Pancreas and Kidney-Pancreas Transplant PreOp Admission [1760]

General

Case Request Kidney-Pancreas (Single Response)

() Case request operating room

Scheduling/ADT, Scheduling/ADT

Planned ICU Admission Post-Operatively (Admit to Inpatient Order) (Single Response) Patients who are having an Inpatient Only Procedure as determined by CMS and patients with prior authorization for Inpatient Care may have an Admit to Inpatient order written pre-operatively.

| () 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 services for two or more midnights. Pre-op |
|-----------------------------------|---|
| Nursing | |
| Vital Signs | |
| [X] Vital signs - T/P/R/BP | Routine, Per unit protocol Upon arrival and record in EPIC |
| Activity | |
| [] Activity (specify) | Routine, Until discontinued, Starting S Specify: Activity as tolerated Pre-op |
| Nursing | |
| [X] Height and weight | Routine, Once For 1 Occurrences, Pre-op |
| [] Bedside glucose | Routine, Every 2 hours Notify Transplant Surgeon if glucose is less than 80 mg/dl or if greater than 250 mg/dl, Pre-op |
| [X] Nursing communication | Send methylprednisolone to operating room with patient to be administered by anesthesiologist., Pre-op |
| [X] Nursing communication | Send preoprative antibiotics to operating room with patient to be administered by anesthesiologist., Pre-op |
| Notify | |
| [X] Physician communication order | Routine, Once Transplant Nephrologist of patient arrival and tentative time for surgery. |
| [X] Physician communication order | Routine, Once For 1 Occurrences Endocrinologist (Dr. Sadhu or whoever is covering for her for the time being). |
| Diet | |
| [X] NPO | Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options: except specific medications |
| Osnaant | |

Consent

| [] Complete consent for | Routine, Once |
|---|---|
| | Procedure: Deceased Donor Pancreas transplantation |
| | Diagnosis/Condition: Physician: |
| | Deceased Donor Pancreas transplantation |
| | Donor to receive UNOS ID# Please witness patient |
| | signature for the Organ Transplant Donor Status Disclosure Informed Consent form informed by transplant coordinator. |
| [] Complete consent for | Routine, Once |
| | Procedure: Deceased Donor Kidney-Pancreas transplantation Diagnosis/Condition: |
| | Physician: |
| | Deceased Donor Kidney-Pancreas transplantation |
| | Donor to receive UNOS ID# Please witness patient |
| | signature for the Organ Transplant Donor Status Disclosure Informed Consent form informed by transplant coordinator. |
| IV Fluids | |
| IV Fluids | |
| [] dextrose 10 % infusion - For NPO Patients and glucose | 40 mL/hr, intravenous, continuous, Pre-op |
| levels LESS than 150 mg/dL | Notify Transplant surgeon when starting D10W |
| PreOperative Medications | |
| Restricted Medication | |
| [X] No NSAIDs EXcluding aspirin | STAT, Until discontinued, Starting S, Pre-op |
| On-Call to OR For Induction (Single Response) | |
| antithymocyte globulin (THYMOGLOBULIN plus acetaminophen (TYLENOL) and diphenhydramine (BENADRYL) Premeds | "And" Linked Panel |
| [] acetaminophen (TYLENOL) tablet | 650 mg, oral, once, For 1 Doses, Pre-op |
| | Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient |
| | arrives to OR pharmacy to dispense dose directly to OR for |
| [] diphenhydrAMINE (BENADRYL) tablet | administration by Anesthesiologist. 25 mg, oral, once, For 1 Doses, Pre-op |
| | Nurse to call Dunn 3 OR pharmacy at 1-2366 when patient |
| | arrives to OR pharmacy to dispense dose directly to OR for administration by Anesthesiologist. |
| [] antithymocyte globulin (rabbit) (THYMOGLUBULIN) | 1.5 mg/kg, intravenous, for 6 Hours, once, For 1 Doses, |
| IVPB | Pre-op |
| | SEND TO OR WITH PATIENT - Nurse to call Dunn 3 OR |
| | pharmacy at 1-2366 when patient arrives to OR. Pharmac to dispense dose directly to OR for administration by |
| | Anesthesiologist. Pre-medication (acetaminophen and |
| | diphenhydramine) to be given on-call to the OR. |
| Intraoperative | |
| [X] methyIPREDNISolone sodium succinate | 500 mg, intravenous, once, For 1 Doses, Pre-op |
| (Solu-MEDROL) injection | In Operating Room. Nurse to send medication to Operating Room - To be administered by Anesthesiologist - Administer over no less than 15 minutes. |
| | |
| ProOperative Antibiotics | |

PreOperative Antibiotics

PreOperative Antibiotics (Single Response)

| () cefTRIAxone (ROCEPHIN) IV | 1 g, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Nurse to send medication(s) to operating room - To be administered by Anesthesiologist. To be given 1 hour prior to skin incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
|--|--|
| () If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV | "And" Linked Panel |
| [] clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| [] aztreonam (AZACTAM) IV | 2 g, intravenous, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| VTE DVT Risk and Prophylaxis Tool (Single Response) | neason for merapy. Surgical Prophylaxis |

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 foll pharmacologic prophylaxis is contraindicated. | lowing. 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), Startin S+1 |
|--|---|
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Startin 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 CrCI 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 Patient weight of 140 kg or GREATER and CrCl |
| () fondenerinum (ADIVTRA) injection | 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 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, 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 |
| () Pharmacy consult to manage warfarin (COUMADIN) | Indication: STAT, Until discontinued, Starting S |
| () Filamacy consult to manage warrann (COOMADIN) | 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 | "And" Linked Panel |
| stockings | |
| [] Place/Maintain sequential compression device | Routine, Continuous |
| continuous | |
| [] Place antiembolic stockings | Routine, Once |
| Moderate Risk of DVT - Non-Surgical | wing Machanical graphylovic is antional uplace |
| Address pharmacologic prophylaxis by selecting one of the follo pharmacologic prophylaxis is contraindicated. | owing. Mechanical prophylaxis is optional unless |
| [] Moderate Risk | |
| | Routine, Once |
| 1 Moderate risk of VTF | |
| Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - | Routine, Once |
|] Moderate Risk Pharmacological Prophylaxis - | |
| | Routine, Once |
| Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | |
| Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | Routine, Once |
| Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | Routine, Once No pharmacologic VTE prophylaxis because: patient is |
| Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) | Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. |
| [] 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: |
| [] 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: 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: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| [] Moderate Risk Pharmacological Prophylaxis - Non-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 |

| () 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 CrCI 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 CrCI 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 |
| () 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 - Surgical | |
| 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 - 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 CrCI 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 CrCI 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. |
| () 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 |
| 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), Startir S |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 1700 (time critical), Startir S For Patients with CrCL LESS than 30 mL/min |
| enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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): |
|----------------------|--|--|
| $\overline{()}$ | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| $\frac{O}{O}$ | 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 |
| () | 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 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 | |
| $\left(\right)$ | aspirin (ECOTRIN) enteric coated tablet | Indications: |
| () () () | aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response) | Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 |
| () () () () | aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)) enoxaparin (LOVENOX) syringe - hip arthoplasty | Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 |
| | aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)) enoxaparin (LOVENOX) syringe - hip arthoplasty) enoxaparin (LOVENOX) syringe - knee arthroplasty | Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| | aspirin (ECOTRIN) enteric coated tablet enoxaparin (LOVENOX) injection (Single Response)) enoxaparin (LOVENOX) syringe - hip arthoplasty | Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 |
| | 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 | Indications: 162 mg, oral, daily, Starting S+1 162 mg, oral, daily, Starting S+1 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 |

| () fondaparinux (ARIXTRA) injection | 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case o 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, 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. |
| () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | weight LESS than 50kg and age GREATER than 75yrs. 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 |
| T Risk and Prophylaxis Tool (Single Response) Low Risk Definition Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prop contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addre Age less than 60 years and NO other VTE risk factors One or m following medical conditions: Patient already adequately anticoagulated CHF, MI, lung diseas veins, cancer, sepsis, obesity, previous stroke, rheumatologic di stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, syndrome; antithrombin, protein C or protein S deficiency; hyper 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 Less than fully and independently ambulatory Acute ischemic s Estrogen therapy History of PE Moderate or major surgery (not for cancer) Major surgery within 3 months of admission | essed. ore of the following medical conditions: One or more of the e, pneumonia, active inflammation, dehydration, varicose sease, sickle cell disease, leg swelling, ulcers, venous prothrombin variant mutations, anticardiolipin antibody homocysteinemia; myeloproliferative disorders) or pelvic surgery for CANCER |
| | |
| | |
| [] Low Risk (Single Response) | Boutine Once |
| Low Risk of DVT [] Low Risk (Single Response) () Low risk of VTE Moderate Risk of DVT - Surgical | 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.

