NEUROIR Post Neuro Vascular Lesion Embolization [1539]

General	
Admission or Observation (Single Response) (S	Selection Required)
() Admit to Inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgmen 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.
() Outpatient observation services under general supervision	Admitting Physician: Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician: Bed request comments:
Transfer	
[] Transfer patient	Level of Care: Bed request comments:
Code Status	
[] Full code	Code Status decision reached by:
[] DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
[] Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
[] Treatment Restrictions	Treatment Restriction decision reached by: Specify Treatment Restrictions:
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Femoral - Sheath Removal	
[] Closure Devices	
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op

[]	Patient was treated with a closure device.	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight., Post-op
]	Patient Education Prior to Sheath Removal ar Discharge	
[]	Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity
		Specify: Patient education prior to post sheath removal. Sign and symptoms, Post-op
[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
	Post Procedure Assessment	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
[]	Neurological assessment after sheath	hours x4 unless otherwise ordered by physician., Post-op Routine, Every 15 min For Until specified
	removal	Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
Ma	anual Pressure	
]	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheatt may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
]	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
]	Activity (Selection Required)	
[]	Bed rest times following Procedure using fen access are: (Must Select One) (Single Respo	

 Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
Patient Education Prior to Sheath Removal and Discharge	l Hospital
 Patient education prior to post-sheath removal 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
 Apply hemostatic patch after assessment for hematoma, distal pulses. 	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op

[]	Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[]	Post-Sheath Removal	
[]	Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[]	Assess for pulse distal to assess site post-sheath removal	Routine, Every 15 min For Until specified Pulses to assess: Distal
		Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform:
		Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
Co	mpression Systems (Single Response)	
	C-clamp (Selection Required)	
Ì.	The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[]	Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[]	The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[]	Activity Post Sheath Removal-Femoral Approa (Selection Required)	
[Bed rest times following Procedure using ferr access are: (Must Select One) (Single Response (Selection Required)	
	 Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	 Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
	 Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op

 Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours. 	Routine, Until discontinued, Starting S Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
Patient Education Prior to Sheath Removal and Discharge	d Hospital
 Patient education prior to post-sheath removal 	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op
[] Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op
] Pre-Sheath Removal	
[] Vital signs prior to sheath removal	Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, includ verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op
[] Assist patient to void	Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
[] Assess pre-sheath cath site	Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op
[] Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S Patient transferred with Sheaths left in place., Post-op
 Apply hemostatic patch after assessment for hematoma, distal pulses. 	Routine, Until discontinued, Starting S Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately traine staff in the Cath Lab setting., Post-op
Post-Sheath Removal	
[] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Assess post-sheath cath site	Routine, Every 15 min For Until specified Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op

[] Site care	Routine, Once Site: catheter site
	Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[] Assess for pulse distal to assess site	Routine, Every 15 min For Until specified
post-sheath removal	Pulses to assess: Distal Side:
	Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
[] Neurological assessment after sheath	hours x4 unless otherwise ordered by physician., Post-op Routine, Every 15 min For Until specified
removal	Assessment to Perform:
	Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
() Femostop	
 The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg. 	Routine, Until discontinued, Starting S, prior to sheath removal of a systolic blood if pressure >160mmHg., Post-op
[] Remove sheath	Routine, Once For 1 Occurrences
	when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax
	(Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs	Routine, Until discontinued, Starting S, capillary refill > 3 seconds,
of complications.	cynosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication., Post-op
[] Follow Femostop manufacturer's guidelines in package insert.	Routine, Until discontinued, Starting S, Post-op
[] Activity Post Sheath Removal-Femoral Approa (Selection Required)	ach
[] Bed rest times following Procedure using fem access are: (Must Select One) (Single Respo (Selection Required)	
() Patient was treated with a 4 French	Routine, Until discontinued, Starting S
catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
hours.	
 Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours. 	Routine, Until discontinued, Starting S Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
() Patient was treated with a 6 French	Routine, Until discontinued, Starting S
catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for	Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
Diagnostic/Bedrest required minimum of 4 hours.	
() Patient was treated with a 7 French or	Routine, Until discontinued, Starting S
greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of *** hours.	Bedrest required minimum of *** hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed., Post-op
[] Patient Education Prior to Sheath Removal an Discharge	
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient
	Education for: Other (specify), Activity
	Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmthe maintainess swelling numbross or pain at insertion site.
	warmth, moistness, swelling, numbness or pain at insertion site., Post-op

