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|---|--|
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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

| | |
|---|---|
| <input type="checkbox"/> dextrose 10 % infusion - For NPO Patients and glucose levels LESS than 150 mg/dL | 40 mL/hr, intravenous, continuous, Pre-op Notify Transplant surgeon when starting D10W |
|---|---|

PreOperative Medications

| | |
|---|--|
| <input checked="" type="checkbox"/> No NSAIDs EXcluding aspirin | STAT, Until discontinued, Starting S Reason for "No" order: Pre-op |
|---|--|

On-Call to OR For Induction (Single Response)

| | |
|--|---|
| <input type="checkbox"/> antithymocyte globulin (THYMOGLOBULIN plus acetaminophen (TYLENOL) and diphenhydramine (BENADRYL) Premeds | "And" Linked Panel |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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

| | |
|---|---|
| <input checked="" type="checkbox"/> methylPREDNISolone 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. |
|---|---|

PreOperative Antibiotics

PreOp Prophylactic Antibiotic: For Patients GREATER than 120 kg (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> cefazolin (ANCEF) IV - for patient GREATER than 120 kg | 3 g, intravenous, once, For 1 Doses, Pre-op Give 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV | "And" Linked Panel |
| <input type="checkbox"/> clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> aztreonam (AZACTAM) IV | 2 g, intravenous, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis |

PreOp Prophylactic Antibiotic: For Patients LESS than or EQUAL to 120 kg (Single Response)

- | | |
|---|--|
| <input type="checkbox"/> cefazolin (ANCEF) IV - for patient LESS than or EQUAL to 120 kg | 2 g, intravenous, once, For 1 Doses, Pre-op Give 1 hour prior to skin incision Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> If Penicillin Allergic: clindamycin (CLEOCIN) IV plus aztreonam (AZACTAM) IV | "And" Linked Panel |
| <input type="checkbox"/> clindamycin (CLEOCIN) IV | 900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis |
| <input type="checkbox"/> aztreonam (AZACTAM) IV | 2 g, intravenous, once, For 1 Doses, Pre-op Administer within in 30 minutes of incision. Reason for Therapy: Surgical Prophylaxis |

VTE

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

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- | | |
|---|--|
| <input type="checkbox"/> Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) | |
| <input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> Place sequential compression device (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> Place sequential compression device (Single Response) | |

| | |
|---|--|
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> Place sequential compression device (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> 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: |
| <input type="checkbox"/> Place sequential compression device (Single Response) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> LOW Risk of DVT (Selection Required) | |
| Low Risk Definition Age less than 60 years and NO other VTE risk factors | |
| <input type="checkbox"/> Low Risk (Single Response) (Selection Required) | |
| <input type="checkbox"/> Low risk of VTE | Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
| <input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required) | |
| Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission | |
| <input type="checkbox"/> Moderate Risk (Selection Required) | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

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 prophylaxis AND mechanical prophylaxis **"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 Response) (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 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.

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) (Selection Required)

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

MODERATE Risk of DVT - Non-Surgical (Selection Required)

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

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

Moderate Risk Pharmacological Prophylaxis -
Non-Surgical Patient (Single Response) (Selection
Required)

Contraindications exist for pharmacologic prophylaxis - **"And" Linked Panel**
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 prophylaxis **"And" Linked Panel**
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 Response)
(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 CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily, Starting S
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min

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:

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | 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: | |
| | Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 | |
| <input type="checkbox"/> | High Risk (Selection Required) | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> | High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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): |
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | HIGH Risk of DVT - Non-Surgical (Selection Required) | |
| | High Risk Definition | |
| | Both pharmacologic AND mechanical prophylaxis must be addressed. | |
| | One or more of the following medical conditions: | |
| | Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 | |
| <input type="checkbox"/> | High Risk (Selection Required) | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> | High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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): |
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) | |

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 - Hip or Knee
(Arthroplasty) Surgical Patient (Single Response)
(Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

aspirin chewable tablet 162 mg, oral, daily, Starting S+1

aspirin (ECOTRIN) enteric coated tablet 162 mg, oral, daily, Starting S+1

Apixaban and Pharmacy Consult (Selection Required)

