# Admission Hematology/Oncology [1247]

Admission of Observation faindle Response Faelection R	Required)
Admission or Observation (Single Response) (Selection R	
) 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
\ Admit to ID I his consists Topphing Complete	services for two or more midnights.
) 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 judgemen
	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:
	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.
\ Outpotiont in a had autonded recovery	
) Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
	Deu request comments.
Admission or Observation (Single Response) Patient has active status order on file	
	A Later Brown and Company
) 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

( ) 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 judgemer 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
( ) Outpotiont aboundation consists we do not see	Summary\Overview tab of Epic.
( ) Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition: Bed request comments:
( ) LITS Outpotiont observation convices under general	· · · · · · · · · · · · · · · · · · ·
() UTS - Outpatient observation services under general supervision	Admitting Physician: Resident Physician:
Supervision	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 b
	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:
() Outpatient in a bed - extended recovery	Bed request comments:
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.
A locinoism on Oleman (Con In Brancon) (Only Con In	Described IV
Admission or Observation (Single Response) (Selection F	
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition: Bed request comments:
	Certification: I certify that based on my best clinical judgmen
	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.
() Outpatient observation services under general	Admitting Physician:
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	

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.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
Code Status	
@CERMSGREFRESHOPT(674511:21703,,,1)@	
[X] Code Status (Single Response)	
DNR and Modified Code orders should be placed	by the responsible physician.
() Full code	Code Status decision reached by:
() DNR (Do Not Resuscitate) (Selection Required	· · · · · · · · · · · · · · · · · · ·
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?
	Does patient have decision-making capacity?
[] Consult to Palliative Care Service	
[] Consult to Palliative Care Service	Priority:
	Reason for Consult?
	Order?
	Name of referring provider:
	Enter call back number:
[] Consult to Social Work	Reason for Consult:
() Modified Code	Did the patient/surrogate require the use of an interpreter?
	Did the patient/surrogate require the use of an interpreter?  Does patient have decision-making capacity?
	Modified Code restrictions:
Treatment Restrictions ((For use when a patient is	
in a cardiopulmonary arrest))	arrest, the selected treatments will NOT be provided. I
a sanarop as.i, ass.i,)	understand that all other unselected medically indicated
	treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
location	
Isolation	
[] Airborne isolation status	
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once
suspect Tuberculosis, please order this test	
for rapid diagnostics.	Deteile
[] Contact isolation status	Details Details
Droplet isolation status  Enteric isolation status	Details
[] Enteriorsolation status	Details
Precautions	
[] Neutropenic precautions	Details
Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Seizure precautions	Increased observation level needed:

# Nursing

] Vital signs	Routine, Every shift
Pulse oximetry	Routine, Every 4 hours Current FIO2 or Room Air:
Activity	
] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges
] Ambulate with assistance	Routine, 3 times daily Specify: in hall,with assistance Out of room with mask on.
Nursing Care	
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: 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
Intake and output	Routine, Daily
] Height and weight	Routine, Once
Daily weights	Routine, Daily Every day at 6am
] Insert and maintain Foley	, ,
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
] Gastric tube maintenance	Routine, Until discontinued, Starting S Drainage: Intervention:
] Check residual per nursing protocol	Routine, Every 2 hours  If on tube feeds, until evaluated by dietary. Call provider if greater than 200 milliliter.
] No injections - IM	Routine, Until discontinued, Starting S Type of injection: IM
] No rectal temperatures or suppositories	Routine, Until discontinued, Starting S Reason for "No" order:
V Access	
] Initiate and maintain IV	
[] Insert peripheral IV	Routine, Once
[] sodium chloride 0.9 % flush [] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care

1	
[] Ok to use - central line	Routine, Until discontinued, Starting S
	Device: Central Line
	Including Portacath, PICC, and Hickman.
[] PICC insertion request	Routine, Once
	Unit call back number:
	Reason for PICC insertion:
	Transport Method:
[] IR Consult To Interventional Radiology	Routine
07	Please acknowledge reason for placing this order?
	Is the patient pregnant?
	What are the patient's sedation requirements?
	What is the expected date for Procedure?
	What exam is being requested?
	Physician contact number:
	•
Notify	
[X] Notify Physician for vitals:	Routine, Until discontinued, Starting S
	Temperature greater than: 100.4
	Temperature less than:
	Systolic BP greater than: 150
	Systolic BP less than: 80
	Diastolic BP greater than: 100
	Diastolic BP less than: 50
	MAP less than:
	Heart rate greater than (BPM): 130
	Heart rate less than (BPM):
	Respiratory rate greater than: 25
	Respiratory rate less than: 10
	SpO2 less than: 90
	If patient is in severe pain, pain score of 7 to 10.
[] Notify Provider of admission and room number	Routine, Once For 1 Occurrences, of admission and room
[] Notify Provider of admission and room number	number.
Diet	
[] Diet - Regular	Diet effective now, Starting S
	Diet(s): Regular
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Clear liquids	Diet effective now, Starting S
•	Diet(s): Clear Liquids
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] Diet - Full liquids	Diet effective now, Starting S
[ ] = .5 S	Diet(s): Full Liquids
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Floid Restriction: Foods to Avoid:
[] Diet Facy to digast (CERD)	
[] Diet - Easy to digest (GERD)	Diet effective now, Starting S
	Diet(s): Easy to digest (GERD)
	Advance Diet as Tolerated?
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:

[] Diet - Neutropenic	Diet effective now, Starting S Diet(s): Neutropenic/Low Bacteria Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] 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.
[] Tube feeding	Diet effective now, Starting S Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed?
IV Fluids	
IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous
( ) dextrose 5% 1000 mL with sodium acetate 100 mEq injection	100 mL/hr, intravenous, continuous Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?
( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous
() Custom IV Fluid	100 mL/hr, intravenous, continuous Per HM policy, sodium infusions greater than 154mEq/L require an independent double check. Does this infusion contain greater than 154mEq/L of total sodium?
Medications	
Pharmacy Consults	
Pharmacy consult to manage dose adjustments for renal function	STAT, Until discontinued, Starting S For Until specified Adjust dose for:
Restricted Medications	
[] No NSAIDs EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No NSAIDs INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No anti-platelet agents EXcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
[] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order:
Medications Oral	
[] famotidine (PEPCID) tablet	20 mg, oral, 2 times daily
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] acyclovir (ZOVIRAX) capsule	400 mg, oral, 2 times daily Reason for Therapy:

] allopurinol (ZYLOPRIM) tablet		300 mg, oral, daily
clotrimazole (MYCELEX) troche		10 mg, buccal, 4 times daily
• ,		Dissolve in mouth
] docusate sodium (COLACE) capsule		100 mg, oral, 2 times daily
] fluconazole (DIFLUCAN) tablet		200 mg, oral, daily
1 Levelleves in /LEV/ACLUM) to blot		Reason for Therapy:
] levofloxacin (LEVAQUIN) tablet		500 mg, oral, daily at 0600
] nystatin (MYCOSTATIN) suspension		Reason for Therapy: 5 mL, oral, every 4 hours
] Trystatin (WT000TATIN) suspension		Reason of Therapy:
] valACYclovir (VALTREX) tablet		500 mg, oral, daily
,		Reason for Therapy:
] posaconazole (NOXAFIL) tablet		300 mg, oral, 2 times daily with meals RESTRICTED to Infectious Diseases (ID) and
		Hematology/Oncology (Heme/Onc) specialists. Are you an
		ID or Heme/Onc specialist or ordering on behalf of one? Reason for Therapy:
Constipation - NOT HMSJ		
] docusate sodium (COLACE) capsule		100 mg, oral, 2 times daily
] polyethylene glycol (MIRALAX) packet		17 g, oral, daily
] bisacodyl (DULCOLAX) EC tablet		10 mg, oral, daily PRN, constipation
] senna (SENOKOT) tablet		1 tablet, oral, 2 times daily PRN, constipation, stool softening
] sennosides-docusate sodium (SENOKOT-S) 8.6 per tablet	i-50 mg	1 tablet, oral, daily PRN, constipation
] magnesium hydroxide suspension		30 mL, oral, daily PRN, constipation
Constipation - HMSJ Only		
] docusate sodium (COLACE) capsule		100 mg, oral, 2 times daily
polyethylene glycol (MIRALAX) packet		17 g, oral, daily
] bisacodyl (DULCOLAX) EC tablet		10 mg, oral, daily PRN, constipation
] sennosides-docusate sodium (SENOKOT-S) 8.6 per tablet	i-50 mg	1 tablet, oral, daily PRN, constipation
] magnesium hydroxide suspension		30 mL, oral, daily PRN, constipation
Medications PRN		
] benadryl/lidocaine/maalox (MAGIC MOUTHWAS	SH)	5 mL, Swish & Spit, every 4 hours PRN, mucositis
suspension		
Antiemetics PRN		
X] ondansetron (ZOFRAN) IV or Oral (Selection Re	auirod)	"Or" Linked Panel
· · · · · · · · · · · · · · · · · · ·	eduli ed i	Of Liffked Pariet
[X] and ansetron ADT (ZAFRAN-ADT)		ol every 8 hours PRN hauses vomiting
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, ora	al, every 8 hours PRN, nausea, vomiting
disintegrating tablet	4 mg, ora Give if pa	tient is able to tolerate oral medication.
	4 mg, ora Give if pa 4 mg, intr	atient is able to tolerate oral medication.  Tavenous, every 8 hours PRN, nausea, vomiting
disintegrating tablet	4 mg, ora Give if pa 4 mg, intr	atient is able to tolerate oral medication.  Tavenous, every 8 hours PRN, nausea, vomiting attention to tolerate oral medication OR if a faster onset
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, ora Give if pa 4 mg, intr Give if pa action is r	ntient is able to tolerate oral medication.  Tavenous, every 8 hours PRN, nausea, vomiting  Intient is UNable to tolerate oral medication OR if a faster onset
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ] _promethazine (PHENERGAN) IV or Oral or Rect	4 mg, ora Give if pa 4 mg, intr Give if pa action is r	atient is able to tolerate oral medication.  Tavenous, every 8 hours PRN, nausea, vomiting attention to tolerate oral medication OR if a faster onset required.
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ] promethazine (PHENERGAN) IV or Oral or Rect	4 mg, ora Give if pa 4 mg, intr Give if pa action is r al 12.5 mg,	atient is able to tolerate oral medication. Favenous, every 8 hours PRN, nausea, vomiting stient is UNable to tolerate oral medication OR if a faster onset required.  "Or" Linked Panel
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ] _promethazine (PHENERGAN) IV or Oral or Rect	4 mg, ora Give if pa 4 mg, intr Give if pa action is r al 12.5 mg, Give if on	atient is able to tolerate oral medication. Travenous, every 8 hours PRN, nausea, vomiting atient is UNable to tolerate oral medication OR if a faster onset required.  "Or" Linked Panel intravenous, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is UNable to
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ] _promethazine (PHENERGAN) IV or Oral or Rect	4 mg, ora Give if pa 4 mg, intr Give if pa action is r al 12.5 mg, Give if on tolerate o 12.5 mg, Give if on	atient is able to tolerate oral medication. Tavenous, every 8 hours PRN, nausea, vomiting atient is UNable to tolerate oral medication OR if a faster onset required.  "Or" Linked Panel Intravenous, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is UNable to oral or rectal medication OR if a faster onset of action is required oral, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is able to toleral
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ] promethazine (PHENERGAN) IV or Oral or Rect [] promethazine (PHENERGAN) 12.5 mg IV	4 mg, ora Give if pa 4 mg, intr Give if pa action is r al 12.5 mg, Give if on tolerate o 12.5 mg, Give if on oral medi 12.5 mg, Give if on	atient is able to tolerate oral medication. Eavenous, every 8 hours PRN, nausea, vomiting atient is UNable to tolerate oral medication OR if a faster onset required.  "Or" Linked Panel intravenous, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is UNable to oral or rectal medication OR if a faster onset of action is required oral, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is able to tolerate.
disintegrating tablet [X] ondansetron (ZOFRAN) 4 mg/2 mL injection  ]promethazine (PHENERGAN) IV or Oral or Rect [] promethazine (PHENERGAN) 12.5 mg IV  [] promethazine (PHENERGAN) tablet	4 mg, ora Give if pa 4 mg, intr Give if pa action is r al 12.5 mg, Give if on tolerate o 12.5 mg, Give if on oral medi 12.5 mg, Give if on	atient is able to tolerate oral medication. Tavenous, every 8 hours PRN, nausea, vomiting attent is UNable to tolerate oral medication OR if a faster onset required.  "Or" Linked Panel Intravenous, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is UNable to oral or rectal medication OR if a faster onset of action is required oral, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is able to tolera cation.  Tectal, every 6 hours PRN, nausea, vomiting adansetron (ZOFRAN) is ineffective and patient is UNable to oral patient is UNable to toleral cation.

[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset or action is required.
[] promethazine (PHENERGAN) IVPB or Oral or R	ectal "Or" Linked Panel
[] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, Administer over: 30 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
sodium chloride 0.9% bag for line care	
[X] 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.

## 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	Guido	for COVII	nationte
Anticoadulation	Guide	TOLCOVII	) ballenis

URL:

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

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

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

[] Place sequential compression device (Single Response)

() Contraindications exist for mechanical 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	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() 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
( ) LOW Risk of VTE (Selection Required)	N.
[] Low Risk (Single Response) (Selection Requir	
() 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 Re	•
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	Surgical
Patient (Single Response) (Selection Required  () Contraindications exist for pharmacologic pro 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	hylaxis "And" Linked Panel
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul><li>enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	oonse)
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 enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 m enoxaparin (LOVENOX) subcutaneous</li> </ul>	nL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
heparin (Single Response)	<b>,</b>
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission a Chronic use of NSAIDs/steroids	and/or transfusion
Active GI ulcer	
	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:
( ) High bleed risk ( ) Not high bleed risk (Single Response)	Indication for lower dose/frequency:
( ) High bleed risk ( ) Not high bleed risk (Single Response) ( ) Wt > 100 kg	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1
( ) High bleed risk ( ) Not high bleed risk (Single Response)	Indication for lower dose/frequency:

	rmacy consult to manage warfarin UMADIN)	STAT, Until discontinued, Starting S Indication:
[] warf	arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
[] Mechani Required	ical Prophylaxis (Single Response) (Selec	
	indications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/N		Routine, Continuous
() MODERAT	E Risk of VTE - Non-Surgical (Selection	
Required) [] Moderat	e Risk Pharmacological Prophylaxis -	
Non-Sur	gical Patient (Selection Required)	
	ate Risk (Selection Required) rate risk of VTE	Routine, Once
[] Modera	ate Risk Pharmacological Prophylaxis - urgical Patient (Single Response) (Selecti	
	aindications exist for pharmacologic proples Sequential compression device	hylaxis - "And" Linked Panel
	traindications exist for pharmacologic hylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	e/Maintain sequential compression ce continuous	Routine, Continuous
	aindications exist for pharmacologic propl mechanical prophylaxis	hylaxis "And" Linked Panel
	traindications exist for pharmacologic hylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	traindications exist for mechanical hylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
	aparin (LOVENOX) injection (Single Respection Required)	onse)
Patier	nt renal status: @CRCL@	
doses	atients with CrCl GREATER than or EQU by weight: nt Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
	THAN 100kg enoxaparin 40mg daily o 139kg enoxaparin 30mg every 12 hours	
	ATER THAN or EQUAL to 140kg enoxapa	
	CrCl LESS than 30mL/min - enoxaparin (loutaneous Daily at 1700	LOVENOX)
	oxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
` '	CrCl GREATER than or EQUAL TO 30 m (aparin (LOVENOX) subcutaneous	
	oxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fonda	parinux (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
/\ <b>b</b> aa==	in (Single Response)	Thrombocytopenia (HIT):
. o nepar	in conde Response)	

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer

Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High bleed risk	5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency:
() Not high bleed risk (Single Response)	
() Wt > 100 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) (Se	election
Required)	Doubles Ones
( ) Contraindications exist for mechanical	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s)
prophylaxis () Place/Maintain sequential compression	Routine, Continuous
device continuous	Roddine, Continuous
HIGH Risk of VTE - Surgical (Selection Required)	
High Risk (Selection Required)	)
High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	· · · · · · · · · · · · · · · · · · ·
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	enonco)

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

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

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

[] enoxaparin (LOVENOX) injection

LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours

doses by weight: Weight Dose

30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):

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

[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (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	n and/or transfusion
History of bleeding event requiring admission Chronic use of NSAIDs/steroids	יון מושיטו נומוסוטסוטוו
Active GI ulcer	
7 1011 7 0 7 11 11 11 11	
() 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)	Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response) ( ) Wt > 100 kg	Indication for lower dose/frequency: 7,500 Units, subcutaneous, every 8 hours, Starting S+1
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg	Indication for lower dose/frequency:
( ) Not high bleed risk (Single Response) ( ) Wt > 100 kg ( ) Wt LESS than or equal to 100 kg ( ) warfarin (COUMADIN) (Single Response)	7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM oral, daily at 1700, Starting S+1
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult	7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult	7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (SRequired)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection
( ) Not high bleed risk (Single Response) ( ) Wt > 100 kg ( ) Wt LESS than or equal to 100 kg ( ) warfarin (COUMADIN) (Single Response) ( ) WITHOUT pharmacy consult ( ) WITH pharmacy consult [ ] Pharmacy consult to manage warfarin (COUMADIN) [ ] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) ( ) Contraindications exist for mechanical	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once
( ) Not high bleed risk (Single Response) ( ) Wt > 100 kg ( ) Wt LESS than or equal to 100 kg ( ) warfarin (COUMADIN) (Single Response) ( ) WITHOUT pharmacy consult ( ) WITH pharmacy consult [ ] Pharmacy consult to manage warfarin (COUMADIN) [ ] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) ( ) Contraindications exist for mechanical prophylaxis ( ) Place/Maintain sequential compression device continuous	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Non-Surgical (Selection Recognition)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous  HIGH Risk of VTE - Non-Surgical (Selection Recolumn 1997)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication: oral, daily at 1700, Starting S+1 Indication: Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous)
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous  HIGH Risk of VTE - Non-Surgical (Selection Recolumn 1997) [] High Risk (Selection Required) [] High risk of VTE	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication:  oral, daily at 1700, Starting S+1 Indication:  Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous  quired)  Routine, Once
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Non-Surgical (Selection Recolution Response) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication: oral, daily at 1700, Starting S+1 Indication: Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous  quired)  Routine, Once n-Surgical
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Non-Surgical (Selection Recolution Response) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non Patient (Single Response) (Selection Required)	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication: oral, daily at 1700, Starting S+1 Indication: Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous  quired)  Routine, Once n-Surgical ed)
() Not high bleed risk (Single Response) () Wt > 100 kg () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) [] warfarin (COUMADIN) tablet  ] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Non-Surgical (Selection Recolution Response) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-	Indication for lower dose/frequency:  7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  oral, daily at 1700, Starting S+1 Indication:  STAT, Until discontinued, Starting S Indication: oral, daily at 1700, Starting S+1 Indication: Selection  Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous  quired)  Routine, Once n-Surgical

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxaparin	(LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (Single Response)	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission Chronic use of NSAIDs/steroids Active GI ulcer	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	5,000 Units, subcutaneous, every 8 hours
() warfarin (COUMADIN) (Single Response)	•
() WITHOUT pharmacy consult	oral, daily at 1700

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

() Contraindications exist for mechanical Routine, Once prophylaxis

() Place/Maintain sequential compression device continuous

[] Pharmacy consult to manage warfarin

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

Indication:

Indication:

Indication:

oral, daily at 1700

STAT, Until discontinued, Starting S

() WITH pharmacy consult

[] warfarin (COUMADIN) tablet

(COUMADIN)

) HIGH RISK of VIE - 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	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	· · · · ·
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or 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 enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m 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 (Single Response)	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission a Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:

() Not high bleed risk (Single Response)	
() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() 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) (Sele	ction
Required)	
() 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 therape anticoagulant or VTE prophylaxis with Risk Stra	
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an acti	
therapeutic anticoagulant or VTE prophylaxis	s (Selection
Required)	
[] Moderate risk of VTE	Routine, Once
	: 0
[] Patient currently has an active order for	Routine, Once
	· · · · · · · · · · · · · · · · · · ·
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
	· · · · · · · · · · · · · · · · · · ·

() 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	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	Response)
() Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
( ) Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() 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
( ) LOW Risk of VTE (Selection Required)	N.
[] Low Risk (Single Response) (Selection Requir	
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() MODERATE Risk of DVT - Surgical (Selection Re	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Patient (Single Response) (Selection Required	<u>-</u>
() Contraindications exist for pharmacologic pro	· ,
[] 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
<ul> <li>Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	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 hour GREATER THAN or EQUAL to 140kg enoxap	
( ) For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
( ) For CrCl GREATER than or EQUAL TO 30 r enoxaparin (LOVENOX) subcutaneous	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicati Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (Single Response)	
High Risk Bleeding Characteristics  Age > 75  Weight < 50 kg  Unstable Hgb  Renal impairment  Plt count < 100 K/uL  Dual antiplatelet therapy  Active cancer  Cirrhosis/hepatic failure  Prior intra-cranial hemorrhage  Prior ischemic stroke  History of bleeding event requiring admission  Chronic use of NSAIDs/steroids	and/or transfusion
Active GI ulcer  ( ) High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() Not high bleed risk (Single Response)	Indication 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 ) warfarin (COUMADIN) (Single Response)	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() WITHOUT pharmacy consult	oral, daily at 1700, Starting S+1 Indication:

[] 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)	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	ו
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
<ul><li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selecti Required)</li></ul>	
() Contraindications exist for pharmacologic propl Order Sequential compression device	<u> </u>
[] 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
<ul> <li>( ) Contraindications exist for pharmacologic propl AND mechanical prophylaxis</li> </ul>	hylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
Patient renal status: @CRCL@	
doses by weight: Weight Dose	AL to 30mL/min, enoxaparin orders will apply the following recommended
LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapa	
() For CrCl LESS than 30mL/min - enoxaparin (l	OVENOX)
subcutaneous Daily at 1700	<u> </u>
[] 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 (Single Response)	

Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer () High bleed risk 5,000 Units, subcutaneous, every 12 hours Indication for lower dose/frequency: () Not high bleed risk (Single Response) () Wt > 100 kg7,500 Units, subcutaneous, every 8 hours () Wt LESS than or equal to 100 kg 5,000 Units, subcutaneous, every 8 hours () warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult oral, daily at 1700 Indication: () WITH pharmacy consult STAT, Until discontinued, Starting S [] Pharmacy consult to manage warfarin (COUMADIN) Indication: [] warfarin (COUMADIN) tablet oral, daily at 1700 Indication: [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical Routine, Once prophylaxis No mechanical VTE prophylaxis due to the following contraindication(s): () Place/Maintain sequential compression Routine, Continuous device continuous HIGH Risk of DVT - Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. [] High Risk (Selection Required) [] High risk of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s): () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):

High Risk Bleeding Characteristics

Age > 75 Weight < 50 kg

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 (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 transfucion
Chronic use of NSAIDs/steroids	diu/oi transiusion
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
( ) Not high blood viols (Cingle Decrease)	Indication for lower dose/frequency:
() Not high bleed risk (Single Response) () Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() Wt LESS than or equal to 100 kg	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() warfarin (COUMADIN) (Single Response)	5,000 Offics, Subcutaneous, every officures, 5+1 at 0.00 Aivi
() 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
HIGH Risk of DVT - Non-Surgical (Selection Requ	Indication:
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
] High Risk (Selection Required)	
High risk of VTE	Routine, Once
] High Risk Pharmacological Prophylaxis - Non-S	·
Patient (Single Response) (Selection Required)  () Contraindications exist for pharmacologic prophylaxis	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 () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): () heparin (Single Response) High Risk Bleeding Characteristics Age > 75Weight < 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) 7,500 Units, subcutaneous, every 8 hours () Wt > 100 kg() 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: () HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. High Risk (Selection Required) [] High risk of VTE Routine, Once

Patient renal status: @CRCL@

[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)	<u> </u>
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQI doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hour GREATER THAN or EQUAL to 140kg enoxaparin	
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	(LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 renoxaparin (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 (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)	
() 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

() Rivaroxaban and Pharmacy Consult (Selection Required)	n e e e e e e e e e e e e e e e e e e e	
[] 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) (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:	

### 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 theraperanticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)	
<ul> <li>() Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
[] 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	e 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)	

Routine, Once

Moderate risk of VTE

[1] Detient currently has an active order for	Pauting Onco
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
ριομηγιαλίο	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
FF	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active order	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.
	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	
() High Risk - Patient currently has an active order	
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	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of VTE (Selection Required)	
[] Low Risk (Single Response) (Selection Requir	<u> </u>
() 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 Re	equired)
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	phylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
<ul> <li>Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
() 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
F. 24)	contraindication(s):
	contratifutcation(5).

[ ] Contraindications exist for mechanical Routine, Once No mechanical VTE prophylaxis due to the following prophylaxis contraindication(s): () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours () For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 [] enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): () For CrCl GREATER than or EQUAL TO 30 mL/min enoxaparin (LOVENOX) subcutaneous [] enoxaparin (LOVENOX) injection subcutaneous, Starting S+1 Indication(s): () fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): heparin (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) () Wt > 100 kg7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM () Wt LESS than or equal to 100 kg () 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:

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Required)

Mechanical Prophylaxis (Single Response) (Selection

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
MODERATE Risk of VTE - Non-Surgical (Selection Required)	1
Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Selection Required)	
[] Moderate Risk (Selection Required)	Douting Once
<ul><li>[] Moderate risk of VTE</li><li>[] Moderate Risk Pharmacological Prophylaxis -</li></ul>	Routine, Once
Non-Surgical Patient (Single Response) (Select Required)	ction
() Contraindications exist for pharmacologic pro Order Sequential compression device	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	· ·
Patient renal status: @CRCL@	
doses by weight:	UAL to 30mL/min, enoxaparin orders will apply the following recommended
Weight Dose	
LESS THAN 100kg enoxaparin 40mg daily	
100 to 139kg enoxaparin 30mg every 12 hou GREATER THAN or EQUAL to 140kg enoxap	
GREATER THAN OF EQUAL TO 140Kg elloxal	Daliff 40ffig every 12 flours
() For CrCl LESS than 30mL/min - enoxaparin subcutaneous Daily at 1700	<u> </u>
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
<ul> <li>For CrCl GREATER than or EQUAL TO 30 enoxaparin (LOVENOX) subcutaneous</li> </ul>	mL/min -
[] enoxaparin (LOVENOX) injection	subcutaneous
( ) fondaparinux (ARIXTRA) injection	Indication(s): 2.5 mg, subcutaneous, daily
( ) Tortuaparittus (ANTATRA) Injection	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
() heparin (Single Response)	Thrombocytopenia (HIT):

High Risk Bleeding Characteristics
Age > 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

() High bleed risk	5,000 Units, subcutaneous, every 12 hours
<u> </u>	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):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of VTE - Surgical (Selection Required	d)
High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	gical Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Re (Selection Required)	esponse)
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EC doses by weight:	QUAL to 30mL/min, enoxaparin orders will apply the following recommended

Indication(s):

30 mg, subcutaneous, daily at 1700, Starting S+1

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

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

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

LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin 30mg every 12 hours

subcutaneous Daily at 1700

neoxaparin (LOVENOX) injection

Weight Dose

If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Torder this med Contraindicated in patients LESS than 50kg, prior to surgery/invas 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 Pit 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 Gl ulcer  () High bleed risk  South Indication for lower dose/frequency: () Not high bleed risk (Single Response) () Wt > 100 kg () Wt > 100 kg () Wt > 100 kg () Wid	[] enoxaparin (LOVENOX) injection	subcutaneous, Starting S+1 Indication(s):
() heparin (Single Response) High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Pit 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 Gl 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 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM Indication for lower dose/frequency: () Wt > 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1 () 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) () WITH DHAPTMACY consult oral, daily at 1700, Starting S+1 Indication: () WITH pharmacy consult to manage warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication: () Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous High Risk (Selection Required) () High Risk (Selection Required) () High Risk (Selection Required) () High Risk Of VTE Routine, Once () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	() fondaparinux (ARIXTRA) injection	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
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Pit 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  () Not high bleed risk (Single Response) () Wt > 100 kg () Wt Pharmacy consult () With Diarmacy consult () With Diarmacy consult to manage warfarin (COUMADIN) (Single Response) () With Pharmacy consult to manage warfarin (COUMADIN) tablet () Place/Mapily (COUMADIN) tablet () With Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Place/Maintain sequential compression device continuous () High Risk (Selection Required) () High Risk (Parmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		Thrombocytopenia (HIT):
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: () Wt > 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1 () Wt LESS than or equal to 100 kg 5,000 Units, subcutaneous, every 8 hours, Starting S+1 () 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) () WtTHOUT pharmacy consult [] Pharmacy consult [] Pharmacy consult to manage warfarin (COUMADIN) tablet [] Pharmacy consult to manage warfarin (COUMADIN) tablet [] Warfarin (COUMADIN) tablet [] Warfarin (COUMADIN) tablet [] Mechanical Prophylaxis (Single Response) (Selection Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous  HIGH Risk of VTE Non-Surgical (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
Weight < 50 kg Unstable Hgb Renal impairment Pit 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 S,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency: () Not high bleed risk (Single Response) () Wt > 100 kg 7,500 Units, subcutaneous, every 8 hours, Starting S+1 () Wt LESS than or equal to 100 kg 5,000 Units, subcutaneous, every 8 hours, Starting S+1 () Wt LESS than or equal to 100 kg 5,000 Units, subcutaneous, every 8 hours, Starting S+1 Indication: () WITHOUT pharmacy consult () WITHOUT pharmacy consult () WITH pharmacy consult () Pharmacy consult to manage warfarin (COUMADIN) () Warfarin (COUMADIN) tablet () Warfarin (COUMADIN) tablet () Warfarin (COUMADIN) tablet () Warfarin (COUMADIN) tablet () Ontriandications exist for mechanical Routine, Once Prophylaxis (Single Response) () Contraindications exist for mechanical Routine, Once Prophylaxis (Single Response) () Place/Maintain sequential compression Routine, Continuous HIGH Risk of VTE - Non-Surgical (Selection Required) () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
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Renal impairment Pit 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  () Wit > 100 kg  () Wit HESS than or equal to 100 kg  () Wit HESS than or equal to 100 kg  () Wit HOUT pharmacy consult () WITHOUT pharmacy consult () WITHOUT pharmacy consult () With pharmacy consult to manage warfarin (COUMADIN) (Single Response) () Wordarin (COUMADIN) tablet () With gholeed risk (Single Response) () With pharmacy consult to manage warfarin (COUMADIN) () COUMADIN) () COUMADIN) () Warfarin (COUMADIN) tablet () Place/Maintain sequential compression device continuous HIGH Risk of VTE Non-Surgical (Selection Required) () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
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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  () Not high bleed risk (Single Response) () Wt > 100 kg  () Wt > 1		
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  () Not high bleed risk (Single Response) () Wt > 100 kg  () Wt > 100 kg  () Wt LESS than or equal to 100 kg () warfarin (COUMADIN) (Single Response) () WTHOUT pharmacy consult () WTHOUT pharmacy consult () WTHOUT pharmacy consult oral, daily at 1700, Starting S+1 () WTHOUN SINGLE RESPONSE) () Warfarin (COUMADIN) tablet  () Place/Maintain sequential compression device continuous HIGH Risk of VTE - Non-Surgical (Selection Required) () High Risk (Selection Response) (Selection Required) () High Risk (Selection Response) (Selection Required)		
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History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer  () High bleed risk	<del>_</del>	
Chronic use of NSAIDs/steroids Active GI ulcer  () High bleed risk		
Active GI ulcer  () High bleed risk		ng/or transtusion
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Indication for lower dose/frequency:  () Not high bleed risk (Single Response) () Wt > 100 kg () Wt > 100 kg () Wt LESS than or equal to 100 kg () Warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult () WITH pharmacy consult () WITH pharmacy consult of manage warfarin (COUMADIN) ()	Active Gruicei	
Indication for lower dose/frequency:  () Not high bleed risk (Single Response) () Wt > 100 kg () Wt > 100 kg () Wt LESS than or equal to 100 kg () Warfarin (COUMADIN) (Single Response) () WITHOUT pharmacy consult () WITH pharmacy consult () WITH pharmacy consult o manage warfarin (COUMADIN) () Warfarin (COUMADIN) () Warfarin (COUMADIN) () Warfarin (COUMADIN) () Warfarin (COUMADIN) tablet () Warfarin (COUMADIN) () Warfarin (COUMADIN) () Warfarin (COUMADIN) tablet () Place/Maintain sequential compression device continuous () Place/Maintain sequential Compression device continuous () Place/Maintain Required) () High Risk (Selection Required) () High Risk (Selection Required) () High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Patient (Single Response) (Selection Required)		
( ) Wt > 100 kg	() High bleed risk	
( ) Wt LESS than or equal to 100 kg	() Not high bleed risk (Single Response)	
( ) warfarin (COUMADIN) (Single Response) ( ) WITHOUT pharmacy consult oral, daily at 1700, Starting S+1 Indication: ( ) WITH pharmacy consult oral, daily at 1700, Starting S+1 Indication: ( ) WITH 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) (Selection Required) ( ) Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindicat Routine, Continuous device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required) ( ) High Risk (Selection Required) ( ) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	() Wt > 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1
( ) WITHOUT pharmacy consult  ( ) WITH pharmacy consult  [ ] Pharmacy consult to manage warfarin (COUMADIN)  [ ] warfarin (COUMADIN)  [ ] Mechanical Prophylaxis (Single Response) (Selection Required)  ( ) Contraindications exist for mechanical prophylaxis  ( ) Place/Maintain sequential compression device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  [ ] High Risk (Selection Required)  [ ] High Risk (Selection Required)  [ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	· · ·	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
Indication:  () WITH pharmacy consult  [] Pharmacy consult to manage warfarin (COUMADIN)  [] warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication:  [] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindicat No mechanical VTE prophylaxis due to the following contraindicat Routine, Continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  [] High Risk (Selection Required)  [] High Risk (Selection Required)  [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
[] Pharmacy consult to manage warfarin (COUMADIN) Indication:  [] warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication:  [] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis oral prophylaxis No mechanical VTE prophylaxis due to the following contraindicate No Mechanical VTE Prophylaxis due to the following contraindicate () Place/Maintain sequential compression device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  [] High Risk (Selection Required)  [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	() WITHOUT pharmacy consult	
(COUMADIN) Indication:  [] warfarin (COUMADIN) tablet oral, daily at 1700, Starting S+1 Indication:  [] Mechanical Prophylaxis (Single Response) (Selection Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindicated No mechanical VTE prophylaxis due to the following contraindicated Routine, Continuous device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  [] High Risk (Selection Required)  [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	() WITH pharmacy consult	
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Required)  () Contraindications exist for mechanical prophylaxis No mechanical VTE prophylaxis due to the following contraindicat Routine, Once No mechanical VTE prophylaxis due to the following contraindicat Routine, Continuous Routine, Continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  [] High Risk (Selection Required)  [] High risk of VTE Routine, Once  [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	[] warfarin (COUMADIN) tablet	
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( ) Place/Maintain sequential compression Routine, Continuous device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  1 High Risk (Selection Required)  [ ] High risk of VTE Routine, Once  1 High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		Routine, Once
device continuous  HIGH Risk of VTE - Non-Surgical (Selection Required)  High Risk (Selection Required)  High risk of VTE Routine, Once  High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		No mechanical VTE prophylaxis due to the following contraindication(s
HIGH Risk of VTE - Non-Surgical (Selection Required)  [ ] High Risk (Selection Required)  [ ] High risk of VTE Routine, Once  [ ] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		Routine, Continuous
High Risk (Selection Required)     High risk of VTE Routine, Once     High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
[] High risk of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)	<u> </u>	red)
High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required)		
Patient (Single Response) (Selection Required)	17 0	
		urgical
(1) Contraindications exist for pharmacologic Politing Once		
	() Contraindications exist for pharmacologic	Routine, Once
prophylaxis No pharmacologic VTE prophylaxis due to the following contraindication(s):	prophylaxis	

Patient renal status: @CRCL@

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

Weight Dose

LESS THAN 100kg enoxaparin 40mg daily

100 to 139kg enoxaparin 30mg every 12 hours

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

() For CrCl LESS than 30mL/min - enoxage	parin (LOVENOX)
subcutaneous Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() For CrCl GREATER than or EQUAL TO	) 30 mL/min -
enoxaparin (LOVENOX) subcutaneous	
[] enoxaparin (LOVENOX) injection	subcutaneous
	Indication(s):
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (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 admis	ssion and/or transfusion
Chronic use of NSAIDs/steroids	
Active GI ulcer	
() High bleed risk	5,000 Units, subcutaneous, every 12 hours

() 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) (Se	lection
Required)	

Routine, Once

Routine, Continuous

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

() Contraindications exist for mechanical

() Place/Maintain sequential compression

prophylaxis

device continuous

) HIGH RISK of VIE - 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	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	· · · · ·
Patient renal status: @CRCL@	
For patients with CrCl GREATER than or 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	
( ) For CrCl LESS than 30mL/min - enoxaparin ( subcutaneous Daily at 1700	LOVENOX)
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s):
() For CrCl GREATER than or EQUAL TO 30 m 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 (Single Response)	
High Risk Bleeding Characteristics Age > 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission a Chronic use of NSAIDs/steroids Active GI ulcer	and/or transfusion
() High bleed risk	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Indication for lower dose/frequency:

7,500 Units, subcutaneous, every 8 hours, Starting S+1 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
mg, oral, daily at 0600 (TIME CRITICAL)
dications: VTE prophylaxis
FAT, Until discontinued, Starting S dications: VTE prophylaxis
al, daily at 1700, Starting S+1 dication:
STAT, Until discontinued, Starting S
oral, daily at 1700, Starting S+1
1 1
utine, Once mechanical VTE prophylaxis due to the following contraindication
utine, Continuous
Once
Once
0
Once
Once
Once Once
Office
Once
Once Release to patient (Note: If manual release option is selecte result will auto release 10 days from finalization.):
Once Specimen Source: Urine Specimen Site:
T C C

[] 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.
[] Sputum culture	Once, Sputum
Blood Bank	
[] Type and screen	Once
AM Labs X 3 Days	
[] CBC with differential	AM draw repeats, Starting S+1 For 3 Occurrences
Basic metabolic panel	AM draw repeats, Starting S+1 For 3 Occurrences
[] Magnesium	AM draw repeats, Starting S+1 For 3 Occurrences
[] Phosphorus	AM draw repeats, Starting S+1 For 3 Occurrences
[] Calcium	AM draw repeats, Starting S+1 For 3 Occurrences
[] Hepatic function panel	AM draw repeats, Starting S+1 For 3 Occurrences
[] Uric acid	AM draw repeats, Starting S+1 For 3 Occurrences
[] Lactate dehydrogenase, LDH	AM draw repeats, Starting S+1 For 3 Occurrences
Imaging	
MRI/MRA	
MRI Brain W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CT Head/Sinus	
	Doubling 1 time imaging Starting S at 1,00 AM For 1
[] CT Head Wo Contrast [] CT Sinus Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1  Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] C1 Silius W0 Coliliast	Routine, 1 time imaging, Starting 5 at 1.00 Ain For 1
CT Chest	
[] CT Chest W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Chest Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Chest W Wo Contrast And Abdomen W Wo	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Contrast	
CT Abdomen	
[] CT Abdomen W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the p	
The state of the s	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL	30 mL, oral, once
oral solution	···-, •····, •····•
[] CT Abdomen WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the p	anel with Readi-Cat (barium sulfate).
The state of the s	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL	30 mL, oral, once
oral solution	oo me, crai, croo
[] CT Abdomen WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine	e allergies.
[] CT Abdomen Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1

[] barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast		
[] CT Pelvis W Contrast (Omnipaque)	"And" Linked Panel		
For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).			
[] CT Pelvis W Contrast Routine, 1 time imaging, Starting S at 1:00 AM For 1			
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once		
X-Ray			
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1		
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1		
Nuclear Medicine			
NM Bone Scan Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1		
NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1		
[] PET CT Whole Body	Routine, 1 time imaging, Starting S at 1:00 AM For 1		
Respiratory			
Oxygen Therapy			
Oxygen therapy	Routine, Continuous		
	Device: Nasal Cannula		
	Rate in liters per minute: 2 lpm		
	Rate in tenths of a liter per minute:		
	O2 %:		
	Titrata ta kaon O2 Sat Abaya: 020/		
	Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia		
	Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia		
Consults	·		
Consults For Physician Consult orders use sidebar	·		
Consults For Physician Consult orders use sidebar	·		
For Physician Consult orders use sidebar  Ancillary Consults	Indications for O2 therapy: Hypoxemia		
For Physician Consult orders use sidebar  Ancillary Consults  [ ] Consult to Case Management	Indications for O2 therapy: Hypoxemia  Consult Reason:		
For Physician Consult orders use sidebar  Ancillary Consults  [] Consult to Case Management  [] Consult to Social Work	Indications for O2 therapy: Hypoxemia  Consult Reason:  Reason for Consult:		
For Physician Consult orders use sidebar  Ancillary Consults  [] Consult to Case Management	Consult Reason: Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if		
For Physician Consult orders use sidebar  Ancillary Consults  [ ] Consult to Case Management  [ ] Consult to Social Work	Consult Reason: Reason for Consult: Reasons for referral to Physical Therapy (mark all applicable) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal):		
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