Pancreas and Kidney-Pancreas Transplant PreOp Admission [1760]

General

Case Request Kidney-Pancreas (Single Response)

() Case request operating room

Scheduling/ADT, Scheduling/ADT

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

() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition: Bed request comments:
	Bed request comments: Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
	Pre-op
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
	Upon arrival and record in EPIC
Activity	
[] Activity (specify)	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	Pre-op
Nursing	
[X] Height and weight	Routine, Once For 1 Occurrences, Pre-op
[] Bedside glucose	Routine, Every 2 hours
	Notify Transplant Surgeon if glucose is less than 80 mg/dl or it
	greater than 250 mg/dl, Pre-op
[X] Nursing communication	Send methylprednisolone to operating room with patient to be
[X] Nursing communication	administered by anesthesiologist., Pre-op Send preoprative antibiotics to operating room with patient to
	be administered by anesthesiologist., Pre-op
Notify	
[X] Physician communication order	Routine, Once
	Transplant Nephrologist of patient arrival and tentative time for
[V] Dhusisian communication order	surgery. Routine, Once For 1 Occurrences
[X] Physician communication order	Endocrinologist (Dr. Sadhu or whoever is covering for her for
	the time being).
Diet	
[X] NPO	Diet effective now, Starting S NPO: Except meds
	Pre-Operative fasting options:
	except specific medications
Consent	

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

Op Prophylactic Antibiotic: For Patients GRI		n 120 ka (Sinale Response)
cefazolin (ANCEF) IV - for patient GREATER th	nan 120	3 g, intravenous, once, For 1 Doses, Pre-op
kg		Give 1 hour prior to skin incision
		Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
If Penicillin Allergic: clindamycin (CLEOCIN) IV	nlue	"And" Linked Panel
aztreonam (AZACTAM) IV	pius	
clindamycin (CLEOCIN) IV	900 mg	, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
		ster within in 30 minutes of incision.
	Reason	for Therapy: Surgical Prophylaxis
] aztreonam (AZACTAM) IV	2 g, intra	avenous, once, For 1 Doses, Pre-op
		ster within in 30 minutes of incision.
	Reason	for Therapy: Surgical Prophylaxis
Op Prophylactic Antibiotic: For Patients LES	SS than or	EQUAL to 120 kg (Single Response)
cefazolin (ANCEF) IV - for patient LESS than o	r EQUAL	2 g, intravenous, once, For 1 Doses, Pre-op
to 120 kg		Give 1 hour prior to skin incision
5		Type of Therapy: New Anti-Infective Order
		Reason for Therapy: Surgical Prophylaxis
If Penicillin Allergic: clindamycin (CLEOCIN) IV	plus	"And" Linked Panel
aztreonam (AZACTAM) IV		
] clindamycin (CLEOCIN) IV		, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op
		ster within in 30 minutes of incision.
		for Therapy: Surgical Prophylaxis
] aztreonam (AZACTAM) IV		avenous, once, For 1 Doses, Pre-op
		ster within in 30 minutes of incision.
F		ster within in 30 minutes of incision. I for Therapy: Surgical Prophylaxis
E	Reason	for Therapy: Surgical Prophylaxis
E T Risk and Prophylaxis Tool (Single Respon	Reason	for Therapy: Surgical Prophylaxis
T Risk and Prophylaxis Tool (Single Respon	Reason se) (Selecti	for Therapy: Surgical Prophylaxis ion Required)
T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape	Reason se) (Selecti eutic	for Therapy: Surgical Prophylaxis ion Required)
T Risk and Prophylaxis Tool (Single Response) Patient currently has an active order for therape	Reason se) (Selecti eutic	for Therapy: Surgical Prophylaxis ion Required)
T Risk and Prophylaxis Tool (Single Respon Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra	Reason se) (Selecti eutic atification	for Therapy: Surgical Prophylaxis ion Required) URL: "\appt1.pdf"
F Risk and Prophylaxis Tool (Single Respons Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)	Reason se) (Selecti eutic atification ive order for	for Therapy: Surgical Prophylaxis ion Required) URL: "\appt1.pdf" r
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 T Risk and Prophylaxis Tool (Single Response Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strater (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Sing () Contraindications exist for mechanical 	Reason se) (Selection atification ive order for s (Selection Routin No pha therap Therap le Respons Routi No m contr	for Therapy: Surgical Prophylaxis ion Required) URL: "\appt1.pdf" r ne, Once armacologic VTE prophylaxis because: patient is already on eutic anticoagulation for other indication. by for the following: ine, Once echanical VTE prophylaxis due to the following
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 Risk and Prophylaxis Tool (Single Response Patient currently has an active order for theraperanticoagulant or VTE prophylaxis with Risk Strateration (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Moderate Risk - Patient currently has an active continuous Moderate Risk of VTE 	Reason se) (Selection atification ive order for s (Selection Routin No pha therap Therap Ile Respons Routi No m contr Routi ive order for s (Selection	for Therapy: Surgical Prophylaxis ion Required) URL: "\appt1.pdf" r ne, Once armacologic VTE prophylaxis because: patient is already on eutic anticoagulation for other indication. by for the following: ine, Once ine, Once ine, Once ine, Once ine, Continuous r ine, Continuous
 Risk and Prophylaxis Tool (Single Response Patient currently has an active order for theraperanticoagulant or VTE prophylaxis with Risk Strateration (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) Moderate risk of VTE Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device for therapeutic anticoagulant or VTE prophylaxis Place/Maintain sequential compression device for therapeutic anticoagulant or VTE prophylaxis 	Reason se) (Selection atification ive order for s (Selection Routin No pha therap Therap Ile Respons Routi No m contr Routin ive order for s (Selection Routin Routin	ion Required) URL: "\appt1.pdf" r ne, Once armacologic VTE prophylaxis because: patient is already on eutic anticoagulation for other indication. by for the following: ine, Once ine, Once ine, Once ine, Once ine, Once ine, Continuous r ine, Continuous
 T Risk and Prophylaxis Tool (Single Response Patient currently has an active order for theraperanticoagulant or VTE prophylaxis with Risk Strateration (Single Response) (Selection Required) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Sing () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active sequential compression device (Sing device continuous) Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis [] Place/Maintain sequential compression device (Sing device continuous Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis [] Moderate Risk of VTE 	Reason se) (Selection atification ive order for s (Selection Routin No pha therap Therap Ile Respons Routi No m contr Routi ive order for s (Selection Routin Routin Routin No pha	for Therapy: Surgical Prophylaxis ion Required) URL: "\appt1.pdf" r ne, Once armacologic VTE prophylaxis because: patient is already on eutic anticoagulation for other indication. by for the following: ine, Once ine, Once ine, Once ine, Once ine, Continuous r ine, Continuous

() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Place/Maintain sequential compression device continuous	contraindication(s): Routine, Continuous
() High Risk - Patient currently has an active ord	erfor
therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Disce/Maintein acquestial compression	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	
therapeutic anticoagulant or VTE prophylaxis	Selection
Required)	Pauting Once
 [] High risk of VTE [] Patient currently has an active order for 	Routine, Once
therapeutic anticoagulant or VTE	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	ctors
[] Low Risk (Single Response) (Selection Require	red)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection R	equired)
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed. I contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou	JIS
Less than fully and independently ambulatory Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once

Contraindications exist for pharmacologic prop	ohylaxis "And" Linked Panel
BUT order Sequential compression device	
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "And" Linked Panel
] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
) patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
· ·	For Patients with CrCL LESS than 30 mL/min
) patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
) patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCI GREATER than 3 mL/min
fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	lection
Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
Place/Maintain sequential compression	Routine, Continuous
device continuous	

Required)

(

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamr	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
1 Madarata Diak (Salartian Dequired)	
[] Moderate Risk (Selection Required)	Deutine Once
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec	ction
Required)	
() Contraindications exist for pharmacologic pro Order Sequential compression device	
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
 [] Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:

 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s) Routine, Continuous
device continuous	
) HIGH Risk of DVT - Surgical (Selection Required	
High Risk Definition Both pharmacologic AND mechanical prophylaxis	must be addressed
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg	nyeloproliterative disorders)
Acute spinal cord injury with paresis	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required) 	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() enoxaparin (LOVENOX) injection (Single Res	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	polise)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
() fondaparinux (ARIXTRA) injection	mL/min 2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s)

() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
() HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	nyeloproliferative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
History of PE	
,	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	·
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S
	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
() potients weight 140 kg or ODE ATED AND	mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
CICI GILLATER (Indi 30 III./ IIIII	mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() has significant a prime $(a - a - b)$ in the state	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous () HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	n
 HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio Required) 	11

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions:	
or protein S deficiency; hyperhomocysteinemia; n	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C nyeloproliferative disorders)
Severe f racture of hip, pelvis or leg Acute spinal cord injury with paresis	
Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F [] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
 Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
 enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min 	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
GREATER and CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () Rivaroxaban and Pharmacy Consult (Selectic Required) 	
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
admission	

 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
 Mechanical Prophylaxis (Single Response) (Se Required) 	election
() 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
/T Risk and Prophylaxis Tool (Single Response	e) (Selection Required) URL: "\appt1.pdf"
Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required)	
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) 	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	Response)
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following
() Place/Maintain sequential compression device continuous	contraindication(s): Routine, Continuous
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis (Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
 () Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous

 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	·
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Place/Maintain sequential compression	contraindication(s): Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required) Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourga
	early ambulation
MODERATE Risk of DVT - Surgical (Selection R	equired)
Moderate Risk Definition	
contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	ination, denyulation, vancose venis, cancer, sepsis, obesity, previous
	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease	
stroke, rheumatologic disease, sickle cell disease Age 60 and above	
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hol Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro- BUT order Sequential compression device	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) pphylaxis "And" Linked Panel
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro- BUT order Sequential compression device	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) pphylaxis "And" Linked Panel
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) pophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous pophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following Continuous Cophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following Contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following Contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) pophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous pophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following
stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hot Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic pro AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):

() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
MODERATE Risk of DVT - Non-Surgical (Selection	n
Required)	N 1
Moderate Risk Definition	lechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
One or more of the following medical conditions:	
stroke, rheumatologic disease, sickle cell disease,	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hour	rs
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	Deutine Orec
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selec Required) 	tion
() Contraindications exist for pharmacologic prop Order Sequential compression device	ohylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous

(

[]	AND mechanical prophylaxis Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() 	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1
() 	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min
()	CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 3 mL/min
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 3 mL/min
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
		If the patient does not have a history of or suspected case of
		Heparin-Induced Thrombocytopenia (HIT), do NOT order this
		medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
	with weight GREATER than 100 kg	Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
	warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
	Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
F	Mechanical Prophylaxis (Single Response) (Se Required)	
· /	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
$\overline{()}$	Place/Maintain sequential compression device continuous	Routine, Continuous
HIG	GH Risk of DVT - Surgical (Selection Required)
Add	dress both pharmacologic and mechanical pro	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	High Risk (Selection Required)	
	High risk of VTE	Routine, Once
(High Risk Pharmacological Prophylaxis - Surgi Single Response) (Selection Required)	
• •	Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1
()		For Patients with CrCL LESS than 30 mL/min

() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT):
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients 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.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Non-Surgical (Selection Requ	
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
. <u> </u>	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() anavanaria (I O) (ENOX) injection (Single Dee	contraindication(s):
 enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1
() periode that ever ====== a and the set of	For Patients with CrCL LESS than 30 mL/min
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, every 12 hours at 0900, 2100
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicatio
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	
Required)	
	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Selection Required) High risk of VTE	Routine, Once
	· · · · · · · · · · · · · · · · · · ·
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	quired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min.
 enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or 	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) Starting S+1
GREATER and CrCI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3 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 medicati
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
 [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
 Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
T Risk and Prophylaxis Tool (Single Response)	LIPL · "\appt1 pdf"
	URL: "\appt1.pdf"

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

Required)	
Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
Place sequential compression device (Single	Therapy for the following:
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F F J	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous Moderate Risk - Patient currently has an activ	ve order for
therapeutic anticoagulant or VTE prophylaxis	
Required)	
Moderate risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Single	e Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
High Risk - Patient currently has an active or	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
High risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
Diago acquestial compression device (Cingle	Therapy for the following:
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
High Risk - Patient currently has an active or	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	
] High risk of VTE	Routine, Once
Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
OW Risk of DVT (Selection Required)	
OW Risk of DVT (Selection Required)	
OW Risk of DVT (Selection Required) ow Risk Definition ge less than 60 years and NO other VTE risk fa	actors

() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation		
() MODERATE Risk of DVT - Surgical (Selection F			
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is		
stroke, rheumatologic disease, sickle cell diseas Age 60 and above Central line	: nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous se, leg swelling, ulcers, venous stasis and nephrotic syndrome		
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 ho Less than fully and independently ambulatory Estrogen therapy	ours		
Moderate or major surgery (not for cancer) Major surgery within 3 months of admission			
[] Moderate Risk (Selection Required)	Deutine Orece		
[] Moderate risk of VTE	Routine, Once		
[] Moderate Risk Pharmacological Prophylaxis Patient (Single Response) (Selection Require	•		
() Contraindications exist for pharmacologic pr			
BUT order Sequential compression device			
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):		
[] Place/Maintain sequential compression device continuous	Routine, Continuous		
() Contraindications exist for pharmacologic pr AND mechanical prophylaxis			
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):		
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):		
() enoxaparin (LOVENOX) injection (Single Re (Selection Required)) enoxaparin (LOVENOX) injection (Single Response)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1		
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min		
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min		
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than 30 mL/min		
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 		
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM		
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.		

	IEParin (porcine) injection - For Patients vith weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.	
() W	varfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:	
	Pharmacy consult to manage warfarin COUMADIN)	STAT, Until discontinued, Starting S Indication:	
	echanical Prophylaxis (Single Response) (Sele	ection	
	Contraindications exist for mechanical	Routine, Once	
<u> </u>	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s	
	Place/Maintain sequential compression levice continuous	Routine, Continuous	
	MODERATE Risk of DVT - Non-Surgical (Selection Required)		
Mod	erate Risk Definition		
	macologic prophylaxis must be addressed. Me raindicated.	echanical prophylaxis is optional unless pharmacologic is	
	or more of the following medical conditions: . MI, lung disease, pneumonia, active inflamm	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous	
strok		leg swelling, ulcers, venous stasis and nephrotic syndrome	
	ral line		
	bry of DVT or family history of VTE		
	cipated length of stay GREATER than 48 hours	3	
	than fully and independently ambulatory		
	ogen therapy		
	erate or major surgery (not for cancer)		
iviaju	r surgery within 3 months of admission		
	oderate Risk (Selection Required)		
	Aderate risk of VTE	Routine, Once	
No	oderate Risk Pharmacological Prophylaxis - on-Surgical Patient (Single Response) (Select equired)	ion	
	Contraindications exist for pharmacologic prop	hvlaxis - "And" Linked Panel	
<u> </u>	Order Sequential compression device	-	
	Contraindications exist for pharmacologic prophylaxis	Routine, Once	
		No pharmacologic VTE prophylaxis due to the following	
		contraindication(s):	
	Place/Maintain sequential compression device continuous	contraindication(s): Routine, Continuous	
() C A	device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel	
() C A []	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once	
() C A []	device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following	
() C A []	device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() C A []	device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once	
() C A []	device continuous Contraindications exist for pharmacologic prop AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following	
() C A []	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() C A [] () e	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() C A [] [] () e () ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis moxaparin (LOVENOX) injection (Single Resp Selection Required)	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): onse)	
() C A [] () e () e	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() C A [] [] () e ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis enoxaparin (LOVENOX) injection (Single Resp Selection Required) enoxaparin (LOVENOX) syringe	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): no mechanical VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 1700, Starting S	
() C A [] [] () e () () () ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis enoxaparin (LOVENOX) injection (Single Resp Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S 50 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, 2 times daily, Starting S	
() C () C () C () (] () () () () ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis enoxaparin (LOVENOX) injection (Single Resp Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S	
() C [] [] [] () e () () () () ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis moxaparin (LOVENOX) injection (Single Resp Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	
() C () C () C () (] () C () () () () () () ()	device continuous Contraindications exist for pharmacologic prop ND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Contraindications exist for mechanical prophylaxis enoxaparin (LOVENOX) injection (Single Resp Selection Required) enoxaparin (LOVENOX) syringe patients with CrCL LESS than 30 mL/min patients weight between 100-139 kg AND	contraindication(s): Routine, Continuous hylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): onse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30	

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily
	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT), do NOT order this
	medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
· · · · · · · · · · · · · · · · · · ·	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
 HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (S	
Required) () Contraindications exist for mechanical	Routine, Once
 Contraindications exist for mechanical prophylaxis 	No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required	d)
High Risk Definition	
Both pharmacologic AND mechanical prophylax	
One or more of the following medical conditions:	
Thrombondilia (Easter V/ Laidon prothrombin va	
	riant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia;	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	myeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg	myeloproliferative disorders)
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	Routine, Once gical Patient
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once gical Patient Routine, Once
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	Routine, Once gical Patient
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk (Selection Required) [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Routine, Once gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
or protein S deficiency; hyperhomocysteinemia; Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High Risk of VTE [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response)	Routine, Once gical Patient Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): esponse)
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() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
 Contraindications exist for mechanical prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Non-Surgical (Selection Requ	uired)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	s must be addressed.
One or more of the following medical conditions:	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; n	
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Multiple major traumas	
Abdominal or pelvic surgery for CANCER	
Acute ischemic stroke History of PE	
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required	()
() Contraindications exist for pharmacologic	Routine, Once
n na mba da a da	
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	No pharmacologic VTE prophylaxis due to the following contraindication(s):
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min
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 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min 	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
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 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection 	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 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 order this medicatior Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended 	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 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 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 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 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): 5,000 Units, subcutaneous, every 8 hours 5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS
 () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min () patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min () fondaparinux (ARIXTRA) injection () heparin (porcine) injection () heparin (porcine) injection (Recommended 	No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 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 order this medicatior Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours

() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
 Pharmacy consult to manage warfarin (COUMADIN) 	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) 	on
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin var or protein S deficiency; hyperhomocysteinemia; r Severe f racture of hip, pelvis or leg Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	iant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Hip c (Arthroplasty) Surgical Patient (Single Respon (Selection Required) 	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection F	
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
 Pharmacy consult to monitor apixaban (ELIQUIS) therapy 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For	For Patients with CrCL LESS than 30 mL/min. 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCI GREATER than 30 mL/min	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondaparinux (ARIXTRA) injection	 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	Rivaroxaban and Pharmacy Consult (Selection Required)	
[]	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
_	knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[]	Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
	(XARELTO) therapy	Indications: VTE prophylaxis
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	(COUMADIN)	Indication:
	Mechanical Prophylaxis (Single Response) (Sel Required)	ection
()	Contraindications exist for mechanical	Routine, Once
	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s
()	Place/Maintain sequential compression device continuous	Routine, Continuous

COVID-19 Qualitative PCR

] [] COVID-19 qualitative PCR - Nasal Swab	STAT For 1 Occurrences Specimen Source: Nasal Swab Is this for pre-procedure or non-PUI assessment? Yes Please select a reason for ordering, if applicable
		Please select a reason for ordering, if applicable.

Laboratory STAT Upon Arrival

[X] CBC with platelet and differential	STAT For 1 Occurrences
[X] Comprehensive metabolic panel	STAT For 1 Occurrences
[X] Phosphorus level	STAT For 1 Occurrences
[X] Magnesium level	STAT For 1 Occurrences
[X] Partial thromboplastin time	STAT For 1 Occurrences
[X] Prothrombin time with INR	STAT For 1 Occurrences
X Urinalysis screen and microscopy, with reflex to culture	STAT For 1 Occurrences
	Specimen Source: Urine
	Specimen Site:
[X] Cytomegalovirus by PCR	STAT For 1 Occurrences
	Specimen Source: Plasma
[X] BK virus by PCR	STAT For 1 Occurrences
	Specimen Source: Plasma
[X] Cytomegalovirus Ab, lgG	STAT For 1 Occurrences
[X] Hemoglobin A1c	STAT For 1 Occurrences
[X] West Nile virus antibody IgG, serum	STAT For 1 Occurrences
[X] West Nile virus antibody IgM, serum	STAT For 1 Occurrences
[] hCG qualitative, urine screen	Once
HLA Testing (Single Response)	

() HLA antibody testing - pre transplant	STAT For 1 Occurrences
() HLA deceased donor	STAT For 1 Occurrences

Increased Risk for Disease Transmission Donor/Serology Testing - HMH, HMSJ

[X] HIV Ag/Ab combinationOnce[X] HIV-1 RNA, qualitative TMAOnce

[X] Hepatitis B surface antigen

	0
[X] Hepatitis B surface antibody	Once Perform on HBV negative recipient, Pre-op
[X] Hepatitis B core antibody, total	Once For 1 Occurrences
[X] Hepatitis B virus (HBV), quantitative PCR	Once For 1 Occurrences
[X] Hepatitis C antibody	Once For 1 Occurrences
[X] Hepatitis C virus (HCV), quantitative PCR	Once For 1 Occurrences
Increased Risk for Disease Transmission Donor/Serology	Testing - HMH, HMSJ
[X] HIV Ag/Ab combination	Once
[X] Human immunodeficiency virus 1 (HIV-1), quantitative	Once
PCR	
[X] Hepatitis B surface antigen	Once For 1 Occurrences
[X] Hepatitis B surface antibody	Once
	Perform on HBV negative recipient, Pre-op
[X] Hepatitis B core antibody, total	Once For 1 Occurrences
[X] Hepatitis B virus (HBV), quantitative PCR	Once For 1 Occurrences
[X] Hepatitis C antibody	Once For 1 Occurrences
[X] Hepatitis C virus (HCV), quantitative PCR	Once For 1 Occurrences
Increased Risk for Disease Transmission Donor/Serology	Testing - HMSL_HMW
[X] Rapid HIV 1 & 2	Once
[X] HIV-1 RNA, qualitative TMA	Once
[X] Hepatitis B surface antigen	Once For 1 Occurrences Once
[X] Hepatitis B surface antibody	Perform on HBV negative recipient, Pre-op
[X] Hepatitis B core antibody, total	Once For 1 Occurrences
[X] Hepatitis B virus (HBV), quantitative PCR	Once For 1 Occurrences
[X] Hepatitis C antibody	Once For 1 Occurrences
[X] Hepatitis C virus (HCV), quantitative PCR	Once For 1 Occurrences
Increased Risk for Disease Transmission Donor/Serology	Testing - HMSL, HMW
[X] Rapid HIV 1 & 2	Testing - HMSL, HMW Once Once
	Once
[X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative	Once
[X] Rapid HIV 1 & 2[X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR	Once Once Once For 1 Occurrences Once
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody 	Once Once Once For 1 Occurrences Once Perf orm on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology 	Once Once Once Once Perf orm on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody 	Once Once Once Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hupatitis C virus (HCV), quantitative PCR [X] Hupatitis C virus (HCV), quantitative PCR 	Once Once Once Once Perf orm on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR 	Once Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Testing - HMCL, HMTW, HMWB Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Testing - HMCL, HMTW, HMWB Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Testing - HMCL, HMTW, HMWB Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody 	Once Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C antibody 	Once Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B surface antibody 	Once Once Once For 1 Occurrences Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody 	Once Once Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B core antibody, total [X] Hepatitis C antibody [X] Hepatitis C antibody [X] Hepatitis C virus (HBV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR 	Once Once Once Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occur
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody, total [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HBV), quantitative PCR [X] Hepatitis C virus (HBV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR 	Once Once Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences
 [X] Rapid HIV 1 & 2 [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B virus (HBV), quantitative PCR [X] Hepatitis C antibody [X] Hepatitis C virus (HCV), quantitative PCR Increased Risk for Disease Transmission Donor/Serology [X] HIV 1, 2 antibody [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B surface antigen [X] Hepatitis B surface antibody [X] Hepatitis B core antibody, total [X] Hepatitis B core antibody, total [X] Hepatitis C antibody [X] Hepatitis C antibody [X] Hepatitis C virus (HBV), quantitative PCR [X] Hepatitis C virus (HCV), quantitative PCR 	Once Once Once Once Perform on HBV negative recipient, Pre-op Once For 1 Occurrences Once For 1 Occur

X] Hepatitis B surface antibody	Once Perform on HBV negative recipient, Pre-op
X] Hepatitis B core antibody, total	Once For 1 Occurrences
X] Hepatitis B virus (HBV), quantitative PCR	Once For 1 Occurrences
X] Hepatitis C antibody	Once For 1 Occurrences
X] Hepatitis C virus (HCV), quantitative PCR	Once For 1 Occurrences
Blood Bank	
] Type and Screen + Crossmatch RBC	
[] Type and screen Once	9
[] Crossmatch Once	
Num	ber of Units:
	ber of Units to Keep Ahead:
	sfusion Indications:
Is the	e patient pregnant?
Cardiology	
Cardiology	
X] ECG 12 lead	STAT, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician:
	Upon arrival
] Echocardiogram complete w contrast and 3D if needed	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences Kidney Transplant pre-op clearance
maging	
K-Ray	
X] Chest 2 Vw	STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences On arrival
Other Studies	
Respiratory	
Rehab	
Consults	

Additional Orders