Location:
General
Common Present on Admission Diagnosis
Acidosis Once, Routine
Acute Post-Hemorrhagic Anemia Once, Routine
☐ Acute Renal Failure Once, Routine
Acute Respiratory Failure Once, Routine
Acute Thromboembolism of Deep Veins of Lower Extremities Once, Routine
☐ Anemia Once, Routine
☐ Bacteremia Once, Routine
☐ Bipolar disorder, unspecified Once, Routine
Cardiac Arrest Once, Routine
☐ Cardiac Dysrhythmia Once, Routine
☐ Cardiogenic Shock Once, Routine
☐ Decubitus Ulcer Once, Routine
☐ Dementia in Conditions Classified Elsewhere Once, Routine
☐ Disorder of Liver Once, Routine
☐ Electrolyte and Fluid Disorder Once, Routine
☐ Intestinal Infection due to Clostridium Difficile Once, Routine
☐ Methicillin Resistant Staphylococcus Aureus Infection Once, Routine
Obstructive Chronic Bronchitis with Exacerbation Once, Routine
Other Alteration of Consciousness Once, Routine
Other and Unspecified Coagulation Defects Once, Routine
Other Pulmonary Embolism and Infarction Once, Routine
Phlebitis and Thrombophlebitis Once, Routine
☐ Protein-calorie Malnutrition Once, Routine
Psychosis, unspecified psychosis type Once, Routine
☐ Schizophrenia Disorder Once, Routine
☐ Sepsis Once, Routine
☐ Septic Shock Once, Routine
☐ Septicemia Once, Routine
☐ Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled Once, Rou
☐ Urinary Tract Infection, Site Not Specified Once, Routine Admission or Observation (Required)
Admit to inpatient Once, 1, Routine 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.

Sign:_____ Printed Name:_____ Date/Time:_____ Page 1 of 59

Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as document notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient to be paged. The team name is listed in both "Treatment Teat Clinical Staff" sections in the Summary\Overview tab of Epic.	rvice at (713) 363-9648 and
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	
Outpatient observation services under general supervision Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Serask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teac Clinical Staff" sections in the Summary\Overview tab of Epic.	
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments: dmission or Observation	
atient has active status order on file	
Admitt to inpatient Once, 1, Routine 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 documente notes, I expect that the patient will need hospital services for two or more midnights.	ed in the HP and progress
Admit to IP- University Teaching Service Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as document notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient please call the University Teaching Service Answering Ser ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teac Clinical Staff" sections in the Summary\Overview tab of Epic.	rvice at (713) 363-9648 and
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	

Printed Name:

__ **Date/Time:** Page 2 of 59

O UTS - Outpatient observation service Admitting Physician: Resident Physician:	ces under general supervision Once, Rou	utine
Resident team assignment: Patient Condition:		
Bed request comments:		
To reach the team taking care of this patie ask for the team taking care of the patient Clinical Staff" sections in the Summary\Ov	to be paged. The team name is listed in both	ce Answering Service at (713) 363-9648 and th "Treatment Teams" and "Notes from
Outpatient in a bed - extended reconce Admitting Physician: Bed request comments:	overy Once, Routine	
Admission Patient has active status order on file	۵.	
Admit to inpatient Once, 1, Routine	··	
Admitting Physician: Level of Care:		
Patient Condition:		
notes, I expect that the patient will need he	st clinical judgment and the patient's conditions ospital services for two or more midnights.	on as documented in the HP and progress
Admission or Observation (Required)		
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition:		
Bed request comments: Certification: I certify that based on my besonotes, I expect that the patient will need he	st clinical judgment and the patient's conditions ospital services for two or more midnights.	on as documented in the HP and progress
Outpatient observation services un Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	nder general supervision Once, Routine	
Outpatient in a bed - extended reco Admitting Physician: Bed request comments:	overy Once, Routine	
Admission or Observation Patient has status order on file		
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care:		
Patient Condition: Bed request comments:		
Certification: I certify that based on my been notes, I expect that the patient will need he	st clinical judgment and the patient's conditions ospital services for two or more midnights.	on as documented in the HP and progress
 Outpatient observation services un Admitting Physician: Attending Provider: Patient Condition: Bed request comments: 	nder general supervision Once, Routine	
Outpatient in a bed - extended reconception Admitting Physician: Bed request comments:	overy Once, Routine	
Observation Order Patient has Inpatient status order on file Change order to evaluate for Code 44 status		Case Management for Status
O Consult to Case Management for S Reason for staus change: Reason for Consult?	<u> </u>	
Sign:	Printed Name:	Date/Time:
oigii	THILOW HUNG.	Page 3 of 59

Observation Order Patient has Inpatient status order on file. Are you sure you want to downgrade to Observation? Outpatient observation services under general supervision Once, Routine Admitting Physician:

Attending Provider:
Patient Condition:

Bed request comments:

Admission Order

Admit to long term acute care facility Once, Routine

Admitting Physician:

Bed request comments:

Certification: I certify that based on my best clinical judgement 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

@CERMSGREFRESHOPT(674511:21703,,,1)@

✓ Code Status

DNR and Modified Code orders should be placed by the responsible physician.

O **Full code** Continuous, Routine Code Status decision reached by:

O DNR (Do Not Resuscitate) (Required)

✓ DNR (Do Not Resuscitate) Continuous, Routine

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? Code Status decision reached by:

☐ Consult to Palliative Care Service

Torrount to Fulliative Sare Service

✓ Consult to Palliative Care Service Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

Consult to Social Work Once, Routine

Reason for Consult: Reason for Consult?

O Modified Code Continuous, Routine

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:

Code Status decision reached by:

Sign:	Printed Name:	Date/Time:	
			_

Sign:	Printed Name:	Date/Time: Page 5 of 59
-		
Up ad lib Until discontinued, Ros Specify: ○ Up ad lib Nursing Care	utine	
Strict bed rest Until discontinue		
Weight bearing restrictions Un Weight Bearing Status: Extremity:	til discontinued, Routine	
Specify: o Activity as tolerated o Out		
Out of bed, in chair and ambul Specify: • Activity as tolerated • Up v	ate 2 times daily, Routine with assistance ○ Out of bed ○ Up in chair	
☐ Out of bed, sit in chair (with as Specify: ○ Activity as tolerated ○ Up with the control of	ssistance) 2 times daily, S, Routine with assistance	
☐ Bed rest with bathroom privile Bathroom Privileges: ○ with bathroom		
☐ Activity as tolerated Until disco Specify: ○ Activity as tolerated	ntinued, Routine	
✓ Vital signs - T/P/R/BP (per unit Activity)	protocol) Per unit protocol, Routine	
Vital signs		
Nursing		
Seizure precautions Continuou Increased observation level needed:	s, Routine	
☐ Latex precautions Continuous,	Routine	
☐ Fall precautions Continuous, R Increased observation level needed:	outine	
☐ Aspiration precautions Continu	uous, Routine	
☐ Enteric isolation status Continue Precautions	uous, Routine	
☐ Droplet isolation status Contin		
Contact isolation status Contin		
Once, Routine	sis by PCR - If you suspect Tuberculosis, please order t	his test for rapid diagnostics.
Airborne isolation status	Continuous, Routine	
☐ Airborne isolation status		
	Physician, consider ordering a Biomedical Ethics Consult Plecond sign the order when the Legal Surrogate is the Prima	
Examples of Code Status are Full Cotransfusion in a Jehovah's Witness p	ode, DNR, or Modified Code. An example of a Treatment Resatient.	striction is avoidance of blood
The Code Status and Treatment Res the link below: Guidance for Code St	trictions are two SEPARATE sets of physician's orders. For atus & Treatment Restrictions	further guidance, please click on
Treatment Restriction decision reach Specify Treatment Restrictions: Code Status decision reached by:		intended for Non
Restrictions, Routine	se when a patient is NOT in a cardiopulmonary arrest)) (T in a cardiopulmonary arrest, the selected treatments will N dicated treatments will be provided.:	

☐ Daily weights Daily, Routine
☐ Intake and Output Qshift Every shift, Routine
☐ Nasogastric tube insert and maintain
✓ Nasogastric tube insertion Once, Routine Type:
■ Nasogastric tube maintenance Until discontinued, Routine Tube Care Orders:
☐ Insert and maintain Foley
✓ Insert Foley catheter Once, Routine Type: Size: Urinometer needed: Indication: Foley catheter may be removed per nursing protocol.
✓ Foley Catheter Care Until discontinued, Routine Orders: Maintain
Notify Physician
Notify Physician(vitals,output,pulse ox) Until discontinued, Routine Temperature greater than: 100.5 Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP greater than: 100 Diastolic BP less than: 50 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 Temperature less than: MAP less than: 60.000 Notify Physician- UTS Notify Physician- Teaching Service Until discontinued, Routine, To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. Tile team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic. If response, page the Sr. Resident at 713- 768-0403. If no response is obtained using second pager, page the attending assigned
the patient. Diet
NPO Diet effective now, Routine NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
○ Diet Diet effective now, Routine Diet(s): Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
Tube Feed

_ Date/Time: Page 6 of 59 Printed Name:

