Neurosurgery Admission [1709]

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) (Sele	ction Required)
() Admit to Inpatient	Admitting Physician:
()	Level of Care:
	Patient Condition:
	Bed request comments:
	Certification: I certify that based on my best clinical judgmer
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
() Outputing the constitution and in a constitution of the constit	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician: Patient Condition:
supervision	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
() Outpatient in a bed - extended recovery	Bed request comments:
Admission of Observation (Cinals Bospens)	Dog roquost con internet
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 judgmer
	and the patient's condition as documented in the HP and
	progress notes, I expect that the patient will need hospital
() Outputing the constitution and in a constitution of the constit	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition: Bed request comments:
	Admitting Physician:
() Outpatient in a had extended recovery	AUTHUHU ETIVAIGAN.
() Outpatient in a bed - extended recovery	Bed request comments:

() Admit to inpatient	Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Code Status (Single Response)	
() Full code	Code Status decision reached by:
() DNR (Selection Required)	
[] DNR (Do Not Resuscitate)	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity?
[] Consult to Palliative Care Service	Priority: Reason for Consult? Order? Name of referring provider: Enter call back number:
[] Consult to Social Work	Reason for Consult:
() Modified Code	Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:
() Treatment Restrictions	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	
[] Airborne isolation status	Details
 Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics. 	Once, Sputum
[] Contact isolation status	Details
Droplet isolation status	Details
[] Enteric isolation status	Details
Precautions [1] Assiration procoutions	Details
Aspiration precautions [X] Fall precautions	Increased observation level needed:
Latex precautions	Details
Seizure precautions	Increased observation level needed:
[] Spinal precautions	Details
Nursing	
Vital Signs	
[X] Vital signs - T/P/R/BP	Routine, Per unit protocol
[] Pulse oximetry check	Routine, Per unit protocor Routine, Daily Current FIO2 or Room Air: With vital signs
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S

[] Out of bed with assistance	Routine, Until discontinued, Starting S Specify: Out of bed, Up with assistance
[] Up ad lib	Routine, Until discontinued, Starting S Specify: Up ad lib
[] Head of bed flat	Routine, Until discontinued, Starting S Head of bed: flat
[] Elevate Head of bed 30 degrees	Routine, Until discontinued, Starting S Head of bed: 30
Nursing	
[] Telemetry	"And" Linked Panel
[] Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes
[] Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94
[X] Height and weight	Routine, Once On admission.
[X] Intake and output	Routine, Per unit protocol
Dysphagia screen	Routine, Once
[] Lumbar drain care	Routine, Until discontinued, Starting S Lumbar drain mgmt:
[] Neurological assessment	Routine, Once Assessment to Perform:
[X] Straight cath	Routine, Every 6 hours If unable to void after second straight cath, insert Foley and call physician.
[X] Insert/Maintain Foley and Notify	
[X] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
	If unable to void after second straight cath, insert Foley and call physician
[X] Foley catheter care	Routine, Until discontinued, Starting S Orders: Maintain
[X] Notify Physician if unable to void on third attempt and Foley inserted	Routine, Until discontinued, Starting S
[] Place antiembolic stockings	Routine, Once
[X] No anticoagulants INcluding UNfractionated hep	
[X] No anti-platelet agents INcluding aspirin	Routine, Until discontinued, Starting S Reason for "No" order: high risk of bleeding
Notify	
[X] Notify Physician if acute change in neurological:[X] Notify Physician of No Bowel Movement for mor hours	
Consent	

[] Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[] NPO except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
[] NPO after midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Pre-Operative fasting options:
[] NPO after midnight except meds	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except meds Pre-Operative fasting options:
[] Diet - Regular	Diet effective now, Starting S Diet(s): Regular Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet - Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet - Heart healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet - 2000 Kcal/225 gm Carbohydrate	Diet effective now, Starting S Diet(s): 2000 Kcal/225 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
[] Diet	Diet effective now, Starting S Diet(s): Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
IV Fluids	
IV Fluid (Single Response)	
() sodium chloride 0.9 % infusion () lactated Ringer's infusion	intravenous, continuous intravenous, continuous
() sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion	intravenous, continuous

() dextrose 5 % and sodium chloride 0.45 % with intravenous, continuous potassium chloride 20 mEq/L infusion - for NPO Patients Medications Seizure Management [] levETIRAcetam (KEPPRA) in sodium chloride 0.9 % 100 1,000 mg, intravenous, once, For 1 Doses mL IVPB (Loading Dose) 500 mg, oral, every 12 hours scheduled, Starting H+12 Hours [] levETIRAcetam (KEPPRA) tablet (following loading dose) (May switch to IV if patient is unable to tolerate tablets) [] levETIRAcetam (KEPPRA) IV (loading dose) 500 mg, intravenous, every 12 hours, Starting H+12 Hours [] fosphenytoin (CEREBYX) injection (loading dose) intravenous, for 30 Minutes, once, For 1 Doses [] phenytoin (DILANTIN) IVPB (Loading Dose) 100 mg, intravenous, every 8 hours scheduled. Starting H+8 Hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: [] phenytoin (DILANTIN) ER capsule (following loading 100 mg, oral, every 8 hours scheduled, Starting H+8 Hours (May switch to IV if unable to tolerate capsules.) dose) **Propose NEW Seizure Management (Single Response)** () levETIRAcetam (KEPPRA) IVPB followed by "Followed by" Linked Panel levETIRAcetam (KEPPRA) oral tablet [] levETIRAcetam (KEPPRA) IV Loading 1,000 mg, intravenous, once, For 1 Doses Dose [] levETIRAcetam (KEPPRA) tablet 500 mg, oral, every 12 hours, Starting H+12 Hours Maintenance Dose () levETIRAcetam (KEPPRA) 1000 mg IVPB followed by "Followed by" Linked Panel levETIRAcetam (KEPPRA) 500 mg IVPB [] levETIRAcetam (KEPPRA) IV Loading 1,000 mg, intravenous, once, For 1 Doses Dose [] levETIRAcetam (KEPPRA) IV Maintenance 500 mg, intravenous, every 12 hours, Starting H+12 Hours Dose () levETIRAcetam (KEPPRA) 500 mg IVPB followed by "Followed by" Linked Panel levETIRAcetam (KEPPRA) 500 mg IVPB [] levETIRAcetam (KEPPRA) IV Loading 500 mg, intravenous, once, For 1 Doses 500 mg, intravenous, every 12 hours, Starting H+12 Hours [] levETIRAcetam (KEPPRA) IV Maintenance () fosphenytoin (CEREBYX) IV followed by phenytoin (DILANTIN) ER oral capsule [] fosphenytoin (CEREBYX) IVPB Loading Dose followed "Followed by" Linked Panel by phenytoin (DILANTIN) ER oral capsule [] fosphenytoin (CEREBYX) IVPB loading intravenous, for 30 Minutes, once, For 1 Doses dose [] phenytoin (DILANTIN) ER capsule 100 mg, oral, every 8 hours, Starting H+8 Hours [] Phenytoin level AM draw repeats [] Free phenytoin level AM draw repeats () fosphenytoin (CEREBYX) IV followed by fosphenytoin (CEREBYX) IV (Single Response) Select Load/Maintenance by Routes of Administration: • IVPB / IV Push IVPB / IVPB Note: The IV Push Maintenance selection has the option to change route to intraMUSCULAR IVPB Loading Dose Followed by IV Push Maintenance

Dose (Single Response)

 Loading Dose Once Followed by Every 8 Homeonic Maintenance 	our
[] Loading Dose Once Followed by Every 8 F Maintenance	Hour "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 8 hours, Starting H+8 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() Loading Dose Once Followed by Every 12 F Maintenance	Hour
[] Loading Dose Once Followed by Every 12 Maintenance	Hour "Followed by" Linked Panel
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 12 hours, Starting H+12 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() Loading Dose Once Followed by Every 24 F Maintenance	
[] Loading Dose Once Followed by Every 24 Maintenance	<u> </u>
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IV Push maintenance dose	IV Push, every 24 hours, Starting H+24 Hours
[] Phenytoin level	AM draw repeats
[] Free phenytoin level	AM draw repeats
() fosphenytoin (CEREBRYX) IVPB level, loadii	ng, and
maintenance dose	AM draw ran acta Fair 2 Occurrances
[] Phenytoin level [] Free phenytoin level	AM draw repeats For 3 Occurrences AM draw repeats For 3 Occurrences
[] fosphenytoin (CEREBRYX) IV loading and	
dose	<u> </u>
[] fosphenytoin (CEREBYX) IVPB Loading Dose	intravenous, for 30 Minutes, once, For 1 Doses
[] fosphenytoin (CEREBYX) IVPB Maintenance Dose	intravenous
ledications - Bowel Managment	
() polyethylene glycol (MIRALAX) packet	17 g, oral, 2 times daily
(1) Stool Softener Options (Single Response)	400 mars and Otimara daily
(X) docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily
() sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly
teroids (Single Response)	
) _dexamethasone 10 mg IV x1, followed by 4 mg	
[] dexamethasone (DECADRON) IV	10 mg, intravenous, once, For 1 Doses
[] dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours, Starting H+6 Hours
) dexamethasone (DECADRON) IV	4 mg, intravenous, every 6 hours scheduled
) methyIPREDNISolone IV 100 mgx1, followed by IV q6h	
[] methylPREDNISolone sodium succinate (Solu-MEDROL) injection	100 mg, intravenous, once, For 1 Doses
[] methyIPREDNISolone sodium succinate (Solu-MEDROL) injection	40 mg, intravenous, every 6 hours scheduled, Starting H+6 Hours

() methyIPREDNISolone sodium succinate	40 mg, intravenous, every 6 hours scheduled
(Solu-MEDROL) injection	To mig, minaronous, orony o no and osmouthou
() methylPREDNISolone (MEDROL PAK) dose pa in AM)	ack (start
THIS A PANEL. DO NOT EDIT.	
[] methyIPREDNISolone (MEDROL) tablet	8 mg, oral, before breakfast - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, after lunch - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, after dinner - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methyIPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, For 1 Doses All day-1 doses may be given (up to 6 tablets) may be given at one time based on time of day.
[] methylPREDNISolone (MEDROL) tablet	4 mg, oral, 3 times daily around food, Starting S+1, For 3 Doses
[] methylPREDNISolone (MEDROL) tablet	8 mg, oral, nightly - one time, Starting S+1, For 1 Doses
[] methyIPREDNISolone (MEDROL) tablet	4 mg, oral, 4 times daily tapering, Starting S+2
Medications - General	
[] pantoprazole (PROTONIX) IV or ORAL	"Or" Linked Panel
[] pantoprazole (PROTONIX) EC tablet	40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
[] pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection	40 mg, intravenous, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
Antiemetics	marcano (c) is in contract (in it) marcano.
[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 [X] ondansetron (ZOFRAN) 4 mg/2 mL injection	Give if patient is able to tolerate oral medication. 4 mg, intravenous, every 8 hours PRN, nausea, vomiting
[A] Ondanselion (201 KAN) 4 mg/2 mc injection	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[] promethazine (PHENERGAN) IV or Oral or Rec	
[] 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 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.
[] scopolamine (TRANSDERM-SCOP) 1.5 mg (1 r days) - For Patients LESS than 65 years old	ng over 3 1 patch, transdermal, for 72 Hours, every 72 hours
Medications - PRN	
 Acetaminophen oral/liquid/rectal PRN Fever Maximum of 4 grams of acetaminophen per day sources) 	"Or" Linked Panel of from all sources. (Cirrhosis patients maximum: 2 grams per day from all
[] acetaminophen (TYLENOL) tablet	650 mg, oral, every 6 hours PRN, fever, temperature greater than 101.5 F
[] acetaminophen (TYLENOL) suspension	650 mg, oral, every 6 hours PRN, fever, temperature greater than 101.5 F
[] acetaminophen (TYLENOL) suppository	650 mg, rectal, every 6 hours PRN, fever, temperature greater than 101.5 F

PRN Medications - Bowel Management (Single Response)

) magnesium hydroxide suspension	30 mL, oral, daily PRN, constipation
bisacodyl (DULCOLAX) EC tablet	5 mg, oral, daily PRN, constipation
bisacodyl (DULCOLAX) suppository	10 mg, rectal, daily PRN, constipation
) magnesium citrate solution	150 mL, oral, daily PRN, constipation, For 2 Doses
RN Medications - Bowel Management (HMH On	ly)
saline,mineral oil,glycerin (S.M.O.G.) enema	180 mL, rectal, once
TE	
VT Risk and Prophylaxis Tool (Single Respons	e) (Selection Required)
VTE/DVT Risk Definitions	URL:
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	"https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
Patient currently has an active order for therape	
anticoagulant or VTE prophylaxis with Risk Strat	tification
(Single Response) (Selection Required)	
() Moderate Risk - Patient currently has an activ	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required)	Dayting Once
Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single	Therapy for the following:
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyiaxis	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	a andre for
() Moderate Risk - Patient currently has an active	
therapeutic anticoagulant or VTE prophylaxis	(Selection
Required) [] Moderate risk of VTE	Pautina Onco
	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.
proprigianis	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active ord	Her for
therapeutic anticoagulant or VTE prophylaxis	
Required)	(00,000,011
[] 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
proprijianio	
	contraindication(s):

() Place/Maintain sequential compression device continuous	Routine, Continuous
 High Risk - Patient currently has an active order therapeutic anticoagulant or VTE prophylaxis (S Required) 	
[] High risk of VTE	Routine, Once
	Routine, Once
[] Patient currently has an active order for therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
propriyakio	Therapy for the following:
[] Place sequential compression device (Single F	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
propriyitatio	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	riodinio, ocininadao
() LOW Risk of DVT (Selection Required)	
Low Risk Definition	
Age less than 60 years and NO other VTE risk fact	ors
[] Low Risk (Single Response) (Selection Require	d)
() Low risk of VTE	Routine, Once
	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Red	•
Moderate Risk Definition	·
	echanical prophylaxis is optional unless pharmacologic is
contraindicated.	3
One or more of the following medical conditions:	
	ation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hours	S
Less than fully and independently ambulatory	
Estrogen therapy	
Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	
[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis - S	urgical
Patient (Single Response) (Selection Required)	
() Contraindications exist for pharmacologic prop	hylaxis "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	Routine, Continuous
device continuous	
() Contraindications exist for pharmacologic prop	hylaxis "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):

	(Selection Required)) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
_) enoxaparin (LOVENOX) syringe	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
() patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 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
(, , , , , , , , , , , , , , , , , , , ,	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):
<u>()</u>	heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
()	heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
()	for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
	weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
()	HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
	with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
()	warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
()	Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
()	(COUMADIN)	Indication:
	Mechanical Prophylaxis (Single Response) (Se Required)	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
	DDERATE Risk of DVT - Non-Surgical (Selection equired)	n
	oderate Risk Definition	
		lechanical prophylaxis is optional unless pharmacologic is
	ntraindicated.	
	ne or more of the following medical conditions:	
		nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	oke, medinatologic disease, sickle cell disease, je 60 and above	leg swelling, ulcers, venous stasis and nephrotic syndrome
	entral line	
His	story of DVT or family history of VTE	
	iticipated length of stay GREATER than 48 hou	'S
	ss than fully and independently ambulatory	
	edorate or major surgery (not for cancer)	
	oderate or major surgery (not for cancer) ajor surgery within 3 months of admission	
	, a sangery manager and an admission	
	Moderate Risk (Selection Required)	D. C. O.
$\overline{\square}$	Moderate risk of VTE	Routine, Once
[]		

 Contraindications exist for pharmacologic pro Order Sequential compression device 	ophylaxis - "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 pro AND mechanical prophylaxis	ophylaxis "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 Re (Selection Required)	sponse)
() 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 3 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
) heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
) warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
) Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
Mechanical Prophylaxis (Single Response) (S Required)	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

device continuous

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Surgi	
(Single Response) (Selection Required)	can allon
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	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
() (O) (E) (O) (O) (O) (O)	Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
() anavanaria (I O)/ENOV) 40 mg Evan, 12 Ha	Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, every 12 hours Indication(s):
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Tomapamax (it is that) injocitori	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 () warfarin (COUMADIN) tablet	For patients with weight GREATER than 100 kg. oral, daily at 1700, Starting S+1
() warfarin (COUMADIN) tablet	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	
()	

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

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

High Risk (Selection Required) High risk of VTE	Routine, Once
High Risk Pharmacological Prophylaxis - Non-	·
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
F. 2 F. 7	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res	· ·
(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 3
	mL/min
	Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND	40 mg, subcutaneous, 2 times daily, Starting S
CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than
	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 medicat
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min.
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() 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 LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700
,	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
Mechanical Prophylaxis (Single Response) (Se	
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication
() Place/Maintain sequential compression	Routine, Continuous

Required)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip o (Arthroplasty) Surgical Patient (Single Respons (Selection Required)	r Knee
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection R	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 Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.

() Rivaroxaban and Pharmacy Consult (Selectic Required)	on
[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission	10 mg, oral, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	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
DVT Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions) (Selection Required) URL:
Anticoagulation Guide for COVID patients	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:
7 THE CONTROL OF THE PARTONIO	"https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
 anticoagulant or VTE prophylaxis with Risk Stratif (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis (Required) 	e order for
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
 () 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 order 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	Response)
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
	contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
() High Risk - Patient currently has an active order	er for
therapeutic anticoagulant or VTE prophylaxis (
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
1 1 7 -	Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
F F V	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
[] Low Risk (Single Response) (Selection Requir	ed)
() Low risk of VTE	Routine, Once
() 2011 101 01 112	Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
	early ambulation
() MODERATE Risk of DVT - Surgical (Selection Re	
Moderate Risk Definition	oquirou)
	Mechanical prophylaxis is optional unless pharmacologic is
contraindicated.	noonanioa propriylaxio io optional aniooo priamiacologio io
One or more of the following medical conditions:	
	mation, dehydration, varicose veins, cancer, sepsis, obesity, previous
stroke, rheumatologic disease, sickle cell disease	
	i. IEU SWEIIITU, UICEIS, VEITUUS SIASIS ATU HEDITIOITC SVITUTOITE
Age 60 and above	r, leg swelling, dicers, verious stasis and hepitiotic syndronie
Age 60 and above Central line	r, leg swelling, dicers, verious stasis and hepitiotic syndronie
Central line	, leg swelling, dicers, verious stasis and hepitiotic syndronie
Central line History of DVT or family history of VTE	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer)	
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	urs
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE	Routine, Once
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk Pharmacological Prophylaxis -	Routine, Once Surgical
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro	Routine, Once Surgical
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device	Routine, Once Surgical) phylaxis "And" Linked Panel
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once Surgical) phylaxis "And" Linked Panel Routine, Once
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device	Routine, Once Surgical) phylaxis "And" Linked Panel Routine, Once No pharmacologic VTE prophylaxis due to the following
Central line History of DVT or family history of VTE Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission [] Moderate Risk (Selection Required) [] Moderate Risk of VTE [] Moderate Risk Pharmacological Prophylaxis - Patient (Single Response) (Selection Required () Contraindications exist for pharmacologic pro BUT order Sequential compression device [] Contraindications exist for pharmacologic	Routine, Once Surgical) phylaxis "And" Linked Panel Routine, Once

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

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)

Major surgery within 3 months of admission

[] Madarata Dial. (Calastica Darwins)	
[] Moderate Risk (Selection Required) [] Moderate risk of VTE	Pauting Once
Moderate Risk Pharmacological Prophylaxis -	Routine, Once
Non-Surgical Patient (Single Response) (Select Required)	ction
Contraindications exist for pharmacologic proportion 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 propagation AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Res (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S+1 Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours Recommended for patients with high risk of bleeding, e.g. weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Sel Required)	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 (Selection Required)	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
[] High Risk (Selection Required)	Positive Once
[] High risk of VTE[] High Risk Pharmacological Prophylaxis - Surgio	Routine, Once
(Single Response) (Selection Required)	
 () Contraindications exist for pharmacologic prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis due to the following
ριοριτγιαλίο	contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Response	
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 30 mg Every 12 Hou	
[] 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 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Hou	
[] 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 for patients with high risk of bleeding, e.g. 	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
() HIGH Risk of DVT - Non-Surgical (Selection Requ	
	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	
[] High risk of VTE	
[] High Risk Pharmacological Prophylaxis - Non-S	Routine, Once

() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	, <i>,</i>
() 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
() 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):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required)	
<u> </u>	hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
High Risk (Selection Required)	D. (; 0
[] High risk of VTE	Routine, Once
 High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required) 	
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() aspirin chewable tablet	162 mg, oral, daily, Starting S+1
() aspirin (ECOTRIN) enteric coated tablet	162 mg, oral, daily, Starting S+1
() Apixaban and Pharmacy Consult (Selection Re	equired)
[] apixaban (ELIQUIS) tablet	2.5 mg, oral, 2 times daily, Starting S+1 Indications: VTE prophylaxis
[] Pharmacy consult to monitor apixaban (ELIQUIS) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	ponse)
() enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
	indication(3). VIL i Tophylaxis

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and 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
CICI GREATER MAIT 30 ME/MIN	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 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
DVT Risk and Prophylaxis Tool (Single Response)	
VTE/DVT Risk Definitions	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticongulation Cuido for COV/ID nationto	DEFINITIONS.pdf" URL:
Anticoagulation Guide for COVID patients	"https://formweb.com/files/houstonmethodist/documents/C
	OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
() Patient currently has an active order for therapeutic	
anticoagulant or VTE prophylaxis with Risk Stratific	cation
(Single Response) (Selection Required) () Moderate Risk - Patient currently has an active of the second se	order for
therapeutic anticoagulant or VTE prophylaxis (S Required)	
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
[] Place sequential compression device (Single R	Therapy for the following:
() 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
1	

() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required)		
Moderate risk of VTE	Routine, Once	
[] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis []	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:	
[] Place sequential compression device (Single		
() 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)	(OEECHOI)	
[] High risk of VTE	Routine, Once	
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:	
[] Place sequential compression device (Single		
Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
High Risk - Patient currently has an active ord therapeutic anticoagulant or VTE prophylaxis Required)		
[] High risk of VTE	Routine, Once	
 Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:	
[] Place sequential compression device (Single Response)		
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
) LOW Risk of DVT (Selection Required)		
Low Risk Definition Age less than 60 years and NO other VTE risk factors		
[] Low Risk (Single Response) (Selection 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 GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[1] Madarata Diak (Calastian Dequired)	
Moderate Risk (Selection Required) Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	·
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic pro	
BUT order Sequential compression device	
[] Contraindications exist for pharmacologic	Routine, Once
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 	ophylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
[] Contraindications sviat for machanical	contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
propriyidalis	contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resolution (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
() patients weight between 100-139 kg AND	Indication(s): VTE Prophylaxis 30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
OIOI GILLATEIX (IIIIII 30 IIII/IIIIII	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
() Toridapaninux (ARIX TRA) 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
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.

() HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	lection
() Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() MODERATE Risk of DVT - Non-Surgical (Selectic Required)	on
Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Moderated.	1echanical prophylaxis is optional unless pharmacologic is
One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn	nation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	, leg swelling, ulcers, venous stasis and nephrotic syndrome
Central line History of DVT or family history of VTE	
Anticipated length of stay GREATER than 48 hou Less than fully and independently ambulatory	rs
Estrogen therapy Moderate or major surgery (not for cancer)	
Major surgery within 3 months of admission	

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selecti	on
Required)	
 () Contraindications exist for pharmacologic prople Order Sequential compression device 	nylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Place/Maintain sequential compression device continuous	Routine, Continuous
() Contraindications exist for pharmacologic propl	nylaxis "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	onse)
(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 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	7,500 Units, subcutaneous, every 8 hours
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700 Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN) [] Mechanical Prophylaxis (Single Response) (Se	Indication:
Required)	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/Maintain sequential compression	Routine, Continuous
device continuous	
 HIGH Risk of DVT - Surgical (Selection Required) High Risk Definition 	
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 yeloproliferative disorders)
[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surgion(Single Response) (Selection Required)	cal Patient
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
() Enoxaparin for VTE Prophylaxis (Single Resp	contraindication(s):
() enoxaparin (LOVENOX) 30 mg Daily at 1700	
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
() enoxaparin (LOVENOX) 30 mg Every 12 Ho	Indication(s):
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700
() anatomorphic (LOV/ENIOV) 40 D. II. (1700	Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 1700 [] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	Indication(s):
[] enoxaparin (LOVENOX) 40 fing Every 12 Ho	40 mg, subcutaneous, every 12 hours
[] Onoxapanii (LOV LIVOX) iiijeolioii	Indication(s):

() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Toridaparinux (ARIX TRA) injection	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:
1 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 Requ	uired)

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:
Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

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

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Non-S Patient (Single Response) (Selection Required)	urgical
() Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	onse)
() 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 CrCI 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	

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

History of PE

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Hip	or Knee
(Arthroplasty) Surgical Patient (Single 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
() Shoxapanii (20 v 21 voxy dynnige	Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
	Starting S+1
	Indication(s): VTE Prophylaxis

() enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() anavanarin /I O\/ENOY\ suringa For	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or	Starting S+1
GREATER and CrCI GREATER than 30	For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
() (Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
() heparin (porcine) injection	Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 3 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LESS
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection Required)	1
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this admission	Indications: VTE prophylaxis
[] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy	STAT, Until discontinued, Starting S Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
() Discussion consult to make an experience	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	Routine, Continuous
device continuous	
Labs	
Labs - Today	
Basic metabolic panel	Once
CBC with platelet and differential	Once
Partial thromboplastin time	Once
[] Prothrombin time with INR	Once
Platelet function analysis	Once
Platelet function P2Y12	Once
Phenytoin level, free	Once
Phenytoin level Pregnancy, urine	Once Once
[] C-reactive protein	Once
Sedimentation rate	Once
Urine drugs of abuse screen	Once
[] Urinalysis screen and microscopy, with reflex to cu	ulture Once
	Specimen Source: Urine
Printed on 1/28/2022 at 10:24 AM from TST Environme	Specimen Site:
	FAUE ZO III 3

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1411	CI C	DIO	ı og y

Microbiology	
Blood culture x 2	"And" Linked Panel
	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.
,	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.
Cardiology	
Cardiology	
[] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[] Echocardiogram complete w contrast and 3D if ne	
PV duplex venous lower extremity bilat	Routine, 1 time imaging, Starting S at 1:00 AM
PV duplex venous lower extremity left	Routine, 1 time imaging, Starting S at 1:00 AM
[] PV duplex venous lower extremity right Cardiology	Routine, 1 time imaging, Starting S at 1:00 AM
[] ECG 12 lead	Routine, Once Clinical Indications: Pre-Op Clearance Interpreting Physician:
[] Echocardiogram complete w contrast and 3D if ne	eded Routine, 1 time imaging, Starting S at 1:00 AM
Imaging	
Diagnostic MRI/MRA	
MRI Brain W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Brain Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRA Head Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRA Neck Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] MRI Lumbar Spine Wo Contrast CT	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Doubling A time a imposing Chapting C at 1,00 AM Ford
[] CT Head Wo Contrast [] CT Head Wo Contrast in AM	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Cervical Spine Wo Contrast	Routine, 1 time imaging, Starting S+1 at 4:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Thoracic Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CT Lumbar Spine Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Head W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] CTA Neck W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
X-ray	
[] Chest 2 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] VP Shunt Series (Selection Required)	"And" Linked Panel
[] Skull < 4 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1
	Routine, 1 time imaging, Starting S at 1:00 AM For 1
[] Abdomen Ap And Lateral	
[] Cervical Spine 2 Or 3 Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Routine, 1 time imaging, Starting S at 1:00 AM For 1

[] XR Spine Scoliosis 2-3 Views	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Please add 32 millimeter image calibration necklace to the field of view. AP and Lateral view that includes C2 and	
	femoral heads in single shot with patient standing with hips and knees extended.	
[] Cervical Spine Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1	
[] Cervical Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1	
[] Cervical Spine Neutral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1	
[] Lumbar Spine Ap Lateral Flexion And Extension	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Stress flexion extension	
[] Lumbar Spine Flexion And Extension Only 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Stress flexion extension	
[] Lumbar Spine Complete 4+ Vw	Routine, 1 time imaging, Starting S at 1:00 AM For 1	
Other Studies		
Other Diagnostic Studies		
[] Angiogram Cerebral Bilateral	Routine, 1 time imaging, Starting S at 1:00 AM For 1 4 vessel angiogram	
[] EEG (routine)	Routine, Once	
	Clinical Indication:	
	Testing Location:	
[] Continuous EEG monitoring	Testing Duration: Routine, Daily imaging For 7 Days, For 7 Days	
[] Continuous EEG monitoring	Clinical Indication:	
	Testing Location: At Bedside (Patients Room)	
	Testing Duration:	
	Record Video? Yes	
Respiratory		
Respiratory		
[] Incentive spirometry	Routine, Every hour For 999 Occurrences While awake	
Consults		
For Physician Consult orders use sidebar		
Physician Consults		
[] Consult Internal Medicine	Reason for Consult?	
	Patient/Clinical information communicated?	
	Patient/clinical information communicated?	
Ancillary Consults		
[] Consult to Case Management	Consult Reason:	
[] Consult to Social Work	Reason for Consult:	
[] Consult PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Post Neuromuscular or Musculoskeletal Surgery Care. Are there any restrictions for positioning or mobility?	
	Please provide safe ranges for HR, BP, O2 saturation(if	
	values are very abnormal):	
	Weight Bearing Status:	
[] Consult PT wound care	Special Instructions:	
	Location of Wound?	

[] Consult OT eval and treat	Reason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
[] Consult to Nutrition Services	Reason For Consult? Purpose/Topic:
[] Consult to Spiritual Care	Reason for consult?
Consult to Speech Language Pathology	Routine, Once
	Reason for consult:
Description of the Consult to Wound Ostomy Care nurse	Reason for consult:
	Consult for NPWT:
	Reason for consult:
	Reason for consult:
[] Consult to Respiratory Therapy	Reason for Consult?