## NEUROIR Post Neuro Vascular Lesion Embolization [1539]

Admission or Observation (Single Response)	
() Admit to Inpatient	Diagnosis: 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
( ) Outpatient observation services under general supervision	services for two or more midnights.  Diagnosis: Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments:
Transfer	
[] Transfer patient	Level of Care: Bed request comments:
Code Status  [ ] Full code	Code Status decision reached by:
[] DNR	Code Status decision reached by.
DNR (Do Not Resuscitate)	Does patient have decision-making capacity?
[] 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	Does patient have decision-making capacity?  Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Precautions	
Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
Latex precautions     Seizure precautions	Details Increased observation level needed:
Nursing	
Vital Signs	
] Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 minutes x 4, then every 30 minutes x 4, then every hour x 4, then every shift.
Activity	
] Bedrest	Routine, Until discontinued, Starting S
] Elevate HOB	Routine, Until discontinued, Starting S Head of bed:

[] Neurological assessment	Routine, Every hour Assessment to Perform:
	While in ICU and then every 4 hours
[ ] Assess cath site	Routine, Every 15 min
	Every 15 minutes times 4, then every 30 minutes times 4, then
	every 1 hour times 4, then every shift.
[] Pulse checks	Routine, Every 15 min
	Pulses to assess: Pedal
	Side:
	Every 15 min times 4, then every 30 min times 4, then every 1
F1. O	hour times 4, then every shift.
Strict intake and output	Routine, Every hour
[] Foley catheter care	Routine, Until discontinued, Starting S Orders: to gravity
[] Perform ACT	Routine, Until discontinued, Starting S
	Call results to physician and check ACT every***
[] Reopro instructions	Routine, Until discontinued, Starting S
	Reopro infusion at 21 cc/hr x 12hrs continued, D/C at***
Diet	
[] NPO	Diet effective now, Starting S
	NPO:
	Pre-Operative fasting options:
[] Diet	Diet effective now, Starting S
	Diet(s):
	Advance Diet as Tolerated?
	Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
Notify	
[] Notify Physician of ACT results	Routine, Until discontinued, Starting S
<ul><li>[] Notify Physician of ACT results</li><li>[] Notify Physician - admission</li></ul>	Routine, Until discontinued, Starting S Routine, Until discontinued, Starting S
[] Notify Physician - admission	
Notify Physician - admission      V Fluids     IV Fluids (Single Response)	Routine, Until discontinued, Starting S
[] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  () sodium chloride 0.9 % infusion	Routine, Until discontinued, Starting S intravenous, continuous
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L	Routine, Until discontinued, Starting S
Notify Physician - admission   V Fluids   V Fluids (Single Response)   Sodium chloride 0.9 % infusion   Sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion   I I I I I I I I I I I I I I I I I I I	Routine, Until discontinued, Starting S  intravenous, continuous intravenous, continuous
Notify Physician - admission   V Fluids   IV Fluids (Single Response)   Sodium chloride 0.9 % infusion   Sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion   Iactated Ringer's infusion   Iactated Ringer's infusion	Routine, Until discontinued, Starting S  intravenous, continuous intravenous, continuous intravenous, continuous
<ul> <li>Notify Physician - admission</li> <li>V Fluids</li> <li>IV Fluids (Single Response)</li> <li>() sodium chloride 0.9 % infusion</li> <li>() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion</li> </ul>	Routine, Until discontinued, Starting S  intravenous, continuous intravenous, continuous
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath	Routine, Until discontinued, Starting S  intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath	Routine, Until discontinued, Starting S  intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous
[] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () lactated Ringer's infusion () sodium chloride with femoral sheath  Medications  Medications	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)
[] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () lactated Ringer's infusion () sodium chloride with femoral sheath  Medications  Medications	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)
[] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () lactated Ringer's infusion () sodium chloride with femoral sheath  Medications  Medications	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication:
[] Notify Physician - admission  IV Fluids  IV Fluids (Single Response)  () sodium chloride 0.9 % infusion () sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion () lactated Ringer's infusion () sodium chloride with femoral sheath  Medications  Medications	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify:
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response) ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath  Medications  Medications  [ ] Pharmacy to dose heparin	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response) ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath  Medications  Medications  [ ] Pharmacy to dose heparin	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify:
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response) ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath  Medications  Medications  [ ] Pharmacy to dose heparin	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa intravenous, continuous Indication:
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response) ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath  Medications  Medications [ ] Pharmacy to dose heparin  [ ] heparin infusion 50 units/mL in dextrose 5%	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa intravenous, continuous Indication: Therapeutic Monitoring Target:
Notify Physician - admission   V Fluids	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa intravenous, continuous Indication: Therapeutic Monitoring Target: 81 mg, oral, daily
Notify Physician - admission   V Fluids	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa intravenous, continuous Indication: Therapeutic Monitoring Target: 81 mg, oral, daily 325 mg, oral, daily
[ ] Notify Physician - admission  IV Fluids  IV Fluids (Single Response) ( ) sodium chloride 0.9 % infusion ( ) sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion ( ) lactated Ringer's infusion ( ) sodium chloride with femoral sheath  Medications  Medications [ ] Pharmacy to dose heparin  [ ] heparin infusion 50 units/mL in dextrose 5%  [ ] aspirin (ECOTRIN) enteric coated tablet	intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous intravenous, continuous Give with femoral sheath(s)  Routine, Until discontinued, Starting S Heparin Indication: Specify: Monitoring: Anti-Xa intravenous, continuous Indication: Therapeutic Monitoring Target: 81 mg, oral, daily

[] abciximab (REOPRO) injection	0.25 mg/kg, intravenous, once, For 1 Doses *Loading dose*
[] abciximab (REOPRO) IV infusion	0.125 mcg/kg/min, intravenous, for 12 Hours, continuous
[] dexamethasone Oral or IV (Single Response)	
() dexamethasone (DECADRON) IV	6 mg, intravenous, every 6 hours scheduled
() dexamethasone (DECADRON) tablet	6 mg, oral, every 6 hours scheduled
[] famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily
[] sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	1 tablet, oral, 2 times daily For narcotic induced constipation
Medications PRN	
[] Mild Pain	"Or" Linked Panel
Maximum of 3 grams of acetaminophen per day from all sou sources)	irces. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3), fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3), fever  Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Use if patient cannot swallow tablet.
[] Moderate Pain	A ballah and a saw O bassa DDN and a saw (a case 4.0)
[] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6) Do not exceed total acetaminophen of 3 grams/day. Give if patient can tolerate oral medications.
[] morPHINE injection	2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6) Give if patient CANNOT tolerate oral or if need a faster onset of action.
[] Severe Pain [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	2 tablet, oral, every 6 hours PRN, severe pain (score 7-10) Do not exceed total acetaminophen of 3 grams/day. Give if patient can tolerate oral medications.
[] morPHINE injection	4 mg, intravenous, every 3 hours PRN, severe pain (score 7-10) Give if patient CANNOT tolerate oral or need a faster onset of action.
[] zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Insomnia Not recommended for patients 70 years old OR GREATER. If patient is 70 years old OR GREATER, pharmacy will automatically convert zolpidem 10mg to 5mg unless noted otherwise.
[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Insomnia. Alternative for patients 70 years OR GREATER
[] ondansetron (ZOFRAN) IV or Oral	"Or" Linked Panel
[] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[] 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 of action is required.
[] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is able to 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.

## VTE

**DVT 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

( ) Low Risk of DVT	
[] Low Risk (Single Response)	
( ) 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	
Address pharmacologic prophylaxis by selecting one of the follo	owing. Mechanical prophylaxis is optional unless
pharmacologic prophylaxis is contraindicated.	
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Surgical	
Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting
	S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 0600 (time critical), Starting
LESS than 30 mL/min	S+1
	For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight between 100-139 kg and CrCl
	GREATER than 30 mL/min

() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM  Recommended for patients with high risk of bleeding, e.g.
() warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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
Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
( ) Moderate Risk of DVT - Non-Surgical Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	
_[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order
	this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS
	than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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
<ul><li>() Place sequential compression device and antiembolic stockings</li></ul>	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
( ) High Risk of DVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by orc	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 0600 (time critical), Starting
LESS than 30 mL/min	S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight between 100-139 kg and CrCl
	GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
140 kg or GREATER and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight 140 kg or GREATER and CrCl
	GREATER than 30 mL/min

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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
<ul> <li>Place sequential compression device and antiembolic stockings</li> </ul>	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
( ) High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
The Little Dist	
[] High Risk	Dauting Once
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

()	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 CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
()	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	• •	
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response)	
()	Contraindications exist for mechanical prophylaxis	Routine, Once
	Contramulcations exist for mechanical propriytaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
()	Place/Maintain sequential compression device continuous	Routine, Continuous
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
[]	5	Routine, Continuous
		Doubles Once
	Place antiembolic stockings	Routine, Once
() Hig	h Risk of DVT - Surgical (Hip/Knee)	
Add	dress both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
		3 7 7
[ ]	link Diels	
[]	High Risk	
[]	High risk of VTE	Routine, Once
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
(	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	
	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee	Routine, Once
(	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
(	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
(	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is
(	High risk of VTE  High Risk Pharmacological Prophylaxis - Hip or Knee  Arthroplasty) Surgical Patient (Single Response)  Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response)	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once
()	High risk of VTE  High Risk Pharmacological Prophylaxis - Hip or Knee  Arthroplasty) Surgical Patient (Single Response)  Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	High risk of VTE  High Risk Pharmacological Prophylaxis - Hip or Knee  Arthroplasty) Surgical Patient (Single Response)  Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis  apixaban (ELIQUIS) tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
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()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis  apixaban (ELIQUIS) tablet  aspirin chewable tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1
()	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis  apixaban (ELIQUIS) tablet  aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications:
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	High risk of VTE High Risk Pharmacological Prophylaxis - Hip or Knee Arthroplasty) Surgical Patient (Single Response) Patient is currently receiving therapeutic anticoagulation  Contraindications exist for pharmacologic prophylaxis  apixaban (ELIQUIS) tablet  aspirin chewable tablet aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) enoxaparin (LOVENOX) syringe - hip arthoplasty  enoxaparin (LOVENOX) syringe - knee arthroplasty  enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty  enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 2.5 mg, oral, every 12 hours, Starting S+1 Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (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
() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once

## **DVT 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

( ) Low Risk of DVT	
[] Low Risk (Single Response)	
( ) 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	

Address pharmacologic prophylaxis by selecting one of the following. Mechanical prophylaxis is optional unless pharmacologic prophylaxis is contraindicated.		
Moderate Risk		
[] Moderate risk of VTE	Routine, Once	
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)		
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Response)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1	
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min	
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li></ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li></ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	
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() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM	
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
) Moderate Risk of DVT - Non-Surgical		
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless	
[] Moderate Risk		
[] Moderate risk of VTE	Routine, Once	
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)		
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Response)		

( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min  ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  ( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  ( ) enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  ( ) fondaparinux (ARIXTRA) injection  ( ) fondaparinux (ARIXTRA) injection  ( ) heparin (porcine) injection  ( ) heparin (porcine) injection  ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  ( ) warfarin (COUMADIN) tablet  ( ) Pharmacy consult to manage warfarin (COUMADIN)  S+1  30 mg, subcutaneous, eaily at 1700 (time critical)  30 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight letween 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight letween 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 12 hours at 090 critical)  40 mg, subcutaneous, every 1		
LESS than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () Pharmacy consult to manage warfarin (COUMADIN)  () enoxaparin (LOVENOX) syringe - For Patients weight 160-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), starting S+1  For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, adily lif the patients does not have a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  50kg, prior to surgery/invasive procedure, or 0 than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours  5,000 Units, subcutaneous, every 12 hours  Recommended for patients with high risk of ble weight LESS than 50kg and age GREATER than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 12 hours  Recommended for patients lightly than the patients l	rin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Startin $S+1$
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  () enoxaparin (LOVENOX) syringe - For Patients weight 160 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER than 30 mL/min Tor Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER and GREATER than 30 mL/min  1.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER than 30 mL/min  1.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER than 30 mL/min  1.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER than 30 mL/min  1.5 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER		30 mg, subcutaneous, daily at 1700 (time critical), Startin S+1
between 100-139 kg and CrCl GREATER than 30 mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1 For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, daily lf the patient does not have a history of or sus of Heparin-Induced Thrombocytopenia (HIT); this medication. Contraindicated in patients I 50kg, prior to surgery/invasive procedure, or 0 than 30 mL/min This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours  5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of ble weight LESS than 50kg and age GREATER than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of ble weight LESS than 50kg and age GREATER than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of ble weight LESS than 50kg and age GREATER than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of ble weight LESS than 50kg and age GREATER than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours  5,000 Units, subcutaneous, every 8 hours  5,000 Units, subcutaneous, every 12 hours  8,000 Units, subcutaneous, every 1		For Patients with CrCL LESS than 30 mL/min
mL/min  () enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () fondaparinux (ARIXTRA) injection  () fondaparinux (porcine) injection  () heparin (porcine) injection (Percommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  mL/min  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight between 100-139 kg and GREATER than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S+1  For Patients weight Less than 30 mL/min  40 mg, subcutaneous, every 12 hours at 090 critical), Starting S londication:  () heparin (porcine) injection  () hepar		30 mg, subcutaneous, every 12 hours at 0900, 2100 (tim critical). Starting S+1
140 kg or GREATER and CrCl GREATER than 30 mL/min  () fondaparinux (ARIXTRA) injection  () heparin (porcine) injection  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  (critical), Starting S+1  For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, daily if the patient does not have a history of or sus of Heparin-Induced Thrombocytopenia (HIT), this medication. Contraindicated in patients I 50kg, prior to surgery/invasive procedure, or 0 than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours  Fecommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  STAT, Until discontinued, Starting S Indication:	J	For Patients weight between 100-139 kg and CrCl
mL/min  For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, daily If the patient does not have a history of or sus of Heparin-Induced Thrombocytopenia (HIT), this medication. Contraindicated in patients I 50kg, prior to surgery/invasive procedure, or 0 than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  () heparin (porcine) injection  () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  () Pharmacy consult to manage warfarin (COUMADIN)  For Patients weight 140 kg or GREATER and GREATER than 30 mL/min  2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case Heparin-Induced Thrombocytopenia (HIT);  50kg, prior to surgery/invasive procedure, or 0 than 30 mL/min  This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT):  5,000 Units, subcutaneous, every 8 hours  5,000 Units, subcutaneous, every 12 hours  Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  () warfarin (COUMADIN) tablet  Oral, daily at 1700 (time critical) Indication:  STAT, Until discontinued, Starting S Indication:		40 mg, subcutaneous, every 12 hours at 0900, 2100 (tim critical). Starting S+1
( ) fondaparinux (ARIXTRA) injection  2.5 mg, subcutaneous, daily If the patient does not have a history of or sus of Heparin-Induced Thrombocytopenia (HIT), this medication. Contraindicated in patients I 50kg, prior to surgery/invasive procedure, or of than 30 mL/min This patient has a history of or suspected case Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours ( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)  ( ) warfarin (COUMADIN) tablet  ( ) Pharmacy consult to manage warfarin (COUMADIN)  STAT, Until discontinued, Starting S Indication:		For Patients weight 140 kg or GREATER and CrCl
<ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>() warfarin (COUMADIN) tablet</li> <li>() Pharmacy consult to manage warfarin (COUMADIN)</li> <li>5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding weight LESS than 50kg and age GREATER the oral, daily at 1700 (time critical) Indication:</li> <li>() STAT, Until discontinued, Starting S Indication:</li> </ul>	(   (   (   (   (   (   (   (   (   (	the patient does not have a history of or suspected case f Heparin-Induced Thrombocytopenia (HIT), do NOT orden is medication. Contraindicated in patients LESS than 0kg, prior to surgery/invasive procedure, or CrCl LESS nan 30 mL/min this patient has a history of or suspected case of leparin-Induced Thrombocytopenia (HIT):
with high risk of bleeding, e.g. weight < 50kg and age >	porcine) injection	,000 Units, subcutaneous, every 8 hours
( ) warfarin (COUMADIN) tablet oral, daily at 1700 (time critical) Indication:  ( ) Pharmacy consult to manage warfarin (COUMADIN) STAT, Until discontinued, Starting S Indication:	risk of bleeding, e.g. weight < 50kg and age >	,000 Units, subcutaneous, every 12 hours decommended for patients with high risk of bleeding, e.g. reight LESS than 50kg and age GREATER than 75yrs.
Indication:	COUMADIN) tablet	ral, daily at 1700 (time critical)
High District DVT Commission		, ,
High Risk of DVT - Surgical	OVT - Surgical	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Pr	pharmacologic and mechanical prophylaxis by orde	ng from Pharmacological and Mechanical Prophylaxis.

[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
	For Patients with CrCL LESS than 30 mL/min
<ul><li>( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li></ul>	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl
	GREATER than 30 mL/min
<ul><li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30</li></ul>	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Hig	h Risk of DVT - Non-Surgical	
	dress both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
	High Risk High risk of VTE	Routine, Once
	High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	Houtine, Once
	Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
()	enoxaparin (LOVENOX) injection (Single Response)	· ·
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
()	enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
()	enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical) For Patients weight 140 kg or GREATER and CrCl
()	fondaparinux (ARIXTRA) injection	GREATER than 30 mL/min  2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
$\overline{()}$	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g.
( )	with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	
()	75yrs) warfarin (COUMADIN) tablet	weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical) Indication:

<sup>()</sup> High Risk of DVT - Surgical (Hip/Knee)

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

] High Risk	
High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Hip or Knee	Houtine, Onec
(Arthroplasty) Surgical Patient (Single Response)	
( ) Patient is currently receiving therapeutic anticoagulation	Routine, Once
() I allott to durinity rodowing morapoutly analogueurs.	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
	Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1
	Indications:
( ) aspirin chewable tablet	162 mg, oral, daily, Starting S+1
( ) aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting
	S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 0600 (time critical), Starting
LESS than 30 mL/min - knee/hip arthroplasty	S+1
	For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1
mL/min	For Patients weight between 100-139 kg and CrCl
() (, 0) (5) (0) (, 5) (, 5) (, 5)	GREATER than 30 mL/min.
( ) enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
140 kg or GREATER and CrCl GREATER than 30 mL/min	critical), Starting S+1
IIIL/IIIIII	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
( ) Torrodomiax (At tixt 11) ( Injoduon	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order
	this medication. Contraindicated in patients LESS than
	50kg, prior to surgery/invasive procedure, or CrCl LESS
	than 30 mL/min
	This patient has a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00
	AM
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
with high risk of bleeding, e.g. weight < 50kg and age >	AM
75yrs)	Recommended for patients with high risk of bleeding, e.g.
(X)	weight LESS than 50kg and age GREATER than 75yrs.
() rivaroxaban (XARELTO) tablet for hip or knee	10 mg, oral, daily at 0600 (time critical), Starting S+1
arthroplasty planned during this admission	To be Given on Post Op Day 1.
() (OOLHMAD!!):	Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1
( ) Discourse the control ( ) (OOLBARD)	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
	Indication:

**DVT 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

() Low Risk of DVT	
[] Low Risk (Single Response)	
() 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	
Address pharmacologic prophylaxis by selecting one of the follogharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
[] Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Response)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.  This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
with high risk of bleeding, e.g. weight < 50kg and age >	AM
75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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
<ul> <li>Place sequential compression device and antiembolic stockings</li> </ul>	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
) Moderate Risk of DVT - Non-Surgical	
Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.	owing. Mechanical prophylaxis is optional unless
Moderate Risk	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is
	already on therapeutic anticoagulation for other indication.
( ) Contraindications exist for about a coloris are bulletin	Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	· /
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting
() : ((0)/[[10](0)] : [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	S
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S
LEGS than 50 me/min	For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily, Starting S
between 100-139 kg and CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily, Starting S
140 kg or GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case
	of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than
	50kg, prior to surgery/invasive procedure, or CrCl LESS
	than 30 mL/min
	This patient has a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours
with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Indication:

()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[]	Mechanical Prophylaxis (Single Response)	THE COLUMN TO TH
()	Contraindications exist for mechanical prophylaxis	Routine, Once
( )	Contrainational oxide for modifical propriytaxio	No mechanical VTE prophylaxis due to the following
		contraindication(s):
()	Place/Maintain sequential compression device	Routine, Continuous
( )	continuous	Troumo, Commodo
()	Place sequential compression device and antiembolic stockings	"And" Linked Panel
ī		Routine, Continuous
_	continuous	<u> </u>
[	, ,	Routine, Once
	gh Risk of DVT - Surgical	
Ad	ldress both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
<u> </u>	Lliah Diak	
11	High Risk High risk of VTE	Routine, Once
[]	High Risk Pharmacological Prophylaxis - Surgical Patient	riodine, Once
	(Single Response)	
()	Patient is currently receiving therapeutic anticoagulation	Routine, Once
( )	The same of the sa	No pharmacologic VTE prophylaxis because: patient is
		already on therapeutic anticoagulation for other indication.
		Therapy for the following:
()	Contraindications exist for pharmacologic prophylaxis	Routine, Once
		No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
( )	enoxaparin (LOVENOX) injection (Single Response)	
(	) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
(	) enoxaparin (LOVENOX) syringe - For Patients with CrCL	30 mg, subcutaneous, daily at 0600 (time critical), Starting
	LESS than 30 mL/min	S+1
_		For Patients with CrCL LESS than 30 mL/min
(	enoxaparin (LOVENOX) syringe - For Patients weight	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time
	between 100-139 kg and CrCl GREATER than 30	critical), Starting S+1
	mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
7	) enoxaparin (LOVENOX) syringe - For Patients weight	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time
(	140 kg or GREATER and CrCl GREATER than 30	critical), Starting S+1
	mL/min	For Patients weight 140 kg or GREATER and CrCl
		GREATER than 30 mL/min
()	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
7.	honorin (noroina) injection	Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00
	with high risk of bleeding, e.g. weight < 50kg and age >	AM
	75yrs)	Recommended for patients with high risk of bleeding, e.g.
_		weight LESS than 50kg and age GREATER than 75yrs.
()	warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
()	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S
		Indication:
[1	Mechanical Prophylaxis (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
Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Place antiembolic stockings	Routine, Once
) High Risk of DVT - Non-Surgical	
Address both pharmacologic and mechanical prophylaxis by ord	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once
	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700 (time critical), Starting S
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS than 30 mL/min
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
<ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical) Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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
( ) Place sequential compression device and antiembolic stockings	"And" Linked Panel
[ ] Place/Maintain sequential compression device	Routine, Continuous

[] Place antiembolic stockings	Routine, Once
) High Risk of DVT - Surgical (Hip/Knee)	
Address both pharmacologic and mechanical prophylaxis by or	dering from Pharmacological and Mechanical Prophylaxis.
[] High Risk	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response)	
() Patient is currently receiving therapeutic anticoagulation	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
( ) apixaban (ELIQUIS) tablet	2.5 mg, oral, every 12 hours, Starting S+1 Indications:
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() enoxaparin (LOVENOX) injection (Single Response)	
() enoxaparin (LOVENOX) syringe - hip arthoplasty	40 mg, subcutaneous, daily at 0600 (time critical), Starting S+1
() enoxaparin (LOVENOX) syringe - knee arthroplasty	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1
( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty	30 mg, subcutaneous, daily at 0600 (time critical), Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (time critical), Starting S+1 To be Given on Post Op Day 1. Indications:
() warfarin (COUMADIN) tablet	oral, daily at 1700 (time critical), Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (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

