DVT Admission [1278]

Common Present on Admission Diagnosis	
	Details
Acidosis Acute Post-Hemorrhagic Anemia	Details
Acute Renal Failure	Details
Acute Respiratory Failure	Details
Acute Thromboembolism of Deep Veins of Lower	Details
Extremities	Details
1 Anemia	Details
1 Bacteremia	Details
] Bipolar disorder, unspecified	Details
1 Cardiac Arrest	Details
] Cardiac Dysrhythmia	Details
] Cardiogenic Shock	Details
1 Decubitus Ulcer	Details
Dementia in Conditions Classified Elsewhere	Details
Disorder of Liver	Details
Electrolyte and Fluid Disorder	Details
] Intestinal Infection due to Clostridium Difficile	Details
Methicillin Resistant Staphylococcus Aureus Infection	Details
] Obstructive Chronic Bronchitis with Exacerbation	Details
Other Alteration of Consciousness	Details
] Other and Unspecified Coagulation Defects	Details
] Other Pulmonary Embolism and Infarction	Details
] Phlebitis and Thrombophlebitis	Details
] Protein-calorie Malnutrition	Details
] Psychosis, unspecified psychosis type	Details
] Schizophrenia Disorder	Details
] Sepsis	Details
] Septic Shock	Details
] Septicemia	Details
] Type II or Unspecified Type Diabetes Mellitus with	Details
Mention of Complication, Not Stated as Uncontrolled	
] Urinary Tract Infection, Site Not Specified	Details
Admission or Observation (Single Response) (Selection	n Required)
) Admit to Inpatient	Admitting Physician:
) Name to inpution	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	Admitting Physician:
supervision	Patient Condition:
() Outputions in a head	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:

() Admit to Inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
() Carpanent massa extended receivery	Bed request comments:
	Bod roquost commonto.
Admission (Single Response)	
Patient has active status order on file.	
r allone had admire stated order of mor	
/\ A '(4 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	A 1 '44' D1 ' '
() Admit to inpatient	Admitting Physician:
	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgment
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
	services for two or more midnights.
Cada Status	
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:
[1]	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	
- 4	Datalla
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you	Once, Sputum
suspect Tuberculosis, please order this test	
for rapid diagnostics.	D
[] Contact isolation status	Details
[] Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	B + #
	Details
[] Fall precautions	Increased observation level needed:

[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[] Vital signs - T/P/R/BP every 4 hours	Routine, Every 4 hours
[] Vital signs - T/P/R/BP per unit protocol	Routine, Per unit protocol
Activity	
[] Ambulate	Routine, 3 times daily Specify:
[] Ambulate as tolerated	Routine, 3 times daily Specify:
[] Strict bed rest	Routine, Until discontinued, Starting S May elevate Head of Bed 30 degrees.
Nursing	
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
[] Place TED hose	Routine, Once
[] Collect initial labs before starting anticoagulation.	Routine, Once For 1 Occurrences
[] Height and weight	Routine, Once For 1 Occurrences On Admission.
Notify	
[] Notify Physician of following vitals	Routine, Until discontinued, Starting S, Systolic BP GREATER than 180 mmHg Systolic BP LESS than 80 mmHg Heart rate GREATER than 120 bpm Heart rate LESS than 55 bpm SpO2 LESS than 90
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:

Diet effective now, Starting S
Diet(s): Regular, Other Potass/Phos
Potassium/Phosphorus: 2 GM Potassium
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Low Vitamin K
Diet effective now, Starting S
Diet(s): 2000 Kcal/225 gm Carbohydrate
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Diet effective now, Starting S
Diet(s): Heart Healthy
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Diet effective now, Starting S
Diet(s):
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:
intravenous, continuous
intravenous, continuous
may one de, continuedo
mg/kg_subcutaneous_2 times daily at 0600_1800 (TIME_CRITICAL)
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s):
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s):
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mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s):
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication:
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication:
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences M draw, Starting S+1 For 1 Occurrences
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences M draw, Starting S+1 For 1 Occurrences every 72 hours, Starting S+1
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences M draw, Starting S+1 For 1 Occurrences
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences M draw, Starting S+1 For 1 Occurrences very 72 hours, Starting S+1 ral, once, S at 5:00 PM, For 1 Doses dication:
mg/kg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL) dication(s): mg/kg, subcutaneous, daily at 1700 dication(s): ral, once, S at 5:00 PM, For 1 Doses dication: outine, Until discontinued, Starting S dication: TAT, Starting S For 1 Occurrences M draw, Starting S+1 For 1 Occurrences very 72 hours, Starting S+1 ral, once, S at 5:00 PM, For 1 Doses

Prothrombin Time/INR every 72 hours	Every 72 hours, Starting S+1
() warfarin (COUMADIN) with labs	1.1.1
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
[] Prothrombin Time/INR AM Draw	AM draw, Starting S+1 For 1 Occurrences
[] Prothrombin Time/INR every 72 hours	Every 72 hours, Starting S+1
() warfarin (COUMADIN) with labs	
[] warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
[] Prothrombin Time/INR STAT	STAT, Starting S For 1 Occurrences
[] Prothrombin Time/INR every 7 days	Weekly, Starting S+1
Heparin (Single Response)	
() Pharmacy Consult to Manage Heparin: STANDA	RD STAT, Until discontinued, Starting S
dose protocol (DVT/PE)	Heparin Indication:
	Specify:
	Specify:
	Monitoring:
() heparin infusion 50 units/mL	intravenous
	Indication:
	Therapeutic Monitoring Target:
Direct Xa Inhibitors (Single Response)	
() rivaroxaban (XARELTO) initial therapy and maint	enance "And" Linked Panel
[] rivaroxaban (XARELTO) tablet	15 mg, oral, 2 times daily at 0900, 1700 (TIME CRITICAL) Indications: DVT/PE
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indication:
[] rivaroxaban (XARELTO) tablet	20 mg, oral, daily at 1700, Starting H+504 Hours Indications: DVT/PE
() apixaban (ELIQUIS) initial therapy and maintenar	nce "And" Linked Panel
[] apixaban (ELIQUIS) tablet	10 mg, oral, 2 times daily Indications: DVT/PE
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S
[] apixaban (ELIQUIS) tablet	5 mg, oral, 2 times daily, Starting S+7 Indications: DVT/PE
() dabigatran (PRADAXA) therapy - after 5 days of parenteral anticoagulation	"And" Linked Panel
[] dabigatran etexilate (PRADAXA) capsule	150 mg, oral, 2 times daily Indications: DVT/PE
Pharmacy consult to monitor dabigatran (PRADAXA) therapy	STAT, Until discontinued, Starting S
Analgesics	
acetaminophen (TYLENOL) oral/rectal	"Or" Linked Panel
[] acetaminophen (TYLENOL) tablet	325 mg, oral, every 4 hours PRN, fever
[] acetaminophen (TYLENOL) suppository	205 man weetel even Aberma DDN fores
[] additimoprion (11221102) suppository	325 mg, rectal, every 4 hours PRN, fever
[1 acctanimophen (112E1162) cappeditory	For rectal use only.

VTE

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

VTE/DVT Risk Definitions

"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK

DEFINITIONS.pdf"

URL:

Anticoagulation Guide for COVID patients

	OVID 107(Illibougulation Galdeline 0.20.2021V10.pdf
() Patient currently has an active order for therapeu	
anticoagulant or VTE prophylaxis with Risk Strati	fication
(Single Response) (Selection Required) () Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis (Required)	
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Place/Maintain acquential compression	contraindication(s): Routine, Continuous
 () Place/Maintain sequential compression device continuous 	Routine, Continuous
() Moderate Risk - Patient currently has an active	e order for
therapeutic anticoagulant or VTE prophylaxis (Required)	(Selection
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.
[1] Discourse the learning device (Observe	Therapy for the following:
[] Place sequential compression device (Single	<u> </u>
() Contraindications exist for mechanical	Routine, Once No mechanical VTE prophylaxis due to the following
prophylaxis	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.
	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 ord	erfor
therapeutic anticoagulant or VTE prophylaxis (Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):

() Place/Maintain sequential compression device continuous	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fact	tors
[] Low Risk (Single Response) (Selection Require	·
() 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 Red	quired)
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm 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 hours Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	echanical prophylaxis is optional unless pharmacologic is ation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
 Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required) 	urgical
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	<u> </u>
[] 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	hylaxis "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)	
() 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

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 30 mL/min
		Indication(s): VTE Prophylaxis
() f	ondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
		If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT 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):
() h	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	neparin (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. veight < 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, S+1 at 6:00 AM
v	vith weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() v	varfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
	Pharmacy consult to manage warfarin COUMADIN)	STAT, Until discontinued, Starting S Indication:
Re	echanical Prophylaxis (Single Response) (Sele equired)	ection
	Contraindications exist for mechanical	Routine, Once
	orophylaxis Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous
C	device continuous	
	DERATE Risk of DVT - Non-Surgical (Selectior uired)	
Mod	erate Risk Definition	
		echanical prophylaxis is optional unless pharmacologic is
	raindicated. or more of the following medical conditions:	
CHF	, MI, lung disease, pneumonia, active inflamma	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
strok	ce, rheumatologic disease, sickle cell disease,	leg swelling, ulcers, venous stasis and nephrotic syndrome
	60 and above	
	ral line bry of DVT or family history of VTE	
	cipated length of stay GREATER than 48 hours	S
	than fully and independently ambulatory	
	ogen therapy	
	erate or major surgery (not for cancer) or surgery within 3 months of admission	
iviajo	or surgery within a months of dumission	
<u>Γ1 Μ</u>	oderate Risk (Selection Required)	
	Moderate risk of VTE	Routine, Once
	oderate Risk Pharmacological Prophylaxis -	
	on-Surgical Patient (Single Response) (Selecti equired)	on
	Contraindications exist for pharmacologic propl Order Sequential compression device	hylaxis - "And" Linked Panel
[]	Contraindications exist for pharmacologic	Routine, Once
	prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[]	Place/Maintain sequential compression device continuous	Routine, Continuous
() (Contraindications exist for pharmacologic propl	hylaxis "And" Linked Panel

[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis 	No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single 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
() matients weight 4.40 kg as CDE ATED AND	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
CICI GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondangrinux (ADIVTDA) injection	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	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (COUMADIN) tablet	oral, daily at 1700
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Surgical (Selection Required)	
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yelopro liferative 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	

Routine, Once

[] High risk of VTE

[] High Risk (Selection Required)

[] High Risk Pharmacological Prophylaxis - Surgi	cal Patient
(Single Response) (Selection Required)	Douting Ones
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	
(Selection Required)	
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() noticeto with CrCl FCC than 20 ml/min	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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
OIOI OILE TIET THAT SO THE THIN	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
	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
() has a size (or a series) indication	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	-,
) HIGH Risk of DVT - 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	nyeloproliterative 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	
•	
[1] High Diok (Coloration Demoire 4)	
[] High Risk (Selection Required) [] High risk of VTE	Routine, Once
[] Ingiliakoi vit	Noutine, Once

Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	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. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical 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) (Selection Required)	n
or protein S deficiency; hyperhomocysteinemia; n Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
High Risk (Selection Required)	Douting Once
[] High risk of VTE	Routine, Once

(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	
[] 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 Re (Selection Required)	
() 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	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.
() (0)(5)(0)(0)	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 3
CICI GREATER (Half 30 HIL/HIII)	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 3
mL/min	mL/min
) ((ADIVEDA) (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 LES
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 (Select Required)	IUII
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	mandations. The propriytorio
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 (COUMADIN)	STAT, Until discontinued, Starting S Indication:

() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
() Place/Maintain sequential compression device continuous	Routine, Continuous
T Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	URL:
A	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.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 Required) 	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single	Therapy for the following:
Place sequential compression device (Single() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
proprigiano	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTÉ prophylaxis Required)	
Moderate risk of VTE	Routine, Once
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE 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):

() High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (\$ Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[1] Place sequential compression device (Single	
Place sequential compression device (SingleContraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() LOW Risk of DVT (Selection Required)	
Low Risk Definition Age less than 60 years and NO other VTE risk fac	ctors
[] Low Risk (Single Response) (Selection Require	
() 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)
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	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome
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	rs
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S Patient (Single Response) (Selection Required)
() Contraindications exist for pharmacologic prop BUT order Sequential compression device	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
 Place/Maintain sequential compression device continuous 	Routine, Continuous
() Contraindications exist for pharmacologic properties AND mechanical prophylaxis	phylaxis "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)	oonse)
() 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
() potionto weight 140 kg or CDE ATED AND	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
() patients weight 140 kg or 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 of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
 () heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, 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) (Sel 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
() MODERATE Risk of DVT - Non-Surgical (Selection Required)	n
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Moderate on traindicated. One or more of the following medical conditions:	echanical prophylaxis is optional unless pharmacologic is
CHF, MI, lung disease, pneumonia, active inflamm	ation, 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 hours	S
Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

[] Moderate Risk (Selection Required)
[] Moderate risk of VTE

Routine, Once

 Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	ion	
() Contraindications exist for pharmacologic prophylaxis - "And" Linked Panel Order Sequential compression device		
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
[] Place/Maintain sequential compression device continuous	Routine, Continuous	
 () Contraindications exist for pharmacologic prop AND mechanical prophylaxis 	hylaxis "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)		
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis	
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis	
() 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	
() 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 for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.	
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.	
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:	
[] Mechanical Prophylaxis (Single Response) (Sel Required)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis () Place/Maintain sequential compression	No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous	
device continuous () HIGH Risk of DVT - Surgical (Selection Required)		

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

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. High Risk (Selection Required) [] High risk of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): enoxaparin (LOVENOX) injection (Single Response) (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 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 CrCl GREATER than 30 mL/min For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis () patients weight 140 kg or GREATER AND 40 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 CrCl GREATER than 30 mL/min For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min 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): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM heparin (porcine) injection () 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. 7,500 Units, subcutaneous, every 8 hours, Starting S+1 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1 () warfarin (COUMADIN) tablet Indication: STAT, Until discontinued, Starting S () Pharmacy consult to manage warfarin (COUMADIN) Indication: HIGH Risk of DVT - Non-Surgical (Selection Required) Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis. [] High Risk (Selection Required) [] High risk of VTE Routine, Once [] High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Selection Required) () Contraindications exist for pharmacologic Routine, Once No pharmacologic VTE prophylaxis due to the following prophylaxis contraindication(s): () enoxaparin (LOVENOX) injection (Single Response) (Selection Required) () enoxaparin (LOVENOX) syringe 40 mg, subcutaneous, daily, Starting S+1 Indication(s): VTE Prophylaxis 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 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 mg. /min
	mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
	mL/min
() () () () () () () () () ()	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 medicatio Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selectio	
Required)	phylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required) High risk of VTE	Routine, Once
[] High Risk Ol VT⊑] 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 R	, ,
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
F1 D1	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	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
enoxaparin (LOVENOX) syringe enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min.
enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min enoxaparin (LOVENOX) syringe - For	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min () enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis 30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1

() enoxaparin (LOVENOX) syringe - For	
Patients weight between 140 kg or GREATER and CrCl GREATER than 30	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
VT Risk and Prophylaxis Tool (Single Response)	LIDL
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C
	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific	OVİD-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required)	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of the second	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (S Required)	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response)	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following: Response)
Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Ferror) () Contraindications exist for mechanical	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cration order for election 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
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Regulary) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active of the sequential compression device continuous 	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election 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
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratific (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of therapeutic anticoagulant or VTE prophylaxis (Sequired) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis [] Place sequential compression device (Single Response) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous 	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf" cation order for election 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

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
proprigianis	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required) 	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
	Therapy for the following:
[] Place sequential compression device (Single	e Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	derfor
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	e Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fa	actors
[] Low Risk (Single Response) (Selection Requ	ired)
() Low risk of VTE	Routine, Once
() LOWIISK OI VIE	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	Low nak. Due to low hak, no vil prophylaxia is needed. Will elicodigae
	early ambulation

Moderate Risk Definition

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

One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and above

Central line

History of DVT or family history of VTE

Anticipated length of stay GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Madamta Biala (Oalastian Daminad)	
[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	phylaxis "And" Linked Panel
BUT 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 prophylaxis AND mechanical prophylaxis	phylaxis "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	ponse)
(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	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
CrCl GREATER than 30 mL/min	Starting S+1
	For Patient weight of 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
// L // / / / / / / / / / / / / / / /	, , , , , , , , , , , , , , , , , , , ,

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warf arin (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) (S	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() MODERATE Risk of DVT - Non-Surgical (Select	ion
Required)	
Moderate Risk Definition	
	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	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 ho	urs
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)	

[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
 [] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required) 	tion
 () Contraindications exist for pharmacologic prop Order Sequential compression device 	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic 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 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 CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() (i () () () () () () () () (Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATI CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
() fondanaring (ARIVTRA) injection	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 (Recomment for patients with high risk of bleedin weight < 50kg and age > 75yrs)	mended 5,000 Units, subcutaneous, every 12 hours
() HEParin (porcine) injection - For Pa	
with weight GREATER than 100 kg	· · · · · · · · · · · · · · · · · · ·
() warfarin (COUMADIN) tablet	oral, daily at 1700
	Indication:
() Pharmacy consult to manage warfa	arin STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Res Required)	oonse) (Selection
() Contraindications exist for mechani	ical Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compres device continuous	sion Routine, Continuous
() HIGH Risk of DVT - Surgical (Selection	Required)
High Risk Definition	<u> </u>
Both pharmacologic AND mechanical p	
One or more of the following medical co	
Thrombophilia (Factor V Leiden, prothr	ombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Surgical Patient		
(Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	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
() 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
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Dhamaan and the man and the	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Sel	lection
Required)	Davidina Once
() 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	· n
) HIGH Risk of DVT - Non-Surgical (Selection Requ	iirea)
High Risk Definition	
Both pharmacologic AND mechanical prophylaxis	must be addressed.
One or more of the following medical conditions:	

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-Surgical		
Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	
	contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Response) (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 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
OIOI ONEATER than 30 me min	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
	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	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
) HIGH Risk of DVT - Surgical (Hip/Knee) (Selection	n
Required)	

Required)
High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1	
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1	
() Apixaban and Pharmacy Consult (Selection Required)		
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis	

[] Pharmacy consult to monitor apixaban	
(ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re (Selection Required)	
() 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	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
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min. 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 3 mL/min
() fondonoring (ADIVIDA) inication	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. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LES than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Select Required)	ion
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication:
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (SRequired)	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Sequired) () Contraindications exist for mechanical	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (SRequired)	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Salequired) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Sample Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Secured) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s
admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) [] Mechanical Prophylaxis (Single Response) (Sale Required) () Contraindications exist for mechanical prophylaxis () Place/Maintain sequential compression device continuous	STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: Selection Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s Routine, Continuous

1 POC occult blood stool	Once
[] Notify Physician If occult stool is positive.	Routine, Until discontinued, Starting S
Antithrombin III	STAT For 1 Occurrences
[] Cardiolipin antibody	STAT For 1 Occurrences
[] Factor V assay	STAT For 1 Occurrences
[] Factor V leiden	STAT For 1 Occurrences
[] Homocystine, plasma	STAT For 1 Occurrences
[] Lupus anticoagulant	STAT For 1 Occurrences
Protein C activity	STAT For 1 Occurrences
[] Protein S activity	STAT For 1 Occurrences
[] Prothrombin gene mutation	STAT For 1 Occurrences
Labs Tomorrow	
[] CBC and differential	AM draw For 1 Occurrences
[] Partial thromboplastin time	AM draw For 1 Occurrences
[] Comprehensive metabolic panel	AM draw For 1 Occurrences
Labs AM Repeat	
[] CBC and differential	AM draw repeats For 3 Occurrences
Partial thromboplastin time	AM draw repeats For 3 Occurrences
Prothrombin time with INR	AM draw repeats For 3 Occurrences
Cardiology	
Imaging	
СТ	
[] CT Angiogram Pe Chest	Routine, 1 time imaging, Starting S at 1:00 AM For 1 PE Protocol
X-Ray	
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Check I VWI Chasic	Occurrences
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Occurrences
110 (5)/T 5::	
US for DVT Diagnosis	
PV duplex venous lower extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous lower extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous lower extremity right	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous upper extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous upper extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous upper extremity right	Routine, 1 time imaging, Starting S at 1:00 AM
US	
[] USPV Venous Lower Extremity Bilateral	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Lower Extremity Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1
USPV Venous Lower Extremity Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] USPV Venous Upper Extremity Bilat	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] USPV Venous Upper Extremity Left	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] USPV Venous Upper Extremity Right	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Nuclear	
NM Lung Ventilation Perfusion	Routine, 1 time imaging, Starting S at 1:00 AM For 1

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

[] Consult to Case Management	Consult Reason:
[] Consult to Social Work	Reason for Consult:
[] Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Low vitamin K diet
[] Consult to Spiritual Care	Reason for consult?
[] Consult to Respiratory Therapy	Reason for Consult?

Additional Orders