#### General

**Common Present on Admission Diagnosis** 

| [] Acidosis  | Details |
|--|---------|
| · 4  | Details |
| Acute Post-Hemorrhagic Anemia                            |         |
| Acute Renal Failure                                      | Details |
| Acute Respiratory Failure                                | Details |
| [] Acute Thromboembolism of Deep Veins of Lower          | Details |
| Extremities  |         |
| [] Anemia  | Details |
| [] Bacteremia  | Details |
| [] Bipolar disorder, unspecified                         | Details |
| [] Cardiac Arrest  | Details |
| [] Cardiac Dysrhythmia                                   | Details |
| [] Cardiogenic Shock                                     | Details |
| [] Decubitus Ulcer                                       | Details |
| [] Dementia in Conditions Classified Elsewhere           | Details |
| Disorder of Liver  | Details |
| [] Electrolyte and Fluid Disorder                        | Details |
| [] Intestinal Infection due to Clostridium Difficile     | Details |
| [] Methicillin Resistant Staphylococcus Aureus Infection | Details |
| [] Obstructive Chronic Bronchitis with Exacerbation      | Details |
| Other Alteration of Consciousness                        | Details |
| Other and Unspecified Coagulation Defects                | Details |
| ] Other Pulmonary Embolism and Infarction                | Details |
| Phlebitis and Thrombophlebitis                           | Details |
| Protein-calorie Malnutrition                             | Details |
| Psychosis, unspecified psychosis type                    | Details |
| ] Schizophrenia Disorder                                 | Details |
| ] Sepsis   | Details |
| ] Septic Shock   | Details |
| ] Septicemia   | Details |
| ] Type II or Unspecified Type Diabetes Mellitus with     | Details |
| Mention of Complication, Not Stated as Uncontrolled      |         |
| [] Urinary Tract Infection, Site Not Specified           | Details |
|  |         |
| 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 services for two or more midnights.

| () Admit to IP- University Teaching Service   | <ul> <li>Diagnosis:</li> <li>Admitting Physician:</li> <li>Resident Physician:</li> <li>Resident team assignment:</li> <li>Level of Care:</li> <li>Patient Condition:</li> <li>Bed request comments:</li> <li>Certification: I certify that based on my best clinical judgement</li> <li>and the patient's condition as documented in the HP and</li> <li>progress notes, I expect that the patient will need hospital</li> <li>services for two or more midnights.</li> <li>To reach the team taking care of this patient please call the</li> <li>University Teaching Service Answering Service at (713)</li> <li>363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the</li> </ul> |
|---|--|
| () Outpatient observation services under general supervision                            | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:  |
| <ul> <li>UTS - Outpatient observation services under general<br/>supervision</li> </ul> | Diagnosis:<br>Admitting Physician:<br>Resident Physician:<br>Resident team assignment:<br>Patient Condition:<br>Bed request comments:<br>To reach the team taking care of this patient please call the<br>University Teaching Service Answering Service at (713)<br>363-9648 and ask for the team taking care of the patient to be<br>paged. The team name is listed in both "Treatment Teams"<br>and "Notes from Clinical Staff" sections in the<br>Summary\Overview tab of Epic.   |
| () Outpatient in a bed - extended recovery  | Diagnosis:<br>Admitting Physician:<br>Bed request comments:  |
| Admission or Observation (Single Response)<br>Patient has active status order on file   |  |
| () Admit to inpatient   | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment<br>and the patient's condition as documented in the HP and<br>progress notes, I expect that the patient will need hospital<br>services for two or more midnights.  |

| () Admit to IP- University Teaching Service                                       | Diagnosis:  |
|---|---|
|   | Admitting Physician:  |
|   | Resident Physician:   |
|   | Resident team assignment:   |
|   | Level of Care:  |
|   | Patient Condition:  |
|   | Bed request comments:   |
|   | Certification: I certify that based on my best clinical judgement   |
|   | and the patient's condition as documented in the HP and<br>progress notes, I expect that the patient will need hospital |
|   | services for two or more midnights.   |
|   | To reach the team taking care of this patient please call the   |
|   | University Teaching Service Answering Service at (713)  |
|   | 363-9648 and ask for the team taking care of the patient to be  |
|   | paged. The team name is listed in both "Treatment Teams"  |
|   | and "Notes from Clinical Staff" sections in the   |
| () Outpatient abaanvatien conviece under general                                  | Summary\Overview tab of Epic.   |
| <ul> <li>Outpatient observation services under general<br/>supervision</li> </ul> | Diagnosis:<br>Admitting Physician:  |
| Supervision   | Patient Condition:  |
|   | Bed request comments:   |
| () UTS - Outpatient observation services under general                            | Diagnosis:  |
| supervision   | Admitting Physician:  |
|   | Resident Physician:   |
|   | Resident team assignment:   |
|   | Patient Condition:<br>Bed request comments:   |
|   | To reach the team taking care of this patient please call the   |
|   | University Teaching Service Answering Service at (713)  |
|   | 363-9648 and ask for the team taking care of the patient to be  |
|   | paged. The team name is listed in both "Treatment Teams"  |
|   | and "Notes from Clinical Staff" sections in the   |
|   | Summary\Overview tab of Epic.   |
| () Outpatient in a bed - extended recovery  | Diagnosis:<br>Admitting Physician:  |
|   | Bed request comments:   |
|   |   |
| Admission (Single Response)   |   |
| Patient has active status order on file.  |   |
| () A lot 1 lo 1 and   | D'averation   |
| () Admit to inpatient   | Diagnosis:  |
|   | Admitting Physician:<br>Level of Care:  |
|   | Patient Condition:  |
|   | Bed request comments:   |
|   | Certification: I certify that based on my best clinical judgment  |
|   | and the patient's condition as documented in the HP and   |
|   | progress notes, I expect that the patient will need hospital  |
|   | services for two or more midnights.   |
| Admission or Observation (Single Response)  |   |
|   | Diagnosia   |
| () Admit to inpatient   | Diagnosis:<br>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  |
| I   | services for two or more midnights.   |
|   |   |