Sign:	Printed Name:	Date/Time:
	L 1000 mL, intravenous, once, 1, Occurrences, 30.000	viinutes
	L 500 mL, intravenous, once, 1, Occurrences, 15.000 M	
	in sterile water 1,000 mL infusion 1000 mL, intraven	
	1000 mL 1000 mL, intravenous, once, 1, Occurrences, 10	
	500 mL 500 mL, intravenous, once, 1, Occurrences, 15	5 000 Minutes
	g, intravenous, once, 30.000 Minutes	
O albumin human 5 % bottle 12. Indication:	5 g, intravenous, once, 15.000 Minutes	
O electrolyte-A (PLASMA-LYTE	A) bolus 1000 mL, intravenous, once, 1, Occurrences	
O electrolyte-A (PLASMA-LYTE	A) bolus 500 mL, intravenous, once, 1, Occurrences	
IV Bolus	en io me, maronodo, i ma, mo odro	
	ish 10 mL, intravenous, PRN, line care	
_	ish 10 mL, every 12 hours scheduled, line care	
✓ Insert peripheral IV Once,	Routine	
✓ Initiate and maintain IV		
IV Fluids Peripheral IV Access		
Tube feeding - Cyclic Cyclic, R Tube Feeding Schedule: ○ Cyclic Tube Feeding Formula: Tube Feeding Schedule: Dietitian to manage Tube Feed?	Routine	
Tube Feeding Formula: Tube Feeding Schedule: Dietitian to manage Tube Feed? Tube feeding - Bolus Diet effect Tube Feeding Schedule: • Bolus Tube Feeding Formula:	ctive now, Routine	
Tube feeding - Continuous Co Tube Feeding Schedule: ○ Continuo Tube Feeding Formula:		

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laint	enance IV Fluids
C	sodium chloride 0.9 % infusion 75 mL/hr, intravenous, once, 1, Occurrences
\subset	lactated Ringer's infusion 75 mL/hr, intravenous, once, 1, Occurrences
\subset	dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 75 mL/hr, intravenous, continuous
\subset	sodium chloride 0.45 % infusion 75 mL/hr, intravenous, continuous
dicati	sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion 75 mL/hr, intravenous, continuous ions algesics, please refer to the General Pain Management order sets.
r An	tihypertensives, please refer to the Hypertensive Urgency order set.
Pe Inc	azithromycin (ZITHROMAX) IV intravenous, STAT or Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: dication: ay cause QTc prolongation.
	azithromycin (ZITHROMAX) tablet 250 , oral, daily dication:
IVIa	ay cause QTc prolongation.
	cefepime (MAXIPIME) IV intravenous, every 8 hours, STAT Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: dication:
E line	EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush e with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.
	ceftriaxone (ROCEPHIN) IV intravenous, STAT dication:
Pe Inc	ciprofloxacin (CIPRO) IV intravenous, STAT or Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: dication: ay cause QTc prolongation.
Inc Ma	ciprofloxacin (CIPRO) tablet 500, 2 times daily at 0600, 1600 er Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: dication: ay cause QTc prolongation. administering with tube feeds, mix with water to avoid interaction with tube feed
Pe Inc	levofloxacin (LEVAQUIN) IV intravenous, STAT er Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: er Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: dication: ay cause QTc prolongation.
Pe Inc If a	levofloxacin (LEVAQUIN) tablet 250, oral, daily at 0600 or Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: dication:
_	ay cause QTc prolongation. Separate by 2 hours from any milk product, antacid, or iron.
Pe	meropenem (MERREM) IV every 8 hours, STAT or Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: dication:
E	EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush e with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.
	metroNIDAZOLE (FLAGYL) IV intravenous, STAT Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: dication:
Inc	metroNIDAZOLE (FLAGYL) tablet 250 , oral, 3 times daily dication:

Sign:_____ Printed Name:_____ Date/Time:_____ Page 8 of 59

Per Med Staff Policy, R.Ph. will autom Indication: **EXTENDED INFUSION** Administe	I) IV intravenous, every 8 hours, STAT atically renally dose this medication based on rover 4 hours via a dedicated line when possicondary with flush provided by the maintenance.	ible. Following completion of infusion, flush
□ vancomycin (VANCOCIN) IV + F	Pharmacy Consult to Dose (Required)	
	√ intravenous, once, 1, Occurrences, STAT utomatically renally dose this medication base √ intravenous, once, 1, Occurrences, STAT √ intravenous, Occurrences, Intravenous, Occurrences, Intravenous, Occurrences, Intravenous, Intr	ed on current SCr and CrCl values.:
the contract of the contract o	ge vancomycin Until discontinued, Routine	
Indication: Anticipated Duration of Vancomy All eligible patients to receive Var	cin Therapy (Days): ncomycin at AUC 400-600 and Trough 10-20.	
vancomycin (FIRVANQ) 50 mg/r Indication: KEEP REFRIGERATED. SHAKE WEI	nL oral solution 125 mg, oral, every 6 hours	PRN, for Cdiff
Antipyretics	-L	
ibuprofen tablet 600 mg, oral, even Not recommended for patients with ecomo	very 6 hours PRN, Fever GREATER than 100. GFR LESS than 30 mL/min OR acute kidney in GFR LESS than 30 mL/min OR acute kidney in	njury.
Maximum of 3 grams of acetaminophe sources).	let 650 mg, oral, every 6 hours PRN, Fever Gen per day from all sources. (Cirrhosis patient	
Shortness of Breath		
Aerosol Delivery Device:	er solution 2.5 mg, nebulization, Respiratory	
Aerosol Delivery Device:	er solution 2.5 mg, nebulization, every 4 hour	
Aerosol Delivery Device:	6 nebulizer solution 0.5 mg, nebulization, Re	
Aerosol Delivery Device:	6 nebulizer solution 0.5 mg, nebulization, ev	
	B) 0.5-2.5 mg/3 mL nebulizer solution 3 mL	., nebulization, Respiratory Therapy - every 4
	B) 0.5-2.5 mg/3 mL nebulizer solution 3 mL	, nebulization, every 4 hours PRN, shortness
Aerosol Delivery Device:		
PRN Blood Pressure Agents		
 hydrALAZINE (APRESOLINE) in blood pressure BP HOLD parameters for this order: Contact Physician if: May be given IN ADDITION TO sched 	njection 10 mg, intravenous, every 6 hours Pf	RN, SBP GREATER than 180 mmHg, high
	1.25 mg, intravenous, every 6 hours PRN, S	BP GREATER than 180 mmHg, high blood
pressure BP HOLD parameters for this order: Output Description:	ONCE or PRN Orders - No Hold Parameters	0. 0
Contact Physician if: Beta-Blockers		
	mg oral 2 times daily at 0600, 4000	
	der:	rt rate is EQUAL TO OR LESS THAN 55 beats
Angiotensin Receptor Blocker medica		,
Sign:	Printed Name:	Date/Time:
÷.5		Page 9 of 59

Sign:	Printed Name:	Date/Time:
☐ ticagrelor (BRILINTA) tablet 90 mg Does the patient have active or a history Is the patient receiving maintenance asp	of pathological bleeding (e.g., peptic ulcer of	or intracranial hemorrhage)?
prasugrel (EFFIENT) tablet 5, Does this patient have a history of the ls the patient's age 75 years or older the patient's weight less than 60 km.	ransient ischemic attack (TIA) or stroke?	
prasugrel (EFFIENT) tablet (Require	red)	
aspirin chewable 81 mg tablet 81 r	mg, oral, daily	
	THAN 100 millimeters of mercury OR heart	
BP HOLD parameters for this order: Contact Physician if:	let 20 mg, oral, 3 times daily at 0900, 1300, in sodium chloride 0.9% 250 mL infusion	
BP HOLD parameters for this order: Contact Physician if: Do not crush or chew.		4700
☐ isosorbide mononitrate (IMDUR) 2	24 hr tablet 60 mg, oral, daily	
nitroglycerin patch 0.2 mg, transder Remove before bedtime	ermal, daily	
☐ nitroglycerin (NITROSTAT) 2 % oir	ntment 0.5 inch, Topical, every 6 hours sche	eduled
isosorbide mononitrate (MONOKE BP HOLD parameters for this order: Contact Physician if:	ET) tablet 20 , oral, 2 times daily	
nitroglycerin (NITROSTAT) SL table Contact physician if given.	let 0.4 mg, sublingual, every 5 min PRN, 3, 0	Occurrences, chest pain
Nitrates	o nig, orai, dany	
	n level prior to Administration. Call MD if Pota 5. Avoid salt substitutes unless approved by	assium is greater than 5. HOLD DOSE FOR y MD.
	n level prior to Administration. Call MD if Pota 5. Avoid salt substitutes unless approved by	assium is greater than 5. HOLD DOSE FOR y MD.
Non-Loop Diuretics spironolactone (ALDACTONE) tab	llet 25 mg, oral, daily	
Max dose 10 mg/day	ction 0.5 mg, intravenous, 2 times daily at 09	900, 1700
furosemide (LASIX) infusion intrav		000 4700
	on 20 mg, intravenous, 2 times daily at 0900	, 1700
HOLD if systolic blood pressure is LESS per minute. Notify physician if medication Angiotensin Receptor Blocker medication Loop Diuretics	n is held. Give beta blockers with food and a n.	·
metoprolol tartrate (LOPRESSOR) BP & HR HOLD parameters for this orde Contact Physician if:	tablet 25 mg, oral, 2 times daily at 0600, 18 er:	800
	n is held. Give beta blockers with food and a	t rate is EQUAL TO OR LESS THAN 55 beats t least 2 hours apart from ACE Inhibitor or
BP & HR HOLD parameters for this orde	XL) 24 hr tablet 25 mg, oral, daily at 0600 rr:	

□ clopidogrel (PLAVIX) 75 mg tablet 75 mg, oral, daily Miscellaneous Agents
hydralazine 10 mg / isosorbide dinitrate 10 mg (BIDIL)
hydrALAZINE (APRESOLINE) tablet 10 mg, oral, 3 times daily BP HOLD parameters for this order: Contact Physician if:
To be taken with isosorbide dinitrate 10 mg oral tablet
✓ isosorbide dinitrate (ISORDIL) tablet 10 mg, oral, 3 times daily at 0900, 1300, 1700 BP HOLD parameters for this order: Contact Physician if: To be taken with hydralazine 10 mg oral tablet
Cough
guaiFENesin (MUCINEX) 12 hr tablet 600 mg, oral, 2 times daily PRN, cough
O dextromethorphan-guaifenesin (MUCINEX DM REGULAR) 30-600 mg per 12 hr tablet 1 tablet, oral, every 12 hours PRN, cough Maximum: 4 tablets/24 hours maximum: 4 tablets/24 hours
O guaiFENesin (ROBITUSSIN) 100 mg/5 mL syrup 100 mg, oral, every 4 hours PRN, cough
O dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid 5 mL, oral, every 4 hours PRN, cough
O codeine-guaifenesin (GUAIFENESIN AC) 10-100 mg/5 mL liquid 5 mL, oral, every 4 hours PRN, cough
O benzonatate (TESSALON) capsule 100 mg, every 6 hours PRN, cough
HM IP MEDICATIONS - ADMISSION MEDICINE - CONSTIPATION FIRST LINE
 polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, daily PRN, constipation Use as first line option for constipation. Mix in 4-8oz of water.
O docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation Use as first line option for constipation.
 sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 1 tablet, oral, daily PRN, constipation Use as first line option for constipation.
 bisacodyL (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation Use as first line option for constipation. HM IP MEDICATIONS - ADMISSION MEDICINE - CONSTIPATION SECOND LINE
 polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, daily PRN, constipation Use as second line option if constipation unrelieved by first line option. Mix in 4-8oz of water.
O docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation Use as second line option if constipation unrelieved by first line option.
O sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 1 tablet, oral, daily PRN, constipation Use as second line option if constipation unrelieved by first line option.
 bisacodyL (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation Use as second line option if constipation unrelieved by first line option. Insomnia: For Patients LESS than 70 years old
☐ zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep
O zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep Insomnia: For Patients GREATER than or EQUAL to 70 years old
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep
Antiemetics
ondansetron (ZOFRAN) IV or Oral (Required)

Sign:_____ Printed Name:_____ Date/Time:_____ Page 11 of 59

	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication. May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
	promethazine (PHENERGAN)
	promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
	promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
	promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
	opromethazine (PHENERGAN) intraMUSCULAR injection 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
A 4!	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiem	
V	ondansetron (ZOFRAN) IV or Oral (Required)
	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication. May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea
	vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
	promethazine (PHENERGAN) IV or Oral or Rectal
	promethazine (PHENERGAN) injection 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
	promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
	promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
A 4:	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiem	
<u> </u>	ondansetron (ZOFRAN) IV or Oral (Required)
	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication. May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
	promethazine (PHENERGAN) IVPB or Oral or Rectal

Printed Name:

	Sign:	Printed Name:	Date/Time: Page 13 of 59
☐ famoti	dine (PEPCID) IV or ORAL		
GI Drugs			
simeth	icone (MYLICON) chewable	e tablet 80 mg, oral, every 4 hours PRN, 2, Occ	currences, flatulence
KIDNEY DI		ALOX) 200-200-20 mg/5 mL suspension - NO TER 30 mL, oral, every 4 hours PRN, indigestion or in chronic renal failure.	
3 OR (Use wi Take 1	GREATER 1 g, Nasogastric, 4 th Nasogastric tubing. Use if	ng/mL suspension - NOT RECOMMENDED F 4 times daily with meals and nightly f patient is unable to swallow tablet. meals**if ordered by Feeding tube Or PEG tub	
1 g, or Take 1 AND 1	al, 4 times daily with meals at hour before or 2 hours after hour after each dose.	meals**if ordered by Feeding tube Or PEG tub	e feeding should be stopped 1 hour before
_	ate (CARAFATE) Oral or NO		
Indication(s	azole (PriLOSEC) suspensi) for Proton Pump Inhibitor (F dministration with all other ora	PPI) Therapy:	
o pa	intoprazole (PROTONIX) su ion(s) for Proton Pump Inhibi	spension 40 mg, feeding tube, daily at 0600 tor (PPI) Therapy:	
Per Me	intoprazole (PROTONIX) 40 ed Staff Policy, R.Ph. will auto ion(s) for Proton Pump Inhibi	mg in sodium chloride 0.9 % 10 mL injection of the inject	on 40 mg, intravenous, daily at 0600 en above approved criteria are satisfied:
	intoprazole (PROTONIX) Edion(s) for Proton Pump Inhibi	tablet 40 mg, oral, daily at 0600 tor (PPI) Therapy:	
	razole (PROTONIX) IV or O	ral or Tube	
_	motidine (PEPCID) tablet 20	mg, oral, 2 times daily	
	ed Staff Policy, R.Ph. will auto	n 20 mg, intravenous, 2 times daily, 2.000 mL omatically switch IV to equivalent PO dose whe	en above approved criteria are satisfied:
	dine (PEPCID) IV or ORAL		
oral, 2 time Gl Drugs	s daily PRN, itching		
		For eGFR LESS than 80 mL/min, reduce free	quency to once daily as needed 60 mg,
o cetirizi	ne (ZyrTEC) tablet 5 mg, or	al, daily PRN, itching	
		mg, oral, every 6 hours PRN, itching	
	-	ablet 25 mg, oral, every 6 hours PRN, itching	
o cetirizi	ne (ZyrTEC) tablet 5 mg, orationts LESS than 70 years	al, daily PRN, itching	
vomitir Give if	ng .	effective and patient is UNable to tolerate oral	
_	,	effective and patient is able to tolerate oral me suppository 12.5 mg, rectal, every 6 hours P	
vomitir	ng `	tablet 12.5 mg, oral, every 6 hours PRN, naus	
vomitir Give if	ng	effective and patient is UNable to tolerate oral	or rectal medication OR if a faster onset of
o pr	omethazine (PHENERGAN) 80.000 Minutes, nausea	25 mg in sodium chloride 0.9 $\%$ 50 mL IVPI	B 12.5 mg, intravenous, every 6 hours

	famotidine (PEPCID) injection 20 mg, intravenous, 2 times daily, 2.000 mL Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: IV or ORAL
	famotidine (PEPCID) tablet 20 mg, oral, 2 times daily IV or ORAL
	pantoprazole (PROTONIX) IV or Oral or Tube
	pantoprazole (PROTONIX) EC tablet 40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection 40 mg, intravenous, daily at 0600 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	pantoprazole (PROTONIX) suspension 40 mg, feeding tube, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	☐ sucralfate (CARAFATE) Oral or NG Tube
	sucralfate (CARAFATE) tablet - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 1 g, oral, 4 times daily with meals and nightly Take 1 hour before or 2 hours after meals**if ordered by Feeding tube Or PEG tube feeding should be stopped 1 hour before AND 1 hour after each dose.
	sucralfate (CARAFATE) 100 mg/mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 1 g, Nasogastric, 4 times daily with meals and nightly Use with Nasogastric tubing. Use if patient is unable to swallow tablet. Take 1 hour before or 2 hours after meals**if ordered by Feeding tube Or PEG tube feeding should be stopped 1 hour before AND 1 hour after each dose.
	alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 30 mL, oral, every 4 hours PRN, indigestion Do not give if patient is on hemodialysis or in chronic renal failure.
	simethicone (MYLICON) chewable tablet 80 mg, oral, every 4 hours PRN, 2, Occurrences, flatulence
	sodium chloride 0.9% bag for line care
F	sodium chloride 0.9 % bag for line care .9 , PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.
VTE	

Sign:______Printed Name:______Date/Time:______Page 14 of 59

VTE Risk and Prophylaxis Tool (Required)		
Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
	is contraindicated.	
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions:	One or more of the following medical conditions:
Patient already adequately anticoagulated	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	Severe fracture of hip, pelvis or leg Acute spinal cord injury
	History of DVT or family history of VTE	with paresis Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy Moderate or major surgery (not for cancer) Major surgery within 3 months of admission	

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Printed Name: _____ Date/Time: ____ Page 15 of 59

Sign:	Printed Name:	Date/Time: Page 16 of 59
, ,		_
MODERATE Risk of VTE - Surgica ✓ Moderate Risk (Required)	n (nequileu)	
prophylaxis is needed. Will er	ncourage early ambulation	,
Low risk of VTE Once, I Low risk: ○ Due to low risk, no	o VTE prophylaxis is needed. Will encourgae early an	mbulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
Place/Maintain sSide: BilateralSelect Sleeve(s):	equential compression device continuous Continu	uous, Routine
	s exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
Place sequential compr	ession device	
	a active order for therapeutic anticoagulant or VTE sylaxis because: patient is already on therapeutic anti	
✓ High risk of VTE Once,		
	has an active order for therapeutic anticoagulant	or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
No mechanical VTE p	rophylaxis due to the following contraindication(s): equential compression device continuous Continu	uous. Routine
	s exist for mechanical prophylaxis Once, Routine	
Therapy for the following: Place sequential compr		-
No pharmacologic VTE proph	nactive order for therapeutic anticoagulant or VTE hylaxis because: patient is already on therapeutic anti	
High risk of VTE Once,		Financial Company Day (1)
	has an active order for therapeutic anticoagulant	or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	
No mechanical VTE p	rophylaxis due to the following contraindication(s):	Double -
	s exist for mechanical prophylaxis Once, Routine	
	a active order for therapeutic anticoagulant or VTE sylaxis because: patient is already on therapeutic anti	
✓ Moderate risk of VTE ○	•	
O Moderate Risk - Patient curre	ently has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	uous, Routine
	s exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
✓ Place sequential compr		
	a active order for therapeutic anticoagulant or VTE sylaxis because: patient is already on therapeutic anti	
_		

 \bigcirc

 \bigcirc

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
 Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ 	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ✓ ENOXAPARIN SQ DAILY ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (Ithis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, on the parin ✓ heparin 	sterolateral HIT) do NOT order

_ **Date/Time:** Page 17 of 59 **Printed Name:**

	eeding Characteristics		
Age ≥ 75			
Weight < 50			
Unstable Hgl Renal impair			
Plt count < 1			
Dual antiplate			
Active cance			
Cirrhosis/hep			
	anial hemorrhage		
Prior ischemi			
	eding event requiring admission and/or transfusion		
	of NSAIDs/steroids		
Active GI ulc			
Every 12 bleeding clinically	Bleed Risk 2 hour frequency is appropriate for most high bleeding risk patie risk patients also have high clotting risk in which every 8 hour frappropriate.	requency may be	
Please \	veight the risks/benefits of bleeding and clotting when selecting	the dosing frequency.	
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours	scheduled	
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours so	cheduled	
	nigh bleed risk		
	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled		
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled		
O warfarin (C	OUMADIN)		
Indication	OUT pharmacy consult 1 , oral, daily at 1700 : ection Guidance:		
O Medi	cations		
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinuation:	ued, Routine	
	warfarin (COUMADIN) tablet 1 , oral andication: Dose Selection Guidance:		
	nylaxis (Required)		
No mechanical \	rations exist for mechanical prophylaxis Once, Routine (TE prophylaxis due to the following contraindication(s):		
Side: Bilateral Select Sleeve(s)	ain sequential compression device continuous Continuous, Routine		
` '	TE - Non-Surgical (Required)		
_	narmacological Prophylaxis - Non-Surgical Patient (Required)		
✓ Moderate R	, , ,		
✓ Mode	erate risk of VTE Once, Routine		
Moderate R	isk Pharmacological Prophylaxis - Non-Surgical Patient (Required)		
O Cont	raindications exist for pharmacologic prophylaxis - Order Sequential	compression device	
	✓ Contraindications exist for pharmacologic prophylaxis Once, Rout	•	
	lo pharmacologic VTE prophylaxis due to the following contraindication(s)		
Sign:	Printed Name:	Date/Time: Page 18 of 59	

_	
✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
○ Contraindications exist for pharmacologic prophylaxis AND mechanical prophyla:	vie
	NI3
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	ers will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
0.12.11.2.11.11.11.11.11.11.11.11.11.11.1	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s):	00, S+1
Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolateral
○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min ○ heparin	
p	

__ Date/Time:___ Page 19 of 59 Printed Name:

	VOISION: 02 VOII: 0/20/2020	
	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable Ho	·	
Renal impai		
	itelet therapy	
Active cance		
Cirrhosis/he		
	ranial hemorrhage	
Prior ischem		
History of bl	leeding event requiring admission and/or trans	sfusion
Chronic use	e of NSAIDs/steroids	
Active GI uld	cer	
	gh Bleed Risk	
some	12 hour frequency is appropriate for most hig high bleeding risk patients also have high clot ency may be clinically appropriate.	gh bleeding risk patients. However, tting risk in which every 8 hour
печис	sticy may be climically appropriate.	
Please freque	e weight the risks/benefits of bleeding and clo ency.	tting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	
	O HEParin (porcine) injection - Q8 Hours 500	00 Units, every 8 hours scheduled
	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	y 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units	s. subcutaneous, every 8 hours scheduled
warfarin (COUMADIN)	-,, - · · · · · · · · · ·
,	,	
Indicati	ITHOUT pharmacy consult 1 , oral, daily at 1700 ion: Selection Guidance:	
	edications	
○ IVIE		
	✓ Pharmacy consult to manage warfarin (CO Indication:	UMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Mechanical Prophylaxi	is (Required)	
	s exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
Place/Maintain se Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	uous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ High Risk (Required)		
High risk of VTE	Once, Routine	
✓ High Risk Pharmacolog	gical Prophylaxis - Surgical Patient (Required)	
O Contraindication	s exist for pharmacologic prophylaxis Once, Rout	
	E prophylaxis due to the following contraindication(s): /ENOX) for Prophylactic Anticoagulation (Required)	
Patient renal statu		,
Sign:	Printed Name:	Date/Time:

Date/Time: Page 20 of 59

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

	40mg daily
100 to 139kg	enoxaparin
· · · · · · · · · · · · · · · · · · ·	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
_	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
Indication(s):	. 4
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
Of nondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 fithe patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr	
mL/min.	
O heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever some high
bleeding risk patients also have high clotting risk in which every 8 hour frequency	
clinically appropriate.	.,, 20
2 TT T	

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled \bigcirc HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled O Not high bleed risk

Sign:_ **Printed Name:** Date/Time:

	Jigii	rimted Name	Page 22 of 59
	Sign:	Printed Name:	Date/Time:
	P	dication(s). Identify the control of the left and right anterolater by deep subcutaneous injection into the left and right anterolater bdominal wall. Alternate injection site with each administration.	al or posterolateral
		enoxaparin (LOVENOX) injection subcutaneous, S+1	
		XAPARIN SQ DAILY	
	a	bdominal wall. Alternate injection site with each administration.	P Oldroidi
		ndication(s): .dminister by deep subcutaneous injection into the left and right anterolater	al or posterolateral
		enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700	, S+1
	O ENO	XAPARIN 30 MG DAILY	
			hours
			every 12
		GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
			hours
			30mg every 12
		100 to 139kg	enoxaparin
		LESS THAN 100kg	enoxaparin 40mg daily
	5	Weight	Dose
	For patients w	ith CrCl GREATER than or EQUAL to 30mL/min, enoxaparin ord mmended doses by weight:	ers will apply the
		for Prophylactic Anticoagulation Nonsurgical (Required) status: @CRCL@	
		eations exist for pharmacologic prophylaxis Once, Routine ic VTE prophylaxis due to the following contraindication(s):	
✓ I		acological Prophylaxis - Non-Surgical Patient (Required)	
	High risk of	VTE Once, Routine	
_	High Risk (Requir		
HIGH	` '	on-Surgical (Required)	
	Place/MaintSide: BilateralSelect Sleeve(s)	ain sequential compression device continuous Continuous, Routine	
		rations exist for mechanical prophylaxis Once, Routine (TE prophylaxis due to the following contraindication(s):	
		hylaxis (Required)	
		ndication: Pose Selection Guidance:	
		warfarin (COUMADIN) tablet 1 , oral	
	li li	Pharmacy consult to manage warfarin (COUMADIN) Until discontinundication:	ed, Routine
	O Medi	cations	
	Indicatior Dose Sel	: ection Guidance:	
		HOUT pharmacy consult 1 , oral, daily at 1700	
	O warfarin (C	OUMADIN)	
		○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8	nours scheduled
		○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

If the patient does not have	RA) injection 2.5 mg, subcutaneous, daily a history of or suspected case of Heparin-Induced	Thrombocytopenia (HIT) do NOT order
this medication. Contrained 30 mL/min.	cated in patients LESS than 50kg, prior to surgery/i	invasive procedure, or CrCi LESS than
O heparin	have eta viation	
High Risk Bleeding C	naracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	Dy	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hem	orrhage	
Prior ischemic stroke		
	ent requiring admission and/or transfusion	
Chronic use of NSAID	s/steroids	
Active GI ulcer		
	quency is appropriate for most high bleeding ents also have high clotting risk in which eve	
Please weight the	risks/benefits of bleeding and clotting when	selecting the dosing frequency
	n (porcine) injection - Q12 Hours 5000 Units, eve	•
○ HEPari	n (porcine) injection - Q8 Hours 5000 Units, ever	y 8 hours scheduled
O Not high bleed	risk	
○ Wt > 10	10 kg 7500 Units, subcutaneous, every 8 hours sch	heluled
_		
	S than or equal to 100 kg 5000 Units, subcutaned	ous, every 8 hours scheduled
warfarin (COUMADIN		
WITHOUT phanelIndication:Dose Selection Guid	macy consult 1 , oral, daily at 1700 lance:	
O Medications		
	acy consult to manage warfarin (COUMADIN) Un	ntil discontinued, Routine
Indication:	n (COUMADIN) tablet 1 , oral	
Mechanical Prophylaxis (R	equired)	
O Contraindications exi	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
Place/Maintain seque Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuous	s, Routine
H Risk of VTE - Surgical (Hi	n/Knaa) (Required)	
	Jitalouj (itoguliou)	
High Risk (Required)		
High risk of VTE Once	, Routine	
High Risk Pharmacological	Prophylaxis - Hip or Knee (Arthroplasty) Surgio	cal Patient (Required)
Sign:	Printed Name:	Date/Time: Page 23 of 59

Ocontraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
Apixaban and Pharmacy Consult (Required)	
✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
O Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
 ► ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ► ENOXAPARIN SQ DAILY ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min 	sterolateral 「) do NOT order this
O heparin	

__ Date/Time: Page 24 of 59 Printed Name:

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
Rivaroxaban and Pharmacy Consult (Required)
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
O Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:
Dose Selection Guidance:
echanical Prophylaxis (Required)
Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Printed Name:

__ **Date/Time:** Page 25 of 59

VTE Risk and Prophylaxis Tool		
Low Risk Definition		High Risk Definition
	Definition	Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis	prophylaxis must be
	must be	addressed.
	addressed.	
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	is	
1110 11 175 116 1	contraindicated.	
Age less than 60 years and NO other VTE risk factors		One or more of the
	the following	following medical
	<u>medical</u>	conditions:
	<u>conditions</u> :	
Patient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor
	disease,	V Leiden, prothrombin
	pneumonia,	variant mutations,
	active	anticardiolipin antibody
	inflammation,	syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity,	myeloproliferative
	previous stroke,	disorders)
	rheumatologic	
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT	Multiple major traumas
	or family history	'
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	
	Moderate or	
	major surgery	1
	(not for cancer)	
	Major surgery	
	within 3 months	
	of admission	

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) _____ Date/Time: Page 26 of 59 Sign: Printed Name:

Sign:	Printed Name:	Date/Time: Page 27 of 59
, ,		
✓ Moderate Risk (Required)	r (rrequireu)	
prophylaxis is needed. Will Moderate Risk of VTE - Surgica	encourage early ambulation	
Low risk of VTE Once Low risk: O Due to low risk,	no VTE prophylaxis is needed. Will encourgae earl	ly ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
Place/MaintainSide: BilateralSelect Sleeve(s):	sequential compression device continuous Cor	ntinuous, Routine
	ons exist for mechanical prophylaxis Once, Rout prophylaxis due to the following contraindication(s)	
✓ Place sequential com	pression device	
	an active order for therapeutic anticoagulant or phylaxis because: patient is already on therapeutic	
✓ High risk of VTE Once		
O High Risk - Patient current	y has an active order for therapeutic anticoagul	lant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Cor	ntinuous, Routine
No mechanical VTE	prophylaxis due to the following contraindication(s)):
✓ Place sequential com	•	
No pharmacologic VTE pro Therapy for the following:	an active order for therapeutic anticoagulant or phylaxis because: patient is already on therapeutic	
✓ High risk of VTE Once		
O High Risk - Patient current	y has an active order for therapeutic anticoagul	lant or VTE prophylaxis (Required)
Place/Maintain Side: Bilateral Select Sleeve(s):	sequential compression device continuous Cor	ntinuous, Routine
	ons exist for mechanical prophylaxis Once, Rout prophylaxis due to the following contraindication(s)	
✓ Place sequential com	•	
	an active order for therapeutic anticoagulant or phylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE	·	or the propriyuano (required)
Side: Bilateral Select Sleeve(s):	rently has an active order for therapeutic antico	
No mechanical VTE	prophylaxis due to the following contraindication(s) sequential compression device continuous Cor):
	ons exist for mechanical prophylaxis Once, Rout	tine
	phylaxis because: patient is already on therapeutic	
Moderate risk of VTEPatient currently has	Once, Routine an active order for therapeutic anticoagulant or	VTE prophylaxis Once, Routine

 \bigcirc

 \bigcirc

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
○ ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (It this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

_ **Date/Time:** Page 28 of 59 **Printed Name:**

sk Bleeding Characteristics 5 50 kg Hgb hpairment t < 100 K/uL iplatelet therapy ancer s/hepatic failure a-cranial hemorrhage hemic stroke
s 50 kg e Hgb hpairment t < 100 K/uL iplatelet therapy ancer s/hepatic failure ra-cranial hemorrhage hemic stroke
e Hgb hpairment t < 100 K/uL iplatelet therapy ancer s/hepatic failure ra-cranial hemorrhage hemic stroke
npairment t < 100 K/uL iplatelet therapy ancer s/hepatic failure ra-cranial hemorrhage
t < 100 K/uL iplatelet therapy ancer s/hepatic failure ra-cranial hemorrhage hemic stroke
iplatelet therapy ancer s/hepatic failure ra-cranial hemorrhage hemic stroke
ancer s/hepatic failure a-cranial hemorrhage hemic stroke
s/hepatic failure ra-cranial hemorrhage hemic stroke
a-cranial hemorrhage hemic stroke
nemic stroke
of bleeding event requiring admission and/or transfusion
use of NSAIDs/steroids
I ulcer
High Bleed Risk ery 12 hour frequency is appropriate for most high bleeding risk patients. However, some high eding risk patients also have high clotting risk in which every 8 hour frequency may be ically appropriate.
ase weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
in (COUMADIN)
WITHOUT pharmacy consult 1 , oral, daily at 1700 cation: e Selection Guidance:
Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral
Indication:
Dose Selection Guidance:
Prophylaxis (Required)
aindications exist for mechanical prophylaxis Once, Routine nical VTE prophylaxis due to the following contraindication(s):
Maintain sequential compression device continuous Continuous, Routine eral eve(s):
f VTE - Non-Surgical (Required)
sk (Required)
ate risk of VTE Once, Routine
sk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
nindications exist for pharmacologic prophylaxis - Order Sequential compression device
Contraindications exist for pharmacologic prophylaxis Once, Routine pharmacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

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✓ Place/Maintain sequential compression device continuous Continuous, Routine	
Side: Bilateral Select Sleeve(s):	
Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
○ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wi following recommended doses by weight:	ll apply the
Weight	Dose
LESS THAN 100kg	enoxaparir 40mg daily
100 to 139kg	enoxaparir 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparir 40mg every 12 hours
 ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or possible abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	osterolateral
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or possible.	osterolateral
abdominal wall. Alternate injection site with each administration. o fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, 30 mL/min heparin	

__ **Date/Time:**____ Page 30 of 59 **Printed Name:**

	h Risk Bleeding Charac	cteristics	
	<u>> 75</u>		
	ight < 50 kg		
	stable Hgb nal impairment		
	count < 100 K/uL		
	al antiplatelet therapy		
	ve cancer		
	hosis/hepatic failure		
	nosis/nepatic failure or intra-cranial hemorrhaç		
	or ischemic stroke	je	
		quiring admission and/or transfusion	n
	onic use of NSAIDs/stero		11
	ve Gl ulcer	3143	
7100	VC OI GIOCI		
	O High Blood Biok		
	O High Bleed Risk	ev is appropriate for most high bleed	ding risk patients. However, some higl
		lso have high clotting risk in which	
	Please weight the risks	/benefits of bleeding and clotting w	then selecting the dosing frequency.
	O HEParin (por	cine) injection - Q12 Hours 5000 Units,	, every 12 hours scheduled
	O HEParin (nor	cine) injection - Q8 Hours 5000 Units,	every 8 hours scheduled
		omo, mjocaon	every e floure contourned
	e not mgn blood nok		
	○ Wt > 100 kg 7	7500 Units, subcutaneous, every 8 hours	scheduled
	O Wt LESS than	n or equal to 100 kg 5000 Units, subcut	aneous, every 8 hours scheduled
\circ v	arfarin (COUMADIN)		
	_ `	consult 1 , oral, daily at 1700	
	Indication:	Consult 1, oral, daily at 1700	
	Dose Selection Guidance:		
	O Medications		
	_		N. I
	Indication:	nsult to manage warfarin (COUMADIN	I) Until discontinued, Routine
	•	JMADIN) tablet 1 , oral	
	Indication:		
_	Dose Selection Gu	ıidance:	
☐ Mecha	nical Prophylaxis (Required	1)	
		mechanical prophylaxis Once, Routine ue to the following contraindication(s):	9
Side:	Place/Maintain sequential conditions of Bilateral to Sleeve(s):	ompression device continuous Contin	nuous, Routine
	of VTE - Surgical (Required)		
_		phylaxis by ordering from Pharmacological a	and Mechanical Prophylaxis.
_	isk (Required)	. , , , ,	. ,
_	ligh risk of VTE Once, Routi	ine	
_		nylaxis - Surgical Patient (Required)	
			utino
No ph	narmacologic VTE prophylaxi	pharmacologic prophylaxis Once, Rouse due to the following contraindication(s)):
	inoxaparin (LOVENOX) for ent renal status: @CRC	Prophylactic Anticoagulation (Require L@	ed)
,	Sign:	Printed Name:	Date/Time:

Date/Time: Page 31 of 59

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

	40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
 fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 if the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min. heparin 	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. How bleeding risk patients also have high clotting risk in which every 8 hour frequency clinically appropriate.	
Liloppo Mojaht the Moja hengtite of blooding and eletting when ealitititit	ID OL TRO OLLO DO CL

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
\bigcirc	Not high bleed risk

Sign: Printed Name: Date/Time:

	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	 Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 ho 	ure scheduled
	warfarin (COUMADIN)	ars scrieduled
	 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance: 	
	- Medicalions	. 5
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued Indication:	d, Routine
O High Ris	sk of VTE - Non-Surgical (Required)	
_	n pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prop	hylaxis.
✓ Hig	Jh Risk (Required)	
V	✓ High risk of VTE Once, Routine	
✓ Hia	h Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
	Contraindications exist for pharmacologic prophylaxis Once, Routine opharmacologic VTE prophylaxis due to the following contraindication(s):	
	Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
	or patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin order ollowing recommended doses by weight:	rs will apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	400 to 400kg	
	100 to 139kg	enoxaparin
	100 to 139kg	30mg every 12
		30mg every 12 hours
	GREATER THAN or EQUAL to 140kg	30mg every 12
	GREATER THAN or EQUAL to 140kg	30mg every 12 hours enoxaparin 40mg every 12
	GREATER THAN or EQUAL to 140kg O ENOXAPARIN 30 MG DAILY	30mg every 12 hours enoxaparin 40mg every 12 hours
	GREATER THAN or EQUAL to 140kg	30mg every 12 hours enoxaparin 40mg every 12 hours
	GREATER THAN or EQUAL to 140kg ○ ENOXAPARIN 30 MG DAILY ☑ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, \$	30mg every 12 hours enoxaparin 40mg every 12 hours
	GREATER THAN or EQUAL to 140kg © ENOXAPARIN 30 MG DAILY © enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, \$ Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral	30mg every 12 hours enoxaparin 40mg every 12 hours
	GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, so Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	30mg every 12 hours enoxaparin 40mg every 12 hours
	GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY enoxaparin (LOVENOX) injection subcutaneous, S+1	30mg every 12 hours enoxaparin 40mg every 12 hours
th	GREATER THAN or EQUAL to 140kg ○ ENOXAPARIN 30 MG DAILY • enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, \$\frac{1}{2}\text{ Indication(s):} \text{ Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.} ○ ENOXAPARIN SQ DAILY • enoxaparin (LOVENOX) injection subcutaneous, \$\frac{1}{2}\text{ Indication(s):} \text{ Administer by deep subcutaneous injection into the left and right anterolateral}	30mg every 12 hours enoxaparin 40mg every 12 hours S+1 or posterolateral or posterolateral enia (HIT) do NOT order
th 30	GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 3 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop is medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive process.	30mg every 12 hours enoxaparin 40mg every 12 hours S+1 or posterolateral or posterolateral enia (HIT) do NOT order
th 30	GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, 3 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration. fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive proced of mL/min.	30mg every 12 hours enoxaparin 40mg every 12 hours S+1 or posterolateral or posterolateral enia (HIT) do NOT order

	Sign:	Printed Name:	Date/Time:
	Pharmacy Indications: VT	consult to monitor apixaban (ELIQUIS) therapy LE prophylaxis	Until discontinued, STAT
		(ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 /TE prophylaxis	
	·	,	
		narmacy Consult (Required)	
		N) enteric coated tablet 162 mg, daily, S+1	
		E prophylaxis due to the following contraindication(s) e tablet 162 mg, daily, S+1).
	Contraindication	s exist for pharmacologic prophylaxis Once, Rou	itine
✓ High	gh Risk Pharmacolo	gical Prophylaxis - Hip or Knee (Arthroplasty) Su	urgical Patient (Required)
	✓ High risk of VTE	Once, Routine	
✓ High	gh Risk (Required)		
_	_	echanical prophylaxis by ordering from Pharmacological a	and Mechanical Prophylaxis.
O High R		I (Hip/Knee) (Required)	
	Indicat	arfarin (COUMADIN) tablet 1 , oral ion: Selection Guidance:	
	Indicat) Until discontinued, Routine
	O Medicatio		
	Dose Selection		
	Indication:		
		pharmacy consult 1 , oral, daily at 1700	
	○ warfarin (COUM	ADIN)	
	\circ w	t LESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
	\circ w	t > 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
	O Not high b	pleed risk	
	Он	EParin (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
		EParin (porcine) injection - Q12 Hours 5000 Units,	
	_	nt the risks/benefits of bleeding and clotting w	
	clinically app	•	
	bleeding risk	or frequency is appropriate for most high bleed patients also have high clotting risk in which e	
L			
-	Active GI ulcer	DAIDS/Stellolus	
	Chronic use of NS	g event requiring admission and/or transfusion SAIDs/steroids	П
-	Prior ischemic stro		2
-	Prior intra-cranial		
	Cirrhosis/hepatic t		
	Active cancer		
	Dual antiplatelet tl		
	Plt count < 100 K/		
	Renal impairment		
	Weight < 50 kg Unstable Hgb		
	Age <u>></u> 75		
		ng Characteristics	
	Hint Diel Die d	non Ohanna etaniatika	

_ Date/Time: Page 34 of 59

O Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@

LESS THAN 100kg enoxapar 40mg da 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg da 40mg da	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours CENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):
LESS THAN 100kg enoxapar 40mg da 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral
LESS THAN 100kg enoxapar 40mg da 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours O ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
LESS THAN 100kg enoxapar 40mg da 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	LESS THAN 100kg enoxapar 40mg dai 100 to 139kg enoxapar 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxapar 40mg every 12 hours © ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY
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LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 7 hours	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 7 hours	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 7 hours	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 7 hours
LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1
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LESS THAN 100kg enoxapa 40mg d 100 to 139kg enoxapa 30mg every	LESS THAN 100kg enoxapa 40mg d 100 to 139kg enoxapa 30mg every	LESS THAN 100kg enoxapa 40mg d 100 to 139kg enoxapa 30mg every	LESS THAN 100kg enoxapa 40mg d 100 to 139kg enoxapa 30mg every
LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg every 1
LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg
LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg
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LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa 30mg
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LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa
LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa	LESS THAN 100kg enoxapa 40mg da 100 to 139kg enoxapa
LESS THAN 100kg enoxapa 40mg da			
LESS THAN 100kg enoxapa 40mg da			
LESS THAN 100kg enoxapa 40mg da			
LESS THAN 100kg enoxapa			
LESS THAN 100kg enoxapa			
LESS THAN 100kg enoxapa			
vveight Dose	Weight Dose	Weight Dose	weight

Admission Medicine (615)

Version: 32 Gen: 8/25/2025
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oralIndication:Dose Selection Guidance:

Sign:______ Printed Name:______ Date/Time:______ Page 36 of 59

VTE Risk and Prophylaxis Tool		
Low Risk Definition	Definition Pharmacologic prophylaxis	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be
	must be addressed. Mechanical	addressed.
	prophylaxis is optional unless pharmacologic	
	is contraindicated.	
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions:	One or more of the following medical conditions:
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above Central line	Severe fracture of hip, pelvis or leg Acute spinal cord injury
	History of DVT or family history of VTE	with paresis Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Sign:______Printed Name:______Date/Time:______Page 37 of 59

Sign:	Printed Name:	Date/Time: Page 38 of 59
MODERATE Risk of VTE - Surgica Moderate Risk (Required)	ar (requirea)	
Low risk: ○ Due to low risk, no prophylaxis is needed. Will er	o VTE prophylaxis is needed. Will encourgae eancourage early ambulation	arly ambulation ○ Due to low risk, no VTE
Low risk of VTE Once, f	Routine	
Low Risk of VTE (Required) Low Risk (Required)		
Side: Bilateral Select Sleeve(s):	equential compression device continuous C	onunuous, Rouune
No mechanical VTE p	as exist for mechanical prophylaxis Once, Ro rophylaxis due to the following contraindication(sequential compression device continuous Co	s):
✓ Place sequential compr		urtino
No pharmacologic VTE proph Therapy for the following:	nylaxis because: patient is already on therapeuti	
	n active order for therapeutic anticoagulant o	or VTE prophylaxis Once, Routine
✓ High risk of VTE Once,	·	in the propriyment (Noquillou)
	has an active order for therapeutic anticoago	ulant or VTE prophylaxis (Required)
Place/Maintain sSide: BilateralSelect Sleeve(s):	equential compression device continuous Co	ontinuous, Routine
○ Contraindication	as exist for mechanical prophylaxis Once, Ro rophylaxis due to the following contraindication(
Therapy for the following: Place sequential compr	ession device	
No pharmacologic VTE proph	n active order for therapeutic anticoagulant on active order for therapeutic anticoagulant on the special active a	
✓ High risk of VTE Once,		
	has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	ontinuous, Routine
No mechanical VTE p	as exist for mechanical prophylaxis Once, Ro rophylaxis due to the following contraindication(s):
✓ Place sequential compr		
✓ Patient currently has ar No pharmacologic VTE proph Therapy for the following:	n active order for therapeutic anticoagulant on active order for therapeutic anticoagulant on active order for therapeutic anticoagulant of active order for the active order for t	
✓ Moderate risk of VTE ○	·	
Side: Bilateral Select Sleeve(s):	ently has an active order for therapeutic antic	
No mechanical VTE p	rophylaxis due to the following contraindication(sequential compression device continuous Co	s):
	is exist for mechanical prophylaxis Once, Ro	ultine
	n active order for therapeutic anticoagulant on active order for therapeutic anticoagulant on the salient is already on the sapeutic action devices.	
✓ Moderate risk of VTE ○		

 \bigcirc

 \bigcirc

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
○ ENOXAPARIN 30 MG DAILY	
 ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or positive contents. 	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (It this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

_ Date/Time: Page 39 of 59 **Printed Name:**

High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb	
Weight < 50 kg Unstable Hgb	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
Active of titles	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.	high
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency	cy.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled	
HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled	
Not high bleed risk	
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled	
O warfarin (COUMADIN)	
○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication:	
Dose Selection Guidance:	
O Medications	
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:	
☐ warfarin (COUMADIN) tablet 1 , oral	
Indication:	
Dose Selection Guidance:	
☐ Mechanical Prophylaxis (Required)	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
MODERATE Risk of VTE - Non-Surgical (Required)	
✓ Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
✓ Moderate Risk (Required)	
Moderate risk (required) Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device)
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	

Printed Name:

Date/Time: Page 40 of 59

Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylax	cis
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
O Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin order following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration. 	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolatera
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min	
O heparin	

Printed Name: __ Date/Time: Page 41 of 59

	version. 32 Gen. 6/23/2023	
	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable Ho		
Plt count <		
	Itelet therapy	
Active cancer		
Cirrhosis/he	epatic failure	
	ranial hemorrhage	
Prior ischen	nic stroke	
	leeding event requiring admission and/or transf	fusion
	e of NSAIDs/steroids	
Active GI ul	cer	
	gh Bleed Risk	
some	12 hour frequency is appropriate for most high high bleeding risk patients also have high clott ency may be clinically appropriate.	
Pleas freque	e weight the risks/benefits of bleeding and clot ency.	ting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 500	00 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000	0 Units, every 8 hours scheduled
ONG	ot high bleed risk	•
	○ Wt > 100 kg 7500 Units, subcutaneous, every	8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units,	, subcutaneous, every 8 nours scheduled
	COUMADIN)	
Indicat		
	Selection Guidance:	
O Me	edications	
	Pharmacy consult to manage warfarin (COL Indication:	JMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Mechanical Prophylax	is (Required)	
	s exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
Place/Maintain so Side: Bilateral Select Sleeve(s):	equential compression device continuous Continuous	ous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ High Risk (Required)		
_ ` ` '	Once Boutine	
✓ High risk of VTE		
	gical Prophylaxis - Surgical Patient (Required)	
No pharmacologic VTI	s exist for pharmacologic prophylaxis Once, Routin E prophylaxis due to the following contraindication(s):	
Enoxaparin (LOV Patient renal statu	/ENOX) for Prophylactic Anticoagulation (Required us: @CRCL@	H)
Sign:	Printed Name:	Date/Time:

Date/Time: Page 42 of 59

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours

3	40mg daily
100 to 139kg	enoxaparin
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
Indication(s):	staralataral
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT	
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cri	CI LESS than 30
mL/min.	
O heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever, some high
bleeding risk patients also have high clotting risk in which every 8 hour frequence	
clinically appropriate.	

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.

	Parin (porcine) injection - Q12 Hours 5000 Units, eve	ry 12 hours scheduled
O HEF	Parin (porcine) injection - Q8 Hours 5000 Units, every	y 8 hours scheduled
O Not high ble	ed risk	
Sian:	Printed Name:	Date/Time:

en Indicati Admini abdom	oxaparin (LOVENOX) injection subcutaneous, S+1 ion(s): ister by deep subcutaneous injection into the left and right antinal wall. Alternate injection site with each administration. Printed Name:	·
en Indicati Admini	ion(s): ster by deep subcutaneous injection into the left and right ant	erolateral or posterolateral
✓ en		
_		
	RIN SQ DAILY	
	inal wall. Alternate injection site with each administration.	
Indicati Admini	ion(s): ister by deep subcutaneous injection into the left and right ant	erolateral or posterolateral
	oxaparin (LOVENOX) injection 30 mg, subcutaneous, daily	at 1700, S+1
O ENOXAPA	RIN 30 MG DAILY	
L		nout
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
	CDEATED THAN AS FOLIAL 4- 440km	hours
		30mg every 12
	100 to 139kg	enoxaparin
	LESS THAN 100kg	enoxaparin 40mg daily
	Weight	Dose
	rCI GREATER than or EQUAL to 30mL/min, enoxapanded doses by weight:	rin orders will apply the
Patient renal statu	rophylactic Anticoagulation Nonsurgical (Required) s: @CRCL@	
No pharmacologic VTE	E prophylaxis due to the following contraindication(s):	
	s exist for pharmacologic prophylaxis Once, Routine	
	gical Prophylaxis - Non-Surgical Patient (Required)	
✓ High Risk (Required) ✓ High risk of VTE	Once Routine	
HIGH Risk of VTE - Non-Su	rgical (Required)	
Side: Bilateral Select Sleeve(s):		
No mechanical VTE pr	rophylaxis due to the following contraindication(s): equential compression device continuous Continuous, Ro	utine
O Contraindication	s exist for mechanical prophylaxis Once, Routine	
Dose S Mechanical Prophylaxi	Selection Guidance:	
Indicati	ion:	
Indicati	ion: arfarin (COUMADIN) tablet 1 , oral	
	armacy consult to manage warfarin (COUMADIN) Until dis	scontinued, Routine
O Medication	ns	
Indication: Dose Selection	Guidance:	
	pharmacy consult 1 , oral, daily at 1700	
○ warfarin (COUMA		•
	LEGO than of equal to 100 kg 3000 office, subcutaneous, t	every 8 nours scheduled
O w	t > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled t LESS than or equal to 100 kg 5000 Units, subcutaneous, etc.	

If the patient does not have	RA) injection 2.5 mg, subcutaneous, daily a history of or suspected case of Heparin-Induced cated in patients LESS than 50kg, prior to surgery/	d Thrombocytopenia (HIT) do NOT order
30 mL/min.	cated in patients LESS than 50kg, prior to surgery/	/ilivasive procedure, or CrCr LESS than
Oheparin		
High Risk Bleeding (haracteriation	
	maracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	ру	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hem	orrhage	
Prior ischemic stroke		
	ent requiring admission and/or transfusion	
Chronic use of NSAID	s/steroids	
Active GI ulcer		
	quency is appropriate for most high bleeding ents also have high clotting risk in which eve	
Please weight the	e risks/benefits of bleeding and clotting when	n selecting the dosing frequency
HEPar	n (porcine) injection - Q12 Hours 5000 Units, ev	ery 12 hours scheduled
O HEPari	n (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bleed	risk	
•	00 kg 7500 Units, subcutaneous, every 8 hours sch	h o du l o d
○ Wt LES	SS than or equal to 100 kg 5000 Units, subcutane	eous, every 8 hours scheduled
warfarin (COUMADIN)	
O WITHOUT pha Indication: Dose Selection Guid	rmacy consult 1 , oral, daily at 1700	
O Medications		
	acy consult to manage warfarin (COUMADIN)	ntil discontinued, Routine
Indication:	n (COUMADIN) tablet 1 , oral tion Guidance:	
Mechanical Prophylaxis (R	equired)	
O Contraindications ex	st for mechanical prophylaxis Once, Routine vaxis due to the following contraindication(s):	
Place/Maintain seque Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuou	us, Routine
H Risk of VTE - Surgical (Hi	n/Knee) (Required)	
High Risk (Required)	printed (itaquilau)	
High risk of VTE Once		
High Risk Pharmacologica	Prophylaxis - Hip or Knee (Arthroplasty) Surgi	ical Patient (Required)
Sign:	Printed Name:	Date/Time: Page 45 of 59

Ocontraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
Apixaban and Pharmacy Consult (Required)	
✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
Indications: ○ VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
O Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
 ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	sterolateral
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 lf the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min	
O heparin	

Sign:_____ Printed Name:____ __ Date/Time: Page 46 of 59

High Risk Bleeding	Charactoristics	
Age ≥ 75	Citalacteristics	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	ару	
Active cancer		
Cirrhosis/hepatic failu		
Prior intra-cranial hen		
Prior ischemic stroke		
	/ent requiring admission and/or transfusion	
Chronic use of NSAII	Ds/steroids	
Active GI ulcer		
	equency is appropriate for most high bleeding ients also have high clotting risk in which ever	
Please weight th	ne risks/benefits of bleeding and clotting when	selecting the dosing frequency.
	rin (porcine) injection - Q12 Hours 5000 Units, even	
	rin (porcine) injection - Q8 Hours 5000 Units, every	
O Not high blee		y o flours scrieduled
	100 kg 7500 Units, subcutaneous, every 8 hours sche	
○ Wt LE	SS than or equal to 100 kg 5000 Units, subcutaneo	ous, every 8 hours scheduled
 Rivaroxaban and Ph 	armacy Consult (Required)	
daily at 0600 (TIME Indications: ○ VTE For Xarelto 15 mg absorption. Do not	prophylaxis and 20 mg, give with food or follow administration wit administer via post-pyloric routes.	h enteral feeding to increase medication
Indications: VTE pr	nsult to monitor rivaroxaban (XARELTO) therapy	Until discontinued, STAT
O warfarin (COUMADIN	۷)	
O WITHOUT phate Indication: Dose Selection Gu	armacy consult 1 , oral, daily at 1700	
O Medications		
Pharm Indication: warfai Indication:	nacy consult to manage warfarin (COUMADIN) Und	til discontinued, Routine
	ction Guidance:	
Mechanical Prophylaxis (F	Required)	
	xist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain sequ Side: Bilateral Select Sleeve(s):	ential compression device continuous Continuous	s, Routine
Sign:	Printed Name:	Date/Time: Page 47 of 59

Labs Today

	lematology/Coagulation Today				
СВ	□ CBC Once, Routine, Blood, 3 BC only; Does not include a differential				
	☐ CBC and differential Once, Routine, Blood, 3				
	Prothrombin time with INR Once, Routine, Blood, 3				
	☐ Partial thromboplastin time Once, Routine, Blood, 3 o not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there an the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to dra				
	☐ Anti Xa, unfractionated Once, Routine, Blood, 3 onot draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there an the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to draw the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to draw the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to draw the heparin line.				
	Sedimentation rate Once, Routine, Blood, 3				
_	nistry Today				
	☐ Albumin Once, Routine, Blood, 3				
	Amylase Once, Routine, Blood, 3				
	☐ Basic metabolic panel Once, Routine, Blood, 3				
	UNT-proBNP Once, Routine, Blood, 3				
	CK total Once, Routine, Blood, 3				
	Comprehensive metabolic panel Once, Routine, Blood, 3				
	→ Hemoglobin A1c Once, Routine, Blood, 3				
	Hepatic function panel Once, Routine, Blood, 3				
SE	Lactic acid level - ONE TIME ORDER ONLY Once, Routine, Blood, 3 EPSIS PATIENTS:				
	*FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOU CCURRENCES***	IRS FOR 3			
	Lipase Once, Routine, Blood, 3				
	Lipid panel Once, Routine, Blood, 3				
	Magnesium Once, Routine, Blood, 3				
	Phosphorus Once, Routine, Blood, 3				
	Prealbumin Once, Routine, Blood, 3				
	TSH Once, Routine, Blood, 3				
	T4, free Once, Routine, Blood, 3				
	Uric acid Once, Routine, Blood, 3				
	Urine drugs of abuse screen Once, Routine, Urine				
	C-reactive protein Once, Routine, Blood, 3				
	Procalcitonin Once, Routine, Blood, 3				
Cardia					
	☐ Troponin T: STAT STAT, 1, Occurrences, Routine, Blood, 3				
	Troponin T: Now and every 6 hours x 2 Now then every 6 hours, 2, Occurrences, Routine, Blood, 3	3			
	Troponin T: Now and every 8 hours x 2 Now then every 8 hours, 2, Occurrences, Routine, Blood, 3	3			
	bbiology				
	□ Blood culture, aerobic and anaerobic x 2				
	✓ Blood culture, aerobic and anaerobic x 2 Most recent Blood Culture results from the past 7 days:				
	@LASTPROCRESULT(LAB462)@				
	Sign: Printed Name: D	ate/Time:			
		Page 48 of 59			

Blood Culture Best Practices (https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf)

☑ Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a 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, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a 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. Urinalysis screen and microscopy, with reflex to culture Once, Routine, Urine, Not recommended for chronic Foley catheter patient or ESRD patient due to concerns of colonization Specimen Source: Urine Specimen Site: Specimen must be received in the laboratory within 2 hours of collection. Sputum culture Once, Routine, Sputum Respiratory Pathogen Panel with COVID-19 (Required) Respiratory pathogen panel with COVID-19 RT-PCR Once, Routine, Nasopharyngeal ✓ Isolation (Required) Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021. Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance. Airborne Isolation Airborne isolation status Continuous, Routine, Include eye protection Contact Isolation Contact isolation status Continuous, Routine, Include eye protection Influenza A and B, nucleic acid amplification Influenza A and B, nucleic acid amplification Once, Routine Specimen Source: ✓ **Droplet isolation status** Continuous, Routine Methicillin-Resistant Staphylococcus aureus (MRSA), NAA Methicillin-Resistant Staphylococcus aureus (MRSA), NAA Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. @LASTLAB(MRSAPCR)@ MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. Until discontinued, Routine MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval. @LASTLAB(MRSAPCR)@ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares This patient has a positive MRSA PCR result within the last 7 days. @LASTLAB(MRSAPCR)@ ☐ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares Methicillin-Resistant Staphylococcus aureus (MRSA), NAA @LASTLAB(MRSAPCR)@ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares **Labs Tomorrow** Hematology/Coagulation Tomorrow CBC AM draw, 1, Occurrences, Routine, Blood, 3 CBC only; Does not include a differential

Printed Name:

Date/Time:

☐ CBC with differential AM draw, 1, Occurrences, Routine, Blood, 3
☐ Prothrombin time with INR AM draw, 1, Occurrences, Routine, Blood, 3
☐ Partial thromboplastin time AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access othe than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
Anti Xa, unfractionated AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access othe than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen. Chemistry Tomorrow
 ☐ Albumin AM draw, 1, Occurrences, Routine, Blood, 3 ☐ Amylase AM draw, 1, Occurrences, Routine, Blood, 3
Basic metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3

 ☐ Comprehensive metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3 ☐ Hepatic function panel AM draw, 1, Occurrences, Routine, Blood, 3
□ Lactic acid level - ONE TIME ORDER ONLY AM draw, 1, Occurrences, Routine, Blood, 3 SEPSIS PATIENTS:
FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES
Lipase AM draw, 1, Occurrences, Routine, Blood, 3
Lipid panel AM draw, 1, Occurrences, Routine, Blood, 3
☐ Magnesium AM draw, 1, Occurrences, Routine, Blood, 3
Phosphorus AM draw, 1, Occurrences, Routine, Blood, 3
Prealbumin AM draw, 1, Occurrences, Routine, Blood, 3
☐ TSH AM draw, 1, Occurrences, Routine, Blood, 3
☐ T4, free AM draw, 1, Occurrences, Routine, Blood, 3
☐ Uric acid AM draw, 1, Occurrences, Routine, Blood, 3
☐ Urine drugs of abuse screen Once, S+1, Routine, Urine
Cardiology Cardiology
Myocardial perfusion stress test 1 time imaging, Routine, Must order Stress Test ECG Only order in conjunction. What stress agent will be used? Regadenoson Will this exam require to be scheduled as a one day or a two-day exam? Patient's weight in pounds (lbs)? Preferred interpreting Cardiologist or group:
Cv exercise treadmill stress (no imaging) Once, Routine What stress agent will be used? Regadenoson Do you require imaging to be included? If yes, please select the appropriate imaging stress order: What stress agent will be used?
☐ ECG 12 lead - Routine Once, Routine, 6 Clinical Indications: ○ Chest Pain Interpreting Physician:
☐ ECG 12 lead - STAT Once, STAT, 6 Clinical Indications: ○ Chest Pain Interpreting Physician:

Printed Name: _____ Date/Time: ____ Page 50 of 59

	Echocardiogram complete w contrast and 3D if needed 1 time imaging, Routine Does this study require a chemo toxicity strain protocol? Does this exam need a strain protocol? Call back number for Critical Findings: Where should test be performed? Does this exam need a bubble study? Preferred interpreting Cardiologist or group: If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.
	For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'
	Other Indications should be ordered for TODAY or Routine.
	For Discharge or Observation patient, please choose TODAY as Priority.
Imag	ing RI/MRA
IVIT	MRI Brain Wo Contrast 1 time imaging, Routine
	Special Brain protocol requested?
	Is this scan to monitor for ARIA during an Alzheimer Therapy? ARIA Alzheimer therapy:
	What are the patient's sedation requirements?
	Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
	Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	MRI Brain W Contrast 1 time imaging, Routine Special Brain protocol requested? What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

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MRI Brain W Wo Contrast 1 time imaging, Routine Special Brain protocol requested? What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
MRCP exams patient should be NPO 6-8hrs prior to exam.
Patients needing IV sedation should be NPO 6-8hrs prior to exam.
Patients needed General Anesthesia should be NPO 8hrs prior to exam.
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
MRA Head Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
MRCP exams patient should be NPO 6-8hrs prior to exam.
Patients needing IV sedation should be NPO 6-8hrs prior to exam.
Patients needed General Anesthesia should be NPO 8hrs prior to exam.
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
MRA Head W Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam. Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam. MRCP exams patient should be NPO 6-8hrs prior to exam. Patients needing IV sedation should be NPO 6-8hrs prior to exam. Patients needed General Anesthesia should be NPO 8hrs prior to exam. If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
MRA Head W Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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	MRA Neck Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	■ MRA Neck W Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine
	results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	MRA Neck W Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
СТ	CT Head Wo Contrast 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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☐ CT Head W Contrast 1 time imaging, Routine Is the patient pregnant? Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
CT Head W Wo Contrast 1 time imaging, Routine Is the patient pregnant? Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
CT Chest Wo Contrast 1 time imaging, Routine Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
☐ CT Abdomen with IV and PO Contrast (Omnipaque) For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

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	CT Abdaman	14/	Contract 1	time	inaaaina	Douting
~	CT Abdomen	w	Contrast 1	time	imadind.	Routine

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300, once

FOR CT SCAN ONLY: Mix lohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

☐ CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

✓ iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300, once

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

☐ CT Abdomen and Pelvis without IV Contrast (oral only - Readi-Cat)

Ordered as secondary option for those with iodine allergies.

✓ CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension 2 , once in imaging

☐ CT Pelvis W Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

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✓	Routine	e
\checkmark		Routin

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300, once

FOR CT SCAN ONLY: Mix lohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

☐ CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300, once

**FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste **

☐ CT Abdomen and Pelvis without IV Contrast (oral only - Readi-Cat)

Ordered as secondary option for those with iodine allergies.

CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension 2 , once in imaging

CT Sinus Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign:	Printed Name:	Date/Time:
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Admission Medicine (615)

Version: 32 Gen: 8/25/2025 X-Ray ☐ Chest 1 Vw Portable 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Chest 1 Vw Portable 1 time imaging, 1, Occurrences, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ☐ Chest 2 Vw 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Chest 2 Vw 1 time imaging, 1, Occurrences, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ☐ Abdomen 2 Vw Ap W Upright And/Or Decubitus 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ☐ Abdomen 2 Vw Ap W Upright And/Or Decubitus 1 time imaging, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): **Ultrasound** ☐ **US Abdomen Complete** 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): NPO 8 hours before exam. ☐ **US Gallbladder** 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): NPO 8 hours before exam. US Renal 1 time imaging, Routine Is the Ultrasound on a native kidney? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): US Pelvis Complete 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patient to drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder. Patient should have a full bladder. US Pelvic Non Ob Limited 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patient to drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder. Patient should have a full bladder. US Pelvic Transvaginal 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Pv carotid duplex 1 time imaging, Routine Laterality: Special protocol: Pv duplex arterial upper extremity 1 time imaging, Routine Laterality: Pv duplex arterial lower extremity 1 time imaging, Routine Laterality: Pv vascular screening 1 time imaging, Routine **Other Studies** Respiratory Respiratory

Printed Name: Date/Time: Admission Medicine (615)

	Version: 32 Gen: 8/25/2025	
Oxygen therapy - NC 2 Lpm Co Device: O Nasal Cannula Rate in liters per minute: 2 lpm Titrate to keep O2 Sat Above: 92% Indications for O2 therapy: Hypoxemia Device: Indications for O2 therapy:		
Rehab Consults		
	I MEDICINE - PHARMACY CONSULT PANEL	
Indication:	varfarin (COUMADIN) Until discontinued, Rout	une
☐ Pharmacy Consult to Manage H Routine Heparin Indication: Specify: Specify: Monitoring: Standard Dose Protocol	leparin: STANDARD dose protocol (DVT/PE	e) - with titration boluses Until discontinued,
- IF ORDERED, Initial Bolus (80 units		
 Consider in patients at risk for recurs Initial Infusion (18 units/kg/hr) with n 		
- More aggressive titration with addition	onal bolus and increase in heparin for sub-thera	apeutic monitoring levels.
See protocol for details		
☐ Pharmacy consult to manage H discontinued, Routine Heparin Indication: Specify: Monitoring: Anti-Xa Low Dose Heparin Protocol	leparin: LOW Dose protocol(ACS/Stroke/Afi	ib)- withOUT titration boluses Until
 IF ORDERED, Initial bolus (60 units) Consider in patients at risk for bleed Initial infusion (12 units/kg/hr) up to a More conservative titration. 	ing.	
See protocol for details		
Consult Pharmacy - Renal Dosing		
Adjust dose for:	lose adjustments for renal function Until disconneal dialysis, or continuous renal replacement adjustments.	
Consult to Case Management Consult Reason: Reason for Consult?	Once, Routine	
Consult to Social Work Once, Reason for Consult: Reason for Consult?	Routine	
Weight Bearing Status: Reason for PT?	apy (mark all applicable):	ary clearance prior to consulting physical
If the patient currently has an order fo	r bed rest, please consider revising the activity	order to accommodate therapy
Sign:	Printed Name:	Date/Time: Page 58 of 59

Consult to PT Wound Care Eval and Treat Once, Routine Special Instructions: Location of Wound? Reason for PT?
Consult OT eval and treat Once, Routine 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: Reason for OT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy
If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.
Consult to Nutrition Services Once, Routine Reason For Consult? Purpose/Topic: Reason for Consult?
Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.
Consult to Speech Language Pathology Once, Routine Reason for consult: Reason for SLP?
Consult to Wound Ostomy Care nurse Once, Routine Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Reason for consult: Reason for consult: Reason for Consult: Reason for Consult? This is NOT for PT Wound Care Consult order.
Consult to Respiratory Therapy Once, Routine Reason for Consult? Reason for Consult?
tional Orders

Addi

Printed Name: _____ Date/Time: ____ Page 59 of 59