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 Response)
(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 Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.

enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, Starting S+1
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):

heparin (porcine) injection 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

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

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Pharmacy consult to monitor rivaroxaban (XARELTO) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |

DVT Risk and Prophylaxis Tool (Single Response) (Selection Required)

URL: "\appt1.pdf"

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> | Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> | 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: |
| <input type="checkbox"/> | Place sequential compression device (Single Response) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> | Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> | 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: |
| <input type="checkbox"/> | Place sequential compression device (Single Response) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> | 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: |
| <input type="checkbox"/> | Place sequential compression device (Single Response) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |

High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection 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 Response)

Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):

Place/Maintain sequential compression device continuous Routine, Continuous

LOW Risk of DVT (Selection Required)

Low Risk Definition

Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

Low risk of VTE Routine, Once
Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

MODERATE Risk of DVT - Surgical (Selection Required)

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

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

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device **"And" Linked Panel**

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 prophylaxis AND mechanical prophylaxis **"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 Response) (Selection Required)

enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily at 0600, Starting S+1

| | |
|---|--|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required) | |
| Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission | |
| <input type="checkbox"/> Moderate Risk (Selection Required) | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device | "And" Linked Panel |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **"And" Linked Panel**

| | |
|--|--|
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 30 mL/min |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> HEParin (porcine) injection - For Patients with weight GREATER than 100 kg | 7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |

HIGH Risk of DVT - Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required)

Contraindications exist for pharmacologic prophylaxis Routine, Once
No pharmacologic VTE prophylaxis due to the following contraindication(s):

enoxaparin (LOVENOX) injection (Single Response) (Selection Required)

| | |
|---|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |

| | |
|--|---|
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

HIGH Risk of DVT - Non-Surgical (Selection Required)

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

High Risk (Selection Required)

High risk of VTE Routine, Once

High Risk Pharmacological Prophylaxis - Non-Surgical Patient (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 Response) (Selection Required)

| | |
|--|--|
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily, Starting S+1 |
| <input type="checkbox"/> patients with CrCL LESS than 30 mL/min | 30 mg, subcutaneous, daily, Starting S+1 For Patients with CrCL LESS than 30 mL/min |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)

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

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | High Risk (Selection Required) | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> | High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | aspirin chewable tablet | 162 mg, oral, daily, Starting S+1 |
| <input type="checkbox"/> | aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1 |
| <input type="checkbox"/> | Apixaban and Pharmacy Consult (Selection Required) | |
| <input type="checkbox"/> | apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis |
| <input type="checkbox"/> | Pharmacy consult to monitor apixaban (ELIQUIS) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| <input type="checkbox"/> | enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> | 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): |
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Rivaroxaban and Pharmacy Consult (Selection Required) | |
| <input type="checkbox"/> | rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis |
| <input type="checkbox"/> | Pharmacy consult to monitor rivaroxaban (XARELTO) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |

DVT Risk and Prophylaxis Tool (Single Response)

URL: "\appt1.pdf"

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

- () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)
- 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 contraindication(s):
- () Place/Maintain sequential compression device continuous Routine, Continuous
- () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection 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 contraindication(s):
- () Place/Maintain sequential compression device continuous Routine, Continuous
- () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection 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 Response)
- () Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
- () Place/Maintain sequential compression device continuous Routine, Continuous
- () High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection 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 Response)
- () Contraindications exist for mechanical prophylaxis Routine, Once
No mechanical VTE prophylaxis due to the following contraindication(s):
- () Place/Maintain sequential compression device continuous Routine, Continuous
- () LOW Risk of DVT (Selection Required)
- Low Risk Definition
Age less than 60 years and NO other VTE risk factors

Low Risk (Single Response) (Selection Required)

| | |
|---|--|
| <input type="checkbox"/> Low risk of VTE | Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation |
| <input type="checkbox"/> MODERATE Risk of DVT - Surgical (Selection Required) | |
| Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission | |
| <input type="checkbox"/> Moderate Risk (Selection Required) | |
| <input type="checkbox"/> Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device | "And" Linked Panel |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis | "And" Linked Panel |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> 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. |

| | | |
|--|---|--|
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> MODERATE Risk of DVT - Non-Surgical (Selection Required) | | |
| Moderate Risk Definition | | |
| Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. | | |
| One or more of the following medical conditions: | | |
| CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome | | |
| Age 60 and above | | |
| Central line | | |
| History of DVT or family history of VTE | | |
| Anticipated length of stay GREATER than 48 hours | | |
| Less than fully and independently ambulatory | | |
| Estrogen therapy | | |
| Moderate or major surgery (not for cancer) | | |
| Major surgery within 3 months of admission | | |
| <input type="checkbox"/> Moderate Risk (Selection Required) | | |
| <input type="checkbox"/> | Moderate risk of VTE | Routine, Once |
| <input type="checkbox"/> Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device | "And" Linked Panel |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis | "And" Linked Panel |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> | 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 |

| | |
|--|---|
| <input type="checkbox"/> 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): |
| <input type="checkbox"/> heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> warfarin (COUMADIN) tablet | oral, daily at 1700 Indication: |
| <input type="checkbox"/> Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> 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: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 | |
| <input type="checkbox"/> High Risk (Selection Required) | |
| <input type="checkbox"/> High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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): |

| | | |
|--|---|--|
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> Mechanical Prophylaxis (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> HIGH Risk of DVT - Non-Surgical (Selection Required) | | |
| High Risk Definition | | |
| Both pharmacologic AND mechanical prophylaxis must be addressed. | | |
| One or more of the following medical conditions: | | |
| Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 | | |
| <input type="checkbox"/> High Risk (Selection Required) | | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 1700, Starting S |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 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): |
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |
| <input type="checkbox"/> | HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) | |
| | High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed. One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative 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 | |
| <input type="checkbox"/> | High Risk (Selection Required) | |
| <input type="checkbox"/> | High risk of VTE | Routine, Once |
| <input type="checkbox"/> | High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for pharmacologic prophylaxis | Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | aspirin chewable tablet | 162 mg, oral, daily, Starting S+1 |
| <input type="checkbox"/> | aspirin (ECOTRIN) enteric coated tablet | 162 mg, oral, daily, Starting S+1 |
| <input type="checkbox"/> | Apixaban and Pharmacy Consult (Selection Required) | |
| <input type="checkbox"/> | apixaban (ELIQUIS) tablet | 2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis |
| <input type="checkbox"/> | Pharmacy consult to monitor apixaban (ELIQUIS) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| <input type="checkbox"/> | enoxaparin (LOVENOX) injection (Single Response) (Selection Required) | |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 40 mg, subcutaneous, daily at 0600, Starting S+1 |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min | 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. |
| <input type="checkbox"/> | enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min | 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min |
| <input type="checkbox"/> | 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): |

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | heparin (porcine) injection | 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | Rivaroxaban and Pharmacy Consult (Selection Required) | |
| <input type="checkbox"/> | rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission | 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis |
| <input type="checkbox"/> | Pharmacy consult to monitor rivaroxaban (XARELTO) therapy | STAT, Until discontinued, Starting S Indications: VTE prophylaxis |
| <input type="checkbox"/> | warfarin (COUMADIN) tablet | oral, daily at 1700, Starting S+1 Indication: |
| <input type="checkbox"/> | Pharmacy consult to manage warfarin (COUMADIN) | STAT, Until discontinued, Starting S Indication: |
| <input type="checkbox"/> | Mechanical Prophylaxis (Single Response) (Selection Required) | |
| <input type="checkbox"/> | Contraindications exist for mechanical prophylaxis | Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): |
| <input type="checkbox"/> | Place/Maintain sequential compression device continuous | Routine, Continuous |

Labs

COVID-19 Qualitative PCR

| | | |
|--------------------------|---------------------------------------|--|
| <input type="checkbox"/> | 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. |
|--------------------------|---------------------------------------|--|