[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling,
		Activity and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with
		the affected arm for 48 hrs., and site care., Post-op
]	Pre-Sheath Removal	
[]	Vital signs prior to sheath removal	Routine, Every 15 min
		Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
<u>, 1</u>	Assist patient to void	every 4 hours., Post-op Routine, Once For 1 Occurrences
[]	Assist patient to volu	Assist patient to void prior to sheath removal., Post-op
<u>г 1</u>	Assess pre-sheath cath site	Routine, Once For 1 Occurrences
[]	Assess pre-sheath cath site	Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma
		documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
		Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
		sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
<u>[]</u>	Antegrade sheaths present	Routine, Until discontinued, Starting S
[]	Antegrade sheaths present	Antegrade sheath must be pulled by Physicians or appropriately trained
		staff in the Cath Lab setting., Post-op
1	Post-Sheath Removal	
	Vital signs after sheath removal	Routine, Every 15 min For Until specified
	5	Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4,
		and Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Assess post-sheath cath site	Routine, Every 15 min For Until specified
		Assess site for signs and symptoms of a hematoma or other vascular
		compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
	0.4	Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Site care	Routine, Once
		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
[]	Assess for pulse distal to assess site	Routine, Every 15 min For Until specified
[]	post-sheath removal	Pulses to assess: Distal
		Side:
		Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4
		hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath	Routine, Every 15 min For Until specified
[]	Neurological assessment after sheath removal	
[]		Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4,
[]		Routine, Every 15 min For Until specified

Radial - Sheath Removal	
[] Radial Compression Device (Selection Required)	
[] NOTIFY: The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.	Routine, Until discontinued, Starting S, prior to sheath removal if systolic blood pressure is >160mmHg., Post-op
[] Remove sheath	Routine, Once For 1 Occurrences when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order., Post-op
[] The physician must be notified for any signs of complications.	Routine, Until discontinued, Starting S, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications., Post-op
[] Place/Maintain Sequential Compression Device following Manufacturer Insert/instructions.	Routine, Continuous Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed. Radial Band, Post-op
[] Progressive cuff deflation (Single Response) (S Required)	election
() Diagnostic Procedures only (Selection Require	
[] 30 minutes after Radial Compression Device applied	Routine, Until discontinued, Starting S deflate 3cc of air from cuff. If no bleeding occurs from site, deflate 3cc of air from the Radial Compression Device every 5 minutes until all air is completely removed. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 15 minutes, then restart releasing 3cc of air every 5 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[] Monitor access site and extremity distal to puncture wound	Routine, Until discontinued, Starting S every 15 minutes until Radial Compression Device is removed., Post-op
[] Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.	Routine, Until discontinued, Starting S, If any of these are present, notify the procedural Cardiologist.
() Interventional Procedures only (Selection Reg	uired)
[] 2 hours after Radial Compression Device applied deflate 3cc	Routine, Until discontinued, Starting S if no bleeding at site, deflate 3cc every 10 min until all air removed from cuff. If bleeding occurs when 3cc of air is removed, re-inflate with 3cc of air. Wait 30 minutes then restart releasing 3cc of air every 10 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5 min, remove TR band, apply dressing., Post-op
[] Evaluate access site for bleeding as follows:	Routine, Until discontinued, Starting S every 15 minutes x 4; every 30 minutes x2; and every hour x2., Post-op
[] Patient Education Prior to Sheath Removal and Discharge	
[] Patient education prior to post-sheath removal	Routine, Once, Starting S For 1 Occurrences Patient/Family: Patient Education for: Other (specify), Activity Specify: Patient education prior to post sheath removal. Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-op

[]	Patient education prior to discharge	Routine, Prior to discharge, Starting S
		Patient/Family: Patient
		Education for: Other (specify), Activity, Discharge, Smoking cessation
		counseling
		Specify: Patient education prior to discharge.
		Provide discharge instruction on emergent physician contact/symptom
		reporting due to
		bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
		and Limitations and site care.
		Activity including Limiting movement in affected arm 6 hrs post
		procedure and keep wrist straight, refrain from lifting or pushing with the
. 1		affected arm for 48 hrs., and site care., Post-op
	Pre-Sheath Removal	
[]	Vital signs prior to sheath removal	Routine, Every 15 min
		Vital signs prior to sheath removal - Obtain base line vital signs, include
		verified ACT results of less than 160 or within parameters ordered by
		physician, unless otherwise ordered by the physician. For Temp, check
		every 4 hours., Post-op
[]	Assist patient to void	Routine, Once For 1 Occurrences
		Assist patient to void prior to sheath removal., Post-op
[]	Assess pre-sheath cath site	Routine, Once For 1 Occurrences
		Assess for signs and symptoms of hematoma or other vascular
		compromise distal to site on arrival unless otherwise ordered by the
		physician.
		If hematoma is present, mark on skin surface and complete hematoma
		documentation., Post-op
[]	Patient transferred with sheaths left in place	Routine, Until discontinued, Starting S
		Patient transferred with Sheaths left in place., Post-op
[]	Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
	for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove
		sheath, allow blood to moisten patch. Apply direct pressure to
		site/proximal pressure for ½ allotted time. Slowly release proximal
		pressure, continue direct pressure over the site for a minimum of 20
F 1	Antogrado chaotha progent	minutes for PCI/10 minutes for diagnostic cath., Post-op
[]	Antegrade sheaths present	Routine, Until discontinued, Starting S
		Antegrade sheath must be pulled by Physicians or appropriately trained
. 1	De et Chaeth Demenuel (Calestien Demuired)	staff in the Cath Lab setting., Post-op
	Post-Sheath Removal (Selection Required)	Routine, Every 15 min For Until specified
[]	Vital signs after sheath removal	Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and
		Q4 x4 unless otherwise ordered by the physician., Post-op
[]	Peripheral vascular assessment - Monitor	Routine, Every 15 min
[]	access site	Monitor access site, extremity distal to puncture every 15 min until
		Radial approach cath band removed., Post-op
[]	Notify physician of bleeding and/or loss of	Routine, Until discontinued, Starting S, Notify physician of bleeding
LI	pulses.	and/or loss of pulses., Post-op
[]	Site care	Routine, Once
LI		Site: catheter site
		Ensure complete hemostasis at catheter site, palpate for hematoma,
		apply appropriate dressing. At a minimum, cover site with 2X2 gauze
		and transparent dressing., Post-op
[]	No blood pressure readings, lab draws, or	Routine, Until discontinued, Starting S
11	IV access	No blood pressure readings, lab draws, or IV access in the affected arm
		for 24 hours., Post-op
[]	Limit movement in affected arm 6 hrs post	Routine, Until discontinued, Starting S
LI	procedure	keep wrist straight, refrain from lifting or pushing with the affected arm
	procedure	for 48 hrs. If needed, place wrist on arm board to restrict movement.,
		Post-op
		i usi-up

[]		
LI	Patient may ambulate 30 minutes after	Routine, Until discontinued, Starting S Specify: Other activity (specify)
	arrival in recovery area.	Other: Patient may ambulate 30 minutes after arrival in recovery area.
		Post-op
[]	Assess for pulse distal to assess site	Routine, Every 15 min For Until specified
	post-sheath removal	Pulses to assess: Distal
		Side:
		Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[]	Neurological assessment after sheath	Routine, Every 15 min For Until specified
	removal	Assessment to Perform:
		Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q
		1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
Ma	anual Pressure - without Radial Compression I	Post-op
	The physician must be notified prior to	Routine, Until discontinued, Starting S, prior to sheath removal of a
	sheath removal of a systolic blood if	systolic blood if pressure >160mmHg., Post-op
	pressure >160mmHg.	systeme blood in pressure > roomining., r ost op
	Remove sheath	Routine, Once For 1 Occurrences
		when ACT less than 160 or within physician specified parameters. Sheat
		may be removed 2 hours after discontinuation of Angiomax (Bivalirudin)
		infusion unless otherwise specified by physician order., Post-op
	The physician must be notified for any signs	Routine, Until discontinued, Starting S, for abnormal vital signs,
(of complications.	uncontrolled pain, absence of pulses/limb discoloration, bleeding,
		hematoma formation, or signs of complications., Post-op
	Patient Education Prior to Sheath Removal ar Discharge	nd Hospital
[]	Patient education prior to post-sheath	Routine, Once, Starting S For 1 Occurrences
	removal	Patient/Family: Patient
		Education for: Other (specify), Activity
		Specify: Patient education prior to post sheath removal.
		Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site., Post-o
Г Т	Patient education prior to discharge	
[]		
	r allolit od doalloli prior to alcollargo	Routine, Prior to discharge, Starting S Patient/Family: Patient
		Patient/Family: Patient
		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation
		Patient/Family: Patient
		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling
		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to
		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity
		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care.
		 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post
		 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th
		 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activitiand Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post
	Pre-Sheath Removal	Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op
[]		Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min
	Pre-Sheath Removal	Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include
	Pre-Sheath Removal	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activitiand Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care. Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by
	Pre-Sheath Removal	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activitiand Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care. Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by
	Pre-Sheath Removal	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activitiand Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activitiand Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with thaff ected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
	Pre-Sheath Removal Vital signs prior to sheath removal	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th aff ected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician.
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma
	Pre-Sheath Removal Vital signs prior to sheath removal Assist patient to void	 Patient/Family: Patient Education for: Other (specify), Activity, Discharge, Smoking cessation counseling Specify: Patient education prior to discharge. Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activit and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with th affected arm for 48 hrs., and site care., Post-op Routine, Every 15 min Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours., Post-op Routine, Once For 1 Occurrences Assist patient to void prior to sheath removal., Post-op Routine, Once For 1 Occurrences Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation., Post-op

[] Apply hemostatic patch after assessment	Routine, Until discontinued, Starting S
for hematoma, distal pulses.	Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath., Post-op
[] Antegrade sheaths present	Routine, Until discontinued, Starting S Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting., Post-op
[] Post-Sheath Removal	
[] Vital signs after sheath removal	Routine, Every 15 min For Until specified Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician., Post-op
[] Notify physician of bleeding and/or loss of pulses.	Routine, Until discontinued, Starting S, Notify physician of bleeding and/or loss of pulses., Post-op
[] Site care	Routine, Once Site: catheter site Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing., Post-op
[] No blood pressure readings, lab draws, or IV access	Routine, Until discontinued, Starting S No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours., Post-op
[] Limit movement in affected arm 6 hrs post procedure	Routine, Until discontinued, Starting S keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement., Post-op
[] Patient may ambulate 30 minutes after arrival in recovery area.	Routine, Until discontinued, Starting S Specify: Other activity (specify) Other: Patient may ambulate 30 minutes after arrival in recovery area. Post-op
 Assess for pulse distal to assess site post-sheath removal 	Routine, Every 15 min For Until specified Pulses to assess: Distal Side: Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician., Post-op
[] Neurological assessment after sheath removal	Routine, Every 15 min For Until specified Assessment to Perform: Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.,
iet	Post-op
] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
/ Fluids	
V Fluids / Fluids (Single Response)	

$\langle \rangle$ as diversible 0.0.0/ with rates sizes ablevide 0.0	
() sodium chloride 0.9 % with potassium chloride 20 infusion) mEq/L intravenous, continuous
() lactated Ringer's infusion	intravenous, continuous
() sodium chloride with femoral sheath	intravenous, continuous
	Give with femoral sheath(s)
Medications	
Medications	
Anti-emetics	
[] ondansetron (ZOFRAN) Oral or IV	"Or" Linked Panel
 ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[] ondansetron (ZOFRAN) IV	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) Oral, Rectal, or IV	"Or" Linked Panel
[] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Give if ondansetron
	(ZOFRAN) is ineffective and patient is able to tolerate rectal or oral medication.
[] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral medication.
[] promethazine (PHENERGAN) injection	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Give if ondansetron (ZOFRAN) is ineffective and patient is unable to tolerate oral or rectal medication or if faster action is required
Clean, For Detionte FSC then 70 years and (Singl	
Sleep: For Patients LESS than 70 years old (Singl	
() zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep
() ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Sleep: For Patients GREATER than or EQUAL to 7	70 vears old
[] ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep
Medications	
[] Pharmacy consult to manage Heparin: LOW Dos	e Routine, Until discontinued, Starting S
protocol(ACS/Stroke/Afib)- withOUT titration bolu	
	Specify:
	Monitoring: Anti-Xa
[] heparin infusion 50 units/mL	intravenous
	Indication:
[] conjuin (ECOTDIN) enterie constant tablet	Therapeutic Monitoring Target:
[] aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily
[] aspirin (ECOTRIN) enteric coated tablet	325 mg, oral, daily
[] clopidogrel (PLAVIX) tablet	75 mg, oral, daily
[] ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily
 eptifibatide (INTEGRILIN) infusion with intra-arter bolus 	าล
[] eptifibatide (INTEGRILIN) intra-arterial bolus	90 mcg/kg, intra-arterial, once, For 1 Doses ** For intra-arterial injection ONLY. NOT for IV use ** To be administered in neuro-interventional radiology by proceduralist.
[] eptifibatide (INTEGRILIN) infusion	0.5 mcg/kg/min, intravenous, continuous
[] dexamethasone Oral or IV (Single Response)	
() dexamethasone (DECADRON) IV	6 mg, intravenous, every 6 hours scheduled
() dexamethasone (DECADRON) tablet	6 mg, oral, every 6 hours scheduled
[] famotidine (PEPCID) injection	20 mg, intravenous, 2 times daily
[] sennosides-docusate sodium (SENOKOT-S) 8.6-	
per tablet	For narcotic induced constipation

	ed to check the prescription monitoring program (PMP) database to ized version of the PMP report may be accessed by clicking on the access the full version of the Texas PMP here."
Pain Management Guide	
PCA Weaning Instructions	
Due to risk of accumulation of toxic metabolite, the An alternative opioid should be utilized, if possible.	use of morphine in patients with renal dysfunction is not recommended.
() Scheduled Pain Medications (Single Response)	
Consider scheduled option if pain source is presen Do not order both scheduled and PRN NSAIDs/AI	nt and patient unable to reliably communicate needs. PAP simultaneously.
() acetaminophen (TYLENOL) 500 mg tablet or lid	quid "Or" Linked Panel
[] acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours scheduled
[] acetaminophen (TYLENOL) liquid	Use if patient can tolerate oral tablet. 500 mg, oral, every 6 hours scheduled
() acetaminophen (TYLENOL) 650 mg tablet or lid	
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours scheduled
[] acetaminophen (TYLENOL) liquid	Use if patient can tolerate oral tablet. 650 mg, oral, every 6 hours scheduled
() NSAIDS: For Patients LESS than 65 years old	
Response)	
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily
() ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours scheduled For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
 () NSAIDS: For Patients GREATER than or EQU, years old (Single Response) 	
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Give if patient is able to tolerate oral medication.
[] ibuprofen (MOTRIN) 100 mg/5 mL suspension	600 mg, oral, every 6 hours scheduled, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, 2 times daily, Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily, Post-op For age GREATER than or EQUAL to 65 yo and patients LESS than 50kg. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.

() ketorolac (TORADOL) injection) PRN Pain Medications	15 mg, intravenous, every 6 hours scheduled, Post-op
Consider scheduled option if pain source is prese response. Adjust dose for renal/liver function and	ent and patient unable to reliably communicate needs. Monitor closely for age. Do not order both scheduled and PRN NSAIDs/APAP and short acting IV simultaneously. Oral option and IV options to be
[] PRN Oral Medications for Mild Pain (Pain Scor For Patients LESS than 65 years old (Single R	
Do not order both scheduled and PRN NSAID	
 acetaminophen (TYLENOL) tablet OR oral su OR rectal suppository 	Ispension "Or" Linked Panel
Maximum of 4 grams of acetaminophen per d sources)	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Give if patient able to swallow tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet OR oral solution.
() ibuprofen (ADVIL, MOTRIN) tablet or oral sus	
[] ibuprofen (ADVIL, MOTRIN) tablet	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Give if patient is able to tolerate oral medication.
 ibuprofen (MOTRIN) 100 mg/5 mL suspension 	600 mg, oral, every 6 hours PRN, mild pain (score 1-3), Post-op Use if patient cannot swallow tablet.
() naproxen (NAPROSYN) tablet	250 mg, oral, every 8 hours PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() celecoxib (CeleBREX) capsule	100 mg, oral, 2 times daily PRN, mild pain (score 1-3), Post-op Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
() ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3) Give if patient unable to swallow tablet.
 PRN Oral Medications for Mild Pain (Pain Scor For Patients GREATER than or EQUAL to 65 y (Single Response) 	
Consider scheduled option if pain source is pre response. Adjust dose for renal/liver function a	esent and patient unable to reliably communicate needs. Monitor closely for nd age. Do not order both scheduled and PRN NSAIDs/APAP PO and short acting IV simultaneously. Oral option and IV options to be
() acetaminophen (TYLENOL) tablet OR oral su	
Maximum of 4 grams of acetaminophen per d sources)	lay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient can tolerate oral tablet.
[] acetaminophen (TYLENOL)suspension	650 mg, oral, every 6 hours PRN, mild pain (score 1-3) Use if patient cannot tolerate oral tablet.
[] PRN Oral Medications for Moderate Pain (Pair 4-6): For Patients LESS than 65 years old (Sin Response)	gle
() acetaminophen-codeine (TYLENOL #3) table	t OR elixir "Or" Linked Panel

[] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORC	O) tablet "Or" Linked Panel
sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
 PRN Oral Medications for Moderate Pain (Pain 4-6): For Patients GREATER than or EQUAL to old (Single Response) 	
() acetaminophen-codeine (TYLENOL #3) tablet	
 acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication. The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
[] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	12.5 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.
	The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
() HYDROcodone-acetaminophen 5/325 (NORC OR elixir	O) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per da sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Give if patient unable to swallow tablet.
() oxyCODONE (ROXICODONE) immediate release tablet	2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6), Post-op Tablets may be crushed. Give if patient able to swallow tablet

25 mg, oral, every 6 hours PRN, moderate pain (score 4-6) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
core 4-6):
o tolerate
lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
0.5 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
n 30 mL/min. Int of perioperative pain OR in the setting of coronary artery bypass graft
30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), Post-op
Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
core 4-6):
ears old if
lucts in patients with renal dysfunction, particularly in ESRD, is not utilized. (adjust dose for renal/liver function and age)
One interviewer over the bours DDN mederate pain (appro. 4.6)
2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
0.2 mg, intravenous, every 3 hours PRN, moderate pain (score 4-6), Post-op
Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications
core ngle
lucts in patients with renal dysfunction, particularly in ESRD, is not
utilized.
CO) tablet "Or" Linked Panel
ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.

() morPHINE immediate-release tablet	15 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
) oxyCODONE (ROXICODONE) immediate release tablet	10 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Tablets may be crushed. Give if patient able to swallow tablet
PRN Oral Medications for Severe Pain (Pain Severe Pain): For Patients GREATER than or EQUAL years old (Single Response)	core
Due to risk of toxicity, the use of morphine proc recommended. An alternative opioid should be	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
() oxyCODONE (ROXICODONE) immediate release tablet	5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablet
) morPHINE immediate-release tablet	7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Oral tablets may be crushed. Give if patient able to swallow tablets.
 HYDROcodone-acetaminophen 7.5/325 (NOF OR elixir 	RCO) tablet "Or" Linked Panel
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
 [] HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet 	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	10 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
 HYDROcodone-acetaminophen 10/325 (NOR OR elixir 	
Maximum of 4 grams of acetaminophen per d sources)	ay from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient able to swallow tablet.
[] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	20 mL, oral, every 6 hours PRN, severe pain (score 7-10), Post-op Give if patient unable to swallow tablet.
() traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10) Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.
PRN IV Medications for Severe Pain (Pain Sco For Patients LESS than 65 years old if unable t Oral Pain Medication. (Single Response)	re 7-10):
	lucts in patients with renal dysfunction, particularly in ESRD, is not utilized.
) fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.8 mg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60

Response)	
Due to risk of toxicity, the use of morphine pro	oducts in patients with renal dysfunction, particularly in ESRD, is not
recommended. An alternative opioid should b	e utilized.
() fentaNYL (SUBLIMAZE) injection	12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
() morPHINE injection	2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.
() hydromorPHONE (DILAUDID) injection	0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10), Post-op Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.
E	
Risk and Prophylaxis Tool (Single Response TE/DVT Risk Definitions	e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Patient currently has an active order for theraped anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)) Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis	e order for
Required)	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 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 activ therapeutic anticoagulant or VTE prophylaxis Required) 	
] Moderate risk of VTE	Routine, Once
 Patient currently has an active order for 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 prophylaxis 	Routine, Once No mechanical VTE prophylaxis due to the following
μισμιγιαλίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous

[] 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
() High Risk - Patient currently has an active ord	er for
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.
F F)	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F. • F. •) • • • • •	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	letore
[] Low Diak (Cingle Deepense) (Colorian Degui	
[] Low Risk (Single Response) (Selection Require	
[] Low Risk (Single Response) (Selection Requir () Low risk of VTE	Routine, Once
	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
() Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired)
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() Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired)
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 Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
 Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is
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 Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line History of DVT or family history of VTE 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
 Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 hour 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
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 Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome
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 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs
 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 of VTE 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs
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 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 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 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) "And" Linked Panel
 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) phylaxis "And" Linked Panel Routine, Once
 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 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) 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgar early ambulation equired) Wechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs
 () Low risk of VTE MODERATE Risk of DVT - Surgical (Selection R Moderate Risk Definition Pharmacologic prophylaxis must be addressed. I contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflam 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 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 	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgage early ambulation equired) Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome urs Routine, Once Surgical d) "And" Linked Panel

[]	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)
()		40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	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 Indication(s): VTE Prophylaxis
()	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 3 mL/min Indication(s): VTE Prophylaxis
()	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 thar mL/min Indication(s): VTE Prophylaxis
()	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 medicat 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 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.
()	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
	Place/Maintain sequential compression device continuous	Routine, Continuous

contraindicated.	lechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions:	
	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	70 ·
Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory	5
Ess man uny and independently ambulatory	
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) (Selec Required)	tion
() Contraindications exist for pharmacologic prop	ohylaxis - "And" Linked Panel
Order Sequential compression device	
[] 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
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	bhylaxis "And" Linked Panel
[] 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
() potionto with CrCL ECC there 20 ml locks	Indication(s): VTE Prophylaxis
() 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
() potiente weight between 100 120 kg AND	Indication(s): VTE Prophylaxis
 () 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
GIGI GREATER (IIali 30 IIIE/IIIII	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
GIGI GREATER (IIdil 30 IIIE/IIIII	mL/min
	Indication(s): VTE Prophylaxis
() 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) () HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 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:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	lection
() 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 - Surgical (Selection Required)	
Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCI GREATER than 30 mL/min
	 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 Indication(s): VTE Prophylaxis 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
CrCl GREATER than 30 mL/min	 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 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 Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30

() 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	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	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 (Selection Required) [] High risk of VTE	Routine, Once
[] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3	Surgical
[] High risk of VTE	Surgical
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required 	Surgical I)
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic 	Surgical) Routine, Once
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non- Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Response) 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Surgical) Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	Surgical No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe () patients with CrCL LESS than 30 mL/min 	Surgical No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 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
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 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
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): ponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 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 30 mL/min.
 [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Non-3 Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic prophylaxis () 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 	Surgical Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): sponse) 40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis 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

() 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 LESS 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:
 Mechanical Prophylaxis (Single Response) (Se Required) 	lection
 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 - Surgical (Hip/Knee) (Selectio Required)	n
High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin varia or protein S deficiency; hyperhomocysteinemia; m 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Response (Scalestics Description) 	
(Selection Required)	Poutino Onco
 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 R	
[] 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
(ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
(ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1
 (ELIQUIS) therapy () enoxaparin (LOVENOX) injection (Single Res (Selection Required) () enoxaparin (LOVENOX) syringe 	STAT, Until discontinued, Starting S Indications: VTE prophylaxis ponse) 40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1

() enoxaparin (LOVENOX) syringe - For	
	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
	Indication(s): VTE Prophylaxis
() 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)	on
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] 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) (Se	election
Required) () Contraindications exist for mechanical	Routine, Once
Required) () Contraindications exist for mechanical prophylaxis	Routine, Once
Required) () Contraindications exist for mechanical	
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response)	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required)
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL:
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response)	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required)
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required)	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratit (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Selection Required)	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strati (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous b) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" rtic fication e order for (Selection
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) [] Moderate risk of VTE	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) /T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratil (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	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratii (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	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) /T Risk and Prophylaxis Tool (Single Response) VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratil (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	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratii (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	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous Routine, Continuous e) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" rtic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (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	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" rtic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (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 (Single () Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (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 (Single	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e) (Selection Required) URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" tric fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) /T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratil (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 (Single () Contraindications exist for mechanical prophylaxis (] Place/Maintain sequential compression	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratif (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 (Single () Contraindications exist for mechanical prophylaxis (] Place/Maintain sequential compression device (Single () Place/Maintain sequential compression device (Single prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical 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):
Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous /T Risk and Prophylaxis Tool (Single Response) /T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Stratil (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 (Single () Contraindications exist for mechanical prophylaxis (] Place/Maintain sequential compression	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous a) (Selection Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" ttic fication e order for (Selection Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous e order for

] 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	Routine, Continuous
device continuous	
High Risk - Patient currently has an active orc	ler for
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	Routine, Continuous
device continuous	,
High Risk - Patient currently has an active orc	ler for
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
1 -1 7	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
OW Risk of DVT (Selection Required)	
ow Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
	red)
Low Risk (Single Response) (Selection Requi	
Low Risk (Single Response) (Selection Requi) Low risk of VTE	Routine, Once

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

contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn	Mechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome rs
 Moderate Risk (Selection Required) Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	
 Contraindications exist for pharmacologic prop 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	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 Resp (Selection Required) 	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis

(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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. 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:
] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() 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 (Selectic Required)	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn stroke, rheumatologic disease, sickle cell disease, Age 60 and above Central line	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous , leg swelling, ulcers, venous stasis and nephrotic syndrome
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	rs
Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once
Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once
Anticipated length of stay GREATER than 48 hour 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 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection	Routine, Once
Anticipated length of stay GREATER than 48 hour Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission 1 Moderate Risk (Selection Required) I 2 Moderate Risk (Selection Required) I 3 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) I 4 I I	Routine, Once
Anticipated length of stay GRÉATER than 48 hour 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 - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Anticipated length of stay GRÉATER than 48 hour 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 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ohylaxis "And" Linked Panel
Anticipated length of stay GRÉATER than 48 hour 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 - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous
Anticipated length of stay GRÉATER than 48 hour 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 - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prop	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ohylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Anticipated length of stay GRÉATER than 48 hour 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 - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ohylaxis "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):
Anticipated length of stay GRÉATER than 48 hour 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 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) () Contraindications exist for pharmacologic prop Order Sequential compression device [] Contraindications exist for pharmacologic prophylaxis [] Place/Maintain sequential compression device continuous () Contraindications exist for pharmacologic prop AND mechanical prophylaxis [] Contraindications exist for pharmacologic prophylaxis	Routine, Once tion ohylaxis - "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): Routine, Continuous ohylaxis "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 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
	Indication(s): VTE Prophylaxis
() a stiente weight 140 kg en ODE ATER ANR	
() 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
	Indication(s): VTE Prophylaxis
() 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 Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Dharmooy appeult to mapage worfarin	STAT, Until discontinued, Starting S
() Pharmacy consult to manage warfarin	
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (S 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
HIGH Risk of DVT - Surgical (Selection Required	d)
	ophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
 [] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required) 	gical Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
 enoxaparin (LOVENOX) injection (Single Re (Selection Required) 	sponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis

() fc	and an antiacture (A DIXTD A) in its atticts	
	ondaparinux (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):
	eparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	eparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
	or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
· · ·	EParin (porcine) injection - For Patients ith weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, Starting S+1 For patients with weight GREATER than 100 kg.
	arfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
		Indication:
	harmacy consult to manage warfarin	STAT, Until discontinued, Starting S
	COUMADIN)	Indication:
	Risk of DVT - Non-Surgical (Selection Requ	
Addre	ess both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	h Risk (Selection Required)	
	igh risk of VTE	Routine, Once
	h Risk Pharmacological Prophylaxis - Non-S	
	tient (Single Response) (Selection Required)	
() Co	ontraindications exist for pharmacologic	Routine, Once
pr	rophylaxis	No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
	noxaparin (LOVENOX) injection (Single Resp Selection Required)	ponse)
() e	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily, Starting S+1
		Indication(s): VTE Prophylaxis
() p	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily, Starting S+1
		For Patients with CrCL LESS than 30 mL/min
		Indication(s): VTE Prophylaxis
	patients weight between 100-139 kg AND	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
(CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
		mL/min
		Indication(s): VTE Prophylaxis
	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
		Indication(s): VTE Prophylaxis
() fo	ondaparinux (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.
		procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
		procedure, or CrCI LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	eparin (porcine) injection	procedure, or CrCI 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
() he	eparin (porcine) injection (Recommended	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
() he fo	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g.	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
() he fo we	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs)	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 than 50kg and age GREATER than 75yrs.
() he fo 	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs) EParin (porcine) injection - For Patients	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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours
() he fo we () HI wi	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs) EParin (porcine) injection - For Patients ith weight GREATER than 100 kg	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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() he fo we () HI wi	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs) EParin (porcine) injection - For Patients	procedure, or CrCI 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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours
() he fo we () HI wi () wa	eparin (porcine) injection (Recommended or patients with high risk of bleeding, e.g. eight < 50kg and age > 75yrs) EParin (porcine) injection - For Patients ith weight GREATER than 100 kg	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 than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg. oral, daily at 1700

	6H Risk of DVT - Surgical (Hip/Knee) (Selectior quired)	٦
Ad	dress both pharmacologic and mechanical prop	hylaxis 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 Respons	e)
	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	
[]	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)	ponse)
()	enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
$\overline{()}$	enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
()	Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
$\overline{()}$	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.
_		Indication(s): VTE Prophylaxis
()	enoxaparin (LOVENOX) syringe - For	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Patients weight between 140 kg or	Starting S+1
	GREATER and CrCl GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min	mL/min
		Indication(s): VTE Prophylaxis
()	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):
$\overline{()}$	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.
$\overline{()}$	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)	n
[]	rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
11	knee arthroplasty planned during this admission	Indications: VTE prophylaxis
 	Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S

() 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) VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Patient currently has an active order for therapeutic	
anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	cation
 Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (S 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 R	
() 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 of	
therapeutic anticoagulant or VTE prophylaxis (S 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 R	
() 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 (S 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 R	
() 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 therapeutic anticoagulant or VTE prophylaxis (S Degrained) 	
Required)	

[] 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	Routine, Continuous
device continuous	
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	ctors
	N
[] Low Risk (Single Response) (Selection Requir	
() 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 Re	equired)
Moderate Risk Definition	
Pharmacologic prophylaxis must be addressed.	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	
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	
Control line	
Central line History of DVT or family history of VTE	
History of DVT or family history of VTE	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	ırs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	ırs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	urs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	ırs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Jrs
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	Routine, Once
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once Surgical
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required)	Routine, Once Surgical t)
History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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 [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro-	Routine, Once Surgical t)
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History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou 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	Routine, Once Surgical a) pophylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
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() 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 Indication(s): VTE Prophylaxis
() 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
_		Indication(s): VTE Prophylaxis
() 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 3 mL/min
$\overline{\langle \rangle}$	for dependence (ADIVTDA) in is stick	Indication(s): VTE Prophylaxis
()	fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.
		This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
()	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended for patients 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) (Se 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
Re	DDERATE Risk of DVT - Non-Surgical (Selectio quired)	n
Ph co Or Ch	ntraindicated. le or more of the following medical conditions: IF, MI, lung disease, pneumonia, active inflamn	echanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Ag Ce His	ticipated length of stay GREATER than 48 hour	
Le Es	ss than fully and independently ambulatory trogen therapy	~
	oderate or major surgery (not for cancer) ajor surgery within 3 months of admission	
	Moderate Risk (Selection Required)	
[]		Routine, Once
[]	Moderate risk of VTE Moderate Risk Pharmacological Prophylaxis -	
[]		

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic prop AND mechanical prophylaxis	ohylaxis "And" Linked Panel
[] 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 Resp (Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() 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
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() for deparieur (ADIVTDA) in is stick	Indication(s): VTE Prophylaxis
() 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 LESS
	than 50kg and age GREATER than 75yrs. 7,500 Units, subcutaneous, every 8 hours
() HEParin (porcine) injection - For Patients 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:
 [] Mechanical Prophylaxis (Single Response) (Sel 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
HIGH Risk of DVT - Surgical (Selection Required)	

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

One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C hyeloproliferative disorders)
] 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 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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, 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:
 [] Mechanical Prophylaxis (Single Response) (Se Required) 	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s)
() Place/Maintain sequential compression	Routine, Continuous

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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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
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 prophylaxis	Routine, Once No pharmacologic 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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. 	5,000 Units, subcutaneous, every 12 hours 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:
[] 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
() HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	'n

Required)

High Risk Definition Both pharmacologic AND mechanical prophylaxis One or more of the following medical conditions: Thrombophilia (Factor V Leiden, prothrombin vari 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	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
[] High Risk (Selection Required)	Deutine Orec
[] 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 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
() 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. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
() 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 Indication(s): VTE Prophylaxis
() 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.	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

 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) 	วท
 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:
[] Mechanical Prophylaxis (Single Response) (Se Required)	ection
 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
Labs	
Cardiology	
Diagnostic Imaging	
Other Diagnostic Studies	
Respiratory	

Respiratory

[] Oxygen therapy	Routine, Continuous
	Device: Nasal Cannula
	Rate in liters per minute:
	Rate in tenths of a liter per minute:
	O2 %:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:
[] Oxygen therapy	Routine, Continuous
	Device: Non-rebreather mask
	Rate in liters per minute:
	Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy:

Rehab

Consults

Additional Orders

Discharge

Discharge Order (Single Response)

() Discharge patient when criteria met

Routine, Once Discharge Criteria: Clearing specialty: Scheduling/ADT

Discontinue tubes/drains

[] Discontinue Foley catheter

Routine, Once, Scheduling/ADT

[] Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
[] Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
[] Deaccess port	
	, Once, Scheduling/ADT
[] heparin, porcine (PF) 100 unit/mL injection intra-cat	heter, once, Scheduling/ADT
Discharge Activity	
[] Activity as tolerated	Routine, Normal, Scheduling/ADT
[] Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.
[] Shower instructions:	Routine, Normal, Scheduling/ADT, May remove large dressing and shower the day after procedure/do not remove Steri-strips.
[] Discharge activity	Routine, Normal, Scheduling/ADT
[] Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***
Wound/Incision Care	
[] Discharge wound care	Routine, Normal, Scheduling/ADT, May remove large dressing the day after procedure/do not remove Steri-strips.
Discharge Diet - REQUIRED	
[] Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
Patient to notify physician	
[] Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
[] Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
[] Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
Discharge Education	
[] Nurse to provide discharge education	Routine, Once
	Patient/Family: Both
	Education for: Other (specify) Specify: Nurse to provide patient education
	Scheduling/ADT
Discharge Instructions	
[] Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
[] Discharge instructions for Nursing- Will not show on AVS	Routine, Once
	***, Scheduling/ADT
Place Follow-Up Order	
[] Follow-up with me	Follow up with me:
	Clinic Contact:
	Follow up in: On date:
	Appointment Time: