Location:	
General	
	on 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, Routine
	Urinary Tract Infection, Site Not Specified Once, Routine ion or Observation (Required)
Adm Leve Patie Bed Certi	Admit to inpatient Once, 1, Routine itting Physician: el of Care: ent Condition: request comments: ification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress s, I expect that the patient will need hospital services for two or more midnights.

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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 notes, I expect that the patient will need hospital services for two or more midnig	
Outpatient observation services under general supervision Once, Rout Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	ine
O UTS - Outpatient observation services under general supervision Once Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments:	e, Routine
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:	
Admission or Observation Patient has active 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 best clinical judgment and the patient's contes, I expect that the patient will need hospital services for two or more midnices.	
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 notes, I expect that the patient will need hospital services for two or more midnig	condition as documented in the HP and progress
Outpatient observation services under general supervision Once, Rout Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	ine
UTS - Outpatient observation services under general supervision Once Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments:	e, Routine
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:	
Admission Patient has active status order on file.	

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 ○ 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 progr notes, I expect that the patient will need hospital services for two or more midnights.	ress
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 progrances, I expect that the patient will need hospital services for two or more midnights. 	ress
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:	
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 best clinical judgment and the patient's condition as documented in the HP and progr notes, I expect that the patient will need hospital services for two or more midnights.	ress
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:	
Code Status @CERMSGREFRESHOPT(674511:21703,,,1)@	
✓ Code Status DNR and Modified Code orders should be placed by the responsible physician.	
○ Full code Continuous, Routine Code Status decision reached by:	
ONR (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	

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Consult to Palliative Care Service Once, Routine Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult?
Consult to Social Work Once, Routine Reason for Consult: Reason for Consult?
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:
Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Continuous - Treatment Restrictions, Routine I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.: Treatment Restriction decision reached by: Specify Treatment Restrictions: Code Status decision reached by:
Isolation
☐ Airborne isolation status
✓ Airborne isolation status Continuous, Routine
☐ Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostic Once, Routine
Contact isolation status Continuous, Routine
☐ Droplet isolation status Continuous, Routine
☐ Enteric isolation status Continuous, Routine
Precautions
☐ Aspiration precautions Continuous, Routine
Fall precautions Continuous, Routine Increased observation level needed:
☐ Latex precautions Continuous, Routine
Seizure precautions Continuous, Routine Increased observation level needed:
Nursing Vital Signs
☐ Vital signs - Per Unit Protocol Per unit protocol, Routine
☐ Vital signs-Q4H Every 4 hours, -1, Occurrences, Routine Telemetry Order
☐ Telemetry
Telemetry monitoring Continuous, 3, Days, Routine Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Can be off of Telemetry for baths? Yes Can be off for transport and tests? Yes Reason for telemetry: Reason?

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☐ Ambulate with assistance 3 times daily, Routine Specify: ○ with assistance
☐ Activity as tolerated Until discontinued, Routine Specify: ○ Activity as tolerated
IV Fluids Peripheral IV Access
✓ Initiate and maintain IV
Insert peripheral IV Once, Routine
✓ sodium chloride 0.9 % flush 10 mL, every 12 hours scheduled, line care
✓ sodium chloride 0.9 % flush 10 mL, intravenous, PRN, line care
IV Bolus
O electrolyte-A (PLASMA-LYTE A) bolus 500 mL, intravenous, once, 1, Occurrences
O electrolyte-A (PLASMA-LYTE A) bolus 1000 mL, intravenous, once, 1, Occurrences
O albumin human 5 % bottle 12.5 g, intravenous, once, 15.000 Minutes Indication:
O albumin human 5 % bottle 25 g, intravenous, once, 30.000 Minutes Indication:
O sodium chloride 0.9 % bolus 500 mL 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
O sodium chloride 0.9 % bolus 1000 mL 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes
O lactated ringer's bolus 500 mL 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
O lactated ringers bolus 1000 mL 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes Maintenance IV Fluids
O sodium chloride 0.9 % infusion 75 mL/hr, intravenous, once, 1, Occurrences
O lactated Ringer's infusion 75 mL/hr, intravenous, once, 1, Occurrences
O dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion 75 mL/hr, intravenous, continuous
O sodium chloride 0.45 % infusion 75 mL/hr, intravenous, continuous
Sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion 75 mL/hr, intravenous, continuous
Medications
Antibacterial Agents
amoxicillin-pot clavulanate (AUGMENTIN) 875-125 mg per tablet 1 tablet, oral, 2 times daily Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
ampicillin-sulbactam (UNASYN) IV 3 g, intravenous, every 6 hours, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
azithromycin (ZITHROMAX) tablet 500 mg, oral, every 24 hours Indication:
May cause QTc prolongation.
□ azithromycin (ZITHROMAX) IV 500 mg, intravenous, every 24 hours, STAT Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication: May cause QTc prolongation.
doxycycline (VIBRAMYCIN) capsule 100 mg, oral, every 12 hours
Indication: Give with meals. Food can increase effectiveness and/or avoid stomach upset. Hold tube feeds for 2 hours pre- and 2 hours post-
administration. CAPSULE or TABLET will be sent depending on product availability.
doxycycline (VIBRAMYCIN) 100 mg in dextrose 5% 100 mL IVPB 100 mg, intravenous, every 12 hours, STAT
Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication:

Printed Name:

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DVT Risk and Prophylaxis Tool 1		
VTE/DVT Risk Definitions (\\epic-nas.et0	922.epichosted.com\static\OrderSets\VTI	EDVTRISKDEFINITIONS.pdf)
O Patient currently has an active order (Required)	for therapeutic anticoagulant or VTE prop	hylaxis with Risk Stratification
O Moderate Risk - Patient currentl	y has an active order for therapeutic antic	oagulant or VTE prophylaxis (Required)
Moderate risk of VTE Once	, Routine	
	ctive order for therapeutic anticoagulant or xis because: patient is already on therapeutic	
Place sequential compress	sion device	
	xist for mechanical prophylaxis Once, Roundley desired to the following contraindication(s	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	uential compression device continuous Co	ntinuous, Routine
O Moderate Risk - Patient currentl	y has an active order for therapeutic antic	oagulant or VTE prophylaxis (Required)
✓ Moderate risk of VTE Once		
	ctive order for therapeutic anticoagulant or xis because: patient is already on therapeutic	
Place sequential compress	sion device	
	xist for mechanical prophylaxis Once, Roundley hylaxis due to the following contraindication(s	
Place/Maintain sequeside: Bilateral Select Sleeve(s):	uential compression device continuous Co	ntinuous, Routine
O High Risk - Patient currently has	s an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
✓ High risk of VTE Once, Round	ıtine	
	ctive order for therapeutic anticoagulant or xis because: patient is already on therapeutic	
Place sequential compress	sion device	
	xist for mechanical prophylaxis Once, Roundley depth of the following contraindication (s	
Place/Maintain sequeside: Bilateral Select Sleeve(s):	uential compression device continuous Co	ntinuous, Routine
O High Risk - Patient currently has	s an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
✓ High risk of VTE Once, Round	utine	
	ctive order for therapeutic anticoagulant or xis because: patient is already on therapeutic	
Place sequential compress	sion device	
	xist for mechanical prophylaxis Once, Roundley desired to the following contraindication(s	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	uential compression device continuous Co	ntinuous, Routine
O LOW Risk of VTE (Required)		
		_
Sign:	Printed Name:	Date/Time: Page 8 of 53
		raye o or oo

Vollstein: 0 Com. 0/20/2020	
Low Risk (Required)	
● Low risk of VTE Once, Routine Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to prophylaxis is needed. Will encourage early ambulation	o low risk, no VTE
DERATE Risk of VTE - Surgical (Required)	
Moderate Risk (Required)	
✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression d	evice
✓ 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
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 postabdominal wall. Alternate injection site with each administration.	terolateral
Administer by deep subcutaneous injection into the left and right anterolateral or pos	terolateral
Administer by deep subcutaneous injection into the left and right anterolateral or postabdominal wall. Alternate injection site with each administration.	
Administer by deep subcutaneous injection into the left and right anterolateral or possabdominal 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 poss	terolateral IIT) do NOT order
Administer by deep subcutaneous injection into the left and right anterolateral or possabdominal 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 possabdominal 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 (Hethis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or	terolateral IIT) do NOT order

Printed Name:

Sign:_

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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
Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled 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)
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:

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✓ Place/Maintain sequential compression device continuous Continuous, Rout	tine
Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylax	is
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 order following recommended doses by weight:	s 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 anterolated abdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	ral or posterolateral ral or posterolateral enia (HIT), do NOT

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	V6131011. 0 3011. 0/20/2020	
	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable H Renal impa		
Plt count <		
	atelet therapy	
Active cand		
	epatic failure	
	cranial hemorrhage	
Prior ischer		
History of b	pleeding event requiring admission and/or tra	nsfusion
	e of NSAIDs/steroids	
Active GI u	lcer	
	igh Bleed Risk	
some	y 12 hour frequency is appropriate for most he high bleeding risk patients also have high c	
πequ	ency may be clinically appropriate.	
Pleas frequ	se weight the risks/benefits of bleeding and c ency.	clotting when selecting the dosing
•	O HEParin (porcine) injection - Q12 Hours	5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5	000 Units, every 8 hours scheduled
\bigcirc N	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, even	on 9 hours schoduled
	O Wt LESS than or equal to 100 kg 5000 Ur	nits, subcutaneous, every 8 hours scheduled
igcup warfarin ((COUMADIN)	
Indica		
Dose	Selection Guidance:	
○ м	ledications	
	Pharmacy consult to manage warfarin (C Indication:	COUMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication: Dose Selection Guidance:	
☐ Mechanical Prophylax	kis (Required)	
O Contraindication	ns exist for mechanical prophylaxis Once, Routing or ophylaxis due to the following contraindication(s):	ne
Place/Maintain sSide: Bilateral	sequential compression device continuous Cont	inuous, Routine
Select Sleeve(s):	at (Damies I)	
→ HIGH Risk of VTE - Surgic✓ High Risk (Required)	ai (Required)	
	10 P "	
✓ High risk of VTE		
	ogical Prophylaxis - Surgical Patient (Required)	
	ns exist for pharmacologic prophylaxis Once, Ro E prophylaxis due to the following contraindication(
O Enoxaparin (LO) Patient renal state	VENOX) for Prophylactic Anticoagulation (Requius: @CRCL@	ired)
Sign:	Printed Name:	Date/Time:

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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

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 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 CromL/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 bleeding risk patients also have high clotting risk in which every 8 hour frequence clinically appropriate.	cy may be
Please weight the risks/benefits of bleeding and clotting when selecting the dosi	ng 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

Sign:	Printed Name:	Date/Time:	
oigii	Timed Hame:	Date/ IIIIc	

O		
	> 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	LESS than or equal to 100 kg 5000 Units, subcutaneous, evaluation	very 8 hours scheduled
○ warfarin (COUMAD	•	
	charmacy consult 1 , oral, daily at 1700	
○ Medications		
Indication		continued, Routine
Indication	farin (COUMADIN) tablet 1 , oral n: election Guidance:	
☐ Mechanical Prophylaxis	(Required)	
O Contraindications No mechanical VTE pro	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):	
Place/Maintain secSide: BilateralSelect Sleeve(s):	quential compression device continuous Continuous, Rou	utine
ા HIGH Risk of VTE - Non-Surç	gical (Required)	
High Risk (Required)		
✓ High risk of VTE ○	nce, Routine	
High Risk Pharmacologi	ical Prophylaxis - Non-Surgical Patient (Required)	
	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Enoxaparin for Pro Patient renal status	pphylactic Anticoagulation Nonsurgical (Required) :: @CRCL@	
For patients with CrC following recommend	, ,	
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	100 to 139kg	enoxaparin
	G	30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin
		40mg
		every 12
		hours
O ENOYADAD	RIN 30 MG DAILY	
_	xaparin (LOVENOX) injection 30 mg, subcutaneous, daily a	at 1700 S±1
Indication		at 1700, 3+1
	ter by deep subcutaneous injection into the left and right ante all wall. Alternate injection site with each administration.	erolateral or posterolateral
O ENOXAPAR	RIN SQ DAILY	
✓ eno	xaparin (LOVENOX) injection subcutaneous, S+1	
	n(s): ter by deep subcutaneous injection into the left and right ante aal wall. Alternate injection site with each administration.	erolateral or posterolateral
Sign:	Printed Name:	Date/Time: Page 14 of 53

Indication: Dose Selection Guid Medications Pharma Indication: Warfaria Indication: Dose Selection Warfaria Indication: Dose Selection Warfaria Indication:	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous ip/Knee) (Required)	us, Routine ical Patient (Required)
Indication: Dose Selection Guid Medications Pharma Indication: warfaria Indication: Dose Selection Warfaria Indication: Dose Selection Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Dose Selection Indication: Warfaria Indication: Dose Selection Indication: Dose Selection Indication: Warfaria Indication: Dose Selection Indication: Indication: Dose Selection Indication: Indication: Dose Selection Indication: Indication: Dose Selection Indication:	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral ction Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous ip/Knee) (Required)	us, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfaria Indication: Dose Selection Warfaria Indication: Dose Selection Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Warfaria Indication: Dose Selection Indication: Warfaria Indication: Dose Selection Indication: Dose Selection Indication: Warfaria Indication: Dose Selection Indication: Indication: Dose Selection Indication: Indication: Dose Selection Indication: Indication: Dose Selection Indication:	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral ction Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous ip/Knee) (Required)	us, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfari Indication: Dose Select Indication: Pharma Indication: Pose Select Indications exi Indications Indication	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous ip/Knee) (Required)	
Indication: Dose Selection Guid Medications Pharma Indication: Warfaria Indication: Dose Select Indications Pharma Indication: Dose Select Indications eximate an ical Prophylaxis (Recontraindications eximate an ical VTE prophylace/Maintain seque Bilateral Indications eximate and Indications	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous	
Indication: Dose Selection Guid Medications Pharma Indication: warfarit Indication: Dose Select Indications Anical Prophylaxis (Reference) Contraindications eximate the contraint of the contra	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s): ential compression device continuous Continuous	
Indication: Dose Selection Guid Medications Pharma Indication: warfaria Indication: Dose Select Indication: Dose Select Indications eximate Antical Prophylaxis (Recontraindications eximate Antical VTE prophylaxis (Place/Maintain seque): Bilateral	dance: acy consult to manage warfarin (COUMADIN) Usin (COUMADIN) tablet 1 , oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s):	
Indication: Dose Selection Guid Medications Pharma Indication: warfaria Indication: Dose Selection Anical Prophylaxis (Recontraindications exists)	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine	ntil discontinued, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfaria Indication: Dose Selection Anical Prophylaxis (Recontraindications exists)	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1, oral etion Guidance: dequired) ist for mechanical prophylaxis Once, Routine	ntil discontinued, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfari Indication: Dose Selection	dance: acy consult to manage warfarin (COUMADIN) Use in (COUMADIN) tablet 1, oral estion Guidance:	Intil discontinued, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfaria	dance: acy consult to manage warfarin (COUMADIN) Unit (COUMADIN) tablet 1 , oral	ntil discontinued, Routine
Indication: Dose Selection Guid Medications Pharma Indication: warfari	dance: acy consult to manage warfarin (COUMADIN) U	Intil discontinued, Routine
Indication: Dose Selection Guid Medications Pharma	dance:	Intil discontinued, Routine
Indication: Dose Selection Guid Medications	dance:	Intil discontinued. Routine
Indication: Dose Selection Guid		
Indication:		
○ WITHOUT phar	rillacy collisate it, oral, daily at 1700	
` '	rmacy consult 1 , oral, daily at 1700	
warfarin (COUMADIN)		
	SS than or equal to 100 kg 5000 Units, subcutane	eous, every 8 hours scheduled
○ Wt > 10	00 kg 7500 Units, subcutaneous, every 8 hours sch	heduled
_		
		ery o nours scheduled
		•
bleeding risk patie clinically appropri	ents also have high clotting risk in which ever iate.	ery 8 hour frequency may be
		a rick nationts. However, serve b
uve Gi ulcei		
	s/steroids	
or intra-cranial hem		
tive cancer		
	ру	
count < 100 K/uL		
<u> </u>		
	Characteristics	
•		
	icated in patients LESS than 50kg, prior to surgery	/invasive procedure, or CrCl LESS that
	patient does not have nedication. Contraind L/min. The parin The Risk Bleeding (1) The Parin	ph Risk Bleeding Characteristics e ≥ 75 eight < 50 kg stable Hgb nal impairment count < 100 K/uL al antiplatelet therapy tive cancer rhosis/hepatic failure or intra-cranial hemorrhage or ischemic stroke story of bleeding event requiring admission and/or transfusion ronic use of NSAIDs/steroids tive GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleedin bleeding risk patients also have high clotting risk in which eve clinically appropriate. Please weight the risks/benefits of bleeding and clotting whe HEParin (porcine) injection - Q12 Hours 5000 Units, eve HEParin (porcine) injection - Q8 Hours 5000 Units, eve Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sc Wt LESS than or equal to 100 kg 5000 Units, subcutaneous

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	
O 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	
○ 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 Cr mL/min ○ heparin 	sterolateral Γ) do NOT order thi

_ Date/Time:_ Page 16 of 53 Sign:____ 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 Glulcer
Active of dicei
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
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 , oral Indication:
Dose Selection Guidance: Mechanical Prophylaxis (Required)
O 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):

Printed Name:

Sign:____

__ **Date/Time:**___ Page 17 of 53

VTE Risk and Prophylaxis Tool (Required)		
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	
	contraindicated.	O
Age less than 60 years and NO other VTE risk factors		One or more of the
	the following	following medical
	medical	conditions:
	conditions:	
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
		or protein S deficiency;
		hyperhomocysteinemia;
	obesity,	myeloproliferative
		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	A
		Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	11: (155
		History of PE
	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 18 of 53

a	· · · · · · · · · · · · · · · · · · ·	Page 19 of 53
Sign:	Printed Name:	Date/Time:
✓ Moderate Risk (Required)		
O MODERATE Risk of VTE - Surgic	al (Required)	
Low risk of VTE Once, Low risk: ○ Due to low risk, n prophylaxis is needed. Will e	o VTE prophylaxis is needed. Will encourgae earl	ly ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
O LOW Risk of VTE (Required)		
Place/Maintain s Side: Bilateral Select Sleeve(s):	sequential compression device continuous Col	ntinuous, Routine
	ns exist for mechanical prophylaxis Once, Rour prophylaxis due to the following contraindication(s)	
Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or hylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
	has an active order for therapeutic anticoagul	lant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
_	prophylaxis due to the following contraindication(s) sequential compression device continuous Continuous	,
○ Contraindication	ns exist for mechanical prophylaxis Once, Rou	
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or hylaxis because: patient is already on therapeutic	
✓ High risk of VTE Once,	Routine	
O High Risk - Patient currently	has an active order for therapeutic anticoagul	lant or VTE prophylaxis (Required)
Place/Maintain sSide: BilateralSelect Sleeve(s):	sequential compression device continuous Co	ntinuous, Routine
	ns exist for mechanical prophylaxis Once, Rour prophylaxis due to the following contraindication(s)	
✓ Place sequential comp		
	n active order for therapeutic anticoagulant or hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE C		,
Select Sleeve(s):	ently has an active order for therapeutic antico	pagulant or VTE prophylaxis (Required)
 Place/Maintain s Side: Bilateral 	sequential compression device continuous Con	ntinuous, Routine
	ns exist for mechanical prophylaxis Once, Routerophylaxis due to the following contraindication(s)	
✓ Place sequential comp	ression device	
Patient currently has a	n active order for therapeutic anticoagulant or hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE ○	Once, Routine	

✓ 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):	
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. 	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 of or suspected case of Heparin-Induced Thrombocytopenia (I this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

Date/Time:______Page 20 of 53 **Printed Name:**

High Rick Blog	ding Characteristics	
Age > 75	unig Onaracteristics	
Weight < 50 kg		
Unstable Hgb		
Renal impairme	nt	
Plt count < 100	K/uL	
Dual antiplatele	t therapy	
Active cancer		
Cirrhosis/hepat		
Prior intra-crani		
Prior ischemic s		
	ing event requiring admission and/or transfusion	
Active GI ulcer	NSAIDs/steroids	
Active Gruicer		
○ High Bl	and Pick	
0	our frequency is appropriate for most high bleeding ris	sk patients. However, some high
bleeding ri	sk patients also have high clotting risk in which every	8 hour frequency may be
clinically a		, , ,
Diagon	what the winter the position of bloodings and platting values as	
	ght the risks/benefits of bleeding and clotting when se	
	HEParin (porcine) injection - Q12 Hours 5000 Units, every	
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8	hours scheduled
O Not hig	h bleed risk	
\circ	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours schedu	uled
0	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous	every 8 hours scheduled
O warfarin (COU	-	, ,
O WITHO Indication:	JT pharmacy consult 1 , oral, daily at 1700	
O Medica		
✓	Pharmacy consult to manage warfarin (COUMADIN) Until continuity Cation:	discontinued, Routine
Indi	warfarin (COUMADIN) tablet 1 , oral cation:	
Dos	e Selection Guidance:	
Mechanical Prophyl	axis (Required)	
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Place/Maintain Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Continuous, F	Routine
()	- Non-Surgical (Required)	
_	- Non-Surgical (Nequired) macological Prophylaxis - Non-Surgical Patient (Required)	
_)
✓ Moderate Risk		
_	te risk of VTE Once, Routine	
Moderate Risk	Pharmacological Prophylaxis - Non-Surgical Patient (Req	quired)
○ Contrai	ndications exist for pharmacologic prophylaxis - Order Se	equential compression device
	Contraindications exist for pharmacologic prophylaxis Or pharmacologic VTE prophylaxis due to the following contrainding	
Sign:	Printed Name:	Date/Time:
		Page 21 of 53

✓ Place/Maintain sequential compression device continuous Continuous, Rou	utine
Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	xis
✓ 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 40mg every 12 hours
 ○ ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate 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 anterolate abdominal wall. Alternate injection site with each administration. ○ 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 	eral or posterolateral eral or posterolateral penia (HIT), do NOT

_ Date/Time:_ Page 22 of 53 Sign:____ Printed Name:

	VOI 510111. 0 5011. 0/20/2020	
	Bleeding Characteristics	
Age <u>></u> 75		
Weight < 50		
Unstable Here		
Plt count <		
	atelet therapy	
Active cand		
Cirrhosis/he	epatic failure	
	cranial hemorrhage	
Prior ischer	nic stroke	
History of b	leeding event requiring admission and/or trar	nsfusion
	e of NSAIDs/steroids	
Active GI ul	cer	
	igh Bleed Risk	
some	v 12 hour frequency is appropriate for most high bleeding risk patients also have high cleency may be clinically appropriate.	
Pleas freque	se weight the risks/benefits of bleeding and cleency.	otting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 5	5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 50	000 Units, every 8 hours scheduled
ON	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, eve	ry 8 hours schoduled
	_	•
	O Wt LESS than or equal to 100 kg 5000 Uni	its, subcutaneous, every 8 nours scheduled
_ ,	COUMADIN)	
Indicat		
Dose S	Selection Guidance:	
Ом	edications	
	Pharmacy consult to manage warfarin (Constitution)	OUMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Mechanical Prophylax	is (Required)	
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	е
Place/Maintain sSide: BilateralSelect Sleeve(s):	equential compression device continuous Continuous	nuous, Routine
O HIGH Risk of VTE - Surgice	al (Required)	
✓ High Risk (Required)	, ,	
✓ High risk of VTE	Once Routine	
_	ogical Prophylaxis - Surgical Patient (Required)	
		utino
No pharmacologic VT	ns exist for pharmacologic prophylaxis Once, Rou E prophylaxis due to the following contraindication(s	s):
○ Enoxaparin (LO\ Patient renal statu	VENOX) for Prophylactic Anticoagulation (Requirus: @CRCL@	ed)
Sign:	Printed Name:	Date/Time:

Date/Time: Page 23 of 53

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

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
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	
 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. Please weight the risks/benefits of bleeding and clotting when selecting the dos 	cy may be
Figase weight the hisks/denemies of dieeging and ciothing when selecting the gos	ma neauency.

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

Printed Name: Date/Time:

	○ 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 s	cheduled
O warfarin	(COUMADIN)	
O w Indica	/ITHOUT pharmacy consult 1 , oral, daily at 1700	
	edications	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Roll Indication:	utine
	warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:	
☐ Mechanical Pi	rophylaxis (Required)	
○ Contrair	ndications exist for mechanical prophylaxis Once, Routine al VTE prophylaxis due to the following contraindication(s):	
Place/MaSide: BilateraSelect Sleeve		
O HIGH Risk of VTE	- Non-Surgical (Required)	
✓ High Risk (Re	quired)	
✓ High risl	c of VTE Once, Routine	
High Risk Pha	rmacological Prophylaxis - Non-Surgical Patient (Required)	
○ Contrai r No pharmaco	ndications exist for pharmacologic prophylaxis Once, Routine ologic VTE prophylaxis due to the following contraindication(s):	
	arin for Prophylactic Anticoagulation Nonsurgical (Required) all status: @CRCL@	
	s with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wil commended doses by weight:	l 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
∩ =	NOXAPARIN 30 MG DAILY	
○ E	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 postbodominal wall. Alternate injection site with each administration.	esterolateral
○ E	NOXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or postbodominal wall. Alternate injection site with each administration.	esterolateral
Sign:_	Printed Name: Date	e/Time: Page 25 of 53

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	havastaviation	
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, even	
○ HEPari	n (porcine) injection - Q8 Hours 5000 Units, ever	y 8 hours scheduled
O Not high bleed	risk	
•	0 kg 7500 Units, subcutaneous, every 8 hours sch	neduled
_		
	S than or equal to 100 kg 5000 Units, subcutaned	ous, every 8 nours scheduled
warfarin (COUMADIN		
WITHOUT phaneIndication:Dose Selection Guid	macy consult 1 , oral, daily at 1700 ance:	
O Medications		
Pharma Indication:	cy consult to manage warfarin (COUMADIN) Ur	ntil discontinued, Routine
Indication:	n (COUMADIN) tablet 1 , oral ion Guidance:	
Mechanical Prophylaxis (R	equired)	
O Contraindications exi	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
	ntial compression device continuous Continuous	s, Routine
H Risk of VTE - Surgical (Hi	(Required)	
	ontries) (Nequileu)	
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 26 of 53

O Contraindications 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	
O 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	
○ 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 possabdominal 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 possabdominal 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 CromL/min ○ heparin 	sterolateral -) do NOT order this

_ Date/Time:_ Page 27 of 53 Sign:____ 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 Gl ulcer
Active of dicer
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
○ 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 medicati 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 , oral Indication: Dose Selection Guidance:
lechanical 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):

Printed Name:

Sign:____

_ Date/Time:_ Page 28 of 53

VTE Risk and Prophylaxis Tool		
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	

O Patient currently has an active orde (Required)	r for therapeutic anticoagulant or VTE pro	coagulant or VTE	
O Patient currently has an active orde (Required)			
3			
Anticoagulation Guide for COVID patier Anticoagulation Guideline - 8.20.2021v15.		ethodist/documer	nts/COVID-19
		of admission	
		within 3 months	;
		Major surgery	,
		(not for cancer)	
		major surgery	
		Moderate or	
		therapy	
		Estrogen	HISTORY OF PE

Sign:	Printed Name:	Date/Time: Page 30 of 53
` . ,		_
✓ Moderate Risk (Required)	(i vedalied)	
prophylaxis is needed. Will Moderate Risk of VTE - Surgical		
Low risk of VTE Once Low risk: o Due to low risk,	no VTE prophylaxis is needed. Will encourgae early a	ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
Select Sleeve(s): LOW Risk of VTE (Required)		
Side: Bilateral	sequential compression device continuous Conti	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	e
Place sequential comp	pression device	
	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
High risk of VTE Once		
	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
_	prophylaxis due to the following contraindication(s): sequential compression device continuous Continuous	nuous, Routine
○ Contraindication	ns exist for mechanical prophylaxis Once, Routing	е
Therapy for the following: Place sequential comp	pression device	
No pharmacologic VTE prop	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
✓ High risk of VTE Once		
O High Risk - Patient currently	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
Place/MaintainSide: BilateralSelect Sleeve(s):	sequential compression device continuous Continuous	nuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential com		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
✓ Moderate risk of VTE		,
Select Sleeve(s): Moderate Risk - Patient cur	ently has an active order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
	sequential compression device continuous Continuous	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	е
✓ Place sequential com	pression device	
✓ Patient currently has a	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
Moderate risk of VTE	Once. Routine	

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100 to 139kg	
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): 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 apply following recommended doses by weight: Weight LESS THAN 100kg GREATER THAN or EQUAL to 140kg © ENOXAPARIN 30 MG DAILY Penoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolat abdominal wall. Alternate injection site with each administration.	
No pharmacologic VTE prophylaxis due to the following contraindication(s): 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 (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply following recommended doses by weight: Weight LESS THAN 100kg GREATER THAN or EQUAL to 140kg	
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 (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply following recommended doses by weight: Weight LESS THAN 100kg GREATER THAN or EQUAL to 140kg GREATER THAN or EQUAL to 140kg 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 posterolat abdominal wall. Alternate injection site with each administration.	
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 apply following recommended doses by weight: Weight LESS THAN 100kg GREATER THAN or EQUAL to 140kg 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 posterolat abdominal wall. Alternate injection site with each administration.	
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 apply following recommended doses by weight: Weight LESS THAN 100kg GREATER THAN or EQUAL to 140kg 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 posterolat abdominal wall. Alternate injection site with each administration.	
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 apply following recommended doses by weight: Weight LESS THAN 100kg 6 GREATER THAN or EQUAL to 140kg 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 posterolation abdominal wall. Alternate injection site with each administration.	
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg 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 posterolat abdominal wall. Alternate injection site with each administration.	
Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ■ 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 posterolat abdominal wall. Alternate injection site with each administration.	
LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ■ 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 posterolate abdominal wall. Alternate injection site with each administration.	/ the
GREATER THAN or EQUAL to 140kg CENOXAPARIN 30 MG DAILY Penoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolate abdominal wall. Alternate injection site with each administration.	Dose
GREATER THAN or EQUAL to 140kg 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 posterolat abdominal wall. Alternate injection site with each administration.	enoxaparin 40mg daily
 ○ 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 posterolat abdominal wall. Alternate injection site with each administration. 	enoxaparin 30mg every 12 hours
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 posterolat abdominal wall. Alternate injection site with each administration.	enoxaparin 40mg every 12 hours
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	iteral
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolated abdominal wall. Alternate injection site with each administration.	iteral
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 (HIT) do this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl 30 mL/min.	
O heparin	

Date/Time: Page 31 of 53 **Printed Name:**

High Rick	
Tilgii Kisk	Bleeding Characteristics
Age <u>></u> 75	
Weight < 5	
Unstable F	
Renal impa	
Plt count <	
	atelet therapy
Active can	
	epatic failure
Prior intra-	cranial hemorrhage
	niic stroke bleeding event requiring admission and/or transfusion
	e of NSAIDs/steroids
Active GI	
Active Gi u	
Every bleedi	gh Bleed Risk 12 hour frequency is appropriate for most high bleeding risk patients. However, some high ing risk patients also have high clotting risk in which every 8 hour frequency may be ally appropriate.
Pleas	e 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 No	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 hours scheduled
warfarin	(COUMADIN)
Indicat	ITHOUT pharmacy consult 1 , oral, daily at 1700 ion: Selection Guidance:
_	
O Me	edications
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication: Dose Selection Guidance:
Mechanical Pro	ophylaxis (Required)
O Contrain	dications exist for mechanical prophylaxis Once, Routine al VTE prophylaxis due to the following contraindication(s):
Place/MaSide: BilateralSelect Sleeve	
derate Risk of V	TE - Non-Surgical (Required)
Moderate Risk	(Required)
_	e risk of VTE Once, Routine
woderate Risk	Pharmacological Prophylaxis - Non-Surgical Patient (Required)
	dications exist for pharmacologic prophylaxis - Order Sequential compression device
	and and the property and the conference and the con

Printed Name:

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✓ 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 for Prophylactic Anticoagulation Nonsurgical (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. 	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 pos	sterolateral
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 (Heparineous, Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min	
O heparin	

_ Date/Time:_ Page 33 of 53 Sign:____ Printed Name:

Indication: Dose Selection ical Prophylaxis (Required) icanical VTE prophyla ilace/Maintain sequent Bilateral it Sleeve(s): if VTE - Surgical (Required) isk (Required) igh risk of VTE Once, Indicated isk (Prophyla of VTE Once) isk Pharmacological Prophyla icanical	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s): Itial compression device continuous Continuous uired) It al prophylaxis by ordering from Pharmacological and Routine Prophylaxis - Surgical Patient (Required) It for pharmacologic prophylaxis Once, Routine hylaxis due to the following contraindication(s): (5) for Prophylactic Anticoagulation (Required)	Mechanical Prophylaxis.
warfarin Indication: Dose Selection Dose Selection Indication: Dose Selection Indications exist Indications exist Indications exist Indications exist Indications exist Indications exist Indications	on Guidance: quired) It for mechanical prophylaxis Once, Routine exis due to the following contraindication(s): Itial compression device continuous Continuous uired) Itial prophylaxis by ordering from Pharmacological and Routine Prophylaxis - Surgical Patient (Required) It for pharmacologic prophylaxis Once, Routine hylaxis due to the following contraindication(s):	Mechanical Prophylaxis.
warfarin Indication: Dose Selection Indication: Dose Selection Indications exist Indications Indication Indication Indications Indication Indication Indication In	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s): Itial compression device continuous Continuous uired) Cal prophylaxis by ordering from Pharmacological and Routine Prophylaxis - Surgical Patient (Required)	Mechanical Prophylaxis.
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warfarin Indication: Dose Selection Indication: Dose Selection Indication: Dose Selection Indications exist Indications Indica	on Guidance: quired) It for mechanical prophylaxis Once, Routine exis due to the following contraindication(s): Itial compression device continuous Continuous uired) cal prophylaxis by ordering from Pharmacological and	
warfarin Indication: Dose Selection Indication: Dose Selection Indication: Dose Selection Indications exist Indications	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s): Itial compression device continuous Continuous uired)	
warfarin Indication: Dose Selection Indication: Dose Selection Indications exist Indications Ind	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s): Itial compression device continuous Continuous uired)	
warfarin Indication: Dose Selectionical Prophylaxis (Requestions exist echanical VTE prophylations explained in the sequent Bilateral to Sleeve(s):	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s): Itial compression device continuous Continuous	us, Routine
warfarin Indication: Dose Selectionical Prophylaxis (Requentations existed acceptant of the contraindications acceptant of the contraindications of t	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	us, Routine
warfarin Indication: Dose Selectionical Prophylaxis (Requoritations existed and the contraindications existed by the contraindical VTE prophylatical VTE pro	on Guidance: quired) It for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	us, Routine
warfarin Indication: Dose Selectionical Prophylaxis (Requorning)	on Guidance: quired) t for mechanical prophylaxis Once, Routine	
warfarin Indication: Dose Selectionical Prophylaxis (Req	on Guidance: quired)	
warfarin Indication: Dose Selectio	on Guidance:	
warfarin Indication:		
☐ warfarin	(COUMADIN) tablet 1, oral	
Indication	(COLIMADIN) tablet 1 and	
	cy consult to manage warfarin (COUMADIN) U	ntil discontinued, Routine
_	IIICE.	
	nnoo:	
	nacy consult 1 , oral, daily at 1700	
arfarin (COUMADIN)		
	S than or equal to 100 kg 5000 Units, subcutane	eous, every 8 hours scheduled
_		
_		ry o nours scheduled
Please weight the r	risks/benefits of bleeding and clotting when	n selecting the dosing frequency
bleeding risk patien	nts also have high clotting risk in which even	
O High Bleed Risk		
vo Or dioor		
	i Stei Old S	
	the militian admiration and the transfer in	
	rrhage	
hosis/hepatic failure		
ve cancer		
	V	
the land of the la	ve cancer rosis/hepatic failure r intra-cranial hemo r ischemic stroke ory of bleeding ever onic use of NSAIDs ve GI ulcer High Bleed Risk Every 12 hour freq bleeding risk patier clinically appropria Please weight the HEParin HEParin Wt > 100 Wt LESS arfarin (COUMADIN) WITHOUT pharm Indication: Dose Selection Guida Medications Pharmac Indication:	≥ 75 ght < 50 kg table Hgb al impairment count < 100 K/uL I antiplatelet therapy ve cancer nosis/hepatic failure r intra-cranial hemorrhage r ischemic stroke ory of bleeding event requiring admission and/or transfusion onic use of NSAIDs/steroids ve GI ulcer ○ High Bleed Risk Every 12 hour frequency is appropriate for most high bleedin bleeding risk patients also have high clotting risk in which eve clinically appropriate. Please weight the risks/benefits of bleeding and clotting whe ○ HEParin (porcine) injection - Q12 Hours 5000 Units, eve ○ HEParin (porcine) injection - Q8 Hours 5000 Units, eve ○ Not high bleed risk ○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sci ○ Wt LESS than or equal to 100 kg 5000 Units, subcutane arfarin (COUMADIN) ○ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: ○ Medications □ Pharmacy consult to manage warfarin (COUMADIN) Units, every ○ Medications

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
GREATER THAN or EQUAL to 140kg	hours 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 CrimL/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. Please weight the risks/benefits of bleeding and clotting when selecting the dosi	cy may be
Please weight the risks/benetits of bleeding and clotting when selecting the dosi	no trequency

_	HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 h	
_	gh bleed risk	13 30Heduled
gn:	Printed Name:	Date/Time:

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	Sigil	Filliteu Name	Date/Time: Page 36 of 53
	Sign:	Printed Name:	Date/Time:
	O heparin		
t	f the patient does not ha	TRA) injection 2.5 mg, subcutaneous, daily ye a history of or suspected case of Heparin-Induced dicated in patients LESS than 50kg, prior to surgery/ir	
	Indication Administe abdomina	(s): r by deep subcutaneous injection into the left and righ I wall. Alternate injection site with each administration.	· · · · · · · · · · · · · · · · · · ·
	_	aparin (LOVENOX) injection subcutaneous, S+1	
	abdomina O ENOXAPARI I	I wall. Alternate injection site with each administration. N SO DAILY	
	enox Indication Administe	aparin (LOVENOX) injection 30 mg, subcutaneous, o(s): r by deep subcutaneous injection into the left and righ	t anterolateral or posterolateral
	O FNOXAPARII	N 30 MG DAILY	
		GREATER THAN OF EQUAL TO 140kg	enoxaparin 40mg every 12 hours
		100 to 139kg GREATER THAN or EQUAL to 140kg	enoxaparin 30mg every 12 hours
-			40mg daily
-		Weight LESS THAN 100kg	Dose enoxaparin
	For patients with CrCl following recommende	, 0	
ı	○ Enoxaparin for Prop Patient renal status:	ohylactic Anticoagulation Nonsurgical (Required) @CRCL@	
1		xist for pharmacologic prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
Hi	gh Risk Pharmacologic	al Prophylaxis - Non-Surgical Patient (Required)	
	✓ High risk of VTE On	ce, Routine	
_	th pharmacologic and mech gh Risk (Required)	anical prophylaxis by ordering from Pharmacological and N	lechanical Prophylaxis.
_	Risk of VTE - Non-Surgi	ection Guidance: cal (Required)	
	Indication warfa	rin (COUMADIN) tablet 1 , oral	il discontinued, Routine
	○ Medications		
	Indication: Dose Selection G	armacy consult 1 , oral, daily at 1700 uidance:	
	O warfarin (COUMADI	•	
	O Wt LI	ESS than or equal to 100 kg 5000 Units, subcutaneo	us, every 8 hours scheduled
		100 kg 7500 Units, subcutaneous, every 8 hours sche	

	Sign:	Printed Name:	Date/Time: Page 37 of 53
	Indications: VTE pro		_
		sult to monitor apixaban (ELIQUIS) therapy Until di	scontinued, STAT
	✓ apixaban (ELI	QUIS) tablet 2.5 mg, 2 times daily, S+1	
Apixaban and Pharmacy Consult (Required)			
	O aspirin (ECOTRIN) er	teric coated tablet 162 mg, daily, S+1	
	O aspirin chewable tab	et 162 mg, daily, S+1	
		phylaxis due to the following contraindication(s):	
		st for pharmacologic prophylaxis Once, Routine	
✓ Hi		Prophylaxis - Hip or Knee (Arthroplasty) Surgical	Patient (Required)
	✓ High risk of VTE Once	e. Routine	
✓ Hi	igh Risk (Required)		
_	Risk of VTE - Surgical (Hi th pharmacologic and mecha	o/Knee) (Required) lical prophylaxis by ordering from Pharmacological and Me	chanical Prophylaxis.
O		tion Guidance:	
	Indication:	tion Cuidonos	
	☐ warfar	n (COUMADIN) tablet 1 , oral	
	Indication:	(222)	,
	_	acy consult to manage warfarin (COUMADIN) Until	discontinued. Routine
	○ Medications		
	Indication: Dose Selection Gui	dance:	
	-	macy consult 1 , oral, daily at 1700	
	O warfarin (COUMADIN		
	_	SS than or equal to 100 kg 5000 Units, subcutaneous	s, every 8 hours scheduled
		00 kg 7500 Units, subcutaneous, every 8 hours sched	
	O Not high bleed		
		n (porcine) injection - Q8 Hours 5000 Units, every 8	o nours scheduled
		n (porcine) injection - Q12 Hours 5000 Units, every	0 0 1 7
	Please weight the	e risks/benefits of bleeding and clotting when s	electing the dosing frequency
	Every 12 hour fre	quency is appropriate for most high bleeding ri ents also have high clotting risk in which every	
	O High Bleed Ris	k	
	Active GI ulcer		
	Chronic use of NSAID	s/steroids	
		ent requiring admission and/or transfusion	
	Prior ischemic stroke		
	Prior intra-cranial hem		
	Cirrhosis/hepatic failu	e.	
	Dual antiplatelet thera Active cancer	ру	
	Plt count < 100 K/uL	01/	
	Renal impairment		
	Unstable Hgb		
	Weight < 50 kg		
	Age <u>></u> 75		
	Λ . 7.		

COPD Admission (712)

Version: 8 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:
O Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance:

Sign:______Printed Name:_______Date/Time:_______Page 39 of 53

VTE Risk and Prophylaxis Tool		
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	

		arribulatory	
		Estrogen	History of PE
		therapy	
		Moderate or	
		major surgery	
		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guideline - 8.20.2021v ⁻ Patient currently has an active or	15.pdf) rder for therapeutic anticoagulant or VTE prop	hvlaxis with Ris	k Stratification
(Required)	and the merapound annious guilding of the proper		
O Moderate Risk - Patient curre	ently has an active order for therapeutic antico	agulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 40 of 53

o.g		Page 41 of 53
Sign:	Printed Name:	Date/Time:
✓ Moderate Risk (Required)		
O MODERATE Risk of VTE - Surgice		
Low risk of VTE Once, Low risk: ○ Due to low risk, n prophylaxis is needed. Will e	o VTE prophylaxis is needed. Will encourgae ea	arly ambulation ○ Due to low risk, no VTE
Low Risk (Required)		
O LOW Risk of VTE (Required)		
Place/Maintain s Side: Bilateral Select Sleeve(s):	sequential compression device continuous Co	ontinuous, Routine
	ns exist for mechanical prophylaxis Once, Roporophylaxis due to the following contraindication(s	
Place sequential comp	ression device	
	n active order for therapeutic anticoagulant on the hylaxis because: patient is already on the rapeution	
High risk of VTE Once,		
O High Risk - Patient currently	has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Co	ontinuous, Routine
No mechanical VTE p	prophylaxis due to the following contraindication(s):
	ression device ns exist for mechanical prophylaxis Once, Rol	utino
No pharmacologic VTE prop Therapy for the following: Place sequential comp	hylaxis because: patient is already on therapeuti	c anticoagulation for other indication.
	n active order for therapeutic anticoagulant o	
✓ High risk of VTE Once,		and the property and the quince,
Select Sleeve(s): High Risk - Patient currently	has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Side: Bilateral	sequential compression device continuous Co	ontinuous, Routine
	ns exist for mechanical prophylaxis Once, Roporophylaxis due to the following contraindication(s	
✓ Place sequential comp	ression device	
Patient currently has a	n active order for therapeutic anticoagulant o hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE C	-	coagaiant of VIE propriyaxis (Noquillea)
Side: Bilateral Select Sleeve(s): Moderate Risk - Patient curr	ently has an active order for therapeutic antic	coagulant or VTE prophylaxis (Required)
	sequential compression device continuous Co	•
○ Contraindication	ns exist for mechanical prophylaxis Once, Roporophylaxis due to the following contraindication(s	
✓ Place sequential comp	ression device	
Patient currently has a	n active order for therapeutic anticoagulant on hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE ○	Once, Routine	

_	
✓ 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):	
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
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 lf the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

_ Date/Time:_ Page 42 of 53 **Printed Name:**

	diam Ohamataniatian	
	eding Characteristics	
Age > 75		
Weight < 50 kg		
Unstable Hgb Renal impairme	ant	
Plt count < 100		
Dual antiplatele		
Active cancer	tillerapy	
Cirrhosis/hepat	c failure	
Prior intra-crani		
Prior ischemic s		
	ling event requiring admission and/or transfusion	
	NSAIDs/steroids	
Active GI ulcer		
bleeding ri clinically a	our frequency is appropriate for most high bleeding risk pask patients also have high clotting risk in which every 8 hoppropriate.	ur frequency may be
Please we	ight the risks/benefits of bleeding and clotting when selecti	ing the dosing frequency.
\circ	HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 ho	ours scheduled
\circ	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours	s scheduled
	h bleed risk	
	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
0	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, ever	ry 8 hours scheduled
O warfarin (COU	MADIN)	
Indication:	UT pharmacy consult 1 , oral, daily at 1700 ion Guidance:	
O Medica	tions	
	Pharmacy consult to manage warfarin (COUMADIN) Until discordation:	ntinued, Routine
Indi	warfarin (COUMADIN) tablet 1 , oral cation: e Selection Guidance:	
No mechanical VTE	ions exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Place/Maintain Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Continuous, Routin	ne
. ,	- Non-Surgical (Required)	
_	macological Prophylaxis - Non-Surgical Patient (Required)	
✓ Moderate Risk	(Required)	
Modera	te risk of VTE Once, Routine	
✓ Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)		
	ndications exist for pharmacologic prophylaxis - Order Sequer	•
		•
	Contraindications exist for pharmacologic prophylaxis Once, For pharmacologic VTE prophylaxis due to the following contraindication	
Sign:	Printed Name:	Date/Time: Page 43 of 53

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophyla	xis
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 ordefollowing 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 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
 enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 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 posterolateral
fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocyto order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min heparin	

_ Date/Time: Page 44 of 53 Sign:____ Printed Name:

	VOI 31011. 0 3011. 0/20/2020	
	Bleeding Characteristics	
Age <u>></u> 75		
Weight < 50		
Unstable Ho		
Renal impai		
	itelet therapy	
Active cance		
	epatic failure	
	ranial hemorrhage	
Prior ischen	<u> </u>	
History of bl	leeding event requiring admission and/or tran	sfusion
	e of NSAIDs/steroids	
Active GI ul	cer	
	gh Bleed Risk	
some	12 hour frequency is appropriate for most high bleeding risk patients also have high closency may be clinically appropriate.	
Pleas freque	e weight the risks/benefits of bleeding and clo	otting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	
	O HEParin (porcine) injection - Q8 Hours 500	00 Units, every 8 hours scheduled
\bigcirc No	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, ever	ry 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Unit	ts subcutaneous every 8 hours scheduled
warfarin (COUMADIN)	to, easeataneeds, every e neare echedated
,	•	
Indicat	ITHOUT pharmacy consult 1 , oral, daily at 1700 ion: Selection Guidance:	
○ Me	edications	
	Pharmacy consult to manage warfarin (CC Indication:	DUMADIN) 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 Contin	uous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ High Risk (Required)		
✓ High risk of VTE	Once, Routine	
_	gical Prophylaxis - Surgical Patient (Required)	
	s exist for pharmacologic prophylaxis Once, Rou	itine
No pharmacologic VT	E prophylaxis due to the following contraindication(s):
O Enoxaparin (LOV Patient renal statu	/ENOX) for Prophylactic Anticoagulation (Require us: @CRCL@	ed)
Sign:	Printed Name:	Date/Time:

Date/Time: Page 45 of 53

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

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 CromL/min.	
O heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment PIt 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 frequence clinically appropriate.	
Please weight the risks/benefits of bleeding and clotting when selecting the dosi	ing frequency

lease weig								

	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:
		Page 46 of 53

Wit LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Wit LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled 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, oral Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VIT prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sileeve(s): High risk of VTE - Non-Surgical (Required) High risk of VTE - Non-Surgical (Required) High Risk (Required) Gontraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Enoxaparin for Prophylactic Anticoaguiation Nonsurgical (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight: LESS THAN 100kg		<u> </u>	
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, oral Indication: Dose Selection Guidance: warfarin (Routine Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): PlaceMaintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Steeve(s): High Risk (Required) High Risk (Required) High Risk (Required) High Risk (Required) High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required) Ocontraindications exist for pharmacologic prophylaxis once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@			rs scheduled
Indication: Dose Selection Guidance: Medications Medications Medications Medications: Medications: Medication: Med	,	•	
Medications	Indication:		
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:			
Indication:			D "
Indication: Doss 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 Sieeve(s): HIGH Risk of VTE - Non-Surgical (Required) High Risk (Required) High Risk (Required) Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacological Prophylaxis due to the following contraindication(s): Enoxaparin for Prophylaxis due to the following contraindication(s): Weight Dose Enoxaparin to Prophylaxis due to the following contraindication(s): Weight Dose LESS THAN 100kg ENOXAPARIN SUBJECT ON 139kg ENOXAPARIN 30 MG DAILY Penoxaparin (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. Sign: Printed Name: Date/Time:		dication:	Routine
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): ② PlaceMaintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): □ High Risk of VTE - Non-Surgical (Required) □ High Risk (Required) □ High Risk (Required) □ Contraindications exist for pharmacologic prophylaxis Once, Routine □ High Risk (Pequired) □ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 will apply the following recommended doses by weight: Weight □ Dose □ LESS THAN 100kg □ enoxaparin 40mg daily 100 to 139kg □ enoxaparin 30mg 9 every 12 9 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 30 DAILY □ enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:		dication:	
No mechanical VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sileeve(s): HIGH Risk of VTE - Non-Surgical (Required) High Risk (Required) High Risk (Required) Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg HOSe LESS THAN 100kg REATER THAN or EQUAL to 140kg GREATER THAN or EQUAL to 140kg GREATER THAN or EQUAL to 140kg 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. Sign: Printed Name: Date/Time:	☐ Mechanical Proph	ylaxis (Required)	
Side: Bilateral Select Sleeve(s): HIGH Risk of VTE - Non-Surgical (Required) High Risk (Required) High Risk (Required) High Risk (Required) High Risk (Perquired) High Risk (Perquired) Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg LESS THAN 100kg enoxaparin 40mg daily following recommended doses by weight: GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours FNOXAPARIN 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 enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:	O Contraindica No mechanical V	ations exist for mechanical prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):	
High Risk (Required) High risk of VTE Once, Routine High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required) Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 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 ■ CREATER 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 posterolateral 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 or posterolateral abdominal wall. Alternate injection site with each administration. Sign: Printed Name: Date/Time:	Side: Bilateral		
✓ High risk of VTE Once, Routine ✓ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required) ○ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg enoxaparin GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection subcutaneous, 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 ② enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:	O HIGH Risk of VTE - No	n-Surgical (Required)	
✔ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required) ✔ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Cenoxaparin for Prophylaxis due to the following contraindication(s): ✔ Enoxaparin for Prophylaxis due to the following recommended Patient renal status: @CRCL@ Propatients 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 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 posterolateral 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 or posterolateral abdominal wall. Alternate injection site with each administration. Sign: Printed Name: Date/Time:	✓ High Risk (Require	ed)	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic 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 will apply the following recommended doses by weight: Weight Dose LESS THAN 100kg enoxaparin 40mg daily 100 to 139kg GREATER THAN or EQUAL to 140kg enoxaparin 30mg every 12 hours GREATER THAN or EQUAL to 140kg enoxaparin 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 enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:	High risk of	VTE Once, Routine	
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## 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 ■ enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:		GREATER THAN or EQUAL to 140kg	
 ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):			40mg
 ○ 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 ☑ enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time: 			
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enoxaparin (LOVENOX) injection subcutaneous, 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. Sign: Printed Name: Date/Time:	A	dminister by deep subcutaneous injection into the left and right anterolateral o	or posterolateral
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. Sign: Printed Name: Date/Time:	○ ENOX	(APARIN SQ DAILY	
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. Sign: Printed Name: Date/Time:		enoxaparin (LOVENOX) injection subcutaneous, S+1	
Sign:Printed Name:Date/Time:Page 47 of 55	In Ad	dication(s): dminister by deep subcutaneous injection into the left and right anterolateral o	or posterolateral
	Sign:	Printed Name:	Date/Time: Page 47 of 53

If the patient does not have a	.) injection 2.5 mg, subcutaneous, daily history of or suspected case of Heparin-Induced ted in patients LESS than 50kg, prior to surgery	
30 mL/min.		,,
O heparin		
High Risk Bleeding Ch	aracteristics	
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 hemor	hage and the same	
Prior ischemic stroke		
History of bleeding ever	requiring admission and/or transfusion	
Chronic use of NSAIDs/	teroids	
Active GI ulcer		
	ency is appropriate for most high bleedir ts also have high clotting risk in which ev e.	
Please weight the i	sks/benefits of bleeding and clotting whe	en selecting the dosing frequency
	porcine) injection - Q12 Hours 5000 Units, ev	•
○ HEParin	porcine) injection - Q8 Hours 5000 Units, even	ery 8 hours scheduled
O Not high bleed r	sk	
○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours so	cheduled
	than or equal to 100 kg 5000 Units, subcutane	
	than of equal to 100 kg 5000 offics, subcutant	eous, every o riours scrieduled
O warfarin (COUMADIN)		
WITHOUT pharm Indication:Dose Selection Guida	acy consult 1 , oral, daily at 1700	
○ Medications		
_	v consult to manage warfarin (COUMADIN)	Jntil discontinued, Routine
☐ warfarin Indication: Dose Selectio	COUMADIN) tablet 1 , oral	
Mechanical Prophylaxis (Red	uired)	
. ,	,	
No mechanical VTE prophyla	for mechanical prophylaxis Once, Routine its due to the following contraindication(s):	-
Side: Bilateral Select Sleeve(s):	al compression device continuous Continuo	ous, Routine
GH Risk of VTE - Surgical (Hip/	(nee) (Required)	
High Risk (Required)	,	
	Pouting	
✓ High risk of VTE Once,		
High Risk Pharmacological F	rophylaxis - Hip or Knee (Arthroplasty) Surg	gical Patient (Required)
Sign:	Printed Name:	Date/Time: Page 48 of 53

Contraindications 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	
O 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	
Cenoxaparin (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 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 or pos abdominal 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 CromL/min ○ heparin 	sterolateral) do NOT order this

_ Date/Time: Page 49 of 53 Sign:____ 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
A COLVE OF GIOCI
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
○ 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 , oral Indication:
Dose Selection Guidance:
Mechanical Prophylaxis (Required)
O 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):

Labs

Labs
☐ Basic metabolic panel Once, Routine, Blood, 3
Comprehensive metabolic panel Once, Routine, Blood, 3
☐ Magnesium Once, Routine, Blood, 3
☐ Phosphorus Once, Routine, Blood, 3
☐ CBC and differential Once, Routine, Blood, 3
☐ NT-proBNP Once, Routine, Blood, 3
☐ Blood gas, arterial Once, Routine, Blood, 3
☐ Troponin T Once, Routine, Blood, 3
☐ Urinalysis Once, Routine, Urine
Microbiology
☐ 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)@
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 show be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; IV line should NEVER be used.
✓ Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures show be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; IV line should NEVER be used.
☐ Sputum culture Once, Routine, Sputum
☐ Gram stain Once, Routine
Respiratory pathogen panel with COVID-19 RT-PCR Once, Routine, Nasopharyngeal
Cardiology
Diagnostic Imaging X-Ray
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 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.): Other Diagnostic Studies
Cardiology
☐ ECG 12 lead Once, Routine, 6 Clinical Indications: Interpreting Physician:
Respiratory
Respiratory
☐ BIPAP Once, Routine Instructions for As Directed: Mode:

_ Date/Time: Page 51 of 53 Printed Name:

Weight Bearing Status: Reason for OT?	,	
Location of Wound? Reason for PT? OT eval and treat Once, Routine Reason for referral to Occupational The Are there any restrictions for positioning		
Are there any restrictions for positioning Please provide safe ranges for HR, BP, Weight Bearing Status: Reason for PT? Consult to PT Wound Care Eval a	g or mobility? O2 saturation(if values are very abnormal):	
Consult Reason: Reason for Consult? Consult to social work for discha	arge planning Once, Routine	
Pulmonary Rehab Services: Pulmonary Rehab Interventions: Reason for Consult?		
ults	ults, use the Sidebar)	
☐ Acapella Every 2 hours while awak	ke, Routine, With Incentive Spirometry	
Oxygen therapy Continuous, Rout Titrate to keep O2 Sat Above: 92% Device: Device: Indications for O2 therapy:	tine	
Instructions for As Directed: Bubble CPAP: Mode: Spontaneous CPAP (cm H2O): O2 Bleed In (L/min): FiO2: Titrate to keep O2 Sat Above:		
	Bubble CPAP: Mode: Spontaneous CPAP (cm H2O): O2 Bleed In (L/min): FiO2: Titrate to keep O2 Sat Above: Oxygen therapy Continuous, Rout Titrate to keep O2 Sat Above: Ovice: Device: Device: Indications for O2 therapy: Incentive spirometry instructions Frequency of use: Every 2 hours while Acapella Every 2 hours while awalds sults cillary Consults (For Physician Consult Consult to Pulmonary Rehab One Pulmonary Rehab Services: Pulmonary Rehab Interventions: Reason for Consult? Consult to case management One Consult Reason: Reason for Consult: Discharge Plann Reason for Consult: PT eval and treat Once, Routine Reasons for referral to Physical Therap Are there any restrictions for positioning Please provide safe ranges for HR, BP, Weight Bearing Status: Reason for PT? Consult to PT Wound Care Eval a Special Instructions: Location of Wound? Reason for referral to Occupational The	Instructions for As Directed: Bubble CPAP: Mode: Spontaneous CPAP (cm H2O): O2 Bleed In (L/min): FiO2: Titrate to keep O2 Sat Above: Oxygen therapy Continuous, Routine Titrate to keep O2 Sat Above: 92% Device: Device: Device: Indications for O2 therapy: Incentive spirometry instructions Once, 1, Occurrences, Routine Frequency of use: o Every 2 hours while awake with Acapella Acapella Every 2 hours while awake, Routine, With Incentive Spirometry buts cillary Consults (For Physician Consults, use the Sidebar) Consult to Pulmonary Rehab Once, Routine Pulmonary Rehab Services: Pulmonary Rehab Services: Pulmonary Rehab Interventions: Reason for Consult? Consult to case management Once, Routine Consult to case management Once, Routine Consult to social work for discharge planning Once, Routine Reason for Consult: O Discharge Planning Reason for Consult: Preval and treat Once, Routine Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason for PT? Consult to PWound Care Eval and Treat Once, Routine Special Instructions: Location of Wound? Reason for Preval and treat Once, Routine Reason for Ferral to Occupational Therapy (mark all that apply):

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☐ Consult to Wound Ostomy Care Nurse Once, Routine
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?

Additional Orders

Sign:______Printed Name:______Date/Time:______Page 53 of 53