() Place sequential compression device and antiembolic stockings	"And" Linked Panel
[] Place/Maintain sequential compression device continuous	Routine, Continuous
[] Place antiembolic stockings	Routine, Once
Labs	
Cardiology	
Diagnostic Imaging	
Other Diagnostic Studies	
Respiratory	
Respiratory	
[] Oxygen therapy	Routine, Continuous Device 1: Nasal Cannula Rate in liters per minute: Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[] Oxygen therapy	Routine, Continuous Device 1: Other (Specify) Specify: by mouth Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
[] Oxygen therapy	Routine, Continuous Device 1: Non-rebreather mask Rate in liters per minute: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy:
Rehab	
Consults	
Additional Orders	
Discharge	
Discharge Order (Single Response)	
() Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
Discontinue tubes/drains	
[] Discontinue Foley catheter	Routine, Once, Scheduling/ADT
Discharge home with Foley catheter     Discontinue IV	Routine, Once, Scheduling/ADT  Routine, Once For 1 Occurrences, Scheduling/ADT
[] Deaccess port	ributine, Office For a Occurrences, Goriedulling/ADT
[] Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
[] heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT
Discharge Activity	
Activity as tolerated	Routine, Scheduling/ADT
Ambulate with assistance or assistive device     Lifting restrictions	Routine, Scheduling/ADT Routine, Scheduling/ADT, No lifting over 10 pounds.
1 1	

[] Weight bearing restrictions (specify)	Routine, Scheduling/ADT Weight Bearing Status: Extremity:
	***
[] Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
[] Complete pelvic rest (no tampons, douching, sex)	Routine, Scheduling/ADT
[] No driving for 2 weeks	Routine, Scheduling/ADT
[] Shower instructions:	Routine, Scheduling/ADT, ***
[] Discharge activity	Routine, Scheduling/ADT
[] Other restrictions (specify):	Routine, Scheduling/ADT, ***
Wound/Incision Care	
[] Discharge wound care	Routine, Scheduling/ADT, ***
[] Discharge incision care	Routine, Scheduling/ADT, ***
[] Discharge dressing	Routine, Scheduling/ADT, ***
Discharge Diet - REQUIRED (Single Response)	
() Discharge Diet	Routine, Scheduling/ADT
	Discharge Diet:
() Discharge Diet- Regular	Routine, Scheduling/ADT
	Discharge Diet: Regular
Patient to notify physician	
[] Call physician for:	Routine, Scheduling/ADT, Temperature greater than 100.5
[] Call physician for: Persistent nausea or vomiting	Routine, Scheduling/ADT
[] Call physician for: severe uncontrolled pain	Routine, Scheduling/ADT
[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Scheduling/ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Scheduling/ADT
[] Call physician for:	Routine, Scheduling/ADT, ***
Discharge Education	
Nurse to provide discharge education	Routine, Once
	Patient/Family: Both
	Education for: Other (specify)
	Specify: Nurse to provide patient education
[1] News to provide telegraphics advection	Scheduling/ADT
[] Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both
	Education for: Other (specify)
	Specify: Nurse to provide tobacco cessation education
	Scheduling/ADT
Discharge Instructions	
Additional discharge instructions for Patient	Routine, Scheduling/ADT, ***
Discharge instructions for Nursing- Will not show on AVS	Routine, Once
[1] Bloomarge measurements realising Training and Shirth	
	***, Scheduling/ADT
Place Follow-Up Order	
Place Follow-Up Order  [] Follow-up with me	
<u> </u>	***, Scheduling/ADT
<u> </u>	***, Scheduling/ADT  Follow up with me:
<u> </u>	***, Scheduling/ADT  Follow up with me: Clinic Contact:
<u> </u>	***, Scheduling/ADT  Follow up with me: Clinic Contact: Follow up in:

[] Follow-up with physician	Follow up on: Appointment Time: Follow up in:
[] Follow-up with physician	Instructions for Follow Up: Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
[] Follow-up with department	Details