| () Outpatient observation services under general supervision                             | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:   |
|--|---|
| () Outpatient in a bed - extended recovery   | Diagnosis:<br>Admitting Physician:<br>Bed request comments:   |
| Admission or Observation (Single Response)<br>Patient has status order on file           |   |
| () Admit to inpatient  | Diagnosis:<br>Admitting Physician:<br>Level of Care:<br>Patient Condition:<br>Bed request comments:<br>Certification: I certify that based on my best clinical judgment<br>and the patient's condition as documented in the HP and<br>progress notes, I expect that the patient will need hospital<br>services for two or more midnights. |
| <ul> <li>Outpatient observation services under general<br/>supervision</li> </ul>        | Diagnosis:<br>Admitting Physician:<br>Patient Condition:<br>Bed request comments:   |
| () Outpatient in a bed - extended recovery   | Diagnosis:<br>Admitting Physician:<br>Bed request comments:   |
| Code Status  |   |
| [] Full code   | Code Status decision reached by:  |
|  |   |
| <ul> <li>DNR (Do Not Resuscitate)</li> <li>Consult to Palliative Care Service</li> </ul> | Does patient have decision-making capacity?<br>Priority:<br>Reason for Consult?<br>Order?<br>Name of referring provider:<br>Enter call back number:   |
| [] Consult to Social Work  | Reason for Consult:   |
| [] Modified Code   | Does patient have decision-making capacity?<br>Modified Code restrictions:  |
| [] Treatment Restrictions  | Treatment Restriction decision reached by:<br>Specify Treatment Restrictions:   |
| Isolation  |   |
| [] Airborne isolation status   | Details   |
| [] Contact isolation status  | Details   |
| Droplet isolation status   | Details   |
| [] Enteric isolation status  | Details   |
| Precautions  |   |
| [] Aspiration precautions  | Details   |
| [] Fall precautions  | Increased observation level needed:   |
| [] Latex precautions   | Details<br>Increased observation level needed:  |
| Nursing  |   |
| Vital Signs (Single Response)  |   |
|  |   |

Routine, Per unit protocol

() Vital signs

| () Pulse oximetry                         | Routine, Continuous<br>Current FIO2 or Room Air:   |
|---|--|
| Telemetry Order                           |  |
| [] Telemetry                              | "And" Linked Panel   |
| [] Telemetry monitoring                   | Routine, Continuous<br>Order: Place in Centralized Telemetry Monitor: EKG<br>Monitoring Only (Telemetry Box)<br>Reason for telemetry: Chest pain syndrome<br>Can be off of Telemetry for tests and baths? Yes  |
| [] Telemetry Additional Setup Information | Routine, Continuous<br>High Heart Rate (BPM): 120<br>Low Heart Rate(BPM): 50<br>High PVC's (per minute): 10<br>High SBP(mmHg): 175<br>Low SBP(mmHg): 100<br>High DBP(mmHg): 95<br>Low DBP(mmHg): 40<br>Low Mean BP: 60<br>High Mean BP: 120<br>Low SPO2(%): 94 |
| Nursing Care                              |  |
| [] Daily weights                          | Routine, Daily   |
| [] Intake and Output Qshift               | Routine, Every shift   |
| [] Nasogastric Tube Insert and Maintain   |  |
| [] Nasogastric tube insertion             | Routine, Once<br>Type:   |
| [] Nasogastric tube maintenance           | Routine, Until discontinued, Starting S<br>Tube Care Orders:   |
| [] Insert and Maintain Foley              |  |
| [] Insert Foley catheter                  | Routine, Once<br>Type:<br>Size:<br>Urinometer needed:  |
| [] Foley Catheter Care                    | Routine, Until discontinued, Starting S<br>Orders: Maintain  |
| Notify Physician                          |  |
| [] Notify Physician (Specify)             | Routine, Until discontinued, Starting S  |
| Diet (Single Response)                    |  |
| () NPO                                    | Diet effective now, Starting S<br>NPO:<br>Pre-Operative fasting options:   |
| () Diet                                   | Diet effective now, Starting S<br>Diet(s):<br>Advance Diet as Tolerated?<br>Liquid Consistency:<br>Fluid Restriction:<br>Foods to Avoid:   |
| Education                                 |  |
| [] Patient education - asthma             | Routine, Once<br>Patient/Family: Patient<br>Education for: Other (specify)<br>Specify: Asthma  |
| [X] Tobacco cessation education           | Routine, Once<br>If environmental exposure to smoke or has smoked within the<br>past 12 months   |

**Peripheral IV Access** 

| [X] Initiate and maintain IV    |  |
|---------------------------------|--|
| [X] Insert peripheral IV        | Routine, Once                                |
| [X] sodium chloride 0.9 % flush | 10 mL, intravenous, every 12 hours scheduled |
| [X] sodium chloride 0.9 % flush | 10 mL, intravenous, PRN, line care           |

#### IV Bolus (Single Response)

| () sodium chloride 0.9 % bolus 500 mL  | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses   |
|--|--|
| () sodium chloride 0.9 % bolus 1000 mL | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses |
| () lactated ringer's bolus 500 mL      | 500 mL, intravenous, for 15 Minutes, once, For 1 Doses   |
| () lactated ringers bolus 1000 mL      | 1,000 mL, intravenous, for 30 Minutes, once, For 1 Doses |