Laboratory STAT Upon Arrival

| | | |
|-------------------------------------|--|--|
| <input checked="" type="checkbox"/> | CBC with platelet and differential | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Comprehensive metabolic panel | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Phosphorus level | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Magnesium level | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Partial thromboplastin time | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Prothrombin time with INR | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Urinalysis screen and microscopy, with reflex to culture | STAT For 1 Occurrences Specimen Source: Urine Specimen Site: |
| <input checked="" type="checkbox"/> | Cytomegalovirus by PCR | STAT For 1 Occurrences Specimen Source: Plasma |
| <input checked="" type="checkbox"/> | BK virus by PCR | STAT For 1 Occurrences Specimen Source: Plasma |
| <input checked="" type="checkbox"/> | Cytomegalovirus Ab, IgG | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | Hemoglobin A1c | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | West Nile virus antibody IgG, serum | STAT For 1 Occurrences |
| <input checked="" type="checkbox"/> | West Nile virus antibody IgM, serum | STAT For 1 Occurrences |
| <input type="checkbox"/> | hCG qualitative, urine screen | Once |

HLA Testing (Single Response)

| | | |
|--------------------------|---------------------------------------|------------------------|
| <input type="checkbox"/> | HLA antibody testing - pre transplant | STAT For 1 Occurrences |
| <input type="checkbox"/> | HLA deceased donor | STAT For 1 Occurrences |

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

| | | |
|-------------------------------------|-----------------------------|------------------------|
| <input checked="" type="checkbox"/> | HIV Ag/Ab combination | Once |
| <input checked="" type="checkbox"/> | HIV-1 RNA, qualitative TMA | Once |
| <input checked="" type="checkbox"/> | 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 - HMMH, HMSJ

| | |
|--|---|
| [X] HIV Ag/Ab combination | Once |
| [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR | Once |
| [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 |
| [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] Human immunodeficiency virus 1 (HIV-1), quantitative PCR | Once |
| [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 - HMCL, HMTW, HMWB

| | |
|--|---|
| [X] HIV 1, 2 antibody | Once For 1 Occurrences |
| [X] Human immunodeficiency virus 1 (HIV-1), quantitative PCR | Once For 1 Occurrences |
| [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 - HMCL, HMTW, HMWB

| | |
|---------------------------------|------------------------|
| [X] HIV 1, 2 antibody | Once For 1 Occurrences |
| [X] HIV-1 RNA, qualitative TMA | Once |
| [X] Hepatitis B surface antigen | Once For 1 Occurrences |

| | |
|---|---|
| <input checked="" type="checkbox"/> Hepatitis B surface antibody | Once Perform on HBV negative recipient, Pre-op |
| <input checked="" type="checkbox"/> Hepatitis B core antibody, total | Once For 1 Occurrences |
| <input checked="" type="checkbox"/> Hepatitis B virus (HBV), quantitative PCR | Once For 1 Occurrences |
| <input checked="" type="checkbox"/> Hepatitis C antibody | Once For 1 Occurrences |
| <input checked="" type="checkbox"/> Hepatitis C virus (HCV), quantitative PCR | Once For 1 Occurrences |

Blood Bank

| | |
|---|--|
| <input type="checkbox"/> Type and Screen + Crossmatch RBC | |
| <input type="checkbox"/> Type and screen | Once |
| <input type="checkbox"/> Crossmatch | Once |
| | Number of Units: Number of Units to Keep Ahead: Transfusion Indications: Is the patient pregnant? |

Cardiology

Cardiology

| | |
|--|---|
| <input checked="" type="checkbox"/> ECG 12 lead | STAT, Once For 1 Occurrences Clinical Indications: Pre-Op Clearance Interpreting Physician: Upon arrival |
| <input type="checkbox"/> 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 |

Imaging

X-Ray

| | |
|--|---|
| <input checked="" type="checkbox"/> Chest 2 Vw | STAT, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences On arrival |
|--|---|

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders