## Pancreatitis Admission [591]

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Common Present on Admission Diagnosis	
[] Present on Admission	Details
[] Abdominal pain	Details
Back pain	Details
[] Chest pain	Details
[] Cough	Details Details
[] COVID - 19	Details
Dizziness	Details
[] Fall [] Fever	Details Details
[] Headache	Details
	Details
1 Nausea	Details
Shortness of breath	Details
Vomiting	Details
[] Weakness-generalized	Details
[1	
Admission or Observation (Single Response) (Selec	tion 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
	services for two or more midnights.
() Outpatient observation services under general	Admitting Physician:
supervision	Patient Condition:
() Outputient in a head and and an arrange	Bed request comments:
() Outpatient in a bed - extended recovery	Admitting Physician:
	Bed request comments:
Admission or Observation (Single Response)	
Patient has active status order on file	
( ) Admit to Inpatient	Admitting Physician:
( ) Admit to inpatient	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
	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:
	Bed request comments:
Admission (Single Response)	
ANTONIS STANDAR MACAAACA	

() 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	
[] Aspiration precautions	Details
[] Fall precautions	Increased observation level needed:
[] Latex precautions	Details
[] Seizure precautions	Increased observation level needed:
Nursing	
Vital Signs	
[] Vital signs - Per Unit Protocol	Routine, Per unit protocol
[] Vital signs - Every 4 hrs	Routine, Every 4 hours For Until specified
[] Vital signs - Every shift	Routine, Every shift
Activity	
[] Strict bed rest	Routine, Until discontinued, Starting S
[] Bed rest with bathroom privileges	Routine, Until discontinued, Starting S Bathroom Privileges: with bathroom privileges

[] Activity as tolerated	Routine, Until discontinued, Starting S Specify: Activity as tolerated
] Ambulate with assistance	Routine, 3 times daily Specify: with assistance
Nursing	
] Intake and output	Routine, Every shift
Nasogastric tube insert and maintain	
[] Nasogastric tube insertion	Routine, Once Type:
[] Nasogastric tube maintenance	Routine, Until discontinued, Starting S Tube Care Orders:
[] Insert and maintain Foley	
[] Insert Foley catheter	Routine, Once Type: Size: Urinometer needed:
[] Foley Catheter Care	Routine, Until discontinued, Starting S Orders: Maintain
Notify Physician	
[] Notify Physician if patient reports alcohol use	Routine, Until discontinued, Starting S, If patient reports alcohol use
[] Notify Physician for vitals:	Routine, Until discontinued, Starting S Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 MAP less than: 60 Heart rate greater than (BPM): 100 Heart rate less than (BPM): 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92
Diet	
[] NPO	Diet effective now, Starting S NPO: Pre-Operative fasting options:
[] Diet-Clear liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: regular low fat Advance target diet criteria: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:
IV Fluids	
Peripheral IV Access	
[X] Initiate and maintain IV	
[X] Insert peripheral IV	Routine, Once
[X] sodium chloride 0.9 % flush [X] sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled 10 mL, intravenous, PRN, line care
Bolus IV (Single Response)	
() sodium chloride 0.9 % bolus	500 mL, intravenous, at 1000 mL/hr, once, For 1 Doses
() sodium chloride 0.9 % bolus Printed on 1/28/2022 at 10:24 AM from TST Environ	1,000 mL, intravenous, at 1000 mL/hr, once, For 1 Doses ment Page 3

) lactated Ringer's bolus	500 mL, intravenous, at 1000 mL/hr, once, For 1 Doses
) lactated Ringer's bolus	1,000 mL, intravenous, at 1000 mL/hr, once, For 1 Doses
ontinuous IV (Single Response)	
) dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion	100 mL/hr, intravenous, continuous
) dextrose 5%-0.45% sodium chloride 1,000 mL in	fusion 100 mL/hr, intravenous, continuous
) dextrose 5%-0.9% sodium chloride infusion	100 mL/hr, intravenous, continuous
) sodium chloride 0.9 % infusion	100 mL/hr, intravenous, continuous
) lactated Ringer's infusion	100 mL/hr, intravenous, continuous
Medications	
harmacy Consults	
Pharmacy to dose Tramadol for renal and hepati dysfunction	Routine, Until discontinued, Starting S Which drug do you need help dosing? tramadol Adjust dose for: renal and hepatic dysfunction
/TE	
VT Risk and Prophylaxis Tool (Single Response VTE/DVT Risk Definitions	URL: "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
Anticoagulation Guide for COVID patients	DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"
<ul> <li>Patient currently has an active order for therapeu anticoagulant or VTE prophylaxis with Risk Strat (Single Response) (Selection Required)</li> </ul>	ification
<ul> <li>() Moderate Risk - Patient currently has an activ therapeutic anticoagulant or VTE prophylaxis Required)</li> </ul>	
Moderate risk of VTE	Routine, Once
<ul> <li>Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis because: patient is already on 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
	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() Moderate Risk - Patient currently has an activ	e order for
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
[] Moderate risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	
() Contraindications exist for mechanical	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 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 (Sin	gle 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 of	
therapeutic anticoagulant or VTE prophylax	is (Selection
Required)	
[] High risk of VTE	Routine, Once
[] Patient currently has an active order for	Routine, Once
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on
prophylaxis	therapeutic anticoagulation for other indication.
[1 D]	Therapy for the following:
[] Place sequential compression device (Sin	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
() Disco/Maintain appropriate appropriate	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	factore
Age less than objects and NO other VIE list	Taciois
[1] Low Risk (Single Response) (Selection Rec	nuired)
[] Low Risk (Single Response) (Selection Rec	
<ul><li>[ ] Low Risk (Single Response) (Selection Red</li><li>( ) Low risk of VTE</li></ul>	Routine, Once
	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae
() Low risk of VTE	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
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( ) Low risk of VTE     ( ) MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation Required)
( ) Low risk of VTE     ( ) MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation
( ) Low risk of VTE     ( ) MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation Required)  d. Mechanical prophylaxis is optional unless pharmacologic is
( ) Low risk of VTE      ( ) MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.     One or more of the following medical condition	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation Required)  d. Mechanical prophylaxis is optional unless pharmacologic is
() Low risk of VTE      () MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.  One or more of the following medical condition CHF, MI, lung disease, pneumonia, active inflation.	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation Required)  d. Mechanical prophylaxis is optional unless pharmacologic is as:
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( ) Low risk of VTE  ( ) MODERATE Risk of DVT - Surgical (Selection Moderate Risk Definition Pharmacologic prophylaxis must be addressed contraindicated.  One or more of the following medical condition CHF, MI, lung disease, pneumonia, active inflastroke, rheumatologic disease, sickle cell disease Age 60 and above Central line  History of DVT or family history of VTE Anticipated length of stay GREATER than 48 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 Prophylaxi Patient (Single Response) (Selection Required) ( ) Contraindications exist for pharmacologic BUT order Sequential compression devices	Routine, Once Low risk: Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation  Required)  d. Mechanical prophylaxis is optional unless pharmacologic is as: ammation, dehydration, varicose veins, cancer, sepsis, obesity, previous ase, leg swelling, ulcers, venous stasis and nephrotic syndrome  Routine, Once s - Surgical red) prophylaxis "And" Linked Panel  Routine, Once No pharmacologic VTE prophylaxis due to the following

[]	AND mechanical prophylaxis  Contraindications exist for pharmacologic prophylaxis	Routine, Once No pharmacologic VTE prophylaxis due to the following
		contraindication(s):
[]	Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following
()	enoxaparin (LOVENOX) injection (Single Res (Selection Required)	contraindication(s): sponse)
()		40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
()	patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
()	patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800, Starting S+1 For Patients weight between 100-139 kg and CrCl GREATER than 3 mL/min Indication(s): VTE Prophylaxis
()	patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 For Patient weight of 140 kg or GREATER and CrCl GREATER than mL/min
<i>,</i> ,	(	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 medicatic 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 LES
()	weight < 50kg and age > 75yrs) 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.
()	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 GREATER than 48 hours

Less than fully and independently ambulatory

Estrogen therapy

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Selec Required)	ction
<ul> <li>( ) Contraindications exist for pharmacologic pro Order Sequential compression device</li> </ul>	phylaxis - "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>Place/Maintain sequential compression device continuous</li></ul>	Routine, Continuous
( ) Contraindications exist for pharmacologic pro AND mechanical prophylaxis	phylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic prophylaxis	Routine, Once  No pharmacologic VTE prophylaxis due to the following contraindication(s):
[] Contraindications exist for mechanical prophylaxis	Routine, Once  No mechanical VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	ponse)
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 1700, Starting S Indication(s): VTE Prophylaxis
() patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 1700, Starting S For Patients with CrCL LESS than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight between 100-139 kg AND CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily, Starting S For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	40 mg, subcutaneous, 2 times daily, Starting S For Patients weight 140 kg or GREATER and CrCl GREATER than 30 mL/min Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.

( ) HEParin (porcine) injection - For Patients	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:	
<ul><li>[] Mechanical Prophylaxis (Single Response) (Single Required)</li></ul>	election	
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous		
() HIGH Risk of DVT - Surgical (Selection Required		
High Risk Definition		
Both pharmacologic AND mechanical prophylaxis	s must be addressed.	
One or more of the following medical conditions:		
	iant 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 Diak (Coloation Dogwingd)		
[] High Risk (Selection Required)	Pouting Once	
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surg</li></ul>	Routine, Once	
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	ICAI F ALIGII	
() Contraindications exist for pharmacologic	Routine, Once	
prophylaxis	No pharmacologic VTE prophylaxis due to the following	

[] High Risk (Selection Required)	
[] High risk of VTE	Routine, Once
[] High Risk Pharmacological Prophylaxis - Surg (Single Response) (Selection Required)	
<ul> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul>	Routine, Once No pharmacologic VTE prophylaxis due to the following contraindication(s):
() Enoxaparin for VTE Prophylaxis (Single Resp	ponse)
() enoxaparin (LOVENOX) 30 mg Daily at 170	0
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
( ) enoxaparin (LOVENOX) 30 mg Every 12 Ho	ours
[] enoxaparin (LOVENOX) injection	30 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Daily at 170	0
[] enoxaparin (LOVENOX) injection	40 mg, subcutaneous, daily at 1700 Indication(s):
() enoxaparin (LOVENOX) 40 mg Every 12 Ho	ours
[] 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
<ul> <li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> </ul>	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	STAT, Until discontinued, Starting S	
(COUMADIN)	Indication:	
Mechanical Prophylaxis (Single Response) (Selection		
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	·	
	1 1)	

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

High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

One or more of the following medical conditions:

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

Severe fracture of hip, pelvis or leg

Acute spinal cord injury with paresis

Multiple major traumas

Abdominal or pelvic surgery for CANCER

Acute ischemic stroke

High Risk (Selection Required)  High risk of VTE	Routine, Once
· · · · · · · · · · · · · · · · · · ·	<u>`</u>
Patient (Single Response) (Selection Required	
() Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following contraindication(s):
<ul><li>( ) enoxaparin (LOVENOX) injection (Single Res (Selection Required)</li></ul>	
( ) 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
( ) nationts weight 140 kg or CDE ATED AND	Indication(s): VTE Prophylaxis 40 mg, subcutaneous, 2 times daily, Starting S
() patients weight 140 kg or GREATER AND CrCl GREATER than 30 mL/min	For Patients weight 140 kg or GREATER and CrCl GREATER than 3
CIOI GIVEA TER (Half 50 HIE/Hill)	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	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

_			
[ ]	Mechanical Prophylaxis (Single Response) (Selection		
	Required)		
		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)

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
<ul> <li>High Risk Pharmacological Prophylaxis - I (Arthroplasty) Surgical Patient (Single Res (Selection Required)</li> </ul>	sponse)
() 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 (Select	ion 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 (Selection Required)	Response)
( ) 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/m	30 mg, subcutaneous, daily at 0600, Starting S+1 in For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg ar CrCl GREATER than 30 mL/min	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL),
() enoxaparin (LOVENOX) syringe - For Patients weight between 140 kg or GREATER and CrCl GREATER than 3 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 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
HEParin (porcine) injection - For Patients     with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
Rivaroxaban and Pharmacy Consult (Select Required)	
<ul><li>[] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission</li></ul>	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) (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
DVT Risk and Prophylaxis Tool (Single Respons VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients	URL: "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL: "https://formweb.com/files/houstonmethodist/documents/C
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection 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"  eutic attification
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic attification
Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic stification  ve order for s (Selection  Routine, Once
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis 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"  eutic stification  ve order for s (Selection
Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required)  () Moderate Risk - Patient currently has an active anticoagulant or VTE prophylaxis Required)  [] Moderate risk of VTE  [] Patient currently has an active order for therapeutic anticoagulant or VTE	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic etification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic attification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  Response) Routine, Once No mechanical VTE prophylaxis due to the following
Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression	URL:  "\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic etification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  le Response) Routine, Once
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single () Contraindications exist for mechanical prophylaxis  [] Place/Maintain sequential compression device continuous () Moderate Risk - Patient currently has an active order for the prophylaxis	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic etification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  le Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  ve order for
VTE/DVT Risk Definitions  Anticoagulation Guide for COVID patients  () Patient currently has an active order for therape anticoagulant or VTE prophylaxis with Risk Stra (Single Response) (Selection Required) () Moderate Risk - Patient currently has an active therapeutic anticoagulant or VTE prophylaxis Required) [] Moderate risk of VTE [] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis  [] Place sequential compression device (Single ()) Contraindications exist for mechanical prophylaxis  () Place/Maintain sequential compression device continuous	URL:  "\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK DEFINITIONS.pdf" URL:  "https://formweb.com/files/houstonmethodist/documents/C OVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf"  eutic etification  Routine, Once Routine, Once No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:  le Response) Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s): Routine, Continuous  ve order for

[] 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 or	ler for
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	
() Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following
( ) Diago (Majortajo a associal a companio a	contraindication(s):
() Place/Maintain sequential compression device continuous	Routine, Continuous
() High Risk - Patient currently has an active or	
therapeutic anticoagulant or VTE prophylaxis Required)	(Selection
[] High risk of VTE	Routine, Once
<ul><li>Patient currently has an active order for</li></ul>	Routine, Once
therapeutic anticoagulant or VTE prophylaxis	No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.  Therapy for the following:
[] Place sequential compression device (Single	e 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 Requ	ired)
() 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 F	Required)

Moderate Risk Definition

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

One or more of the following medical conditions:

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

Central line

History of DVT or family history of VTE

Anticipated length of stay 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

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	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
· (I O) (E) IO) (I : (C) I D	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
() maticata variable atvacas 400 420 km AND	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
CICI GREATER Hall 30 HE/IIIII	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
STOT STREET THE THE THE THE THE	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() 1011454411414114114114114	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	7,500 Units, subcutaneous, every 8 hours, Starting S+1
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.

7		and delicat 4700 Otanian O. 4
( )	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
) M(	DDERATE Risk of DVT - Non-Surgical (Selection	on .
. ,	quired)	
Mo	oderate Risk Definition	
Ph	armacologic prophylaxis must be addressed. M	lechanical prophylaxis is optional unless pharmacologic 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)

Major surgery within 3 months of admission

[] Moderate Risk (Selection Required)	
[] Moderate risk of VTE	Routine, Once
[] Moderate Risk Pharmacological Prophylaxis -	
Non-Surgical Patient (Single Response) (Select	tion
Required)	
<ul> <li>( ) Contraindications exist for pharmacologic prop Order Sequential compression device</li> </ul>	phylaxis - "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
<ul> <li>( ) Contraindications exist for pharmacologic prop AND mechanical prophylaxis</li> </ul>	ohylaxis "And" Linked Panel
[] Contraindications exist for pharmacologic	Routine, Once
prophylaxis	No pharmacologic VTE prophylaxis due to the following
	contraindication(s):
[] Contraindications exist for mechanical	Routine, Once
prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) enoxaparin (LOVENOX) injection (Single Resp (Selection Required)	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	30 mg, subcutaneous, every 12 hours at 0900, 2100, Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30
	mL/min
	Indication(s): VTE Prophylaxis

	patients weight 140 kg or GREATER AND 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
<u> </u>	in adaparing (A DIVTDA) injection	Indication(s): VTE Prophylaxis
() f	ondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT), do NOT order this
		medication. Contraindicated in patients LESS than 50kg, prior to
		surgery/invasive procedure, or CrCl LESS than 30 mL/min
		This patient has a history of or suspected case of Heparin-Induced
		Thrombocytopenia (HIT):
	neparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	neparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
	or 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:
	lechanical Prophylaxis (Single Response) (Selequired)	ection
	Contraindications exist for mechanical	Routine, Once
` '	prophylaxis	No mechanical VTE prophylaxis due to the following contraindication(s):
( ) F	Place/Maintain sequential compression device continuous	Routine, Continuous
	H Risk of DVT - Surgical (Selection Required)	
		hylaxis by ordering from Pharmacological and Mechanical Prophylaxis.
	3	, ,
[] Hi	igh Risk (Selection Required)	
[] H	High risk of VTE	Routine, Once
	igh Risk Pharmacological Prophylaxis - Surgic Single Response) (Selection Required)	cal Patient
	Contraindications exist for pharmacologic	Routine, Once
r	aranhylavie	No pharmacologic VTE prophylaxis due to the following
1	orophylaxis	
		contraindication(s):
	Enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s): onse)
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s): onse)
	Enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s): onse)  30 mg, subcutaneous, daily at 1700
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Respo enoxaparin (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection	contraindication(s): onse)  30 mg, subcutaneous, daily at 1700 Indication(s):
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Respo	contraindication(s): onse)  30 mg, subcutaneous, daily at 1700 Indication(s): urs 30 mg, subcutaneous, daily at 1700
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection	contraindication(s): onse)  30 mg, subcutaneous, daily at 1700 Indication(s): urs  30 mg, subcutaneous, daily at 1700 Indication(s):
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Responsor) and Table Responsor (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection enoxaparin (LOVENOX) 30 mg Every 12 Hou	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
( <u>)</u> [	Enoxaparin for VTE Prophylaxis (Single Responsorable Covernor Covernor) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection	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):
() [ () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX)	contraindication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor) and paily at 1700 enoxaparin (LOVENOX) and Every 12 Housenoxaparin (LOVENOX) and Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection	contraindication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, every 12 hours Indication(s):
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX)	contraindication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, every 12 hours
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor) and paily at 1700 enoxaparin (LOVENOX) and Every 12 Housenoxaparin (LOVENOX) and Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection	contraindication(s):  onse)  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  2.5 mg, subcutaneous, every 12 hours Indication(s):  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.
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor) and paily at 1700 enoxaparin (LOVENOX) and Every 12 Housenoxaparin (LOVENOX) and Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection	contraindication(s): onse)  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  2.5 mg, subcutaneous, every 12 hours Indication(s):  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
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor) and paily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection	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): urs 40 mg, subcutaneous, daily at 1700 Indication(s): urs 40 mg, subcutaneous, every 12 hours Indication(s): 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.
() [] () [] () [] () [] () []	Enoxaparin for VTE Prophylaxis (Single Responsorable in Covernor Prophylaxis (Single Responsorable in Covernor) and paily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection	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):  urs  40 mg, subcutaneous, daily at 1700 Indication(s):  2.5 mg, subcutaneous, every 12 hours Indication(s):  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
() [] () [] () [] () [] () f	Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) injection  ondaparinux (ARIXTRA) injection	contraindication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  2.5 mg, subcutaneous, every 12 hours Indication(s):  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):
() E () [] () [] () [] () f	Enoxaparin for VTE Prophylaxis (Single Responsor enoxaparin (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) injection  fondaparinux (ARIXTRA) injection	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): urs  40 mg, subcutaneous, daily at 1700 Indication(s): urs  40 mg, subcutaneous, every 12 hours Indication(s): 2.5 mg, subcutaneous, daily, Starting S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min. This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT): 5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() E () [] () [] () [] () f	Enoxaparin for VTE Prophylaxis (Single Responsoration (LOVENOX) 30 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 30 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Daily at 1700 enoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) 40 mg Every 12 Housenoxaparin (LOVENOX) injection  enoxaparin (LOVENOX) injection  ondaparinux (ARIXTRA) injection	contraindication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  30 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  40 mg, subcutaneous, daily at 1700 Indication(s):  2.5 mg, subcutaneous, every 12 hours Indication(s):  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 - 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)	
	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):
(	<ul><li>enoxaparin (LOVENOX) injection (Single Resp (Selection Required)</li></ul>	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
(	( ) 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
	y Tondapanndx (ARDATRA) 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
		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.
(	) heparin (porcine) 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):
<u>(</u>	) heparin (porcine) injection ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g.	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):  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
	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> </ul>	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):  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
(	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> </ul>	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):  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
() ()	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection</li> </ul>	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):  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	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> </ul>	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):  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	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> <li>ddress both pharmacologic and mechanical prop</li> </ul>	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):  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	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> <li>ddress both pharmacologic and mechanical prop</li> <li>High Risk (Selection Required)</li> <li>High risk of VTE</li> </ul>	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):  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:  Routine, Once
() () () R	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> <li>ddress both pharmacologic and mechanical prop</li> <li>High Risk (Selection Required)</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response)</li> </ul>	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):  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:  Routine, Once
() H R A	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> <li>ddress both pharmacologic and mechanical prop</li> <li>High Risk (Selection Required)</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> </ul>	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):  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:  Routine, Once
() () () () () () () () () ()	<ul> <li>heparin (porcine) injection</li> <li>heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li> <li>HEParin (porcine) injection - For Patients with weight GREATER than 100 kg</li> <li>warfarin (COUMADIN) tablet</li> <li>Pharmacy consult to manage warfarin (COUMADIN)</li> <li>IGH Risk of DVT - Surgical (Hip/Knee) (Selection equired)</li> <li>ddress both pharmacologic and mechanical prop</li> <li>High Risk (Selection Required)</li> <li>High risk of VTE</li> <li>High Risk Pharmacological Prophylaxis - Hip or (Arthroplasty) Surgical Patient (Single Response (Selection Required)</li> <li>Contraindications exist for pharmacologic</li> </ul>	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):  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:  Routine, Once  *Knee  Routine, Once  No pharmacologic VTE prophylaxis due to the following

() 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	STAT, Until discontinued, Starting S
(ELIQUIS) therapy	Indications: VTE prophylaxis
() enoxaparin (LOVENOX) injection (Single Resp	ponse)
(Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1
	Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL)
( )	Starting S+1
	Indication(s): VTE Prophylaxis
( )	
( ) enoxaparin (LOVENOX) syringe - For	30 mg, subcutaneous, daily at 0600, Starting S+1
Patients with CrCL LESS than 30 mL/min	For Patients with CrCL LESS than 30 mL/min.
	Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For	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
ordi orter treat do me, min	mL/min.
() (, 0) (5) (0) (, 5)	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
mL/min	mL/min
	Indication(s): VTE Prophylaxis
() fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
() Toridaparillux (ARIXTIRA) injection	
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medicat
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
	Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
() heparin (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM
for patients with high risk of bleeding, e.g.	Recommended for patients with high risk of bleeding, e.g. weight LES
weight < 50kg and age > 75yrs)	than 50kg and age GREATER than 75yrs.
() HEParin (porcine) injection - For Patients	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM
with weight GREATER than 100 kg	For patients with weight GREATER than 100 kg.
() Rivaroxaban and Pharmacy Consult (Selection	
	I
Required)	40
[] rivaroxaban (XARELTO) tablet for hip or	10 mg, oral, daily at 0600 (TIME CRITICAL)
knee arthroplasty planned during this	Indications: VTE prophylaxis
admission	
[] Pharmacy consult to monitor rivaroxaban	STAT, Until discontinued, Starting S
(XARELTO) therapy	Indications: VTE prophylaxis
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
·	
T Risk and Prophylaxis Tool (Single Response)	
/TE/DVT Risk Definitions	URL:
A I FID A I LION DOUGHINOUS	
	"\\appt1\epicappprod\Restricted\OrderSets\VTEDVTRISK
	DEFINITIONS.pdf"
Anticoagulation Guide for COVID patients	URL:
	TILLOS.//TOTTIWED.COTT/THES/HOUSTONMETHOUISI/QUOGUMENIS/G
Patient currently has an active order for therapeuti	"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 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	
prophylaxis	therapeutic anticoagulation for other indication.	
propriyiaxis	Therapy for the following:	
[] Place sequential compression device (Single		
· • • • • • • • • • • • • • • • • • • •	<u> </u>	
( ) Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
( ) Disco/Maintain aggregation aggregation	contraindication(s):	
() Place/Maintain sequential compression device continuous	Routine, Continuous	
() Moderate Risk - Patient currently has an active	order for	
therapeutic anticoagulant or VTE prophylaxis (\$	Selection	
Required)		
[] Moderate risk of VTE	Routine, Once	
[] Patient currently has an active order for	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	
propriyitatio	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous	Notifie, Continuous	
() High Risk - Patient currently has an active orde	ur for	
therapeutic anticoagulant or VTE prophylaxis (\$		
Required)	Jelec II of I	
[] High risk of VTE	Routine, Once	
	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	
() D1 /NA: ( ' ('	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous	,	
() High Risk - Patient currently has an active orde		
therapeutic anticoagulant or VTE prophylaxis (S	Selection	
Required)		
[] High risk of VTE	Routine, Once	
[] Patient currently has an active order for	Routine, Once	
therapeutic anticoagulant or VTE	No pharmacologic VTE prophylaxis because: patient is already on	
prophylaxis	therapeutic anticoagulation for other indication.	
	Therapy for the following:	
[] Place sequential compression device (Single)		
() Contraindications exist for mechanical	Routine, Once	
prophylaxis	No mechanical VTE prophylaxis due to the following	
	contraindication(s):	
() Place/Maintain sequential compression	Routine, Continuous	
device continuous		
) LOW Risk of DVT (Selection Required)		
Low Risk Definition		
Age less than 60 years and NO other VTE risk fac	etors	
,		

() 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 (Se	lection Required)
Moderate Risk Definition	
Pharmacologic prophylaxis must be add contraindicated.	ressed. Mechanical prophylaxis is optional unless pharmacologic is
One or more of the following medical co	nditions:
	ve inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous
	Il disease, leg swelling, ulcers, venous stasis and nephrotic syndrome
Age 60 and above	5,
Central line	
History of DVT or family history of VTE	
Anticipated length of stay GREATER that	an 48 hours
Less than fully and independently ambul	
ESTOGETHERADY	
Estrogen therapy Moderate or major surgery (not for cance	er)

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	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)     ( ) 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 30
	mL/min
(A DIVERNAL III	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 Indused
() honorin (norpino) injection	This patient has a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT):
() heparin (porcine) injection	5,000 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM

() heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight < 50kg and age > 75yrs)	5,000 Units, subcutaneous, every 12 hours, S+1 at 6:00 AM Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
( ) HEParin (porcine) injection - For Patients with weight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours, S+1 at 6:00 AM For patients with weight GREATER than 100 kg.
() warfarin (COUMADIN) tablet	oral, daily at 1700, Starting S+1 Indication:
() Pharmacy consult to manage warfarin (COUMADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechanical Prophylaxis (Single Response) (Se Required)	election
( ) Contraindications exist for mechanical prophylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
<ul> <li>() Place/Maintain sequential compression device continuous</li> </ul>	Routine, Continuous
<ul> <li>MODERATE Risk of DVT - Non-Surgical (Selectic Required)</li> </ul>	n
contraindicated. One or more of the following medical conditions: CHF, MI, lung disease, pneumonia, active inflamn stroke, rheumatologic disease, sickle cell disease Age 60 and above Central line 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	Mechanical prophylaxis is optional unless pharmacologic is mation, dehydration, varicose veins, cancer, sepsis, obesity, previous, leg swelling, ulcers, venous stasis and nephrotic syndrome rs
<ul> <li>[] Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Single Response) (Select Required)</li> </ul>	
<ul> <li>() Contraindications exist for pharmacologic properties of the compression device</li> </ul>	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
<ul> <li>() Contraindications exist for pharmacologic prophylaxis</li> </ul>	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	Routine, Once

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

contraindication(s):

Indication(s): VTE Prophylaxis

Indication(s): VTE Prophylaxis

() patients with CrCL LESS than 30 mL/min

( ) enoxaparin (LOVENOX) injection (Single Response)

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
<ul><li>( ) heparin (porcine) injection (Recommended for patients with high risk of bleeding, e.g. weight &lt; 50kg and age &gt; 75yrs)</li></ul>	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:
<ul><li>[] Mechanical Prophylaxis (Single Response) (Se Required)</li></ul>	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
<ul><li>[] High risk of VTE</li><li>[] High Risk Pharmacological Prophylaxis - Surgi (Single Response) (Selection Required)</li></ul>	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.
() warf arin (COUMADIN) tablet	oral, daily at 1700, Starting S+1
	Indication:
() Pharmacy consult to manage warfarin	STAT, Until discontinued, Starting S
(COUMADIN)	Indication:
[] Mechanical Prophylaxis (Single Response) (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	

() fondap	parinux (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):
() heparii	n (porcine) injection	5,000 Units, subcutaneous, every 8 hours
	n (porcine) injection (Recommended	5,000 Units, subcutaneous, every 12 hours
forpat	ients with high risk of bleeding, e.g. < 50kg and age > 75yrs)	Recommended for patients with high risk of bleeding, e.g. weight LESS than 50kg and age GREATER than 75yrs.
	in (porcine) injection - For Patients eight GREATER than 100 kg	7,500 Units, subcutaneous, every 8 hours For patients with weight GREATER than 100 kg.
	in (COUMADIN) tablet	oral, daily at 1700 Indication:
	acy consult to manage warfarin //ADIN)	STAT, Until discontinued, Starting S Indication:
[] Mechan Require	ical Prophylaxis (Single Response) (Seldd)	ection
() Contra	indications exist for mechanical ylaxis	Routine, Once No mechanical VTE prophylaxis due to the following contraindication(s):
() Place/	Maintain sequential compression continuous	Routine, Continuous
) HIGH Risk Required)	of DVT - Surgical (Hip/Knee) (Selection	
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)	Routine, Once
() Contraindications exist for pharmacologic 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 Response) (Selection Required)	
( ) enoxaparin (LOVENOX) syringe	40 mg, subcutaneous, daily at 0600, Starting S+1 Indication(s): VTE Prophylaxis
() enoxaparin (LOVENOX) syringe	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1 Indication(s): VTE Prophylaxis

( ) enoxaparin (LOVENOX) syringe - For Patients with CrCL LESS than 30 mL/min	30 mg, subcutaneous, daily at 0600, Starting S+1 For Patients with CrCL LESS than 30 mL/min. Indication(s): VTE Prophylaxis
( ) enoxaparin (LOVENOX) syringe - For Patients weight between 100-139 kg and	30 mg, subcutaneous, 2 times daily at 0600, 1800 (TIME CRITICAL), Starting S+1
CrCl GREATER than 30 mL/min	For Patients weight between 100-139 kg and CrCl GREATER than 30 mL/min.
() (0)(5)(0)() (-5)	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 GREATER and CrCl GREATER than 30	Starting S+1 For Patients weight 140 kg or GREATER and CrCl GREATER than 30
mL/min	mL/min
	Indication(s): VTE Prophylaxis
( ) fondaparinux (ARIXTRA) injection	2.5 mg, subcutaneous, daily, Starting S+1
	If the patient does not have a history or suspected case of
	Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication.
	Contraindicated in patients LESS than 50kg, prior to surgery/invasive
	procedure, or CrCl LESS than 30 mL/min
	This patient has a history of or suspected case of Heparin-Induced
( ) 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	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.
<ul><li>( ) Rivaroxaban and Pharmacy Consult (Selection Required)</li></ul>	n
[] 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:
[] 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
Labs	
Lab Today	
[X] CBC and differential	Once
Basic metabolic panel	Once
[X] Comprehensive metabolic panel	Once
Hepatic function panel	Once
APTT	Once
[] Protime-INR	Once
[] Calcium	Once
[] Cholesterol, total	Once
[] Triglycerides	Once
Lactate dehydrogenase	Once
[X] Amylase	Once
[X] Lipase	Once
C-reactive protein	Once
[] Alcohol	Once

[] MWS - Urinalysis, auto. with microscopy	Once
] Toxicology screen, urine	Once
abs Tomorrow	
CBC and differential	AM draw For 1 Occurrences
Protime-INR	AM draw For 1 Occurrences
] APTT	AM draw For 1 Occurrences
] Basic metabolic panel	AM draw For 1 Occurrences
Description of the comprehensive metabolic panel	AM draw For 1 Occurrences
] Amylase	AM draw For 1 Occurrences
] Lipase	AM draw For 1 Occurrences
] Lactate dehydrogenase	AM draw For 1 Occurrences
Microbiology	
Blood culture x 2	"And" Linked Panel
[] Blood Culture (Aerobic & Anaerobic)	Once, Blood Collect before antibiotics given. Blood cultures should be ordered x2, wit 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, wit 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.
Diagnostic Imaging	
X-RAY	
] Abdomen Ap Lat Both Obliques	Routine, 1 time imaging, Starting S at 1:00 AM For 1
] 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
JS	
US Abdomen Complete	Routine, 1 time imaging, Starting S at 1:00 AM For 1
CT  CT Abdomen W Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the	
1 CT Abdomen 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
Transdiction  CT Abdomen WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the	
[] CT Abdomen Wo 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
T CT Abdomen WO Contrast (Readi-Cat)	"And" Linked Panel
Ordered as secondary option for those with iodi	
[] CT Abdomen 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
] CT Abdomen W/WO Contrast (Omnipaque)	"And" Linked Panel
For those with iodine allergies, please order the	panel with Readi-Cat (barium sulfate).
[] CT Abdomen W Wo 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
MRI	
MRI Abdomen W Wo Contrast	Routine, 1 time imaging, Starting S at 1:00 AM For 1
MRI Cholangiogram	Routine, 1 time imaging, Starting S at 1:00 AM For 1
Respiratory	
Respiratory	
Oxygen therapy - NC 2 Lpm	Routine, Continuous Device: Nasal Cannula Rate in liters per minute: 2 Lpm Rate in tenths of a liter per minute: O2 %: Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Device 2: Device 3: Indications for O2 therapy:
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 Pulmonary	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult Nephrology/Hyperten	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?
[] Consult Infectious Diseases	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). 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): 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:

[] Consult to Wound Ostomy Care nurse	Reason for consult:	
	Reason for consult:	
	Reason for consult:	
	Reason for consult:	
	Consult for NPWT:	
	Reason for consult:	
	Reason for consult:	
[] Consult to Respiratory Therapy	Reason for Consult?	