#### Maintenance IV Fluids (Single Response)

| () sodium chloride 0.9 % infusion  | 75 mL/hr, intravenous, continuous |
|--|-----------------------------------|
| () lactated Ringer's infusion  | 75 mL/hr, intravenous, continuous |
| () dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEg/L infusion | 75 mL/hr, intravenous, continuous |
| () sodium chloride 0.45 % infusion   | 75 mL/hr, intravenous, continuous |
| () sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion         | 75 mL/hr, intravenous, continuous |

## Medications

#### **Bronchodilators**

| 2.5 mg, nebulization, Respiratory Therapy - every 6 hours<br>Aerosol Delivery Device: |
|---|
| 2.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath                |
| Aerosol Delivery Device:  |
| 0.5 mg, nebulization, Respiratory Therapy - every 6 hours<br>Aerosol Delivery Device: |
| 0.5 mg, nebulization, every 6 hours PRN, wheezing, shortness of breath                |
| Aerosol Delivery Device:  |
|   |
| 1 capsule, inhalation, Respiratory Therapy - Daily                                    |
|   |
| 40 mg, intravenous, every 12 hours  |
| Until peak expiratory flow reaches 70% of predicted or<br>personal best.              |
| 40 mg, oral, 2 times daily  |
| 0.25 mg, nebulization, Respiratory Therapy - 2 times daily                            |
|   |
| 10 mg, oral, daily  |
|   |
| 2 puff, inhalation, every 6 hours PRN, wheezing, shortness of                         |
|   |

#### 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 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   |
| () Pharmacy consult to manage warfarin (COUMADIN)   | Indication:<br>STAT, Until discontinued, Starting S   |
|   | Indication:   |
| Mechanical Prophylaxis (Single Response)  | Deutine Ones  |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>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<br>continuous   | Routine, Continuous   |
| [] Place antiembolic stockings  | Routine, Once   |
| Moderate Risk of DVT - Non-Surgical   | and a standard and a standard  |
| Address pharmacologic prophylaxis by selecting one of the follo<br>pharmacologic prophylaxis is contraindicated.  | owing. Mechanical prophylaxis is optional unless  |
| ] Moderate Risk   | Poutino Oneo  |
| Moderate risk of VTE     Moderate Risk Pharmacological Prophylaxis  | Routine, Once   |
| ] Moderate Risk Pharmacological Prophylaxis -<br>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   |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following  |
| <ul> <li>Contraindications exist for pharmacologic prophylaxis</li> <li>enoxaparin (LOVENOX) injection (Single Response)</li> </ul>   | Routine, Once   |
|   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):  |
| () enoxaparin (LOVENOX) injection (Single Response)   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Startin<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Startin<br>S  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> </ul>  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>For Patients with CrCL LESS than 30 mL/min  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL</li> </ul>  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight</li> </ul>   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>For Patients with CrCL LESS than 30 mL/min<br>30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min<br>40 mg, subcutaneous, 2 times daily, Starting S   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30</li> </ul>  | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl</li> </ul>   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | 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  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30</li> </ul>  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>For Patients with CrCL LESS than 30 mL/min<br>30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min<br>40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min<br>2.5 mg, subcutaneous, daily  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | 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 or compared to the subcutaneous of the subcutaneous (HIT).   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>For Patients with CrCL LESS than 30 mL/min<br>30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min<br>40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min<br>2.5 mg, subcutaneous, daily<br>If the patient does not have a history of or suspected case<br>of Heparin-Induced Thrombocytopenia (HIT), do NOT orc<br>this medication. Contraindicated in patients LESS than  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS</li> </ul>  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>30 mg, subcutaneous, daily at 1700 (time critical), Starti<br>S<br>For Patients with CrCL LESS than 30 mL/min<br>30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min<br>40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min<br>2.5 mg, subcutaneous, daily<br>If the patient does not have a history of or suspected case<br>of Heparin-Induced Thrombocytopenia (HIT), do NOT oro<br>this medication. Contraindicated in patients LESS than<br>50kg, prior to surgery/invasive procedure, or CrCl LESS<br>than 30 mL/min   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> </ul>   | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> </ul>   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL<br/>LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCl GREATER than 30<br/>mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCl GREATER than 30<br/>mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>  | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>   |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>  | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>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</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> </ul>  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL<br/>LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCl GREATER than 30<br/>mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCl GREATER than 30<br/>mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul>  | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT or this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> <li>5,000 Units, subcutaneous, every 12 hours</li> </ul>  |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)         <ul> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>() fondaparinux (ARIXTRA) injection</li> </ul> </li> <li>() heparin (porcine) injection         <ul> <li>() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;</li> </ul> </li> </ul> | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Starti S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>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</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> <li>5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g.</li> </ul> |
| <ul> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL<br/>LESS than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCl GREATER than 30<br/>mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCl GREATER than 30<br/>mL/min</li> <li>() enotaparinux (ARIXTRA) injection</li> </ul>  | <ul> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>40 mg, subcutaneous, daily at 1700 (time critical), Startin S</li> <li>30 mg, subcutaneous, daily at 1700 (time critical), Startin S</li> <li>For Patients with CrCL LESS than 30 mL/min</li> <li>30 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>40 mg, subcutaneous, 2 times daily, Starting S</li> <li>For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min</li> <li>2.5 mg, subcutaneous, daily</li> <li>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</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> <li>5,000 Units, subcutaneous, every 8 hours</li> </ul>  |

| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |
|--|---|
| ] Mechanical Prophylaxis (Single Response)   |   |
| () Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>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<br>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<br>[] High risk of VTE   | Routine, Once   |
| ] High Risk Pharmacological Prophylaxis - Surgical Patient   |   |
| (Single Response)  |   |
| () Patient is currently receiving therapeutic anticoagulation  | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:  |
| () Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>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<br>LESS than 30 mL/min  | 30 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCI GREATER than 30<br/>mL/min</li> </ul>                          | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min   |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>                           | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |
| () fondaparinux (ARIXTRA) injection  | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <ul> <li>() heparin (porcine) injection (Recommended for patients<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul> | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>weight LESS than 50kg and age GREATER than 75yrs.  |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700 (time critical), Starting S+1<br>Indication:  |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:   |

| () Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>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 or  | dering from Pharmacological and Mechanical Prophylaxis.  |
| ] High Risk  | Desting Ones   |
| <ul> <li>[] High risk of VTE</li> <li>] High Risk Pharmacological Prophylaxis - Non-Surgical</li> </ul>                          | Routine, Once  |
| Patient (Single Response)  | Pautine Once   |
| () Patient is currently receiving therapeutic anticoagulation  | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |
| () Contraindications exist for pharmacologic prophylaxis   | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>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<br>S<br>For Patients with CrCL LESS than 30 mL/min  |
| () enoxaparin (LOVENOX) syringe - For Patients weight<br>between 100-139 kg and CrCI GREATER than 30<br>mL/min                   | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul> | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min   |
| () fondaparinux (ARIXTRA) injection  | <ul> <li>2.5 mg, subcutaneous, daily</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
| () 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<br>Recommended for patients with high risk of bleeding, e.g.   |
| 75yrs)<br>() warfarin (COUMADIN) tablet  | weight LESS than 50kg and age GREATER than 75yrs.<br>oral, daily at 1700 (time critical)   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | Indication:<br>STAT, Until discontinued, Starting S<br>Indication:   |
| ] Mechanical Prophylaxis (Single Response)   |  |
| () Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>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<br>High Risk of DVT - Surgical (Hip/Knee)  | Routine, Once   |
|---|---|
| Address both pharmacologic and mechanical prophylaxis by orc  | dering from Pharmacological and Mechanical Prophylaxis.   |
|   |   |
| ] High Risk   |   |
| [] High risk of VTE   | Routine, Once   |
| <ul> <li>High Risk Pharmacological Prophylaxis - Hip or Knee<br/>(Arthroplasty) Surgical Patient (Single Response)</li> </ul>                           |   |
| () Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.   |
|   | Therapy for the following:  |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):  |
| () apixaban (ELIQUIS) tablet  | 2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:  |
| () aspirin chewable tablet  | 162 mg, oral, daily, Starting S+1   |
| () aspirin (ECOTRIN) enteric coated tablet  | 162 mg, oral, daily, Starting S+1   |
|   | 162 mg, orai, daily, Starting 5+1   |
| () enoxaparin (LOVENOX) injection (Single Response)   | 10 mm subsutences deily at 0000 (time aritical). Otartia  |
| () 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  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL<br/>LESS than 30 mL/min - knee/hip arthroplasty</li> </ul>                               | 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<br/>between 100-139 kg and CrCI GREATER than 30<br/>mL/min</li> </ul>                       | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min.  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>                        | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |
| () fondaparinux (ARIXTRA) injection   | 2.5 mg, subcutaneous, daily, Starting S+1<br>If the patient does not have a history or suspected case of<br>Heparin-Induced Thrombocytopenia (HIT) do NOT order<br>this medication. Contraindicated in patients LESS than<br>50kg, prior to surgery/invasive procedure, or CrCI LESS<br>than 30 mL/min<br>This patient has a history of or suspected case of<br>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<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul> | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>weight LESS than 50kg and age GREATER than 75yrs.  |
| () rivaroxaban (XARELTO) tablet for hip or knee<br>arthroplasty planned during this admission   | 10 mg, oral, daily at 0600 (time critical), Starting S+1<br>To be Given on Post Op Day 1.<br>Indications:   |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700 (time critical), Starting S+1<br>Indication:  |
| () Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:   |
| ] Mechanical Prophylaxis (Single Response)  |   |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>contraindication(s):   |
| () Place/Maintain sequential compression device   | Routine, Continuous   |

| () Place sequential compression device and antiembolic  | "And" Linked Panel   |
|---|--|
| stockings [] Place/Maintain sequential compression device continuous  | Routine, Continuous  |
| [] Place antiembolic stockings  | Routine, Once  |
| <ul> <li>DVT Risk and Prophylaxis Tool (Single Response)</li> <li>Low Risk Definition Moderate Risk Definition</li> <li>Pharmacologic prophylaxis must be addressed. Mechanical proposition</li> <li>Both pharmacologic AND mechanical prophylaxis must be addresed age less than 60 years and NO other VTE risk factors One or moderate already adequately anticoagulated CHF, MI, lung disease veins, cancer, sepsis, obesity, previous stroke, rheumatologic dissistasis and nephrotic syndrome Thrombophilia (Factor V Leiden, syndrome; antithrombin, protein C or protein S deficiency; hyperl Age 60 and above Severe fracture of hip, pelvis or leg Central line Acute spinal cord injury with paresis</li> <li>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 st Estrogen therapy History of PE Moderate or major surgery (not for cancer)</li> <li>Major surgery within 3 months of admission</li> </ul> | essed.<br>ore of the following medical conditions: One or more of the<br>e, pneumonia, active inflammation, dehydration, varicose<br>sease, sickle cell disease, leg swelling, ulcers, venous<br>prothrombin variant mutations, anticardiolipin antibody<br>homocysteinemia; myeloproliferative disorders)<br>or pelvic surgery for CANCER |
| () Low Risk of DVT<br>[] Low Risk (Single Response)<br>() Low risk of VTE   | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed.  |
|   | Will encourgae early ambulation  |
| () Moderate Risk of DVT - Surgical<br>Address pharmacologic prophylaxis by selecting one of the follo<br>pharmacologic prophylaxis is contraindicated.  | owing. Mechanical prophylaxis is optional unless   |
| [] Moderate Risk  |  |
| [] Moderate risk of VTE   | Routine, Once  |
| [] Moderate Risk Pharmacological Prophylaxis - Surgical<br>Patient (Single Response)  |  |
| () Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>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<br>LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCI GREATER than 30<br/>mL/min</li> </ul>   | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min   |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>  | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |

| () fondaparinux (ARIXTRA) injection   | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>                              |
|---|---|
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <ul> <li>heparin (porcine) injection (Recommended for pa<br/>with high risk of bleeding, e.g. weight &lt; 50kg and<br/>75yrs)</li> </ul>  |   |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700 (time critical), Starting S+1<br>Indication:  |
| () Pharmacy consult to manage warfarin (COUMAD  | VIN) STAT, Until discontinued, Starting S<br>Indication:  |
| Moderate Risk of DVT - Non-Surgical   |   |
| Address pharmacologic prophylaxis by selecting one pharmacologic prophylaxis is contraindicated.  | of the following. Mechanical prophylaxis is optional unless   |
| [] Moderate Risk  |   |
| [] Moderate risk of VTE   | Routine, Once   |
| [] Moderate Risk Pharmacological Prophylaxis -<br>Non-Surgical Patient (Single Response)  |   |
| () Patient is currently receiving therapeutic anticoag  | ulation Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:   |
| () Contraindications exist for pharmacologic prophyl  | laxis Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):  |
| () enoxaparin (LOVENOX) injection (Single Respon  |   |
| () enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 1700 (time critical), Startin S+1   |
| () enoxaparin (LOVENOX) syringe - For Patients w<br>LESS than 30 mL/min   | vith CrCL 30 mg, subcutaneous, daily at 1700 (time critical), Startin<br>S+1<br>For Patients with CrCL LESS than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients<br/>between 100-139 kg and CrCI GREATER than 3<br/>mL/min</li> </ul>   |   |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients w<br/>140 kg or GREATER and CrCI GREATER than<br/>mL/min</li> </ul>  | veight 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time  |
|   |   |
| () fondaparinux (ARIXTRA) injection   | <ul> <li>2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT ordet this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul>  |
|   | If the patient does not have a history of or suspected case<br>of Heparin-Induced Thrombocytopenia (HIT), do NOT order<br>this medication. Contraindicated in patients LESS than<br>50kg, prior to surgery/invasive procedure, or CrCI LESS<br>than 30 mL/min<br>This patient has a history of or suspected case of<br>Heparin-Induced Thrombocytopenia (HIT):  |
| <ul> <li>fondaparinux (ARIXTRA) injection</li> <li>heparin (porcine) injection         <ol> <li>heparin (porcine) injection (Recommended for parwith high risk of bleeding, e.g. weight &lt; 50kg and 75yrs)</li> </ol> </li> </ul> | If the patient does not have a history of or suspected case<br>of Heparin-Induced Thrombocytopenia (HIT), do NOT order<br>this medication. Contraindicated in patients LESS than<br>50kg, prior to surgery/invasive procedure, or CrCI LESS<br>than 30 mL/min<br>This patient has a history of or suspected case of<br>Heparin-Induced Thrombocytopenia (HIT):<br>5,000 Units, subcutaneous, every 8 hourstients5,000 Units, subcutaneous, every 12 hours |

() Pharmacy consult to manage warfarin (COUMADIN)

STAT, Until discontinued, Starting S Indication:

#### High Risk of DVT - 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 - 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 Patients weight 140 kg or GREATER and CrCl mL/min 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 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 with high risk of bleeding, e.g. weight < 50kg and age >AM Recommended for patients with high risk of bleeding, e.g. 75yrs) 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):

| () analyzeratin (LOV/ENOV) injection (Circle Decrease)   |   |
|--|---|
| () enoxaparin (LOVENOX) injection (Single Response)  |   |
| () enoxaparin (LOVENOX) syringe  | 40 mg, subcutaneous, daily, Starting S+1  |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL   | 30 mg, subcutaneous, daily, Starting S+1  |
| LESS than 30 mL/min  | For Patients with CrCL LESS than 30 mL/min  |
| () enoxaparin (LOVENOX) syringe - For Patients weight  | 30 mg, subcutaneous, every 12 hours at 0900, 2100 (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   |
| () an  | GREATER than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30</li> </ul>  | 40 mg, subcutaneous, every 12 hours at 0900, 2100 (time critical)   |
| 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 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 >   | Recommended for patients with high risk of bleeding, e.g.   |
| 75yrs) () warfarin (COUMADIN) tablet   | weight LESS than 50kg and age GREATER than 75yrs.<br>oral, daily at 1700 (time critical)  |
| () waitaini (COOMADIN) tablet  | Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S  |
|  | Indication:   |
| High Risk of DVT - Surgical (Hip/Knee)   |   |
| 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 - Hip or Knee  |   |
| (Arthroplasty) Surgical Patient (Single Response)  |   |
| (Arthroplasty) Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation  | Routine, Once   |
| $\cdot$  | No pharmacologic VTE prophylaxis because: patient is  |
| $\cdot$  | No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.   |
| () Patient is currently receiving therapeutic anticoagulation  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |
| $\cdot$  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once   |
| () Patient is currently receiving therapeutic anticoagulation  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):  |
| () Patient is currently receiving therapeutic anticoagulation  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> </ul>  | <ul> <li>No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:</li> <li>Routine, Once</li> <li>No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>2.5 mg, oral, every 12 hours, Starting S+1 Indications:</li> <li>162 mg, oral, daily, Starting S+1</li> </ul>   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>   | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1  |
| <ul> <li>() Patient is currently receiving the apeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> </ul>   | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting  |
| <ul> <li>() Patient is currently receiving the apeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time   |
| <ul> <li>() Patient is currently receiving the apeutic anticoagulation</li> <li>() Patient is currently receiving the apeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - knee arthroplasty</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - knee arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>For Patients with CrCL LESS than 30 mL/min.   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>For Patients with CrCL LESS than 30 mL/min.<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30</li> </ul>   | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>For Patients with CrCL LESS than 30 mL/min.<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1   |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight</li> </ul>  | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>50 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>50 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.  |
| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - knee arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> </ul>   | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Starting<br>S+1<br>For Patients with CrCL LESS than 30 mL/min.<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients with CrCL LESS than 30 mL/min.   |
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| <ul> <li>() Patient is currently receiving therapeutic anticoagulation</li> <li>() Contraindications exist for pharmacologic prophylaxis</li> <li>() apixaban (ELIQUIS) tablet</li> <li>() aspirin chewable tablet</li> <li>() aspirin (ECOTRIN) enteric coated tablet</li> <li>() enoxaparin (LOVENOX) injection (Single Response)</li> <li>() enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>() enoxaparin (LOVENOX) syringe - knee arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min - knee/hip arthroplasty</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min</li> <li>() enoxaparin (LOVENOX) syringe - For Patients weight 140 kg or GREATER and CrCl GREATER than 30</li> </ul> | No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>2.5 mg, oral, every 12 hours, Starting S+1<br>Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>For Patients with CrCL LESS than 30 mL/min.<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min.<br>40 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1   |

| () fondaparinux (ARIXTRA) injection  | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
|--|--|
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00<br>AM  |
| <ul> <li>() heparin (porcine) injection (Recommended for patients<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul>   | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>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<br>To be Given on Post Op Day 1.<br>Indications:  |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700 (time critical), Starting S+1<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| following medical conditions:<br>Patient already adequately anticoagulated CHF, MI, lung diseas<br>veins, cancer, sepsis, obesity, previous stroke, rheumatologic di<br>stasis and nephrotic syndrome Thrombophilia (Factor V Leiden,<br>syndrome; antithrombin, protein C or protein S deficiency; hyper<br>Age 60 and above Severe fracture of hip, pelvis or leg<br>Central line Acute spinal cord injury with paresis<br>History of DVT or family history of VTE Multiple major traumas<br>Anticipated length of stay GREATER than 48 hours Abdominal<br>Less than fully and independently ambulatory Acute ischemic s<br>Estrogen therapy History of PE<br>Moderate or major surgery (not for cancer)<br>Major surgery within 3 months of admission | sease, sickle cell disease, leg swelling, ulcers, venous<br>prothrombin variant mutations, anticardiolipin antibody<br>homocysteinemia; myeloproliferative disorders)<br>or pelvic surgery for CANCER  |
| ()_Low Risk of DVT   |  |
| [] Low Risk (Single Response)<br>() Low risk of VTE  | Routine, Once<br>Low risk: Due to low risk, no VTE prophylaxis is needed.<br>Will encourgae early ambulation   |
| <ul> <li>Moderate Risk of DVT - Surgical</li> <li>Address pharmacologic prophylaxis by selecting one of the foll<br/>pharmacologic prophylaxis is contraindicated.</li> </ul>  |  |
| [] Moderate Risk   |  |
| [] Moderate risk of VTE           [] Moderate Risk Pharmacological Prophylaxis - Surgical  | Routine, Once  |
| Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation  | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |

| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>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<br>S+1<br>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<br>mL/min   | critical), Starting S+1<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min   |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>                        | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>For Patient weight of 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |
| () fondaparinux (ARIXTRA) injection   | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00<br>AM  |
| <ul> <li>heparin (porcine) injection (Recommended for patients<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul> | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>weight LESS than 50kg and age GREATER than 75yrs.   |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700 (time critical), Starting S+1<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:  |
| [] Mechanical Prophylaxis (Single Response)   |  |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>contraindication(s):  |
| () Place/Maintain sequential compression device<br>continuous   | Routine, Continuous  |
| <ul> <li>Place sequential compression device and antiembolic<br/>stockings</li> </ul>   | "And" Linked Panel   |
| [] Place/Maintain sequential compression device<br>continuous   | Routine, Continuous  |
| [] Place antiembolic stockings  | Routine, Once  |
| Moderate Risk of DVT - Non-Surgical<br>Address pharmacologic prophylaxis by selecting one of the follopharmacologic prophylaxis is contraindicated.     | owing. Mechanical prophylaxis is optional unless   |
| [] Moderate Risk  |  |
| Moderate risk of VTE     Moderate Risk Pharmacological Prophylaxis -     Nap Surgical Patient (Single Pageageage)                                       | Routine, Once  |
| Non-Surgical Patient (Single Response) () Patient is currently receiving therapeutic anticoagulation  | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |
|   | Routine, Once  |

| ()  |   |   |
|---|---|---|
|   | 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  | 30 mg, subcutaneous, 2 times daily, Starting S  |
| ()  | between 100-139 kg and CrCI GREATER than 30   | For Patients weight between 100-139 kg and CrCl   |
|   | mL/min  | 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  | For Patients weight 140 kg or GREATER and CrCl  |
|   | mL/min  | GREATER than 30 mL/min  |
| () f  | 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 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):   |
|   | 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 >  | Recommended for patients with high risk of bleeding, e.g.   |
|   | 75yrs)  | weight LESS than 50kg and age GREATER than 75yrs.   |
| ()  | warfarin (COUMADIN) tablet  | oral, daily at 1700 (time critical)<br>Indication:  |
| $\overline{()}$   | Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S  |
| ()  | i haimacy consult to manage warrann (COOMADIN)  | Indication:   |
| 1 M   | lechanical 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<br>continuous  | Routine, Continuous   |
|   |   | Routine, Continuous<br>Routine, Once  |
| []<br>[]<br>High  | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical   | Routine, Once   |
| []<br>[]<br>High<br>Add                                 | continuous<br>Place antiembolic stockings   | Routine, Once   |
| []<br>High<br>Addu<br>] H                               | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord  | Routine, Once   |
| []<br>High<br>Addi<br>] H                               | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk  | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.  |
| []<br>High<br>Addr<br>] H<br>[] I<br>] H                | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE  | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.  |
| []<br>High<br>Add<br>] H<br>[] I<br>] H<br>(S           | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.  |
| []<br>High<br>Addi<br>] H<br>[] I<br>] H<br>(S          | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is  |
| []<br>High<br>Addu<br>] H<br>[] I<br>] H<br>(S          | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is  |
| []<br>High<br>Add<br>] H<br>[] I<br>] H<br>(§<br>() I   | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:   |
| []<br>High<br>Add<br>] H<br>[] I<br>] H<br>(§<br>() I   | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once  |
| []<br>High<br>Add<br>] H<br>[] I<br>] H<br>(§<br>() I   | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following   |
| []<br>High<br>Addu<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once  |
| []<br>High<br>Addu<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):   |
| []<br>High<br>Adda<br>] H<br>[] I<br>] H<br>() I        | continuous<br>Place antiembolic stockings<br>n Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1   |
| []<br>High<br>Adda<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)<br>enoxaparin (LOVENOX) syringe<br>enoxaparin (LOVENOX) syringe - For Patients with CrCL   | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Startin  |
| []<br>High<br>Adda<br>] H<br>[] I<br>[] H<br>(S<br>() I | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)<br>enoxaparin (LOVENOX) syringe  | Routine, Once<br>dering from Pharmacological and Mechanical Prophylaxis.<br>Routine, Once<br>Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication<br>Therapy for the following:<br>Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1   |
| []<br>High<br>Adda<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)<br>enoxaparin (LOVENOX) syringe<br>enoxaparin (LOVENOX) syringe - For Patients with CrCL<br>LESS than 30 mL/min<br>enoxaparin (LOVENOX) syringe - For Patients weight  | Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         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):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time                        |
| []<br>High<br>Adda<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)<br>enoxaparin (LOVENOX) syringe<br>enoxaparin (LOVENOX) syringe - For Patients with CrCL<br>LESS than 30 mL/min<br>enoxaparin (LOVENOX) syringe - For Patients weight<br>between 100-139 kg and CrCl GREATER than 30 | Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         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):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Startin S+1 |
| []<br>High<br>Adda<br>] H<br>[] I<br>] H<br>(S<br>() I  | continuous<br>Place antiembolic stockings<br>Risk of DVT - Surgical<br>ress both pharmacologic and mechanical prophylaxis by ord<br>igh Risk<br>High risk of VTE<br>igh Risk Pharmacological Prophylaxis - Surgical Patient<br>Single Response)<br>Patient is currently receiving therapeutic anticoagulation<br>Contraindications exist for pharmacologic prophylaxis<br>enoxaparin (LOVENOX) injection (Single Response)<br>enoxaparin (LOVENOX) syringe<br>enoxaparin (LOVENOX) syringe - For Patients with CrCL<br>LESS than 30 mL/min<br>enoxaparin (LOVENOX) syringe - For Patients weight  | Routine, Once         dering from Pharmacological and Mechanical Prophylaxis.         Routine, Once         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):         40 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         30 mg, subcutaneous, daily at 0600 (time critical), Startin S+1         For Patients with CrCL LESS than 30 mL/min         30 mg, subcutaneous, 2 times daily at 0600, 1800 (time                        |

| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>                        | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (time critical), Starting S+1<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |
|---|---|
| () fondaparinux (ARIXTRA) injection   | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
| () heparin (porcine) injection  | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM  |
| <ul> <li>heparin (porcine) injection (Recommended for patients<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul> | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>weight LESS than 50kg and age GREATER than 75yrs.  |
| () warfarin (COUMADIN) tablet   | oral, daily at 1700 (time critical), Starting S+1<br>Indication:  |
| () Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:   |
| [] Mechanical Prophylaxis (Single Response)   |   |
| () Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>contraindication(s):   |
| () Place/Maintain sequential compression device<br>continuous   | Routine, Continuous   |
| () Place sequential compression device and antiembolic stockings  | "And" Linked Panel  |
| [] Place/Maintain sequential compression device<br>continuous   | Routine, Continuous   |
| [] Place antiembolic stockings  | Routine, Once   |
| High Risk of DVT - Non-Surgical<br>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<br>Patient (Single Response)  |   |
| () Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:   |
| () Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>contraindication(s):  |
| () enoxaparin (LOVENOX) injection (Single Response)   |   |
| () enoxaparin (LOVENOX) syringe   | 40 mg, subcutaneous, daily at 1700 (time critical), Startir<br>S  |
| () enoxaparin (LOVENOX) syringe - For Patients with CrCL<br>LESS than 30 mL/min   | 30 mg, subcutaneous, daily at 1700 (time critical), Startir<br>S<br>For Patients with CrCL LESS than 30 mL/min  |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>between 100-139 kg and CrCI GREATER than 30<br/>mL/min</li> </ul>                       | 30 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight between 100-139 kg and CrCl<br>GREATER than 30 mL/min   |
| <ul> <li>enoxaparin (LOVENOX) syringe - For Patients weight<br/>140 kg or GREATER and CrCI GREATER than 30<br/>mL/min</li> </ul>                        | 40 mg, subcutaneous, 2 times daily, Starting S<br>For Patients weight 140 kg or GREATER and CrCl<br>GREATER than 30 mL/min  |

| ()                   | fondaparinux (ARIXTRA) injection   | <ul> <li>2.5 mg, subcutaneous, daily</li> <li>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.</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
|----------------------|--|--|
| $\overline{()}$      | 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)<br>Indication:   |
| ()                   | Pharmacy consult to manage warfarin (COUMADIN)   | STAT, Until discontinued, Starting S<br>Indication:  |
| []                   | Mechanical Prophylaxis (Single Response)   |  |
| ()                   | Contraindications exist for mechanical prophylaxis   | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>contraindication(s):  |
| ()                   | Place/Maintain sequential compression device<br>continuous   | Routine, Continuous  |
| ()                   | Place sequential compression device and antiembolic stockings  | "And" Linked Panel   |
| []                   | Place/Maintain sequential compression device<br>continuous   | Routine, Continuous  |
| _[]                  | Place antiembolic stockings  | Routine, Once  |
| []                   | High Risk<br>High risk of VTE  | Routine, Once  |
|                      | High Risk Pharmacological Prophylaxis - Hip or Knee<br>(Arthroplasty) Surgical Patient (Single Response)   |  |
| ()                   | Patient is currently receiving therapeutic anticoagulation   | Routine, Once<br>No pharmacologic VTE prophylaxis because: patient is<br>already on therapeutic anticoagulation for other indication.<br>Therapy for the following:  |
| ()                   | Contraindications exist for pharmacologic prophylaxis  | Routine, Once<br>No pharmacologic VTE prophylaxis due to the following<br>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:   |
| ()<br>()<br>()       | aspirin (ECOTRIN) enteric coated tablet<br>enoxaparin (LOVENOX) injection (Single Response)  | Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1   |
| ()<br>()<br>()<br>() | aspirin (ECOTRIN) enteric coated tablet<br>enoxaparin (LOVENOX) injection (Single Response)<br>) enoxaparin (LOVENOX) syringe - hip arthoplasty  | Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1   |
|                      | aspirin (ECOTRIN) enteric coated tablet<br>enoxaparin (LOVENOX) injection (Single Response)<br>) enoxaparin (LOVENOX) syringe - hip arthoplasty<br>) enoxaparin (LOVENOX) syringe - knee arthroplasty  | Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1  |
|                      | aspirin (ECOTRIN) enteric coated tablet<br>enoxaparin (LOVENOX) injection (Single Response)<br>) enoxaparin (LOVENOX) syringe - hip arthoplasty  | Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1  |
|                      | <ul> <li>aspirin (ECOTRIN) enteric coated tablet</li> <li>enoxaparin (LOVENOX) injection (Single Response)</li> <li>enoxaparin (LOVENOX) syringe - hip arthoplasty</li> <li>enoxaparin (LOVENOX) syringe - knee arthroplasty</li> <li>enoxaparin (LOVENOX) syringe - For Patients with CrCL<br/>LESS than 30 mL/min - knee/hip arthroplasty</li> </ul> | Indications:<br>162 mg, oral, daily, Starting S+1<br>162 mg, oral, daily, Starting S+1<br>40 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1<br>30 mg, subcutaneous, 2 times daily at 0600, 1800 (time<br>critical), Starting S+1<br>30 mg, subcutaneous, daily at 0600 (time critical), Startin<br>S+1  |

| () fondaparinux (ARIXTRA) injection  | <ul> <li>2.5 mg, subcutaneous, daily, Starting S+1</li> <li>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</li> <li>This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):</li> </ul> |
|--|--|
| () heparin (porcine) injection   | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM   |
| <ul> <li>() heparin (porcine) injection (Recommended for patients<br/>with high risk of bleeding, e.g. weight &lt; 50kg and age &gt;<br/>75yrs)</li> </ul> | 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00<br>AM<br>Recommended for patients with high risk of bleeding, e.g.<br>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<br>To be Given on Post Op Day 1.<br>Indications:  |
| () warfarin (COUMADIN) tablet  | oral, daily at 1700 (time critical), Starting S+1<br>Indication:   |
| () Pharmacy consult to manage warfarin (COUMADIN)  | STAT, Until discontinued, Starting S<br>Indication:  |
| ] Mechanical Prophylaxis (Single Response)   |  |
| () Contraindications exist for mechanical prophylaxis  | Routine, Once<br>No mechanical VTE prophylaxis due to the following<br>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

Labs

| [] CBC and differential          | Once         |  |
|----------------------------------|--------------|--|
| [] Eosinophil smear              | Once, Sputum |  |
| [] Basic metabolic panel         | Once         |  |
| [] Comprehensive metabolic panel | Once         |  |
| [] Electrolyte panel             | Once         |  |
| [] Theophylline level            | Once         |  |
| [] Phosphorus                    | Once         |  |
| [] Magnesium                     | Once         |  |
| [] Blood gas, arterial           | Once         |  |

# Cardiology

#### EKG

[] ECG 12 lead

Routine, Once Clinical Indications: Shortness of Breath Interpreting Physician: Pre-Procedure

## Diagnostic Imaging

#### X-Ray

| [] X-ray chest 2 views | Routine, 1 time imaging For 1 Occurrences |
|------------------------|---|
| [] X-ray chest 1 view  | Routine, 1 time imaging For 1 Occurrences |

## Other Diagnostic Studies

#### Respiratory Respiratory [] Peak flow Routine, Once Check before and after nebulizer treatments [] Oxygen therapy nasal cannula 2 Lpm Routine. Continuous Device 1: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: 02 %: Titrate to keep O2 Sat Above: 90% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy: Rehab Consults **Ancillary Consults** [] Consult to Case Management Consult Reason: Consult to Social Work Reason for Consult: [] [] Consult PT eval and treat Special Instructions: Weight Bearing Status: Consult PT wound care Special Instructions: [] Location of Wound? [] Consult OT eval and treat Special Instructions: Weight Bearing Status: Reason For Consult? [] Consult to Nutrition Services Purpose/Topic: [] Consult to Spiritual Care Reason for consult?

Routine, Once Reason for consult:

Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:

Reason for Consult?

[] Consult to Respiratory Therapy Additional Orders

[] Consult to Speech Language Pathology

[] Consult to Wound Ostomy Care nurse