the team taking care of this patient please call the
		University Teaching Service Answering Service at (713)
		363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams"
		and "Notes from Clinical Staff" sections in the
		Summary\Overview tab of Epic.
()	Outpatient in a bed - extended recovery	Admitting Physician:
()	outpation in a sour extension receivery	Bed request comments:
	de Status @CERMSG(674511:)@ 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:
	Consult to Social Work	Reason for Consult:
-	() Modified Code	Did the patient/surrogate require the use of an interpreter?
'	() Modified Code	Did the patient/surrogate require the use of an interpreter?
		Does patient have decision-making capacity?
		Modified Code restrictions:
П	Treatment Restrictions ((For use when a patient is	
	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:

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	Late to a contraction
[X] Airborne isolation status	Include eye protection
[X] Contact Isolation	In alterday as to a warte at law
[X] Contact isolation status	Include eye protection
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital signs (Selection Required)	anagement of Hypovemia
Vital signs with link to algorithm of Stepwise ma	падетнент от пурохенна
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol For Until specified
[X] Pulse oximetry continuous	Routine, Continuous For Until specified
	Current FIO2 or Room Air:
Activity (Selection Required)	
[X] Strict bed rest	Routine, Until discontinued, Starting S
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
Nursing	
[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.
[] Intake and output every shift	Routine, Every shift
[] Incentive spirometry	Routine, Once
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous For 3 Days
	Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only
	(Telemetry Box)
	Reason for telemetry:
I. Talamatin Additional Catus Information	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
[] Daily weights	Routine, Daily
1,9	

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: 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 (Selection Required)	
[] 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 after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO:
	Pre-Operative fasting options:
	An NPO order without explicit exceptions means nothing can
	be given orally to the patient.
[] Diet- Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
1 Diet- Clear Liquid	Foods to Avoid:
[] Diet- Clear Liquid	Foods to Avoid: Diet effective now, Starting S
[] Diet- Clear Liquid	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids
[] Diet- Clear Liquid	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated?
[] Diet- Clear Liquid	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency:
[] Diet- Clear Liquid	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction:
	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet- Clear Liquid [] Diet- Heart Healthy	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S
	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S Diet(s): Heart Healthy
	Foods to Avoid: Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated?

IV Fluids-IV fluids for COVID-19 should be minimized.

Insert and Maintain IV / Central line access. IV fluids for COVID-19 Should be Minimized.

[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	Arress:	

Medications

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	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+9
infusion	Minutes, For 1 Doses
	Hold for ALT greater than 500.
	Provide the approximate number of days the patient has had respirato
	Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last
	days:
	Is the patient currently receiving oxygen support or has consistently ha
	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
IIIIdSioii	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 respirate
	Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last
	days:
	Is the patient currently receiving oxygen support or has consistently ha
	oxygen saturations LESS than 94% on Room Air without improvemen
remdesivir IV Loading and Maintenance Doses Only	
remdesivir in sodium chloride 0.9% 100 mL	200 mg, intravenous, Administer over: 30 Minutes, once, Starting H+9
infusion	Minutes, For 1 Doses
	Hold for ALT greater than 500.
	Provide the approximate number of days the patient has had respirate Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last
	days:
	Is the patient currently receiving oxygen support or has consistently has
	oxygen saturations LESS than 94% on Room Air without improvemen
] remdesivir in sodium chloride 0.9% 100 mL	100 mg, intravenous, Administer over: 30 Minutes, every 24 hours,
infusion	Starting H+24 Hours, For 4 Doses
indolon	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 respirate
	Covid-19 Symptoms:
	Patient has a positive COVID-19 PCR or Antigen result within the last
	days:
	Is the patient currently receiving oxygen support or has consistently ha
	oxygen saturations LESS than 94% on Room Air without improvement
remdesivir IV Loading and Maintenance Doses	

[]	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:
r 1	romdonivir IV/Looding and Maintenance Dago	Is the patient currently receiving oxygen support or has consistently had oxygen saturations LESS than 94% on Room Air without improvement: - HMTW
	remdesivir IV Loading and Maintenance Doses Only	- HIVI VV Followed by Liliked Fallel
[]	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
[]	remdesivir IV Loading and Maintenance Doses	oxygen saturations LESS than 94% on Room Air without improvement: - HMCL "Followed by" Linked Panel
	Only	Timot Tollowed by Lillica Faller
[]	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 1300, 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

[]	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 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 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 'days:
		Is the patient currently receiving oxygen support or has consistently has 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 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 ha

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
] Mild - HMH Only	more COVID-19 high risk factor: "Followed by" Linked Panel
	200 mg, intravenous, Administer over: 60 Minutes, once, For 1 Doses
[] remdesivir infusion	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
[] Mild LIMOL Only	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: 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:
Antipyretics	
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 4 hours PRN, fever, Fever GREATER than 100.5 F
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
Dexamethasone PO or IV (Single Response) -Dexamethasone should only be used in COVID-ventilator supportCaution in using steroids early in COVID-19 dise	19 patients (a) requiring oxygen supplementation or (b) requiring case (i.e. symptoms less than 7 days).
() dexamethasone (DECADRON) tablet	6 mg, oral, daily, For 10 Doses
() dexamethasone (DECADRON) IV	6 mg, intravenous, daily, For 10 Doses
() dexamethasone 4 mg/mL oral suspension	6 mg, oral, daily, For 10 Doses
Immunomodulatory Agents	
[] Baricitinib (OLUMIANT) for COVID-19 (RESTRIC	,
[] baricitinib (OLUMIANT) tablet (RESTRICTED)	4 mg, oral, daily at 1700, For 14 Doses RESTRICTED to infectious diseases, pulmonary, or critical care
(RESTRICTED)	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 adjustments for renal function	STAT, Until discontinued, Starting S 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 perforation? I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.
sodium chloride 0.9% bag for line care	
[] 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.
Respiratory Inhalers	
[] albuterol (PROAIR HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
[] ipratropium (ATROVENT HFA) inhaler	2 puff, inhalation, every 4 hours PRN, wheezing, shortness of breath MDI with spacer only

VTE

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

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

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

URL:

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

[] Moderate risk of VTE Routine, Once

[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1] Division of the control of the c	Therapy for the following:
Place sequential compression device (Single F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Place/Maintain sequential compression	contraindication(s): Routine, Continuous
Place/Maintain sequential compression device continuous	Roddine, Continuous
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (S	
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Single F	·
() 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	Routine, Continuous
() High Risk - Patient currently has an active order	for
therapeutic anticoagulant or VTE prophylaxis (S	
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 F	
() Contraindications exist for mechanical prophylaxis	Routine, Once
propriyiaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	reduito, continuous
() High Risk - Patient currently has an active order	for
therapeutic anticoagulant or VTE prophylaxis (S	
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 F	Therapy for the following:
[] Place sequential compression device (Single F() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidatio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
) LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Require	d)
() 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 Red	quired)
Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	urgicai
Patient (Single Response) (Selection Required)	

BUT order Sequential compression device	prophylaxis "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic p AND mechanical prophylaxis	prophylaxis "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
enoxaparin (LOVENOX) injection (Single R (Selection Required)	· · ·
Patient renal status: @CRCL@	
doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 ho GREATER THAN or EQUAL to 140kg enox	ours
) For CrCl LESS than 30mL/min - enoxapar subcutaneous Daily at 1700	rin (LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
, , , , , , , , ,	Indication(s):
,	Indication(s): 0 mL/min -
) For CrCl GREATER than or EQUAL TO 3 enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1
enoxaparin (LOVENOX) subcutaneous	subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection fondaparinux (ARIXTRA) injection	subcutaneous, Starting S+1 Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() 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) (Sele	
Required)	350011
() 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	Noutine, Continuous
) MODERATE Risk of VTE - Non-Surgical (Selection	<u> </u>
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	etion
Required)	
() Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression	Routine, Continuous
device continuous	abulavia "And!! Linkad Danal
 () Contraindications exist for pharmacologic pro AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
propriy and	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidado	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	, ,
(Selection Required)	policoj
Patient renal status: @CRCL@	
i duent renai status. & ONOL&	
For natients with CrCl GREATER than or FOI	JAL to 30mL/min, enoxaparin orders will apply the following recommended
doses by weight:	5/12 to 30/112/11/11, choxapariti orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hour	
GREATER THAN or EQUAL to 140kg enoxage	
GREATER THAN OF EQUAL TO 140kg enoxal	daill 40mg every 12 hours
() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 i	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous

() 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	Tana of transition
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours
	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 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
/ \ \\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Indication:
() WITH pharmacy consult	CTAT Linkii dia continued Charting C
[] Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700
[] Wallalili (COOMADIN) tablet	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	
IGH Risk of VTE - Surgical (Selection Required)	
High Risk (Selection Required)	
High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surgic	cal Patient
(Single Response) (Selection Required)	D. C. O.
Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

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

Patient renal status: @CRCL@

() For CrCl LESS than 30mL/min - enoxaparin (I subcutaneous Daily at 1700	_OVENOX)
[] 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 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (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
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 (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	quired)
[] 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@	
	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 enoxaparin 40mg every 12 hours

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r	nL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selectio Required)	n
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression 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 therapeu	tic
	anticoagulant or VTE prophylaxis with Risk Stratil	ication
	(Single Response) (Selection Required)	
(order for
`	therapeutic anticoagulant or VTE prophylaxis (
	Required)	
	Moderate risk of VTE	Routine, Once
	Patient currently has an active order for	Routine, Once
	therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
	prophylaxis	therapeutic anticoagulation for other indication.
	propriylaxis	Therapy for the following:
	[] Place sequential compression device (Single	
		Routine, Once
		No mechanical VTE prophylaxis due to the following
	prophylaxis	contraindication(s):
	() Place/Maintain acquential compression	· ·
	Place/Maintain sequential compression device continuous	Routine, Continuous
_		andan fan
(
	therapeutic anticoagulant or VTE prophylaxis (Selection
	Required)	Davida a Once
	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	
(
	therapeutic anticoagulant or VTE prophylaxis (Selection
	Required)	
	[] High risk of VTE	Routine, Once
	[] Patient currently has an active order for	Routine, Once
	therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
	prophylaxis	therapeutic anticoagulation for other indication.
		Therapy for the following:
	[] Place sequential compression device (Single	Response)
	() Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following
		contraindication(s):
	() Place/Maintain sequential compression	Routine, Continuous
	device continuous	•
(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.
	propriylaxis	Therapy for the following:
	[] Place sequential compression device (Single	
	() Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following
	() Disco/Maintain aggregation aggregation	contraindication(s):
	() Place/Maintain sequential compression	Routine, Continuous
()	device continuous	
() -	LOW Risk of VTE (Selection Required)	n.
[Low Risk (Single Response) (Selection Requir	ed)

() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
) MODEDATE D. 1 (D)/T 0 : 1/0 1 :: D	early ambulation
MODERATE Risk of DVT - Surgical (Selection Re	quirea)
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Pouting Once
• •	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	
BUT order Sequential compression device	,
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for mechanical	contraindication(s): Routine, Once
[] Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following
p. 6p. 1, 162.110	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Responsition (Selection Required)	oonse)
Patient renal status: @CRCL@	
For notice to with CaCl CDF ATED then or FOL	IAI to 20 ml /min anayonarin ardara will apply the fallowing response and a
doses by weight:	JAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hours	S
GREATER THAN or EQUAL to 140kg enoxap	arin 40mg every 12 hours
() For CrCl FSC than 20ml /min anavanaria	(LOV/ENOV)
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1
[] Choxapann (20 v 2 v 6 v v) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30 n	· ,
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 and/or transfusion Chronic use of NSAIDs/steroids

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)	<u> </u>
() 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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of DVT - Non-Surgical (Selection	on
Required)	
[] Moderate Risk (Selection Required)	
	Davida - Oasa
[] Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis -	
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection) 	
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ction
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic prospections 	ction
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic	phylaxis - "And" Linked Panel Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro Order Sequential compression device 	phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro- Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro Order Sequential compression device [] Contraindications exist for pharmacologic	phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro- Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro- Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic pro- Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro-	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic proproduce of Contraindications exist for pharmacologic prophylaxis [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prophylaxis 	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic proof Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proformation AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Phylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous Phylaxis "And" Linked Panel Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic proof Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic proformation AND mechanical prophylaxis [] Contraindications exist for pharmacologic	Phylaxis - "And" Linked Panel 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
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prophylaxis [] 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 	Phylaxis - "And" Linked Panel 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):

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

migh kisk bleeding Characteristics

Age > 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High bleed risk	5,000 Units, subcutaneous, every 12 hours
(,	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	· ·
() Wt > 100 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
	Indication:
() WITH pharmacy consult	
[] Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
Mechanical Prophylaxis (Single Response) (S	Selection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):

Routine, Continuous

() Place/Maintain sequential compression

device continuous

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

Address botti pharmacologic and mechanical propi	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical (Single Response) (Selection Required)	al Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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 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 subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous	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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 HIGH Risk of DVT - Non-Surgical (Selection Requing Address both pharmacologic and mechanical proplements) 	red) hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	Pouting Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Non-Single Patient (Single Response) (Selection Required)	Routine, Once urgical
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	ı (LOVENOX)
subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
[] Grioxapaini (20 t 2 t toxt) injection	Indication(s):
() For CrCl GREATER than or EQUAL TO 30	mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
() (Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	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:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	on
Required)	
Address both pharmacologic and mechanical pro	ophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip of	or Knee
(Arthroplasty) Surgical Patient (Single Respon	se)
(Selection Required)	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() againing about the late	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 I[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res	sponse)

(Selection Required)

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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection	
Indication(s): For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this me Contraindicated in patients LESS than 50kg, prior to surgery/inv. 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Soud Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) Soud Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight weight GREATER than 100 kg For patients with weight GREATER than 100 kg Tivaroxaban and Pharmacy Consult (Selection Required) 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at 1700, Starting S+1 Indication: VTE prophylaxis Oral, daily at	
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 me Contraindicated in patients LESS than 50kg, prior to surgery/inv procedure, or CrCI LESS than 50kg, prior to surgery/inv procedure, or CrCI LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication:	
Indication(s): () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet [] row fondaparinux (ARIXTRA) injection [] fithe patient does not have a history or suspected case of Heparin-Inducation (Pharmacy, a history or suspected case of Heparin-Inducation (Pharmacy Corsurgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Corsurgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Corsurgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Corsurgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Surgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Surgery/inv. Procedure, or CrCl LESS than 30 mL/min This patient has a history or suspected case of Heparin-Inducation (Pharmacy Surgery/inv. Procedure, or CrCl LESS than 30 mL/min This patients LESS than 30 mL/min This patients LESS than 30 mL/min This patients LESS than 50kg, prior to surgery/inv. Procedure, or CrCl LESS than 30 mL/min This patients LE	
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this me Contraindicated in patients LESS than 50kg, prior to surgery/inv 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) () heparin (porcine) injection - 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 [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this me Contraindicated in patients (LESS than 50kg, prior to surgery/inv procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Recommended for patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis 11 mg, oral, daily at 1700, Starting S Indications: VTE prophylaxis	
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet	r this medication. gery/invasive
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) () heparin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet Recommended for patients with high risk of bleeding, e.g. weight than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:	AM
() heparin (porcine) injection - 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 [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet 7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:	
Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet [] Required) 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:	AM
knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet Indications: VTE prophylaxis	
(XARELTO) therapy Indications: VTE prophylaxis () warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication:	
Indication:	
() Pharmacy consult to manage warfarin STAT, Until discontinued, Starting S (COUMADIN) 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 therapeur 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	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 () Moderate Risk - Patient currently has an active 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:

	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 order	for
therapeutic anticoagulant or VTE prophylaxis (S	
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 -1)	Therapy for the following:
[] Place sequential compression device (Single F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noume, Continuedo
() LOW Risk of VTE (Selection Required)	
Low Risk (Single Response) (Selection Require	q)
() Low risk of VTE	Routine, Once
() LOW HISK OF VIL	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of VTE - Surgical (Selection Red	·
[] Moderate Risk (Selection Required)	quiiou)
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	
<u> </u>	
Contraindications exist for pharmacologic prop BUT order Sequential compression device	MINIAXIS AND LINKEU FAILE!
Do i didei dequentiai compression device	
	Pouting Onco
[] Contraindications exist for pharmacologic	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for pharmacologic prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression	No pharmacologic VTE prophylaxis due to the following
[] Contraindications exist for pharmacologic prophylaxis[] Place/Maintain sequential compression device continuous	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] 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 	No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
 [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis 	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
 [] 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 	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):
 [] 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) 	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):
 [] 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 Resp (Selection Required) 	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):
 [] 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) 	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):
 [] 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 Responsible Contraindications exist for mechanical prophylaxis () enoxaparin (LOVENOX) injection (Single Responsible Contraindications exist for mechanical prophylaxis 	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): ponse)
 [] 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 Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 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):
 [] 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 Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: 	No pharmacologic VTE prophylaxis due to the following contraindication(s): 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): ponse)
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose 	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): ponse)
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 	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): Ponse) PAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose 	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): Ponse) PAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours 	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): conse) PAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours 	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): Ponse) PAL to 30mL/min, enoxaparin orders will apply the following recommended
 [] 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 () enoxaparin (LOVENOX) injection (Single Resp (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours 	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): Ponse) PAL to 30mL/min, enoxaparin orders will apply the following recommended are arin 40mg every 12 hours
 [] 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 Respondational Sequence (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapara 	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): conse) PAL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours
 [] 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 Respose (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQU doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin 	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): conse) PAL to 30mL/min, enoxaparin orders will apply the following recommended arin 40mg every 12 hours

 For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous 	nL/min -
[] enoxaparin (LOVENOX) subcutarieous	subcutaneous, Starting S+1
[] Choxapann (ECVENOX) injection	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Torridaparinas () it to () injooner	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (Single Response)	, , , , , ,
High Risk Bleeding Characteristics	
Age > 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission	and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() High bleed fisk	Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	maication for lower dose/frequency.
() 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)	0,000 Critics, Substitutionals, Every Criticals, Critical C.SO 71101
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1
() Willion phaniacy consult	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
[1]	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	
() 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 -	·
Non-Surgical Patient (Single Response) (Sele	ction
Required)	
() Contraindications exist for pharmacologic pro	phylaxis - "And" Linked Panel
Order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):

 Contraindications exist for pharmacologic pro 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 Re	sponse)
(Selection Required) Patient renal status: @CRCL@	
ratient renai status. @CINCL@	
For patients with CrCl GREATER than or EC doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxaparin	
() For CrCLLESS than 20ml /min_oneyaparis	n (LOVENOY)
 For CrCl LESS than 30mL/min - enoxaparir subcutaneous Daily at 1700 	I (LOVEINOA)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30	
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
) fondaparinux (ARIXTRA) injection	Indication(s): 2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI 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 Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours
, ,	
() Wt LESS than or equal to 100 kg) warfarin (COUMADIN) (Single Response)	5,000 Units, subcutaneous, every 8 hours

[] 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)

Printed on 1/9/2024 at 4:39 PM from Production

[] 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/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:	, <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. II	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) to sty injection	Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() heparin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg () 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
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	9)
(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) enteric 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	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Respondence (Selection Required)	ponse)
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	`
[] 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	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 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)	, <u> </u>
[] 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
bs	
oratory-COVID-19 Admission labs	
	STAT For 1 Occurrences STAT For 1 Occurrences

[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] Procalcitonin	STAT For 1 Occurrences
[X] Creatine kinase, total (CPK)	STAT For 1 Occurrences
[] Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both 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-COVID-19 Inflammatory bundle	
[X] C-reactive protein	Once
[X] Interleukin 6	Once
[X] Ferritin level	Once
[X] D-dimer	Once
[X] LDH	Once
[X] Fibrinogen	Once
[] Lactic acid level - Now and repeat 2x every 3 h	· · · · · · · · · · · · · · · · · · ·
[] 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 De ADDITIONAL DAILY LABS for Critical Illness/C	
[] Troponin T	AM draw repeats, Starting S+1 For 3 Occurrences
[] D-dimer	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
[] Ferritin level	AM draw repeats, Starting S+1 For 3 Occurrences
Laboratory-Type and Screen	
[X] Type and screen	STAT For 1 Occurrences

Respiratory

Respiratory

Avoid BiPAP and CPAP to avoid aerosolization of virus

Click here for COVID-19 Oxygen therapy algorithm

URI:

"\lepic-nas.et0922.epichosted.com\static\OrderSets\COVI D19 Hypoxemia Algorithm.pdf"

[] Oxygen therapy	Routine, Continuous Device: High Flow Nasal Cannula (HFNC) Rate in liters per minute: Rate in liters per minute: O2 %: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Keep HFNC flow under 30L/min
Cardiology	
Cardiology ECG on admission to ICU for baseline QTc and daily if on m	nultiple agents that prolong QTc.
[] ECG 12 lead	Routine, STAT For 1 Occurrences Clinical Indications: Rate/Rhythm Interpreting Physician:
[] ECG 12 lead	Routine, Daily For 3 Occurrences Clinical Indications: Interpreting Physician:
[] Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed)	Routine, 1 time imaging, Starting S at 1:00 AM
Imaging	
Imaging	
[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, BMI > 40, or Increasing O2 requirements on the floor.
Physician Consults	
Physician Consults Consider using these consults to assist with management of	f the COVID-19 positive patient.
[] Consult Infectious Diseases for moderate to severe COVID-19 patient	Reason for Consult? Management of COVID-19 positive patient Patient/clinical information communicated?
[] Consult Pulmonary/Crit Care for respiratory insufficiency	Reason for Consult? Management of COVID-19 positive patient with respiratory insufficiency Patient/clinical information communicated?
[] Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
Ancillary Consults	
Pharmacy Consults	
[X] Pharmacy consult to change IV medications to concentrate fluids maximally	STAT, Until discontinued, Starting S
Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S Adjust dose for:
Ancillary Consults	
[] Consult to Palliative Care Service	

[] Consult to Palliative Care Service	Priority:	
	Reason for Consult?	
	Order?	
	Name of referring provider:	
	Enter call back number:	
Consult to Nutrition Services	Reason For Consult?	
•	Purpose/Topic:	
Consult to Spiritual Care	Reason for consult?	
Consult to Social Work	Reason for Consult:	
Consult to Case Management	Consult Reason:	