Diverticulitis Admission [1314]

Common Present on Admission Diagnosis	
[] Present on Admission	Details
[] Abdominal pain	Details
[] Back pain	Details
[] Chest pain	Details
[] Cough	Details
[] COVID - 19	Details
Dizziness	Details
[] Fall	Details
[] Fever	Details
[] Headache	Details
[] Hypertension	Details
[] Nausea	Details
Shortness of breath	Details
[] Vomiting	Details
[] Weakness-generalized	Details
Admission or Observation (Single Response) (Selec	etion 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	Admitting Physician:
supervision	Patient Condition: Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments:
	Dea request comments.
Admission or Observation (Single Response) Patient has active status order on file	
() 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	Admitting Physician:
supervision	Patient Condition:
() Outputing the last of the last	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:

() Admit to innotion	Admitting Dhysician
() 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.
Code Status (Single Response)	
() Full code	Code Status decision reached by:
() DNR (Selection Required)	Did the metions / comments were vise the comments of an interment of
[] 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	I understand that if the patient is NOT in a cardiopulmonary
	arrest, the selected treatments will NOT be provided. I
	understand that all other unselected medically indicated treatments will be provided.
	Treatment Restriction decision reached by:
	Specify Treatment Restrictions:
Isolation	
[] Airborne isolation status	D. C. T.
[] Airborne isolation status	Details
[] Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test	Once, Sputum
for rapid diagnostics.	
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs (Single Response)	
() Vital signs - Every 4 hrs	Routine, Every 4 hours
() Vital signs - Every shift	Routine, Every shift
Activity	
[] Activity as tolerated	Routine, Until discontinued, Starting S
	Specify: Activity as tolerated
	Enco urage ambulation
Number	
Nursing	

[] Intake and Output	Routine, Every 8 hours
[] Daily weights	Routine, Daily
	On arrival and daily.
Diet	
[] NPO - except sips with meds	Diet effective now, Starting S
	NPO: Except meds, Except Sips with meds
	Pre-Operative fasting options:
[] Diet -Clear Liquids, advance to GI/Soft	Diet effective now, Starting S
	Diet(s): Clear Liquids
	Advance Diet as Tolerated? Yes Target Diet: Gl/Soft
	Advance target diet criteria:
	IDDSI Liquid Consistency:
	Fluid Restriction:
	Foods to Avoid:
[] 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: Foods to Avoid:
	1 0000 10 / 17010.
IV Fluids	
Maintenance IV Fluids (Single Response)	
() sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous
() lactated Ringer's infusion	75 mL/hr, intravenous, continuous
() electrolyte-A (PLASMA-LYTE A) infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous
() sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion	75 mL/hr, intravenous, continuous
Medications	
Antibiotics	
[] piperacillin-tazobactam (ZOSYN) IV	3.375 g, intravenous, every 6 hours
[1] [Reason for Therapy: Bacterial Infection Suspected
	Indication:
[] For Penicillin Allergy - aztreonam (AZACTAM) 2	g IV +
metroNIDAZOLE (FLAGYL) 500 mg IV	
[] aztreonam (AZACTAM) IV	2 g, intravenous, every 8 hours
	Reason for Therapy: Bacterial Infection Suspected
	Indication:
[] metroNIDAZOLE (FLAGYL) IV	500 mg, intravenous, every 8 hours Reason for Therapy: Bacterial Infection Suspected
	Indication:
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection Re	equired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT)	4 mg, oral, every 8 hours PRN, nausea, vomiting
disintegrating tablet	Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset o
	action is required.
[] promethazine (PHENERGAN) IV or Oral or Rect	
[] promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to
I	tolerate oral or rectal medication OR if a faster onset of action is required

[] 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 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.
Antiemetics	
[X] ondansetron (ZOFRAN) IV or Oral (Selection R	equired) "Or" Linked Panel
[X] ondansetron ODT (ZOFRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFRAN) 4 mg/2 mL injection	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) IV or Oral or Red	tal "Or" Linked Panel
[] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[] 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 oral medication.

12.5 mg, rectal, every 6 hours PRN, nausea, vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to

VTF

Low Risk Definition Moderate Risk Definition

[] promethazine (PHENERGAN) suppository

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

tolerate oral medication.

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

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

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay less than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

DVT Risk and Prophylaxis Tool (Single Response) (Select VTE/DVT Risk Definitions Anticoagulation Guide for COVID patients	tion Required) URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "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 Stratification (Single Response) (Selection Required)	
Moderate Risk - Patient currently has an active order for the therapeutic anticoagulant or VTE prophylaxis (Selectio Required)	
[] Moderate risk of VTE Routi	ne, 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	
/\ ^	Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following
ριοριιγιαχίο	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
() Moderate Risk - Patient currently has an active	a 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.
propriyiaxis	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyidalis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutino, Continuous
() High Risk - Patient currently has an active ord	erfor
therapeutic anticoagulant or VTE prophylaxis	
Required)	Coloudin
[] 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.
Prop. Months	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
r -1 7	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	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
[] Low Risk (Single Response) (Selection Requi	
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() 1100=0.1=0.1: (=:===0::::::::::::::::::::::::::::::	early ambulation
() MODERATE Risk of DVT - Surgical (Selection R	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:

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 GRÉATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

[1] Madarata Pick (Salaction Paguired)	
Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once
Moderate Risk Pharmacological Prophylaxis - 9	·
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	
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 pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Control disctions oviet for machanical	contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical 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 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
5. C. C	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
() Tortuapatitux (ATTIX TTXA) injection	If the patient does not have a history of or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (S Required)	Selection
() 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 (Select Required)	ion
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. contraindicated.	Mechanical prophylaxis is optional unless pharmacologic is
	nmation, dehydration, varicose veins, cancer, sepsis, obesity, previous e, leg swelling, ulcers, venous stasis and nephrotic syndrome

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	tion
Required)	
() Contraindications exist for pharmacologic prop	phylaxis - "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	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic prop	phylaxis "And" Linked Panel
AND mechanical prophylaxis	
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(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 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
() Tondapamax (/ ttb//Tb/) mjostom	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
	· · · · · · · · · · · · · · · · · · ·
() han a sin (na saina) ini a atian	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)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	Noutine, Continuous
) HIGH Risk of DVT - Surgical (Selection Required)	
·	
High Risk Definition	voluet biological discountry
Both pharmacologic AND mechanical prophylaxis	musi de addressed.
One or more of the following medical conditions:	
	ant mutations, anticardiolipin antibody syndrome; antithrombin, protein C
or protein S deficiency; hyperhomocysteinemia; m	yeloproliterative disorders)
Severe fracture of hip, pelvis or leg	
Acute spinal cord injury with paresis	
Acute spinal cord injury with paresis Multiple major traumas	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE	
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)	
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
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion	
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	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion	
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required)	cal Patient
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic	Routine, Once
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse)
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response)	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) 30 mg Every 12 House	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) (Prophylaxis (Prop	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) 30 mg Every 12 Hole [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): 30 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgio (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) (Prophylaxis (Prop	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s):
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgic (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) 40 mg Every 12 Hole	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700 Indication(s): understand the following contrained to the following co
Acute spinal cord injury with paresis Multiple major traumas Abdominal or pelvic surgery for CANCER Acute ischemic stroke History of PE [] High Risk (Selection Required) [] High risk of VTE [] High Risk Pharmacological Prophylaxis - Surgion (Single Response) (Selection Required) () Contraindications exist for pharmacologic prophylaxis () Enoxaparin for VTE Prophylaxis (Single Response) () enoxaparin (LOVENOX) 30 mg Daily at 1700 [] enoxaparin (LOVENOX) injection () enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s): onse) 30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700 Indication(s): 40 mg, subcutaneous, daily at 1700 Indication(s):

() 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, 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	lection
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requ	ired)

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

[] High Risk (Selection Required)		
[] High risk of VTE	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)		
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):	
() enoxaparin (LOVENOX) injection (Single Response) (Selection Required)		
() 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	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 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) (Sel Required)	ection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	1
High Risk Definition	

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

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	or Knee
(Arthroplasty) Surgical Patient (Single Respor	nse)
(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	Required)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Re (Selection Required)	sponse)
() 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

		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
$ $ $\bar{\iota}$	weight < 50kg and age > 75yrs) (i) HEParin (porcine) injection - For Patients	than 50kg and age GREATER than 75yrs. 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	1
	Required) [] 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 (XARELTO) therapy	STAT, Until discontinued, Starting S
$ $ \bar{i}	(XARELIO) therapy () warfarin (COUMADIN) tablet	Indications: VTE prophylaxis 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)	
	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
דעם	Risk and Prophylaxis Tool (Single Response)	(Selection Required)
V	TE/DVT Risk Definitions	URL:
		"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Λ.	nticongulation Guido for COVID potionts	DEFINITIONS.pdf"
A	nticoagulation Guide for COVID patients	URL: "https://formweb.com/files/houstonmethodist/documents/C
		OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() F	Patient currently has an active order for therapeution	C
`` a	anticoagulant or VTE prophylaxis with Risk Stratific Single Response) (Selection Required)	
	Moderate Risk - Patient currently has an active	
	therapeutic anticoagulant or VTE prophylaxis (S	election
	Required) 1 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.
П		Therapy for the following:

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

Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. 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 GRÉATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

[] 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	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 prop 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 (Selection Required)	ponse)
() 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
5. 5. 5. 1. <u>5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>	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 6 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
	D 40 (07

() 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) (Required)	Selection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selection	ction
Required)	
Moderate Risk Definition	
Pharmacologic prophylavis must be addressed	I. Mechanical prophylaxis is optional unless pharmacologic is
i Hairiacologic propriylaxis illust be addressed	. Modranica propriylasis is optional antess phantiacologic is

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)

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	ion
Required)	
() Contraindications exist for pharmacologic prop 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 prop AND mechanical prophylaxis	hylaxis "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+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	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
	indication(c). The representation

() 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
() fondanarinay (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 (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:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (S	
Required) () Contraindications exist for mechanical	Routine, Once
() Contraindications exist for mechanical prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	riodino, commucac
) HIGH Risk of DVT - Surgical (Selection Require	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)	,
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() Engyangin for VTE Draphylovia (Cingle Dec	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Res	
() enoxaparin (LOVENOX) 30 mg Daily at 170[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 H	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 17	00
enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
	Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 H	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours Indication(s):
() 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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
_	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
(,	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
	IGH Risk of DVT - Non-Surgical (Selection Requ	
_A	ddress both pharmacologic and mechanical prop	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[]	High Risk (Selection Required)	Paretire Organ
_ <u>_</u>	High risk of VTE High Risk Pharmacological Prophylaxis - Non-S	Routine, Once
.,	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 Resp (Selection Required)	ponse)
	() 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 mL/min Indication(s): VTE Prophylaxis
ĺ	() 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 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):
Ī) heparin (porcine) injection	
(This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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
	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg 	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
(heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet 	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
() ()	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection 	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 Indication: STAT, Until discontinued, Starting S Indication:
() () () R	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) 	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 Indication: STAT, Until discontinued, Starting S Indication:
() () () R	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop 	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 Indication: STAT, Until discontinued, Starting S Indication:
() () () R	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) 	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 Indication: STAT, Until discontinued, Starting S Indication:
() () () R	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response) 	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 Indication: STAT, Until discontinued, Starting S Indication: hylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
() H R A	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High risk of VTE High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Responsing Selection Required) 	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 Indication: STAT, Until discontinued, Starting S Indication: Ohylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once
() () () () () () () () () ()	 heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg warfarin (COUMADIN) tablet Pharmacy consult to manage warfarin (COUMADIN) IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired) ddress both pharmacologic and mechanical prop High Risk (Selection Required) High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Responsical Selection Required) Contraindications exist for pharmacologic 	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 Indication: STAT, Until discontinued, Starting S Indication: n chylaxis by ordering from Pharmacological and Mechanical Prophylaxis. Routine, Once Knee e) Routine, Once No pharmacologic VTE prophylaxis due to the following

	quired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1
, ,	Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Response	
(Selection Required)	51100)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
() Choxapanii (LOV LIVOX) Synnige	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() elloxapalili (LOV LINOX) syillige	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	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
Patients weight between 100-139 kg and	Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 3
	mL/min.
	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
	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 medicati
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
	then Colon and an COCATED then 75, we
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
() 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.
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL)
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication:
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) TRisk and Prophylaxis Tool (Single Response)	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication:
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: URL:
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) TRisk and Prophylaxis Tool (Single Response)	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warf arin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) TRisk and Prophylaxis Tool (Single Response)	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
 () HEParin (porcine) injection - For Patients with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection Required) [] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission [] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy () warfarin (COUMADIN) tablet () Pharmacy consult to manage warfarin (COUMADIN) T Risk and Prophylaxis Tool (Single Response) /TE/DVT Risk Definitions 	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg. 10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis STAT, Until discontinued, Starting S Indications: VTE prophylaxis oral, daily at 1700, Starting S+1 Indication: STAT, Until discontinued, Starting S Indication: URL: "\\appt1\epicappprod\\Restricted\\OrderSets\\VTEDVTRISK DEFINITIONS.pdf"

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

() Moderate Risk - Patient currently has an active 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.
	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	reduine, commueue
() Moderate Risk - Patient currently has an active	order for
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
prophylaxis	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 9	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active order	
therapeutic anticoagulant or VTE prophylaxis (Selection
Required)	Deather One
[] High 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.
propriyazio	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 order therapeutic anticoagulant or VTE prophylaxis (
Required)	Selection
[] 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	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Discontinuos anno discontinuos anno discontinuos anno discontinuos anno discontinuos anno discontinuo disconti	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 fac	ctors
3 1,121211111111111111111111111111111111	

[] Low Risk (Single Response) (Selection Required)

risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae ambulation
cal prophylaxis is optional unless pharmacologic is
dehydration, varicose veins, cancer, sepsis, obesity, previous relling, ulcers, venous stasis and nephrotic syndrome

[] Moderate risk of VTE	Routine, Once
] Moderate Risk Pharmacological Prophylaxis - S	Surgical
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic proj	phylaxis "And" Linked Panel
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once
	No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
Contraindications exist for pharmacologic propand 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)	,
() 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	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 3
	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 (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)	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 (Selection Required) 	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamm	lechanical prophylaxis is optional unless pharmacologic is nation, dehydration, varicose veins, cancer, sepsis, obesity, previous leg swelling, ulcers, venous stasis and nephrotic syndrome
[] 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	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):
[1] Cambusing lighting a solution was a basis as	Davidina Once

Routine, Once

contraindication(s):

Indication(s): VTE Prophylaxis

Indication(s): VTE Prophylaxis

No mechanical VTE prophylaxis due to the following

40 mg, subcutaneous, daily at 1700, Starting S

30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min

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() patients with CrCL LESS than 30 mL/min

enoxaparin (LOVENOX) injection (Single Response)

[] Contraindications exist for mechanical

prophylaxis

(Selection Required)

() enoxaparin (LOVENOX) syringe

() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	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
() 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 (Selection Required)	
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)	Dauting Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)	Routine, Once cal Patient
Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Resp	onse)
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700

[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours
	Indication(s):
() 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, 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	election
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
HIGH Risk of DVT - Non-Surgical (Selection Requirements)	uired)
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

[] 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 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	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 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) (Sel Required)	lection
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	ו
High Risk Definition	

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

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

[] Blood culture x 2	"And" Linked Panel
Microbiology	
Basic metabolic panel	Once, Starting S+1
CBC and differential	Once, Starting S+1
Labs Tomorrow	
[] Comprehensive metabolic panel	Once
Basic metabolic panel	Once
CBC and differential	Once
Labs Today	
Labs	
device continuous	
() Place/Maintain sequential compression	Routine, Continuous
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
[] Mechanical Prophylaxis (Single Response) (Se Required)	
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
(XARELTO) therapy	Indications: VTE prophylaxis
admission [] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
Required)	
with weight GREATER than 100 kg () Rivaroxaban and Pharmacy Consult (Selection	For patients with weight GREATER than 100 kg.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 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 (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
	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
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
mL/min 	mL/min Indication(s): VTE Prophylaxis
 () 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 CrCI GREATER 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
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	30 mg, subcutaneous, daily at 0600, Starting S+1

[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.	
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, with each set drawn from a different peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.	
[] Fecal lactoferrin	Once, Stool	
Ova & Parasites-Concentrated Examination Stool culture	Once, Stool Once, Stool	
Urinalysis screen and microscopy, with reflex to c	·	
[1] Cimaryolo colocit and microscopy, warrenexte c	Specimen Source: Urine Specimen Site:	
[] C difficile toxin / Gastrointestinal panels		
[] Enteric pathogen panels		
[] Enteric bacterial panel - Campylobacter spp., Enterotoxigenic E. coli (ETEC), Shigella spp./EIEC, Shiga-toxin producing E. coli (STEC), Salmonella spp., Shigella dysenteriae, P. shigelloides, Vibrio, Y. enterocolitica	Once, Stool	
[] Enteric parasitic panel - G. lamblia, Cryptosporidium, E. histolytica	Once, Stool	
[] Enteric viral panel - Norovirus GI & GII, Rotavirus A, Adenovirus F40/41, Sapovirus (genogroups I, II, IV, V), Human Astrovirus (hAstro)	Once, Stool	
[] Patient has been an inpatient for greater than 3 C.difficile testing is appropriate for new onset d Gastrointestinal Panel testing is not appropriate have questions, please call the Microbiology La at 713-441-0330.	iarrhea. e. If you	
[] C difficile toxin	Once, Stool Reason to order: Risk factors:	
[] Patient has received a laxative, enema or medication with laxative effect. C. difficile or Gastrointestinal panel testing is not appropriate until laxative medication has been discontinued for 48 hours. If you have questions, please call the Microbiology Laboratory at 713-441-0330. (Selection Required)		
@LAXPRINTGROUP@ @ENEMAPRINTGROUP@		
[] Fecal lactoferrin	Once, Stool	
[] Fecal calprotectin	Once, Stool	
[] C difficile toxin (Single Response)		
() C difficile toxin	Once, Stool Reason to order: Risk factors:	
() Gastrointestinal panel	Once, Stool	
[] Patient had a previous positive C. difficile / Gastrointestinal panel in the prior 14 days. Rep difficile or Gastrointestinal panel testing is not appropriate. If you have questions, please call t Microbiology Laboratory at 713-441-0330. @LASTLAB(CDIFFTOX,GASTROPANEL)@		

[] Fecal lactoferrin [] Fecal calprotectin	Once, Stool Once, Stool
[] Enteric Precautions	Office, Otool
[] Enteric isolation status	Details
maging	
СТ	
] CT Abdomen Pelvis W/WO Contrast (Omnipaque) "And" Linked Panel
For those with iodine allergies, please order the p	anel with Readi-Cat (barium sulfate).
[] CT Abdomen Pelvis W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Oral contrast if not contraindicated by renal function and allergies
iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
 CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque) 	"And" Linked Panel
For those with iodine allergies, please order the p	anel with Readi-Cat (barium sulfate).
[] CT Abdomen Pelvis W Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution	30 mL, oral, once
] CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CT Abdomen Pelvis WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodine	e allergies.
[] CT Abdomen Pelvis Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension	450 mL, oral, once in imaging, contrast
Consults	
Physician Consults	
] Consult Gastroenterology	Reason for Consult?
	Patient/Clinical information communicated? Patient/clinical information communicated?
] Consult General Surgery	Reason for Consult?
	Patient/Clinical information communicated? Patient/clinical information communicated?
] Consult Colon & Rectal Surgery	Reason for Consult?
,	Patient/Clinical information communicated?
	Patient/clinical information communicated?
Ancillary Consults	
] Consult to Case Management	Consult Reason: Other specify, Discharge Planning
	Specify: Discharge planning starting day 1, Goal length of stay is 2 days. Length of stay may be longer than 2 days with
	Abscess, Fistula, Obstruction, and Perforation of the colon
	Discharge planning starting day 1, Goal length of stay is 2
	days. Length of stay may be longer than 2 days with Abscess,
Consult to Social Work	Fistula, Obstruction, and Perforation of the colon Reason for Consult:
Consult 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:
	If Patient is unable to ambulate

[] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Educate patient/family on Low Residue diet for discharge
	Educate patient/family on Low Residue diet for discharge