Version: 23 Gen: 8/25/2025
Location:
General Present on Admission (Required)
COVID-19 virus detected Once, Routine
○ Suspected COVID-19 Virus Once, Routine Admission
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 condition as documented in the HP and prograntes, I expect that the patient will need hospital services for two or more midnights.  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 progranotes, I expect that the patient will need hospital services for two or more midnights.
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:
<ul> <li>Outpatient in a bed - extended recovery Once, Routine</li> <li>Admitting Physician:</li> <li>Bed request comments:</li> </ul>
Admission or Observation Patient has status order on file
<ul> <li>○ Admit to inpatient Once, 1, Routine</li> <li>Admitting Physician:</li> <li>Level of Care:</li> <li>Patient Condition:</li> <li>Bed request comments:</li> <li>Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progranotes, I expect that the patient will need hospital services for two or more midnights.</li> </ul>
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 (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 progranotes, I expect that the patient will need hospital services for two or more midnights.

Sign:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date/Time:\_\_\_\_\_\_ Page 1 of 45

Admitting Resident I Resident I Level of C Patient Co Bed reque Certification notes, I ex To reach the Clinical St  Outpa Admitting Attending Patient Co Bed reque	hysician: eam assignment: ear est comments: n: I certify that based on my best clinical judgement and the patient's condition as documented in the HP and progress beet that the patient will need hospital services for two or more midnights. ee team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from off" sections in the Summary\Overview tab of Epic.  **tient observation services under general supervision** Once, Routine Physician: Provider: Indition: Est comments:
Admitting Resident F Resident t Patient Co Bed reque To reach tl ask for the	hysician: eam assignment:
Admitting Bed reque Admission of	st comments:
Admit Admitting Level of C Patient Co Bed reque Certification	to inpatient Once, 1, Routine Physician: are:
Admitting Resident F Resident t Level of C Patient Co Bed reque Certificationotes, I ex To reach the	to IP- University Teaching Service Once, Routine Physician: hysician: hysician: hysician: earn assignment: earn assignment: hysician: hysician: earn assignment: hysician: hysic
Outpa Admitting Attending Patient Co	Provider:

Printed Name:

\_ Date/Time: Page 2 of 45

○ UTS - Outpatient observation services under general supervision Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
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
Consult to Palliative Care Service Once, Routine Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult? Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.
□ Consult to Social Work Once, Routine     Reason for Consult:     Reason for Consult?
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:

\_ Date/Time: Page 3 of 45 Printed Name:

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Restrictions, Routine I understand that if the patient is NOT that all other unselected medically indi Treatment Restriction decision reached Specify Treatment Restrictions: Code Status decision reached by: Treatment Restrictions is NOT a Code Cardiopulmonary situations.  The Code Status and Treatment Restriction the link below: Guidance for Code State Examples of Code Status are Full Code transfusion in a Jehovah's Witness pate If the Legal Surrogate is the Primary P Concurring Physician is required to second	Status order. It is NOT a Modified Code order. It is ictions are two SEPARATE sets of physician's orders & Treatment Restrictions  e, DNR, or Modified Code. An example of a Treat	nts will NOT be provided. I understand s strictly intended for Non lers. For further guidance, please click on ment Restriction is avoidance of blood consult PRIOR to placing this order. A the Primary Physician.
Please refer to the Confirmed COVII	O or PUI section in the Clinical Resource	Guide for PPF guidance
✓ Airborne Isolation	ontinuous, Routine, Include eye protection	Guide for FFL guidance.
Contact Isolation		
Precautions	ntinuous, Routine, Include eye protection	
□ Aspiration precautions Continuo	us, Routine	
☐ <b>Fall precautions</b> Continuous, Rou Increased observation level needed:	utine	
Latex precautions Continuous, R	outine	
☐ Seizure precautions Continuous, Increased observation level needed:	Routine	
Nursing		
Vital Signs (Required) Vital signs with link to algorithm of S		
✓ Vital signs - T/P/R/BP Per unit pro	otocol, -1, Days, Routine	
✓ Pulse oximetry continuous Cont Current FIO2 or Room Air: Activity (Required)	inuous, -1, Days, Routine	
Strict bed rest Until discontinued,	Routine	
■ Bed rest with bathroom privilegent Bathroom Privileges: ○ with bathroom	es Until discontinued, Routine	
☐ <b>Up with assistance</b> Until discontil Specify: ○ Up with assistance	nued, Routine	
☐ Activity as tolerated Until discont Specify: ○ Activity as tolerated HM IP COVID-19 NURSING ADM	inued, Routine	
Limit repeated entry to room Un providers to limit repeated entry to pati	til discontinued, -1, Occurrences, Routine, Batch ent care room.	all care and work with pharmacy and
☐ Intake and output every shift Ev	ery shift, Routine	
☐ Incentive spirometry instruction Frequency of use:	s Once, Routine	
Sign:	Printed Name:	<b>Date/Time:</b> Page 4 of 45

		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?
		▼ Telemetry Additional Setup Information Continuous, 3, Days, Routine High Heart Rate (BPM): ○ 120 ○ 120.000 Low Heart Rate(BPM): ○ 50 ○ 50.000 High PVC's (per minute): ○ 10 ○ 10.000 High SBP(mmHg): ○ 175 ○ 175.000 Low SBP(mmHg): ○ 100 ○ 100.000 High DBP(mmHg): ○ 95 ○ 100.000 Low DBP(mmHg): ○ 40 ○ 95.000 Low Mean BP: ○ 60 ○ 60.000 High Mean BP: ○ 120 ○ 120.000 Low SPO2(%): ○ 94 ○ 94.000
1.184		Daily weights Daily, Routine
HIV		IOTIFY COVID-19 ADMISSION  Notify Physician for vitals: Until discontinued, Routine
	MAF Hear Hear SpO Tem Tem Syst Syst Dias Resp	P less than: o 65 o 60.000  It rate greater than (BPM): o 120 o 100  It rate less than (BPM): 60  It less than: 92  It perature greater than: 100.5  It perature less than: olic BP greater than: 160  It perature BP greater than: 160  It perature BP greater than: 100  It perature BP greater than: 100  It perature BP greater than: 100  It perature BP greater than: 150  It perature BP greater than: 50  It perature BP greater than: 25  It perature BP greater than: 8
Die	chai	Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign nges) Until discontinued, -1, Days, Routine, For critical values.
	NPC Pre-	NPO Diet effective now, Routine
		NPO after midnight Diet effective midnight, Routine
		): Operative fasting options: IPO order without explicit exceptions means nothing can be given orally to the patient.
	Diet( Culti Othe Adva IDDS Fluid Food	Diet- Regular Diet effective now, Routine (s): ○ Regular ural/Special: er Options: ance Diet as Tolerated? SI Liquid Consistency: d Restriction: ds to Avoid: ds to Avoid:

\_\_ **Date/Time:** Page 5 of 45 Sign:\_\_\_\_\_ Printed Name:\_\_\_\_

	Version: 23 Gen: 8/25/2025	,
Diet- Clear Liquid Diet effective now Diet(s): ○ Clear Liquids Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:	, Routine	
Diet- Heart Healthy Diet effective no Diet(s): ○ Heart Healthy Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:	w, Routine	
IV Fluids-IV fluids for COVID-19 should be m		
Insert and Maintain IV / Central Line Acces	SS	
✓ Insert and Maintain IV		
Insert peripheral IV Once, 1, O	ccurrences, 1, STAT	
Saline lock IV Once, 1, Occurre	ences, 1, Routine	
sodium chloride 0.9 % flush 10	0 mL, PRN, line care	
-	Routine gy consultation is recommended when GF	R is less than 45.
Medications		
General COVID-19 Treatment Neither Azithromycin, Hydroxychloroqu COVID-19.	· · · · · ·	,
Use of these agents for the treatment of	of COVID-19 at HM shall be limited o	only to within the context of a clinical trial.
Contact local Clinical Pharmacy with a	ny questions.	
Houston Methodist has approved	l this drug with certain criteria bas w the following criteria for your pa	sed on those who are most likely to tient:
SARS-CoV-2 PCR or Antig Documented symptom on	en result documented within 10 da set within 10 days	ays
	on Room Air without improvemen	REATER than 94% or an SpO2 LESS it
Patients may not benefit from ren	ndesivir treatment if they are beyo	and 10 days from symptom onset
✓ remdesivir IV Loading and Ma	intenance Doses - HMH Only	
_	•	nous, once, 1, Occurrences, 30.000 Minutes
30.000 Minutes	loride 0.9% 100 mL infusion 100 mg, intr to complete a full course of Remdesivir pri	
remdesivir IV Loading and Ma	intenance Doses - HMSL Only	
_	loride 0.9% 100 mL infusion 200 mg, intr	ravenous, once, 1, Occurrences, 30.000
Sign:	Printed Name:	Date/Time:

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✓ remdesivir in sodium chloride 0.9% 1	100 mL infusion	100 mg,	intravenous,	every 24	hours, 4,	Occurrences
30.000 Minutes						

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMB Only
  - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1500, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMTW Only
  - remdesivir in sodium chloride 0.9% 100 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 100 mL infusion 100 mg, intravenous, daily at 1100, 4, Occurrences,

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMCL Only
  - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMWB Only
  - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 100 mL infusion 100 mg, intravenous, nightly, 4, Occurrences, 60.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMW Only
  - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMCCH Only
  - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

/ 1	B 41		001/	ID-19
\ /	IVII	10	1 . L 1 V	111-14

Houston Methodist has approved the use of a 3 day course of remdesivir in patients with mild COVID-19 not admitted to the hospital for COVID related symptoms Please review the following criteria for your patient:

 Patient was NOT hospitalized BECAUSE OF COVID-19 diagnosis and/or symptoms Patient is currently NOT REQUIRING OXYGEN (or increase in baseline oxygen requirement) Patient has not received remdesivir in last 90 days

Patient is immunocompromised - OR - > 65 with at least one comorbid condition conferring high risk to progression

Sign:	Printed Name:	Date/Time:
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✓ Mild - HMB Only

If patient was hospitalized	<b>BECAUSE OF COVID-19</b>	AND REQUIRING	<b>OXYGEN</b> , plea	ase see "Mode	erate to
Savara COVID-19"					

	Sign:	Printed Name:	:	Date/Time: Page 8 of 4
Dexametha	asone PO or IV hasone should only be	capsule 200 mg, oral, every 8 hours Pe used in COVID-19 patients (a) r		tation or (b) requiring
		hr tablet 1200 mg, oral, every 12 hou	_	
☐ ace	• • •	tablet 500 mg, oral, every 4 hours PF	RN, Fever GREATER than 100.5	F, fever
acetamino	Hold for ALT greater th  phen (TYLENOL) tablet		2, 000u11011063, 00.000 iviii1ute:	
	Hold for ALT greater th		,	S
	_	on 200 mg, intravenous, once, 1, Occi	urrences, 30,000 Minutes	
<b>✓</b>	Hold for ALT greater th  Mild - HMTW Only		•	
	Hold for ALT greater th remdesivir infusion	an 500 on 100 mg, intravenous, daily at 1000		
	_	on 200 mg, intravenous, once, 1, Occi	urrences	
<b>✓</b>	Hold for ALT greater th  Mild - HMCCH Only	an 500		
	Hold for ALT greater th	on 100 mg, intravenous, daily at 1300	, 2, Occurrences, S+1	
	remdesivir infusi	on 200 mg, intravenous, once, 1, Occi	urrences	
<b>✓</b>	Mild - HMCL Only	aii 000		
	_	on 100 mg, intravenous, every 24 hou	rs, 2, Occurrences, S+1	
	remdesivir infusion	on 200 mg, intravenous, once, 1, Occi an 500	urrences	
<b>✓</b>	Mild - HMSL Only			
	✓ remdesivir infusion Hold for ALT greater th	on 100 mg, intravenous, nightly, 2, Oc an 500	currences	
	remdesivir infusion	on 200 mg, intravenous, once, 1, Occi an 500	urrences	
<b>✓</b>	Mild - HMWB Only			
	remdesivir infusion	on 100 mg, intravenous, daily at 1500 an 500	, 2, Occurrences, S+1	
	✓ remdesivir infusion Hold for ALT greater the	on 200 mg, intravenous, once, 1, Occi an 500	urrences	
<b>✓</b>	Mild - HMW Only			
	remdesivir infusion Hold for ALT greater th	<b>on</b> 100 mg, intravenous, daily at 1100, an 500	2, Occurrences, S+1	
	remdesivir infusion Hold for ALT greater the	on 200 mg, intravenous, once, 1, Occi an 500	urrences	
<b>✓</b>	Mild - HMH Only			
	remdesivir infusion Hold for ALT greater th	on 100 mg, intravenous, daily at 1500 an 500	, 2, Occurrences, S+1	
	remdesivir infusion	on 200 mg, intravenous, once, 1, Occi an 500	urrences	

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-Caution in using steroids early in COVID-19 disease (i.e. symptoms less than 7 days).
O dexamethasone (DECADRON) tablet 6 mg, oral, daily, 10, Occurrences
O dexamethasone (DECADRON) IV 6 mg, intravenous, daily, 10, Occurrences
O dexamethasone 4 mg/mL oral suspension 6 mg, oral, daily, 10, Occurrences Note: Suspension is alcohol-free
☐ Immunomodulatory Agents
☐ Baricitinib (OLUMIANT) for COVID-19 (RESTRICTED)
baricitinib (OLUMIANT) tablet (RESTRICTED) 4 mg, oral, daily at 1700, 14, Occurrences RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one The patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation.:  Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? The patient has an ALC LESS than 200 or ANC LESS than 1000 or hemoglobin LESS than 8: Is this patient on renal replacement therapy? I am aware that baricitinib increases the risk for secondary bacterial and fungal infections.: May dissolve INTACT tablet in 20-30 mL of water for administration via feeding tube. DO NOT CRUSH.
QuantiFERON-TB Gold Plus, 4 tube AM draw, 1, Occurrences, Routine, Blood, 3
Coccidioides antibody, IgG/IgM by ELISA AM draw, 1, Occurrences, Routine, Blood, 3 This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
☐ <b>Histoplasma Abs</b> AM draw, 1, Occurrences, Routine, Blood, 3 This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
Pharmacy consult to manage dose adjustments for renal function Until discontinued, Routine Adjust dose for: Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.
□ tocilizumab (ACTEMRA) infusion for COVID (RESTRICTED) intravenous, once, 1, Occurrences, STAT RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? Is this a repeat dose? Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? Does the patient have chronic bowel disease – risk of GI perforation? I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.:
□ sodium chloride 0.9% bag for line care
sodium chloride 0.9 % bag for line care .9, intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the saminfusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.  Respiratory Inhalers
albuterol (PROAIR HFA) inhaler 2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only
☐ <b>ipratropium (ATROVENT HFA) inhaler</b> 2 puff, inhalation, every 4 hours PRN, wheezing shortness of breath MDI with spacer only
VTE

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VTE Risk and Prophylaxis Tool (Required)		
Low Risk Definition	Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is	ligh Risk Definition oth pharmacologic ND mechanical rophylaxis must be ddressed.
Age less than 60 years and NO other VTE risk factors		Ine or more of the ollowing medical onditions:
Patient already adequately anticoagulated	conditions:  CHF, MI, lung disease, V pneumonia, active arinflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic	hrombophilia (Factor Leiden, prothrombin ariant mutations, nticardiolipin antibody yndrome; ntithrombin, protein C r protein S deficiency; yperhomocysteinemia; nyeloproliferative
	above pe Central line A W	evere fracture of hip, elvis or leg cute spinal cord injury ith paresis lultiple major traumas
	or family history of VTE  Anticipated Al length of stay GREATER than 48 hours	bdominal or pelvic urgery for CANCER
	and independently ambulatory	cute ischemic stroke
	therapy  Moderate or major surgery (not for cancer)  Major surgery within 3 months of admission	ISLOTY OF FE

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Date/Time: Page 10 of 45 **Printed Name:** 

✓ Moderate risk of VTE	E Once. Routine	
Patient currently has	s an active order for therapeutic anticoagulant ophylaxis because: patient is already on therapeu	
✓ Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	n sequential compression device continuous (	Continuous, Routine
○ Moderate Risk - Patient cu	urrently has an active order for therapeutic ant	cicoagulant or VTE prophylaxis (Required)
Moderate risk of VTE	Once, Routine	
	s an active order for therapeutic anticoagulant ophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
<ul><li>Place/Maintai</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	n sequential compression device continuous (	Continuous, Routine
O High Risk - Patient curren	tly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant ophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
<ul><li>Place/Maintai</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	n sequential compression device continuous (	Continuous, Routine
O High Risk - Patient curren	tly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant ophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	n sequential compression device continuous (	Continuous, Routine
O LOW Risk of VTE (Required)		
Low Risk (Required)		
	ce, Routine k, no VTE prophylaxis is needed. Will encourgae e ll encourage early ambulation	early ambulation ○ Due to low risk, no VTE
O MODERATE Risk of VTE - Surg		
✓ Moderate Risk (Required)		
Sign:	Printed Name:	Date/Time:

\_\_ Date/Time:\_\_\_ Page 11 of 45

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):  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) Itient renal status: @CRCL@  repatients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply to lowing recommended doses by weight:  Weight  LESS THAN 100kg  er  GREATER THAN or EQUAL to 140kg  er  GREATER THAN or EQUAL to 140kg	Moderate risk of VTE Once, Routine	
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) titent renal status: @CRCL@  r patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply telowing recommended doses by weight:  Weight  LESS THAN 100kg  er  GREATER THAN or EQUAL to 140kg  er  Administer by deep subcutaneous injection into the left and right anterolateral or posterolate abdominal wall. Alternate injection site with each administration.	derate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
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) titent renal status: @CRCL@  repatients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply to lowing recommended doses by weight:  Weight  LESS THAN 100kg  er  GREATER THAN or EQUAL to 140kg  er  GREATER THAN or EQUAL to 140kg  er  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.	Ontraindications exist for pharmacologic prophylaxis - Order Sequential compress	on device
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)  Itient renal status: @CRCL@  repatients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply tolowing recommended doses by weight:  Weight  LESS THAN 100kg er  GREATER THAN or EQUAL to 140kg er  GREATER THAN or EQUAL to 140kg er  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.		
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) Itient renal status: @CRCL@  repatients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply tolowing recommended doses by weight:  Weight  LESS THAN 100kg  er  GREATER THAN or EQUAL to 140kg  er  GREATER THAN or EQUAL to 140kg  er  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.	Side: Bilateral	
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) Itient renal status: @CRCL@  r patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply to lowing recommended doses by weight:  Weight  LESS THAN 100kg  er  GREATER THAN or EQUAL to 140kg  er  GREATER THAN or EQUAL to 140kg  er  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.	Ontraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
No mechanical VTE prophylaxis due to the following contraindication(s):  Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)  Itient renal status: @CRCL@  r patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply to lowing recommended doses by weight:  Weight  LESS THAN 100kg  er  40  100 to 139kg  er  GREATER THAN or EQUAL to 140kg  er  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.		
r patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply to lowing recommended doses by weight:  Weight  LESS THAN 100kg  er  40  100 to 139kg  er  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.		
Weight  LESS THAN 100kg  er  100 to 139kg  GREATER THAN or EQUAL to 140kg  er  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.	○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) atient renal status: @CRCL@	
LESS THAN 100kg  100 to 139kg  er  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.	or patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders ollowing recommended doses by weight:	will apply the
The second state of the s	Weight	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 posterolate abdominal wall. Alternate injection site with each administration.		enoxapa 40mg da
<ul> <li>○ ENOXAPARIN 30 MG DAILY</li> <li>✓ 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.     </li> </ul>	100 to 139kg	enoxapa 30mg every 1 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 posterolate abdominal wall. Alternate injection site with each administration.	GREATER THAN or EQUAL to 140kg	enoxapa 40mg every 1 hours
Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolate abdominal wall. Alternate injection site with each administration.	O ENOXAPARIN 30 MG DAILY	
·	Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or	
	ŕ	
enoxaparin (LOVENOX) injection subcutaneous, 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.	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or	posterolateral
fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 ne patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do its medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl L mL/min.	the patient does not have a history of or suspected case of Heparin-Induced Thrombocytoper	
heparin	heparin	

\_ Date/Time:\_ Page 12 of 45 Printed Name:

	Version: 23 Gen: 8/25/2025	
High Risk Bleeding	ng Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment Plt count < 100 K/u	<u></u>	
Dual antiplatelet th		
Active cancer	Стару	
Cirrhosis/hepatic fa	ailure	
Prior intra-cranial h		
Prior ischemic stro	ke	
	event requiring admission and/or transfusion	n e e e e e e e e e e e e e e e e e e e
Chronic use of NS	AIDs/steroids	
Active GI ulcer		
O High Bleed	l Risk	
	r frequency is appropriate for most high bleed patients also have high clotting risk in which e opriate.	
Please weight	t the risks/benefits of bleeding and clotting wh	hen selecting the dosing frequency.
○ не	Parin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
Оне	Parin (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
O Not high bl	leed risk	
○ Wt	> 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
○ Wt	LESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
O warfarin (COUMA		, ,
,	pharmacy consult 1 , oral, daily at 1700	
Indication: Dose Selection		
O Medication	ıs	
✓ Pha Indication	armacy consult to manage warfarin (COUMADIN) on:	) Until discontinued, Routine
Indication		
_	election Guidance:	
Mechanical Prophylaxis	s (Required)	
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
<ul><li>Place/Maintain se Side: Bilateral Select Sleeve(s):</li></ul>	equential compression device continuous Continu	uous, Routine
O MODERATE Risk of VTE - N	on-Surgical (Required)	
	cological Prophylaxis - Non-Surgical Patient (Re	quired)
✓ Moderate Risk (Re		4
	isk of VTE Once, Routine	
	, and the second	1/2
	armacological Prophylaxis - Non-Surgical Patier	, , ,
	cations exist for pharmacologic prophylaxis - Or	-
	ntraindications exist for pharmacologic prophyla rmacologic VTE prophylaxis due to the following cor	
Sign:	Printed Name:	Date/Time:

\_\_ Date/Time:\_ Page 13 of 45

✓ Place/Maintain sequential compression device continuous Continuous, Ros 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):	
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 posterolatera
of 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 14 of 45 Sign:\_\_\_\_\_ Printed Name:\_\_\_\_

	Version: 23	Gen: 8/25/2025	
High Risk B	Bleeding Characteristi	CS	
Age ≥ 75			
Weight < 50			
Unstable Hg			
Renal impai			
Plt count < 1			
Active cance	telet therapy		
Cirrhosis/he			
	ranial hemorrhage		
Prior ischem			
		admission and/or transfus	ion
	of NSAIDs/steroids		
Active GI uld	cer		
O Hio	gh Bleed Risk		
Every some	12 hour frequency is a	nts also have high clotting	eeding risk patients. However, risk in which every 8 hour
Please freque		fits of bleeding and clotting	g when selecting the dosing
	O HEParin (porcine)	injection - Q12 Hours 5000 L	Inits, every 12 hours scheduled
	O HEParin (porcine)	injection - <b>Q8 Hours</b> 5000 Ur	nits every 8 hours scheduled
ONG	ot high bleed risk	mjeenen geneure eese e.	me, every e meane consequed
<b>U</b> 140			
	_	Jnits, subcutaneous, every 8 h	
	○ Wt LESS than or e	<b>qual to 100 kg</b> 5000 Units, su	bcutaneous, every 8 hours scheduled
O warfarin (C	COUMADIN)		
○ wi	THOUT pharmacy consu	<b>It</b> 1 , oral, daily at 1700	
Indicati	on:		
Dose S	Selection Guidance:		
○ Me	edications		
	✓ Pharmacy consult Indication:	to manage warfarin (COUMA	ADIN) Until discontinued, Routine
	<ul><li>warfarin (COUMAD Indication:</li><li>Dose Selection Guidance</li></ul>		
Mechanical Prophylaxi	s (Required)		
	s exist for mechanical prophylaxis due to the follow		
Place/Maintain se Side: Bilateral Select Sleeve(s):	equential compression de	evice continuous Continuous	, Routine
O HIGH Risk of VTE - Surgica	I (Required)		
_	ii (rtoquirou)		
✓ High Risk (Required)			
✓ High risk of VTE	Once, Routine		
High Risk Pharmacolog	gical Prophylaxis - Surgio	cal Patient (Required)	
	s exist for pharmacologic E prophylaxis due to the fol	c prophylaxis Once, Routine lowing contraindication(s):	
O Enoxaparin (LOV Patient renal statu		Anticoagulation (Required)	
	-	and Marian	Data /T'

n:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date/Time:\_\_\_\_\_ Page 15 of 45

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 17 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolar abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	

enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/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

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$\sim$	HIGH	Dieeu	LISK

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.

_	rin (porcine) injection - Q12 Hours 5000 Units, ev	0 1
○ нера	rin (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high blee	d risk	
Sign:	Printed Name:	Date/Time:

LESS THAN 100kg  100 to 139kg  100 to 139kg  enoxap 30m every hour  GREATER THAN or EQUAL to 140kg  enoxap 40m every hour  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.			
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:  Jarrain (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 Sisews(s):  HIGH Risk of VTE - Non-Surgical (Required)  High risk of VTE Once, Routine  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  LESS THAN 100kg  enoxaparin orders will apply the following recommended doses by weight:  GREATER THAN or EQUAL to 140kg  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.			
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:   Wechanical Prophylaxis (Required)     Contraindications axist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):   Place/Maintain sequential compression device continuous Continuous, Routine Sides Bilateral Select Sleeve(s):   High Risk (Required)     High Risk (Required)     High Risk (Required)     High Risk (Required)     Ochtraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):   Enoxaparin for Prophylaxis 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   Dos     LESS THAN 100kg   enoxaparin Orders     GREATER THAN or EQUAL to 140kg   enoxaparin orders     Occupant of the prophylactic Anticoagulation of the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.			s scheduled
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) 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 Sievev(e): HIGH Risk of VTE - Non-Surgical (Required) High Risk (Required) High Risk (Required) Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE Once, Routine High Risk Pharmacological Prophylaxis use to the following contraindication(s): Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@ For patients with CrCI GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  Weight Dos LESS THAN 100kg enoxagarin (LOSENDA) 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.	,	•	
Medications	Indication:		
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:			
Indication:			- ·
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):  HIGH Risk of VTE - Non-Surgical (Required)  High Risk (Required)  High Risk (Required)  High Risk (Required)  Octortaindications 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  LESS THAN 100kg  Pooxaparin (LOSENCE)  GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  OCHAPARIN 30 MG DAILY  OCHAPARIN 30 MG DAILY  OCHAPARIN 30 MG DAILY  CONXAPARIN 30 MG D	Indic	cation:	Routine
O Contraindications exist for mechanical prophylaxis Once, Routine No mechanical YTE 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)  ● 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 Dos  LESS THAN 100kg 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.	Indic	cation:	
No mechanical YTE prophylaxis due to the following contraindication(s):	☐ Mechanical Prophyla	axis (Required)	
Side: Bilateral Select Sleeve(s):  HIGH Risk of VTE - Non-Surgical (Required)  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  Dos  LESS THAN 100kg  100 to 139kg  GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  ONE  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.	O Contraindication No mechanical VTE	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
<ul> <li>High Risk (Required)</li> <li>☑ High risk of VTE Once, Routine</li> <li>☑ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)</li> <li>☐ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>☐ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:</li> <li>☐ Weight</li> <li>☐ Dos</li> <li>☐ LESS THAN 100kg</li> <li>☐ ENOXAPARIN 30 MG DAILY</li> <li>☑ ENOXAPARIN 30 MG DAILY</li> <li>☑ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):         <ul> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection subcutaneous, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection subcutaneous, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.</li> </ul> </li> </ul>	Side: Bilateral	sequential compression device continuous Continuous, Routine	
<ul> <li>✓ High risk of VTE Once, Routine</li> <li>✓ High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)</li> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>✓ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)</li> <li>Patient renal status: @CRCL@</li> <li>For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:</li> <li>Weight</li> <li>Dos</li> <li>LESS THAN 100kg</li> <li>enoxaparin (LOVENOX)</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.</li> <li>✓ ENOXAPARIN SQ DAILY</li> <li>✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.</li> </ul>	O HIGH Risk of VTE - Non-	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):       ○ 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:       Dos         Weight       Dos         LESS THAN 100kg       enoxaparin 40mg or enoxaparin orders will apply the following recommended doses by weight:         GREATER THAN 100kg       enoxaparin 40mg or enoxaparin orders will apply the following recommended doses by weight:         GREATER THAN 100kg       enoxaparin enoxaparin orders will apply the following or enoxaparin orders will apply the following recommended doses by weight:         GREATER THAN 100kg       enoxaparin en	✓ 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 ☐ Dos ☐ LESS THAN 100kg ☐ enoxaparin enoxaparin orders will apply the following recommended doses by weight: ☐ GREATER THAN or EQUAL to 140kg ☐ enoxaparin every hour ☐ GREATER THAN or EQUAL to 140kg ☐ enoxaparin every hour ☐ 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.	✓ High risk of VT	「E 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  Dos  LESS THAN 100kg  100 to 139kg  600 enoxaparin (LOTENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection subcutaneous, S+1 Indication(s):  ENOXAPARIN SQ DAILY  enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous 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.	✓ High Risk Pharmaco	ological Prophylaxis - Non-Surgical Patient (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 Dos  LESS THAN 100kg enoxap 40mg c  100 to 139kg  GREATER THAN or EQUAL to 140kg every hour  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.  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.			
Following recommended doses by weight:  Weight  LESS THAN 100kg  100 to 139kg  100 to 139kg  REATER 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 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.	Patient renal sta	atus: @CRCL@	
LESS THAN 100kg  100 to 139kg  100 to 139kg  enoxap 30m every hour  GREATER THAN or EQUAL to 140kg  enoxap 40m every hour  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.		nended doses by weight:	,
The state of the s		•	Dose
GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  enoxap 40m every hour  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.		LESS THAN 100kg	enoxaparin 40mg daily
GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  enoxap 40m every hour  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.		100 to 139kg	enoxaparin
GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  enoxapator (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.		· ·	30mg
GREATER THAN or EQUAL to 140kg  enoxapation  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.			every 12
		GREATER THAN or EQUAL to 140kg	enoxaparin
<ul> <li>► ENOXAPARIN 30 MG DAILY</li> <li>✓ 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.     </li> <li>✓ ENOXAPARIN SQ DAILY</li> <li>✓ 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.     </li> </ul>			40mg
<ul> <li>ENOXAPARIN 30 MG DAILY         <ul> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.</li> </ul> </li> <li>ENOXAPARIN SQ DAILY         <ul> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.</li> </ul> </li> </ul>			every 12
<ul> <li>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.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>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.     </li> </ul>			nours
<ul> <li>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.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>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.     </li> </ul>	O ENOVA	DARIN 20 MC DAILY	
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.	_		1
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.			1
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.	Adm	ninister by deep subcutaneous injection into the left and right anterolateral 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.	O ENOXA	PARIN 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.	<b>✓</b>	enoxaparin (LOVENOX) injection subcutaneous, S+1	
	Indic Adm	cation(s): ninister by deep subcutaneous injection into the left and right anterolateral or	r posterolateral
Sign: Printed Name: Date/Time: Page 17	Sign:	Printed Name:D	Pate/Time: Page 17 of 45

If the patient does not hat this medication. Contrains 30 mL/min.	XTRA) injection 2.5 mg, subcutaneous, daily ave a history of or suspected case of Heparin-Indu indicated in patients LESS than 50kg, prior to surg	
O heparin		
High Risk Bleeding	g Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/ul		
Dual antiplatelet the	erapy	
Active cancer		
Cirrhosis/hepatic fa		
Prior intra-cranial he		
Prior ischemic strok		
	event requiring admission and/or transfusion	n
Chronic use of NSA	AIDs/steroids	
Active GI ulcer		
	frequency is appropriate for most high bleed atients also have high clotting risk in which	
Please weight	the risks/benefits of bleeding and clotting w	then selecting the dosing frequency.
O HER	Parin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
		•
	Parin (porcine) injection - Q8 Hours 5000 Units, e	every 8 nours scheduled
O Not high ble	eed risk	
○ Wt >	> 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
○ Wt I	LESS than or equal to 100 kg 5000 Units, subcut	aneous every 8 hours scheduled
○ warfarin (COUMAD		anocae, every emeane concauted
,	•	
<ul><li>✓ WITHOUT p</li><li>Indication:</li><li>Dose Selection G</li></ul>	harmacy consult 1 , oral, daily at 1700 Guidance:	
Medications	5	
Pha Indicatio	rmacy consult to manage warfarin (COUMADIN n:	) Until discontinued, Routine
Indicatio	farin (COUMADIN) tablet 1 , oral n: election Guidance:	
☐ Mechanical Prophylaxis	(Required)	
	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):	
Place/Maintain sec Side: Bilateral Select Sleeve(s):	quential compression device continuous Contin	uous, Routine
O HIGH Risk of VTE - Surgical	(Hip/Knee) (Required)	
✓ High Risk (Required)	, , ,	
	nee Poutine	
<ul><li>✓ High risk of VTE ○</li><li>✓ High Risk Pharmacologi</li></ul>	nce, หอนเทe ical Prophylaxis - Hip or Knee (Arthroplasty) Sเ	urgical Patient (Required)
Sign:	Printed Name:	Date/Time:

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○ 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)	
<b>☑</b> 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
	110013
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
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min	
O heparin	

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	Version: 23 Gen: 8/25/2025	
High Risk Bleeding C	haracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	ру	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hemore Prior ischemic stroke	ormage	
	ent requiring admission and/or transfusion	
Chronic use of NSAIDs		
Active Gl ulcer	, oto, oldo	
7101170 01 01001		
O High Bleed Ris	k	
	quency is appropriate for most high bleeding ri	isk patients. However, some high
	ents also have high clotting risk in which every	
clinically appropri	ate.	
DI : 1.00		
	e risks/benefits of bleeding and clotting when se	
O HEPari	n (porcine) injection - Q12 Hours 5000 Units, every	12 hours scheduled
O HEPari	n (porcine) injection - Q8 Hours 5000 Units, every 8	3 hours scheduled
O Not high bleed	risk	
	00 kg 7500 Units, subcutaneous, every 8 hours sched	luled
_		
	S than or equal to 100 kg 5000 Units, subcutaneous	s, every 8 nours scheduled
	rmacy Consult (Required)	
	ARELTO) tablet for hip or knee arthroplasty planne	ed during this admission 10 mg,
daily at 0600 (TIME		
Indications: ○ VTE p	ropnylaxis nd 20 mg, give with food or follow administration with	enteral feeding to increase medication
	dminister via post-pyloric routes.	enteral reeding to increase medication
	sult to monitor rivaroxaban (XARELTO) therapy Un	atil discontinued STAT
Indications: VTE pro	· · · · · · · · · · · · · · · · · · ·	illi discontinued, STAT
Indication:	priylaxis	
O warfarin (COUMADIN)		
_ ` `		
WITHOUT phar Indication:	macy consult 1 , oral, daily at 1700	
Dose Selection Guid	ance:	
O Medications	and.	
	acy consult to manage warfarin (COUMADIN) Until	discontinued, Routine
Indication:		
	n (COUMADIN) tablet 1 , oral	
Indication:	in Oridan	
	ion Guidance:	
lechanical Prophylaxis (Re	equired)	
	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
Place/Maintain seque Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuous, I	Routine
Jeieu Jieeve(s).		
Sign:	Printed Name:	Date/Time:
		Page 20 of 45

VTE Risk and Prophylaxis Tool		
Low Risk Definition	Pharmacologic ANI prophylaxis prop	h Risk Definition h pharmacologic D mechanical phylaxis must be ressed.
Age less than 60 years and NO other VTE risk factors	One or more of the following following	e or more of the owing medical aditions:
Patient already adequately anticoagulated	disease, pneumonia, vari active anti inflammation, dehydration, varicose veins, cancer, sepsis,	ombophilia (Factor eiden, prothrombin ant mutations, cardiolipin antibody drome; thrombin, protein C protein S deficiency; erhomocysteinemia; eloproliferative orders)
	above pelv	rere fracture of hip, vis or leg Ite spinal cord injury
		n paresis tiple major traumas
		lominal or pelvic gery for CANCER
	and independently ambulatory	te ischemic stroke
	therapy  Moderate or major surgery (not for cancer)  Major surgery	tory of PE
	within 3 months of admission	

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19

Anticoagulation Guideline - 8.20.2021v15.pdf)

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

Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)

Sign: \_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_ Page 21 of 45

Sign:	Printed Name:	<b>Date/Time:</b> Page 22 of 45
, ,		
✓ Moderate Risk (Required)		
Low risk: ○ Due to low risk, no VTE propprophylaxis is needed. Will encourage of Moderate Risk of VTE - Surgical (Required)	early ambulation	e early ambulation ○ Due to low risk, no VTE
Low risk of VTE Once, Routine		
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
<ul><li>Place/Maintain sequential</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	compression device continuous	s Continuous, Routine
No mechanical VTE prophylaxis	due to the following contraindication	on(s):
•	r mechanical prophylaxis Once,	Routine
✓ Place sequential compression de	evice	
Patient currently has an active or		nt or VTE prophylaxis Once, Routine eutic anticoagulation for other indication.
✓ High risk of VTE Once, Routine	position	E - F - S - S - S - S - S - S - S - S - S
○ High Risk - Patient currently has an ac	tive order for therapeutic antico	pagulant or VTE prophylaxis (Required)
<ul><li>Place/Maintain sequential</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	compression device continuous	s Continuous, Routine
	r mechanical prophylaxis Once, due to the following contraindication	
✓ Place sequential compression de	evice	
Patient currently has an active or No pharmacologic VTE prophylaxis bec Therapy for the following:		nt or VTE prophylaxis Once, Routine eutic anticoagulation for other indication.
✓ High risk of VTE Once, Routine		
O High Risk - Patient currently has an ac	tive order for therapeutic antico	pagulant or VTE prophylaxis (Required)
<ul><li>Place/Maintain sequential</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	compression device continuous	s Continuous, Routine
No mechanical VTE prophylaxis	r mechanical prophylaxis Once, due to the following contraindicati	on(s):
✓ Place sequential compression de		Pautina
Therapy for the following:	ause: patient is already on therape	nt or VTE prophylaxis Once, Routine eutic anticoagulation for other indication.
Moderate risk of VTE Once, Routing		
		nticoagulant or VTE prophylaxis (Required)
Place/Maintain sequential Side: Bilateral Select Sleeve(s):	compression device continuous	s Continuous, Routine
	r mechanical prophylaxis Once, due to the following contraindicati	
✓ Place sequential compression de		
Therapy for the following:	cause: patient is already on therape	nt or VTE prophylaxis Once, Routine eutic anticoagulation for other indication.
Moderate risk of VTE Once, Routin		
✓ Moderate risk of VTE Once, Routin	ne	

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

\_ Date/Time:\_ Page 23 of 45 Printed Name:

<b>Version:</b> 23 <b>Gen:</b> 8/25/2025
High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
Not high bleed risk
○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours scheduled
○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (COUMADIN)
WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication:  Dose Selection Guidance:
O Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:
<ul> <li>Contraindications exist for mechanical prophylaxis Once, Routine</li> <li>No mechanical VTE prophylaxis due to the following contraindication(s):</li> </ul>
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O Moderate Risk of VTE - Non-Surgical (Required)
✓ Moderate Risk (Required)
✓ Moderate risk of VTE Once, Routine
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):

Date/Time: Page 24 of 45 **Printed Name:** 

✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
○ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)  Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders 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 pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If 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	
Oheparin	

\_ Date/Time: Page 25 of 45 Printed Name:

	<b>Version:</b> 23 <b>Gen:</b> 8/25/2025	
High Risk Bleeding Ch	aracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy	<u>'</u>	
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemor	rnage	
	t requiring admission and/or transfusion	
Chronic use of NSAIDs/		
Active GI ulcer	steroids	
7 totive of dieer		
bleeding risk patien clinically appropriat		y 8 hour frequency may be
Please weight the r	isks/benefits of bleeding and clotting when	selecting the dosing frequency.
O HEParin	(porcine) injection - Q12 Hours 5000 Units, ever	y 12 hours scheduled
O HEParin	(porcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
O Not high bleed ri		
_	kg 7500 Units, subcutaneous, every 8 hours sche	الم ما يرام
	than or equal to 100 kg 5000 Units, subcutaneous	us, every 8 hours scheduled
<ul><li>warfarin (COUMADIN)</li></ul>		
○ WITHOUT pharm Indication:  Dose Selection Guidal	acy consult 1 , oral, daily at 1700	
O Medications		
Pharmac Indication:	y consult to manage warfarin (COUMADIN) Unt	il discontinued, Routine
Indication:	(COUMADIN) tablet 1 , oral	
Dose Selectio	n Guidance:	
J Mechanical Prophylaxis (Req	uired)	
	for mechanical prophylaxis Once, Routine xis due to the following contraindication(s):	
Place/Maintain sequent Side: Bilateral Select Sleeve(s):	ial compression device continuous Continuous	, Routine
<b>jh Risk of VTE - Surgical</b> (Requ	ired) al prophylaxis by ordering from Pharmacological and M	ochanical Prophylavic
High Risk (Required)	ir propriyraxis by ordering from Friannacological and in	echanicai Frophylaxis.
High risk of VTE Once, I	Routine	
High Risk Pharmacological P	rophylaxis - Surgical Patient (Required)	
O Contraindications exist	for pharmacologic prophylaxis Once, Routine ylaxis due to the following contraindication(s):	
	) for Prophylactic Anticoagulation (Required)	
Sign:	Printed Name:	<b>Date/Time:</b> Page 26 of 45
		1- aye 20 01 40

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

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

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. O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30

○ heparin

mL/min.

Сперин
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

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$\sim$	HIGH	Dieeu	LISK

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		
Sign:	Printed Name:	Date/Time:	

Page 2	/ 0	t 4
--------	-----	-----

Sign:	Printed Name:	Date/Time:
O heparin		
If the patient of this medication 30 mL/min.	rinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily does not have a history of or suspected case of Heparin-Induced Then. Contraindicated in patients LESS than 50kg, prior to surgery/invalue.	
	Administer by deep subcutaneous injection into the left and right a abdominal wall. Alternate injection site with each administration.	anterolateral or posterolateral
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
O EN	NOXAPARIN SQ DAILY	
	Indication(s): Administer by deep subcutaneous injection into the left and right a abdominal wall. Alternate injection site with each administration.	anterolateral or posterolateral
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, da	ily at 1700, S+1
○ EN	NOXAPARIN 30 MG DAILY	
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
	100 to 139kg	enoxaparin 30mg every 12 hours
		40mg daily
	Weight LESS THAN 100kg	<b>Dose</b> enoxaparin
	with CrCl GREATER than or EQUAL to 30mL/min, enoxage commended doses by weight:	
	rin for Prophylactic Anticoagulation Nonsurgical (Required) al status: @CRCL@	
No pharmaco	ogic VTE prophylaxis due to the following contraindication(s):	
•	rmacological Prophylaxis - Non-Surgical Patient (Required) dications exist for pharmacologic prophylaxis Once, Routine	
_	of VTE Once, Routine	
✓ High Risk (Red	•	
•	Non-Surgical (Required)  Jic and mechanical prophylaxis by ordering from Pharmacological and Med	chanical Prophylaxis.
O	warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:	
	Pharmacy consult to manage warfarin (COUMADIN) Until Indication:	discontinued, Routine
Оме	edications	
Indicat	ITHOUT pharmacy consult 1 , oral, daily at 1700 ion: Selection Guidance:	
O warfarin	(COUMADIN)	
	○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sched	uled

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	version. 23 Gen. 0/23/2023	
High Risk Bleedin	g Characteristics	
Age <u>&gt;</u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/u		
Dual antiplatelet the	erapy	
Active cancer	ilium	
Cirrhosis/hepatic fa Prior intra-cranial h		
Prior intra-cramar n		
	event requiring admission and/or transfusion	
Chronic use of NSA		
Active GI ulcer	IID C/C/C/C/C/C/C	
, 134.75 01 4.75		
O High Bleed	Piek	
	frequency is appropriate for most high bleedir	ng risk patients. However, some high
	patients also have high clotting risk in which ev	
Please weight	the risks/benefits of bleeding and clotting whe	en selecting the dosing frequency.
O HEI	Parin (porcine) injection - Q12 Hours 5000 Units, e	very 12 hours scheduled
O HEI	Parin (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bl	eed risk	
○ Wt	> 100 kg 7500 Units, subcutaneous, every 8 hours so	cheduled
	LESS than or equal to 100 kg 5000 Units, subcutant	
○ warfarin (COUMA		isous, every o riours sorieunicu
,	•	
-	oharmacy consult 1 , oral, daily at 1700	
Indication: Dose Selection (	Cuidanco	
○ Medication		
✓ Pha Indicatio	armacy consult to manage warfarin (COUMADIN) ton:	Until discontinued, Routine
☐ war	farin (COUMADIN) tablet 1 , oral	
Indicatio		
	election Guidance:	
○ High Risk of VTE - Surgical		
	chanical prophylaxis by ordering from Pharmacological and	d Mechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE ○	Once, Routine	
✓ High Risk Pharmacolog	ical Prophylaxis - Hip or Knee (Arthroplasty) Surg	nical Patient (Required)
<ul><li>Contraindications</li></ul>	exist for pharmacologic prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	• • • • • • • • • • • • • • • • • • • •
	tablet 162 mg, daily, S+1	
	) enteric coated tablet 162 mg, daily, S+1	
	armacy Consult (Required)	
· <u> </u>	• , ,	
Indications: ○ V7		
✓ Pharmacy of Indications: VTE	consult to monitor apixaban (ELIQUIS) therapy Un prophylaxis	ntil discontinued, STAT
Sign:	Printed Name:	Date/Time:

Date/Time: Page 29 of 45

O Enoxaparin (LOVENOX) Patient renal status: @C	) for Prophylactic Anticoagulation (Required) CRCL@	
For patients with CrCl GR following recommended d	REATER than or EQUAL to 30mL/min, enoo	xaparin orders 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	
	rin (LOVENOX) injection 30 mg, subcutaneous,	daily at 1700, S+1
Administer by	deep subcutaneous injection into the left and right. Alternate injection site with each administration	·
O ENOXAPARIN SO	Q DAILY	
Indication(s): Administer by	rin (LOVENOX) injection subcutaneous, S+1  deep subcutaneous injection into the left and right.  II. Alternate injection site with each administration	
If the patient does not have a	<ul> <li>A) injection 2.5 mg, subcutaneous, daily, S+1 history or suspected case of Heparin-Induced Th in patients LESS than 50kg, prior to surgery/invas</li> </ul>	
High Risk Bleeding Ch	aracteristics	
Age ≥ 75		
Weight < 50 kg		
Unctable Hab		
Panal impairment		
Plt count < 100 K/uL		
Active cancer		
Cirrhosis/hepatic failure		
	rhage	
Prior ischemic stroke		
History of bleeding even	t requiring admission and/or transfusion	
Chronic use of NSAIDs/s	steroids	
Active GI ulcer		
	uency is appropriate for most high bleeding its also have high clotting risk in which eve ie.	
Please weight the r	isks/benefits of bleeding and clotting when	selecting the dosing frequency.
O HEParin	(porcine) injection - Q12 Hours 5000 Units, eve	ery 12 hours scheduled
Sign:	Printed Name:	Date/Time:

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Version. 23 Gen. 6/25/2025
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)
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:

\_ Date/Time: Page 31 of 45 Printed Name:

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	

		unorapy	
		Moderate or	1
		major surgery	'
		(not for cancer)	
		Major surgery	'
		within 3 months	;
		of admission	
Anticoagulation Guideline - 8.20.2021v1	<pre>ients (https://formweb.com/files/houstonm 5.pdf) der for therapeutic anticoagulant or VTE pro</pre>		
(Required)			
O Moderate Risk - Patient curre	ntly has an active order for therapeutic anti	coagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time:
			Page 32 of 45

Sign:	Printed Name:	<b>Date/Time:</b> Page 33 of 45
, .		
✓ Moderate Risk (Required		
Low risk: ○ Due to low r	isk, no VTE prophylaxis is needed. Will encourgae Will encourage early ambulation	early ambulation ○ Due to low risk, no VTE
Low risk of VTE C		
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
<ul><li>Place/Main</li><li>Side: Bilateral</li><li>Select Sleeve(s)</li></ul>	tain sequential compression device continuous	Continuous, Routine
	/TE prophylaxis due to the following contraindication	
·	cations exist for mechanical prophylaxis Once, F	Routine
✓ Place sequential of		
✓ Patient currently h	nas an active order for therapeutic anticoagulant prophylaxis because: patient is already on therape	
✓ High risk of VTE (		
	· ently has an active order for therapeutic anticoa	agulant or VTE prophylaxis (Required)
<ul><li>Place/Main</li><li>Side: Bilateral</li><li>Select Sleeve(s)</li></ul>	tain sequential compression device continuous	Continuous, Routine
	cations exist for mechanical prophylaxis Once, F /TE prophylaxis due to the following contraindication	
Place sequential of	compression device	
	nas an active order for therapeutic anticoagulant prophylaxis because: patient is already on therapeut g:	
✓ High risk of VTE	Once, Routine	
O High Risk - Patient curr	ently has an active order for therapeutic anticoa	agulant or VTE prophylaxis (Required)
<ul><li>Place/Main Side: Bilateral Select Sleeve(s)</li></ul>	tain sequential compression device continuous	Continuous, Routine
	cations exist for mechanical prophylaxis Once, F /TE prophylaxis due to the following contraindication	
✓ Place sequential o	•	Pouting
No pharmacologic VTE Therapy for the followin		
✓ Moderate risk of V		A sulVTE susualist of Co To
_	currently has an active order for therapeutic an	ticoagulant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s)		
No mechanical \	cations exist for mechanical prophylaxis Once, F /TE prophylaxis due to the following contraindication	n(s):
✓ Place sequential o	-	
No pharmacologic VTE Therapy for the followin		
✓ Moderate risk of V		
<b>7</b> •• • • • • • •		

<ul> <li>✓ Moderate risk of VTE Once, Routine</li> <li>oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)</li> <li>○ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression</li> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> </ul>	device
<ul> <li>○ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression</li> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine</li> </ul>	device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine	device
✓ 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):	
<ul> <li>Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wil following recommended 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
<ul> <li>ENOXAPARIN 30 MG DAILY         <ul> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or possible abdominal wall. Alternate injection site with each administration.</li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or possible abdominal wall. Alternate injection site with each administration.</li> <li>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 (this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, and mL/min.</li> </ul> </li> </ul>	esterolateral (HIT) do NOT order

\_\_ Date/Time:\_ Page 34 of 45 Printed Name:

	<b>Version:</b> 23 <b>Gen:</b> 8/25/2025	
High Risk Bleeding	Characteristics	
Age > 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment Plt count < 100 K/uL		
Dual antiplatelet thera	anv	
Active cancer		
Cirrhosis/hepatic failu	re	
Prior intra-cranial hen	norrhage	
Prior ischemic stroke		
	vent requiring admission and/or transfusion	
Chronic use of NSAID	Ds/steroids	
Active GI ulcer		
O 11: 1 B1 1B:		
O High Bleed Ri	รห equency is appropriate for most high bleedir	ng risk natients. However, some high
	ients also have high clotting risk in which ev	
clinically appropr		ery o near nequency may so
Please weight th	e risks/benefits of bleeding and clotting whe	en selecting the dosing frequency.
O HEPai	rin (porcine) injection - Q12 Hours 5000 Units, ev	very 12 hours scheduled
O HEPai	rin (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bleed	d risk	
	00 kg 7500 Units, subcutaneous, every 8 hours so	cheduled
	SS than or equal to 100 kg 5000 Units, subcutant	
		eous, every o flours scrieduled
O warfarin (COUMADIN		
•	armacy consult 1 , oral, daily at 1700	
Indication: Dose Selection Gui	idance:	
O Medications	ideliloc.	
	144 C : (00HMAPINI)	
Indication:	nacy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
	rin (COUMADIN) tablet 1 , oral	
Indication:	ction Guidance:	
	• ,	
	<b>cist for mechanical prophylaxis</b> Once, Routine ylaxis due to the following contraindication(s):	
Side: Bilateral	ential compression device continuous Continuo	ous, Routine
Select Sleeve(s):		
O MODERATE Risk of VTE - Non-	-Surgical (Required)	
Moderate Risk Pharmacol	ogical Prophylaxis - Non-Surgical Patient (Requ	uired)
✓ Moderate Risk (Requ	ired)	
<b>✓</b> Moderate risk	of VTE Once, Routine	
	nacological Prophylaxis - Non-Surgical Patient	(Required)
		• • •
_	ions exist for pharmacologic prophylaxis - Orde	·
	aindications exist for pharmacologic prophylaxi acologic VTE prophylaxis due to the following contr	
Oi	Duinted Names	Data/Time
Sign:	Printed Name:	<b>Date/Time:</b> Page 35 of 45

✓ Place/Maintain sequential compression device continuous Continuous, Ros 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):	
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 posterolatera
- nopum	

\_\_ Date/Time:\_\_\_ Page 36 of 45 Printed Name:

	Version: 23	Gen: 8/25/2025	
High Risk B	Bleeding Characteristic	es e	
Age ≥ 75	<b>9</b>		
Weight < 50	kg		
Unstable Hg			
Renal impair			
Plt count < 1			
	telet therapy		
Active cance			
Cirrhosis/he	patic failure ranial hemorrhage		
Prior intra-ci			
		admission and/or transfusio	n e e e e e e e e e e e e e e e e e e e
	of NSAIDs/steroids		711
Active GI uld			
7.54.75 0.7 4.15	,		
O Hic	gh Bleed Risk		
Every some	12 hour frequency is ap	nts also have high clotting i	eding risk patients. However, risk in which every 8 hour
Please freque		its of bleeding and clotting	when selecting the dosing
	O HEParin (porcine) i	njection - Q12 Hours 5000 Un	its, every 12 hours scheduled
	O HEParin (porcine) i	njection - Q8 Hours 5000 Unit	s, every 8 hours scheduled
O No	t high bleed risk	<b>40</b> 11 <b>0</b> 110 0000 01111	,,
O NO			
	_	nits, subcutaneous, every 8 ho	
	○ Wt LESS than or ed	<b>jual to 100 kg</b> 5000 Units, sub	cutaneous, every 8 hours scheduled
O warfarin (C	OUMADIN)		
○ wi	THOUT pharmacy consul	t 1 . oral. daily at 1700	
Indication	-	, , , ,	
Dose S	election Guidance:		
○ Me	edications		
	Pharmacy consult fundication:	o manage warfarin (COUMAI	<b>DIN)</b> Until discontinued, Routine
	warfarin (COUMAD Indication: Dose Selection Guidance		
Mechanical Prophylaxi	s (Required)		
	s exist for mechanical pro ophylaxis due to the followi		
Place/Maintain se Side: Bilateral Select Sleeve(s):	equential compression de	vice continuous Continuous, I	Routine
O HIGH Risk of VTE - Surgica	I (Required)		
_	r (r toquirou)		
✓ High Risk (Required)			
✓ High risk of VTE	Once, Routine		
High Risk Pharmacolog	gical Prophylaxis - Surgic	al Patient (Required)	
	s exist for pharmacologic prophylaxis due to the follogic	<b>prophylaxis</b> Once, Routine owing contraindication(s):	
O Enoxaparin (LOV Patient renal statu	ENOX) for Prophylactic A s: @CRCL@	nticoagulation (Required)	
0.	5.4		D 4 (T)

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For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the

Weight	Dose
LESS THAN 100kg	enoxapari 40mg dail
100 to 139kg	enoxapari 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari 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
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrumL/min.	T) do NOT order this CI LESS than 30
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 frequency clinically appropriate.  Please weight the risks/benefits of bleeding and clotting when selecting the docineration.	cy may be
Pigge Waldhi the ricke/hanetite of higading and clotting when ediacting the doci	Ind tradiliancy

O HEParin (por	cine) injection - Q12 Hours 5000 Units, ev	ery 12 hours scheduled
O HEParin (por	cine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bleed risk		
gn:	Printed Name:	<b>Date/Time:</b> Page 38 of 45

	○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours scheduled	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours	scheduled
O warfari	n (COUMADIN)	
Indic	WITHOUT pharmacy consult 1 , oral, daily at 1700 ation: e Selection Guidance:	
0 1	Medications	
	<ul> <li>✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Roundication:</li> <li>☐ warfarin (COUMADIN) tablet 1, oral</li> </ul>	outine
	Indication: Dose Selection Guidance:	
☐ Mechanical F	Prophylaxis (Required)	
○ <b>Contra</b> i No mechani	indications exist for mechanical prophylaxis Once, Routine cal VTE prophylaxis due to the following contraindication(s):	
Place/N Side: Bilater Select Sleev		
	E - Non-Surgical (Required)	
✓ High Risk (Re		
High ris	sk of VTE Once, Routine	
_	armacological Prophylaxis - Non-Surgical Patient (Required)	
○ Contrai	indications exist for pharmacologic prophylaxis Once, Routine cologic VTE prophylaxis due to the following contraindication(s):	
	parin for Prophylactic Anticoagulation Nonsurgical (Required) nal status: @CRCL@	
	ts with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wecommended doses by weight:	ill 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
$\cap$	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 p	osterolateral
$\bigcirc$ 1	abdominal wall. Alternate injection site with each administration.  ENOXAPARIN SQ DAILY	
○ I	enoxaparin (LOVENOX) injection subcutaneous, S+1	
	Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or p abdominal wall. Alternate injection site with each administration.	osterolateral
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of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order
this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
Oheparin
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 <b>High Bleed Risk</b> Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig 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)
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
○ Medications
_
✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
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):
O HIGH Risk of VTE - Surgical (Hip/Knee) (Required)
✓ High Risk (Required)
✓ High risk of VTE Once, Routine
✓ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)

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○ 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)	
<b>☑</b> 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
	110013
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
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min	
O heparin	

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Version: 23 Gen: 8/25/2025 **High Risk Bleeding Characteristics** Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled O Not high bleed risk ○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o 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: 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 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

Sign:	Printed Name:	Date/Time:
Respiratory Avoid BiPAP and CPAP to avoid ac	erosolization of virus	
Respiratory	in one of the date of blood	
✓ Type and screen STAT, 1, Occu	irrences, Routine, Blood	
✓ Ferritin level AM draw reperture Laboratory-Type and Screen	eats, 3, Occurrences, S+1, Routine, Blood, 3	
	Occurrences, S+1, Routine, Blood, 3	
	3, Occurrences, S+1, Routine, Blood, 3	
	ats, 3, Occurrences, S+1, Routine, Blood, 3	
ADDITIONAL DAILY LABS for C	Critical Illness/Clinical Deterioration	
	Critical Illness/Clinical Deterioration	, o
	nel AM draw repeats, 3, Occurrences, Routine, Bloc	
	tial AM draw repeats, 3, Occurrences, Routine, Blo	od 3
☐ Lactic acid level - Now and rep HM IP COVID-19 REPEAT ADMISSION	oeat 2x every 3 hours Now and repeat 2x every 3 h	nours, 3, Occurrences, Routine, Blood, 3
Fibrinogen Once, Routine, Bloo	od, 3	
LDH Once, Routine, Blood, 3		
✓ D-dimer Once, Routine, Blood, 3	3	
Ferritin level Once, Routine, Blo	ood, 3	
✓ Interleukin 6 Once, Routine, Blo	pod, 3	
✓ C-reactive protein Once, Routing	ne, Blood, 3	
Release to patient (Note: If manual re Laboratory-COVID-19 Inflammatory be		days from finalization.):
	<b>Dic &amp; anaerobic</b> Once, Routine, Blood, Collect befo al site. If unable to draw both sets from a peripheral used.	
	<b>Dic &amp; anaerobic</b> Once, Routine, Blood, Collect befo al site. If unable to draw both sets from a peripheral used.	
Blood Culture Best Practic stewardship.pdf)	es (https://formweb.com/files/houstonmethodis	st/documents/blood-culture-
@LASTPROCRESULT(LAB	3462)@	
✓ Blood culture, aerobic and Most recent Blood Culture r	d anaerobic x 2 results from the past 7 days:	
☐ Blood culture, aerobic and ana	aerobic x 2	
	TAT, 1, Occurrences, Routine, Blood, 3	
✓ Procalcitonin STAT, 1, Occurrer		
✓ NT-proBNP STAT, 1, Occurrence		
☐ <b>Troponin T</b> STAT, 1, Occurrence		
Do not draw blood from the arm that	ctivated (PTT) STAT, 1, Occurrences, Routine, Bloc has heparin infusion. Do not draw from heparin flus neparin, flush the line, and aspirate 20 ml of blood to	shed lines. If there is no other access other
✓ Prothrombin time with INR STA	AT, 1, Occurrences, Routine, Blood, 3	
☐ Comprehensive metabolic par	nel STAT, 1, Occurrences, Routine, Blood, 3	
☐ CBC with platelet and differen	tial STAT, 1, Occurrences, Routine, Blood, 3	
HM IP COVID-19 GENERAL ADMISSIO	ON LABS	

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Click here for Control Hypoxemia Algor	OVID-19 Oxygen therapy algorithm (\\epic-nas.et0922.epichosted.com\static\OrderSets\COVID19 ithm.pdf)
Device: O High Titrate to keep Device:	erapy Continuous, Routine, Keep HFNC flow under 30L/min Flow Nasal Cannula (HFNC) O2 Sat Above: 92%
Indications for (	J2 therapy:
Cardiology	RDIOLOGY ORDERS
	on to ICU for baseline QTc and daily if on multiple agents that prolong QTc.
	ad STAT, 1, Occurrences, Routine, 6
	ons: o Rate/Rhythm
Clinical Indicati Interpreting Phy	
Does this study Does this exam Call back numb Where should t Does this exam Preferred interp If this patient ha on the left. Plea	acic Echocardiogram Complete, (w Contrast, Strain and 3D if needed) 1 time imaging, Routine require a chemo toxicity strain protocol? need a strain protocol? error Critical Findings: est be performed? need a bubble study? oreting Cardiologist or group: as had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report ase contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.  In select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform
Other Indication	Please note that nursing unit phone number or NP phone number do not meet this request' as should be ordered for TODAY or Routine.  or Observation patient, please choose TODAY as Priority.
Imaging	
✓ XR Chest	1 Vw Portable 1 time imaging, 1, Occurrences, STAT regnant? ent (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Age > 70, BMI is the patient pi	<b>Chest 1 Vw Portable</b> Daily imaging, -1, Occurrences, S+1, Routine, Consider daily CXR for the following patients: > 40, or Increasing O2 requirements on the floor. regnant? ent (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Physician Consults	
Physician Consul Consider using t	ts hese consults to assist with management of the COVID-19 positive patient.
Reason for Cor Patient/Clinical	fectious Diseases for moderate to severe COVID-19 patient Once, Routine insult?   Management of COVID-19 positive patient information communicated? information communicated?  :
Consult Pt Reason for Cor Patient/Clinical	ulmonary/Crit Care for respiratory insufficiency Once, Routine nsult? ○ Management of COVID-19 positive patient with respiratory insufficiency information communicated? information communicated?

Sign:\_\_\_\_\_ Printed Name:\_\_\_\_

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Consult Nephrology/Hyperten Once, Routine Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? To Provider: Provider Group:  Ancillary Consults Pharmacy Consults
Pharmacy consult to change IV medications to concentrate fluids maximally Until discontinued, Routine
<ul> <li>Pharmacy consult to manage dose adjustments for renal function Until discontinued, Routine Adjust dose for:</li> <li>Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.</li> <li>COVID-19 CONSULTS</li> </ul>
☐ Consult to Palliative Care Service
<ul> <li>✓ Consult to Palliative Care Service Once, Routine Priority:         Reason for Consult?         Order?         Name of referring provider:         Enter call back number:         Reason for Consult?         Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.</li> </ul>
Consult to Nutrition Services Once, Routine Reason For Consult? Purpose/Topic: Reason for Consult?
Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.
Consult to Social Work Once, Routine Reason for Consult: Reason for Consult?
Consult to Case Management Once, Routine Consult Reason: Reason for Consult?

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