| | oderate Risk Moderate risk of VTE | Routine, Once |
|------------------------------|---|---|
|] M | oderate Risk Pharmacological Prophylaxis - Surgical atient (Single Response) | |
| | Patient is currently receiving therapeutic anticoagulation | Routine, Once No pharmacologic VTE prophylaxis because: patient is |
| | | already on the apeutic anticoagulation for other indication. |
| $\overline{()}$ | Contraindiantions oviet for phormanologic prophylovic | Therapy for the following: Routine, Once |
| () (| Contraindications exist for pharmacologic prophylaxis | No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () e | enoxaparin (LOVENOX) injection (Single Response) | |
| () | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 |
| () | enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Startin |
| $\overline{\langle \rangle}$ | ensure and (LOV/ENOV) autience - For Deficients unight | 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 |
| $\overline{()}$ | anavanarin (LOVENOV) avvinge For Deficite weight | GREATER than 30 mL/min |
| () | enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCI GREATER than 30 | 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 |
| () f | ondaparinux (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 orde |
| | | 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): |
| | neparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| | neparin (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. |
| () V | varfarin (COUMADIN) tablet | oral, daily at 1700 (time critical), Starting S+1 |
| | | Indication: |
| | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| | erate Risk of DVT - Non-Surgical | |
| | ress pharmacologic prophylaxis by selecting one of the follo macologic prophylaxis is contraindicated. | owing. Mechanical prophylaxis is optional unless |
| | oderate Risk | Politing Ones |
| | Moderate risk of VTE | Routine, Once |
| N | oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) | |
| () F | 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 |
| () | Somandications exist for pharmacologic prophylaxis | No pharmacologic VTE prophylaxis due to the following contraindication(s): |

| () enoxaparin (LOVEN | DX) syringe | 40 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 |
|---|--|---|
| () enoxaparin (LOVEN) LESS than 30 mL/mi | DX) syringe - For Patients with CrCL | 30 mg, subcutaneous, daily at 1700 (time critical), Starting S+1 |
| | | For Patients with CrCL LESS than 30 mL/min |
| | DX) syringe - For Patients weight and CrCI GREATER than 30 | 30 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 |
| mL/min | | For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| | DX) syringe - For Patients weight and CrCI GREATER than 30 | 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical), Starting S+1 |
| mL/min | | For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () fondaparinux (ARIXTF | RA) 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 orde |
| | | 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) injec | tion | 5,000 Units, subcutaneous, every 8 hours |
| () heparin (porcine) injec | tion (Recommended for patients | 5,000 Units, subcutaneous, every 12 hours |
| with high risk of bleed 75yrs) | ng, e.g. weight < 50kg and age > | 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 r | nanage warfarin (COUMADIN) | STAT, Until discontinued, Starting S |
| ., . | | Indication: |
|) High Risk of DVT - Surgic | al | |
| Address both pharmacolo | gic and mechanical prophylaxis by or | dering from Pharmacological and Mechanical Prophylaxis. |
| [] High Risk | | |
| [] High risk of VTE | | Routine, Once |
| [] High Risk Pharmacoloc | ical Prophylaxis - Surgical Patient | |

| | , |
|--|---|
| High Risk Pharmacological Prophylaxis - Surgical Pa (Single Response) | tient |
| () Patient is currently receiving therapeutic anticoagula | ation Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: |
| () Contraindications exist for pharmacologic prophylax | kis 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 LESS than 30 mL/min | h CrCL 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 w between 100-139 kg and CrCI GREATER than 30 mL/min | |
| enoxaparin (LOVENOX) syringe - For Patients we 140 kg or GREATER and CrCI 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 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, 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: |

() High Risk of DVT - Non-Surgical

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 - 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, 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 CrCI 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 CrCI 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 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 with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs. |
| () warfarin (COUMADIN) tablet | oral, daily at 1700 (time critical) Indication: |
| () Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
|) Link Dials of DVT Oursiand (Lin (Kana) | |

() 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 (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 CrCI 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: |

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: Routine, Once () Contraindications exist for pharmacologic prophylaxis 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 For Patient weight of 140 kg or GREATER and CrCl mL/min

GREATER than 30 mL/min

than 30 mL/min.

2.5 mg, subcutaneous, daily, Starting S+1

This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

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

() fondaparinux (ARIXTRA) injection

| () 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 > | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 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) | Deating One |
| () 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 | wing Machanical prophylovic is actional uplace |
| 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 | Therapy for the following: Routine, Once |
| () Contraindications exist for pharmacologic prophylaxis | Therapy for the following: |
| Contraindications exist for pharmacologic prophylaxis enoxaparin (LOVENOX) injection (Single Response) | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S |
| () enoxaparin (LOVENOX) injection (Single Response) | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS than 30 mL/min |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () enoxaparin (LOVENOX) syringe - For Patients with CrCL | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starting S 30 mg, subcutaneous, daily at 1700 (time critical), Starting S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 2.5 mg, subcutaneous, daily |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Starti S 30 mg, subcutaneous, daily at 1700 (time critical), Starti S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 30 mL/min |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 30 kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min () enotaparinux (ARIXTRA) injection | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. |
| () enoxaparin (LOVENOX) injection (Single Response) () enoxaparin (LOVENOX) syringe () 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 140 kg or GREATER and CrCl GREATER than 30 mL/min () enotaparinux (ARIXTRA) injection | Therapy for the following: Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): 40 mg, subcutaneous, daily at 1700 (time critical), Startin S 30 mg, subcutaneous, daily at 1700 (time critical), Startin S For Patients with CrCL LESS 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 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl 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 ord this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours |

| () 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 |
| High Risk of DVT - Surgical | |
| Address both pharmacologic and mechanical prophylaxis by or | dering from Pharmacological and Mechanical Prophylaxis. |
|] High Risk [] High risk of VTE | Routine, Once |
| | |
| (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), Startin S+1 |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1 For Patients with CrCL LESS than 30 mL/min |
| enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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. |
| () 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: |

| () 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 orc | dering from Pharmacological and Mechanical Prophylaxis. |
|] High Risk | Deuting Ones |
| [] High risk of VTE] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Decempe) | Routine, Once |
| Patient (Single Response) | Routine, Once |
| () Patient is currently receiving therapeutic anticoagulation | 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), Startin 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 CrCI 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 CrCI 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 with high risk of bleeding, e.g. weight < 50kg and age > | 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. |
| 75yrs) () warfarin (COUMADIN) tablet | weight LESS than 50kg and age GREATER than 75yrs. oral, daily at 1700 (time critical) |
| () Pharmacy consult to manage warfarin (COUMADIN) | Indication: STAT, Until discontinued, Starting S Indication: |
|] Mechanical Prophylaxis (Single Response) | moroduom |
| () 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 |

| High Risk of DVT - Surgical (Hip/Knee) | |
|---|---|
| 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 - 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. |
| () Contraindications exist for pharmacologic prophylaxis | Therapy for the following: 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) | Toz mg, orai, daiy, Starting S+1 |
| | 40 mg subsutanoous daily at 0600 (time aritical). Otavin |
| () enoxaparin (LOVENOX) syringe - hip arthoplasty | 40 mg, subcutaneous, daily at 0600 (time critical), Startin 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), Startin S+1 |
| | For Patients with CrCL LESS than 30 mL/min. |
| enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCI 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 CrCI 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 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, 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. |
| () rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | weight LESS than 50kg and age GREATER than 75yrs. 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 | 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 | |
| abs | | |
| boratory STAT Upon Arrival | | |
| CBC with platelet and differential | STAT For 1 Occurrences | |
| Comprehensive metabolic panel | STAT For 1 Occurrences | |
| Phosphorus level | STAT For 1 Occurrences | |
|] Magnesium level | STAT For 1 Occurrences | |
| Partial thromboplastin time | STAT For 1 Occurrences | |
| Prothrombin time with INR | STAT For 1 Occurrences | |
| Urinalysis screen and microscopy, with reflex to culture | STAT For 1 Occurrences | |
| | Specimen Source: Urine | |
| | Specimen Site: | |
| Cytomegalovirus by PCR | STAT For 1 Occurrences Specimen Source: Plasma | |
| BK virus by PCR | Specimen Source: Plasma STAT For 1 Occurrences | |
| | Specimen Source: Plasma | |
| Cytomegalovirus Ab, IgG | STAT For 1 Occurrences | |
| Hemoglobin A1c | STAT For 1 Occurrences | |
|] West Nile virus antibody IgG, serum | STAT For 1 Occurrences | |
|] West Nile virus antibody IgM, serum | STAT For 1 Occurrences | |
| hCG qualitative, urine screen | Once | |
| HLA antibody testing - pre transplant | STAT For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor | STAT For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology | STAT For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor | STAT For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology ⁻ HIV Ag/Ab combination | STAT For 1 Occurrences Festing - HMH Once | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology ⁻ HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total | STAT For 1 Occurrences Festing - HMH Once Once | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology | STAT For 1 Occurrences Testing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Testing - HMH | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Festing - HMH Once | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Festing - HMH Once Once | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C antibody | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C antibody Hepatitis C quantitative, PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative PCR Hepatitis C quantitative, PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C quantitative, PCR Repatitis C quantitative, PCR Hepatitis C quantitative, PCR Hepatitis C quantitative, PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C antibody Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology Rapid HIV 1 & 2 HIV-1 RNA, qualitative TMA Hepatitis B surface antigen | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |
| HLA antibody testing - pre transplant HLA deceased donor creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C antibody Hepatitis C antibody Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology Rapid HIV 1 & 2 HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B surface antigen | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMSL, HMW Once Once Once For 1 Occurrences | |
| HLA deceased donor creased Risk for Disease Transmission Donor/Serology [–] HIV Ag/Ab combination HIV-1 RNA, qualitative TMA Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C antibody Hepatitis C quantitative, PCR creased Risk for Disease Transmission Donor/Serology [–] HIV Ag/Ab combination HIV quantitative by PCR Hepatitis B surface antigen Hepatitis B core antibody, total HBV, quantitative PCR Hepatitis C quantitative, PCR Creased Risk for Disease Transmission Donor/Serology [–] Repatitis C quantitative, PCR Hepatitis C quantitative, PCR | STAT For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences Festing - HMH Once Once Once For 1 Occurrences | |

Increased Risk for Disease Transmission Donor/Serology Testing - HMSL, HMW

| [] Rapid HIV 1 & 2 | Once | |
|-------------------------------------|------------------------|--|
| [] HIV quantitative by PCR | Once | |
| [] Hepatitis B surface antigen | Once For 1 Occurrences | |
| [] Hepatitis B core antibody, total | Once For 1 Occurrences | |
| [] HBV, quantitative PCR | Once For 1 Occurrences | |
| [] Hepatitis C antibody | Once For 1 Occurrences | |
| [] Hepatitis C quantitative, PCR | Once For 1 Occurrences | |

Increased Risk for Disease Transmission Donor/Serology Testing - HMSTJ, HMTW, HMSJ, HMWB

| [] HIV 1, 2 antibody | Once For 1 Occurrences | |
|-------------------------------------|------------------------|--|
| [] HIV quantitative, PCR | Once For 1 Occurrences | |
| [] Hepatitis B surface antigen | Once For 1 Occurrences | |
| [] Hepatitis B core antibody, total | Once For 1 Occurrences | |
| [] HBV, quantitative PCR | Once For 1 Occurrences | |
| [] Hepatitis C antibody | Once For 1 Occurrences | |
| [] Hepatitis C quantitative, PCR | Once For 1 Occurrences | |

Increased Risk for Disease Transmission Donor/Serology Testing - HMSTJ, HMTW, HMSJ, HMWB

| [] HIV 1, 2 antibody | Once For 1 Occurrences | |
|-------------------------------------|------------------------|--|
| [] HIV-1 RNA, qualitative TMA | Once | |
| [] Hepatitis B surface antigen | Once For 1 Occurrences | |
| [] Hepatitis B core antibody, total | Once For 1 Occurrences | |
| [] HBV, quantitative PCR | Once For 1 Occurrences | |
| [] Hepatitis C antibody | Once For 1 Occurrences | |
| [] Hepatitis C quantitative, PCR | Once For 1 Occurrences | |

Blood Bank

| [] Type and Screen + Crossmatch RBC | |
|-------------------------------------|--------------------------------|
| [] Type and screen | Once |
| [] Crossmatch | Once |
| | Number of Units: |
| | Number of Units to Keep Ahead: |
| | Transfusion Indications: |
| | Is the patient pregnant? |

Cardiology

| Ca | rdiology | |
|-----|---|---|
| [X] | ECG 12 lead | STAT, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Upon arrival |
| [] | Echocardiogram complete w contrast and 3D if needed | STAT, 1 time imaging For 1 Occurrences Kidney Transplant pre-op clearance |

Imaging

V Dave

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| [X] Chest 2 Vw | |

STAT, 1 time imaging For 1 Occurrences On arrival

Other Studies

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Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders