Location	:		
General			
Comm	on Present on Admission Diagnos	sis	
	Acidosis Once, Routine		
	<b>Acute Post-Hemorrhagic Anemia</b>	Once, Routine	
	Acute Renal Failure Once, Routine	e	
	Acute Respiratory Failure Once, F	Routine	
	Acute Thromboembolism of Deep	Veins of Lower Extremities Once, Routine	
	Anemia Once, Routine		
	Bacteremia Once, Routine		
	Bipolar disorder, unspecified Ond	ce, Routine	
	Cardiac Arrest Once, Routine		
	Cardiac Dysrhythmia Once, Routi	ne	
	Cardiogenic Shock Once, Routine		
	Decubitus Ulcer Once, Routine		
	Dementia in Conditions Classifie	d Elsewhere Once, Routine	
	Disorder of Liver Once, Routine		
	Electrolyte and Fluid Disorder On	nce, Routine	
	Intestinal Infection due to Clostri	dium Difficile Once, Routine	
	Methicillin Resistant Staphylococ	ccus Aureus Infection Once, Routine	
	<b>Obstructive Chronic Bronchitis w</b>	vith Exacerbation Once, Routine	
	Other Alteration of Consciousnes	ss Once, Routine	
	Other and Unspecified Coagulation	on Defects Once, Routine	
	Other Pulmonary Embolism and	Infarction Once, Routine	
	Phlebitis and Thrombophlebitis	Once, Routine	
	Protein-calorie Malnutrition Once	, Routine	
	Psychosis, unspecified psychosi	s type Once, Routine	
	Schizophrenia Disorder Once, Ro	utine	
	Sepsis Once, Routine		
	Septic Shock Once, Routine		
	Septicemia Once, Routine		
	Type II or Unspecified Type Diabe	etes Mellitus with Mention of Complication, N	lot Stated as Uncontrolled Once, Routine
 Admis	Urinary Tract Infection, Site Not S sion or Observation (Required)	Specified Once, Routine	
Adr Lev Pat Bed Cer		pest clinical judgment and the patient's condition hospital services for two or more midnights.	n as documented in the HP and progress
Atte Pat	Outpatient observation services mitting Physician: ending Provider: ient Condition: d request comments:	under general supervision Once, Routine	
	Sign:	Printed Name:	<b>Date/Time:</b> Page 1 of 43

Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:
Admission or Observation Patient has active status order on file
Admit to Inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Outpatient observation services under general 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 Patient has active 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 progress notes, I expect that the patient will need hospital services for two or more midnights.</li> </ul>
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?

Printed Name:

\_ Date/Time: Page 2 of 43

Modified Code Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Code Status decision reached by:	
☐ Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Continuous - Treatment Restrictions, Routine I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:  Treatment Restriction decision reached by: Specify Treatment Restrictions:	
Code Status decision reached by: Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.	
The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click the link below: Guidance for Code Status & Treatment Restrictions	on
Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.	
If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.  Isolation	
☐ Airborne isolation status	
✓ Airborne isolation status Continuous, Routine	
	S.
☐ Contact isolation status Continuous, Routine	
☐ <b>Droplet isolation status</b> Continuous, Routine	
☐ Enteric isolation status Continuous, Routine Precautions	
Aspiration precautions Continuous, Routine	
Fall precautions Continuous, Routine Increased observation level needed:	
☐ Latex precautions Continuous, Routine	
Seizure precautions Continuous, Routine Increased observation level needed:	
Nursing	
Vital Signs	
☐ Vital signs - T/P/R/BP every 4 hours Every 4 hours, Routine	
☐ Vital signs - T/P/R/BP per unit protocol Per unit protocol, Routine	
Activity	
Ambulate 3 times daily, Routine Specify:	
Ambulate as tolerated 3 times daily, Routine Specify:	
☐ Strict bed rest Until discontinued, Routine, May elevate Head of Bed 30 degrees.	
Nursing	
☐ Telemetry	

Printed Name:

\_\_ Date/Time: Page 3 of 43

✓ 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): $\circ$ 120 $\circ$ 120.000 Low Heart Rate(BPM): $\circ$ 50 $\circ$ 50.000 High PVC's (per minute): $\circ$ 10 $\circ$ 10.000 High SBP(mmHg): $\circ$ 175 $\circ$ 175.000 Low SBP(mmHg): $\circ$ 100 $\circ$ 100.000 High DBP(mmHg): $\circ$ 95 $\circ$ 100.000 Low DBP(mmHg): $\circ$ 40 $\circ$ 95.000 Low Mean BP: $\circ$ 60 $\circ$ 60.000 High Mean BP: $\circ$ 120 $\circ$ 120.000 Low SPO2(%): $\circ$ 94 $\circ$ 94.000
☐ Place TED hose Once, Routine Side: Bilateral Hose length: Thigh-high
Collect initial labs before starting anticoagulation. Once, 1, Occurrences, Routine
✓ Height and weight Once, 1, Occurrences, Routine, On Admission.
Notify  Notify Physician of following vitals Until discontinued, Routine, Systolic BP GREATER than 180 mmHg Systolic BP LES
than 80 mmHg Heart rate GREATER than 120 bpm Heart rate LESS than 55 bpm SpO2 LESS than 90  Diet
NPO Diet effective now, Routine
NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
Diet - Regular Diet effective now, Routine, Low Vitamin K Diet(s): ○ Regular ○ Other Potass/Phos Potassium/Phosphorus: 2 GM Potassium Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
□ Diet - 2000 Kcal/225 gm Carb Diet effective now, Routine Diet(s): ○ 2000 Kcal/225 gm Carbohydrate Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: □ Diet - Heart healthy Diet effective now, Routine
Diet(s): ○ Heart Healthy Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

\_\_ Date/Time: Page 4 of 43 Printed Name: Sign:\_\_\_\_

Version. 7 Gen. 6/25/2025
Diet Diet effective now, Routine Diet(s): Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:
IV Fluids
IV Fluids
☐ sodium chloride 0.45 % infusion 0.45 , intravenous, continuous
sodium chloride 0.9 % infusion .9 , intravenous, continuous
Medications Anti-coagulants Patients may be eligible for enoxaparin if the time to surgical procedure is GREATER THAN 24 hours and renal function is STABLE.
Enoxaparin Pharmacy consult is available for anti-Xa monitoring for enoxaparin (Lovenox) in patients with CrCl LESS THAN 30 mL/min, extremes of body weight (LESS THAN 45kg or GREATER THAN 150kg), pregnancy, or elderly (age GREATER THAT or EQUAL to 75 years).
✓ enoxaparin (LOVENOX) subcutaneous injection (dosing based on CrCl)
For CrCl GREATER than or EQUAL to 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 12 hours 1 mg/kg, subcutaneous, every 12 hours scheduled Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
For CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 24 hours 1 mg/kg, subcutaneous, every 24 hours scheduled Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
Pharmacy consult to manage therapeutic enoxaparin (LOVENOX) Until discontinued, Routine Indication(s): Reason for consult: Anti-Xa goal: 0.6-1 units/mL
Prothrombin time with INR Once, Routine, Blood, 3
Partial thromboplastin time, activated Once, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
☐ Anti Xa, low molecular weight heparin Once, Routine, Blood, 3 Heparin Name: ○ Lovenox Draw specimen 4 hours after subcutaneous injection
O Heparin
heparin consult or heparin IV infusion

Date/Time: Page 5 of 43 Sign:\_\_ **Printed Name:** 

Heparin Indication: Specify: Specify:	nsult to Manage Heparin: STANDARD dose protocol (lo DVT	DVT/PE) Until discontinued, Routine
Monitoring: Standard Dose Pro	otocol	
<ul><li>Consider in patier</li><li>Initial Infusion (18</li></ul>	tial Bolus (80 units/kg) with no maximum. nts at risk for recurrent embolization. units/kg/hr) with no maximum. titration with additional bolus and increase in heparin for s	sub-therapeutic monitoring levels.
*See protocol for de	etails*	
O <b>HEParin 25,00</b> Indication: O Deep of Therapeutic Monito		
☐ Prothrombin time w	vith INR Once, Routine, Blood, 3	
Do not draw blood from the other than the heparin lin specimen.	stin time, activated Once, Routine, Blood, 3 he arm that has heparin infusion. Do not draw from heparie, then stop the heparin, flush the line, and aspirate 20 mated Once, Routine, Blood, 3	
Do not draw blood from the	he arm that has heparin infusion. Do not draw from hepar e, then stop the heparin, flush the line, and aspirate 20 m	
O Direct Xa Inhibitors		
ivaroxaban (XARE	LTO) initial therapy and maintenance	
🗸 rivaroxaban ()	KARELTO) tablet	
Occurrence: Indications: For Xarelto	aban (XARELTO) tablet 15 mg, oral, 2 times daily at 090 s  ○ Deep vein thrombosis / Pulmonary embolism  15 mg and 20 mg, give with food or follow administration of the policy point administer via post-pyloric routes.	,
✓ rivarox: Indications: For Xarelto	aban (XARELTO) tablet 20 mg, oral, daily at 1700  • Deep vein thrombosis / Pulmonary embolism  15 mg and 20 mg, give with food or follow administration or not administer via post-pyloric routes.	with enteral feeding to increase medication
	nsult to monitor rivaroxaban (XARELTO) therapy Until vein thrombosis / Pulmonary embolism	discontinued, STAT
O apixaban (ELIQUIS)	) initial therapy and maintenance	
🗸 apixaban (ELI	QUIS) tablet	
	an (ELIQUIS) tablet 10 mg, oral, 2 times daily, 14, Occurr o Deep vein thrombosis / Pulmonary embolism	rences
	an (ELIQUIS) tablet 5 mg, oral, 2 times daily  ○ Deep vein thrombosis / Pulmonary embolism	
Pharmacy cor Indications: Deep v	nsult to monitor apixaban (ELIQUIS) therapy Until discoverin thrombosis / Pulmonary embolism	ontinued, STAT
O dabigatran (PRADA	XA) therapy - after 5 days of parenteral anticoagulation	on
Indications: DVT/PI Indications:	exilate (PRADAXA) capsule 150 mg, oral, 2 times daily E whole; do not chew, break, or empty the contents of the ca	apsule
✓ Pharmacy cor	nsult to monitor dabigatran (PRADAXA) therapy Until of and Drug Interactions. Provide Patient Education.	•
Sign:	Printed Name:	Date/Time:

O Vitamin K Antagonists
O warfarin (COUMADIN) with consult and labs
warfarin (COUMADIN) tablet 1, oral, once, 1, Occurrences Indication:  Dose Selection Guidance:
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR AM Draw AM draw, 1, Occurrences, S+1, Routine, Blood, 3
Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
O warfarin (COUMADIN) with consult and labs
warfarin (COUMADIN) tablet 1, oral, once, 1, Occurrences Indication:  Dose Selection Guidance:
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
O warfarin (COUMADIN) with labs
warfarin (COUMADIN) tablet 1 , oral, daily at 1700 Indication:  Dose Selection Guidance:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR AM Draw AM draw, 1, Occurrences, S+1, Routine, Blood, 3
Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
Analgesics
acetaminophen (TYLENOL) oral/rectal
acetaminophen (TYLENOL) tablet 325 mg, oral, every 4 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
acetaminophen (TYLENOL) suppository 325 mg, rectal, every 4 hours PRN, fever For rectal use only. Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
sodium chloride 0.9% bag for line care
sodium chloride 0.9 % bag for line care .9 , PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.
VTE

\_\_ Date/Time: Page 7 of 43 Printed Name:

VTE Risk and Prophylaxis Tool (Required)		
Low Risk Definition		High Risk Definition
	Definition	Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis	prophylaxis must be
	must be	addressed.
	addressed.	
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	is contraindicated.	
Age less than 60 years and NO other VTE risk factors		One or more of the
Age less than ob years and NO other VIE risk ractors	the following	following medical
	medical	conditions:
	conditions:	CONDITIONS.
Patient already adequately anticoagulated	CHF, MI, lung	Thrombonhilia (Factor
n alient already adequately antiboayulated		Thrombophilia (Factor V Leiden, prothrombin
	disease,	variant mutations,
	pneumonia, active	anticardiolipin antibody
	inflammation,	syndrome; antithrombin, protein C
	dehydration,	
	varicose veins,	or protein S deficiency; hyperhomocysteinemia;
	cancer, sepsis,	myeloproliferative
	obesity, previous stroke,	disorders)
		disorders)
	rheumatologic disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury
		with paresis
	History of DVT	Multiple major traumas
	or family history	
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	_
	Moderate or	
	major surgery	
	(not for cancer)	
	Major surgery	
	within 3 months	
	of admission	1
	0. 44.711001011	I .

**Anticoagulation Guide for COVID patients** (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Printed Name: Date/Time: Page 8 of 43

oigii	Page 9 of 4
Sian:	Printed Name: Date/Time:
✓ Moderate Risk (Required)	
○ MODERATE Risk of VTE - Surgica	•
Low risk of VTE Once, R	√TE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)	
O LOW Risk of VTE (Required)	
Place/Maintain se Side: Bilateral Select Sleeve(s):	quential compression device continuous Continuous, Routine
	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):
✓ Place sequential compre	
Therapy for the following:	axis because: patient is already on therapeutic anticoagulation for other indication.
Patient currently has an	active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine
✓ High risk of VTE Once, F	
	as an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
<ul> <li>Place/Maintain se</li> <li>Side: Bilateral</li> <li>Select Sleeve(s):</li> </ul>	quential compression device continuous Continuous, Routine
No mechanical VTE pr	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):
Place sequential compre	ssion device
	active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine axis because: patient is already on therapeutic anticoagulation for other indication.
✓ High risk of VTE Once, F	
	as an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	quential compression device continuous Continuous, Routine
	phylaxis due to the following contraindication(s):  quential compression device continuous Continuous, Routine
	exist for mechanical prophylaxis Once, Routine
✓ Place sequential compre	
Patient currently has an	active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine axis because: patient is already on therapeutic anticoagulation for other indication.
✓ Moderate risk of VTE Or	
Side: Bilateral Select Sleeve(s):  Moderate Risk - Patient curre	tly has an active order for therapeutic anticoagulant or VTE prophylaxis (Require
Place/Maintain se	quential compression device continuous Continuous, Routine
	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):
✓ Place sequential compre	ssion device
	axis because: patient is already on therapeutic anticoagulation for other indication.
✓ Patient currently has an	active order for therapeutic anticoagulant or VTE prophylaxis Once, Routine

✓ Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin
	30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg every 12
	hours
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
Of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 lf the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of mL/min.	
O heparin	

**Printed Name:** 

\_ Date/Time:\_ Page 10 of 43

Sig	n: Printed Name:	Date/Time:
	✓ Contraindications exist for pharmacologic p No pharmacologic VTE prophylaxis due to the follo	
	_	
	Contraindications exist for pharmacologic prophyla	, ,
_	erate Risk Pharmacological Prophylaxis - Non-Surgica	al Patient (Required)
_	Moderate risk of VTE Once, Routine	
✓ Mod	erate Risk (Required)	
✓ Moderate	Risk Pharmacological Prophylaxis - Non-Surgical Pat	ient (Required)
O MODERATE R	sk of VTE - Non-Surgical (Required)	
<ul><li>Plac</li><li>Side: Bila</li><li>Select Sl</li></ul>		s Continuous, Routine
	traindications exist for mechanical prophylaxis Once, anical VTE prophylaxis due to the following contraindication	
	al Prophylaxis (Required)	
	Pharmacy consult to manage warfarin (COL Indication:	JMADIN) Until discontinued, Routine
(	Medications	
In	dication:  See Selection Guidance:	
	arin (COUMADIN)  WITHOUT pharmacy consult 1 , oral, daily at 1700	
O word		, subcutaneous, every o nours scheduled
	<ul><li>Wt &gt; 100 kg 7500 Onlis, subcutaneous, every</li><li>Wt LESS than or equal to 100 kg 5000 Units,</li></ul>	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	8 hours scheduled
(	Not high bleed risk	, orms, every e floure seriousled
	O HEParin (porcine) injection - Q8 Hours 5000	
	O HEParin (porcine) injection - Q12 Hours 500	
Р	ease weight the risks/benefits of bleeding and clo	otting when selecting the dosing frequency.
E bl	High Bleed Risk very 12 hour frequency is appropriate for most hig eeding risk patients also have high clotting risk in inically appropriate.	Jh bleeding risk patients. However, some high which every 8 hour frequency may be
7101170	<u></u>	
	c use of NSAIDs/steroids GI ulcer	
	of bleeding event requiring admission and/or trar	nstusion
	schemic stroke	
	tra-cranial hemorrhage	
	sis/hepatic failure	
	cancer	
	ntiplatelet therapy	
	impairment nt < 100 K/uL	
	ple Hgb	
	: < 50 kg	
Age ≥		
High F	Risk Bleeding Characteristics	

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

\_ Date/Time:\_ Page 12 of 43 Sign:\_\_\_\_ Printed Name:

	Bleeding Characteristics	
Age ≥ 75	0.1	
Weight < 50		
Unstable H	<u> </u>	
Renal impa Plt count <		
	atelet therapy	
Active cand		
	epatic failure	
	cranial hemorrhage	
Prior ischer	<u>~</u>	
	eleeding event requiring admission and/or tran	sfusion
	e of NSAIDs/steroids	
Active GI ul		
	<del></del>	
Every some	igh Bleed Risk / 12 hour frequency is appropriate for most high high bleeding risk patients also have high cloency may be clinically appropriate.	
Pleas freque	se weight the risks/benefits of bleeding and clo ency.	otting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 500	00 Units, every 8 hours scheduled
ON	ot high bleed risk	, ,
	○ Wt > 100 kg 7500 Units, subcutaneous, ever	ry 8 hours scheduled
	Wt LESS than or equal to 100 kg 5000 Unit	ts, subcutaneous, every 8 hours scheduled
O warfarin (	(COUMADIN)	
○ <b>w</b> Indicat	/ITHOUT pharmacy consult 1 , oral, daily at 1700	
	Selection Guidance:	
○ M	ledications	
	Pharmacy consult to manage warfarin (CC Indication:	<b>DUMADIN)</b> Until discontinued, Routine
	warfarin (COUMADIN) tablet 1, oral	
	Indication:  Dose Selection Guidance:	
☐ Mechanical Prophylax	ris (Required)	
O Contraindication	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
	sequential compression device continuous Contin	nuous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ <b>High Risk</b> (Required)	(	
	Once Positive	
✓ High risk of VTE		
	ogical Prophylaxis - Surgical Patient (Required)	
	ns exist for pharmacologic prophylaxis Once, Rou E prophylaxis due to the following contraindication(s)	
O Enoxaparin (LO) Patient renal statu	VENOX) for Prophylactic Anticoagulation (Require us: @CRCL@	ed)
Sign:	Printed Name:	Date/Time:

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

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

	40mg daily
100 to 139kg	enoxaparin
	30mg
	every 12 hours
ODE ATED THAN OF FOUND to 440km	
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg every 12
	hours
	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 pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
f the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT	
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min.	JI 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	
Active Gruicer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	
bleeding risk patients also have high clotting risk in which every 8 hour frequence	y may be
clinically appropriate.	

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

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

Printed Name: Date/Time:

0	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
$\circ$	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8	8 hours scheduled
O warfarin (COL	JMADIN)	
Indication:	UT pharmacy consult 1 , oral, daily at 1700	
O Medica	itions	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinication:	nued, Routine
	warfarin (COUMADIN) tablet 1 , oral ication: se Selection Guidance:	
☐ Mechanical Prophy	laxis (Required)	
	ions exist for mechanical prophylaxis Once, Routine E prophylaxis due to the following contraindication(s):	
<ul><li>Place/Maintail</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	n sequential compression device continuous Continuous, Routine	
O HIGH Risk of VTE - Non	-Surgical (Required)	
High Risk (Required		
✓ High risk of V	TE Once, Routine	
High Risk Pharmac	ological Prophylaxis - Non-Surgical Patient (Required)	
	ions exist for pharmacologic prophylaxis Once, Routine VTE prophylaxis due to the following contraindication(s):	
Patient renal st	or Prophylactic Anticoagulation Nonsurgical (Required) atus: @CRCL@  CrCl GREATER than or EQUAL to 30mL/min, enoxaparin or	rders will apply the
	mended doses by weight:	doro wiii appry tiro
	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
( ENOYA	APARIN 30 MG DAILY	
Indi Adr	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 ication(s): minister by deep subcutaneous injection into the left and right anterolate lominal wall. Alternate injection site with each administration.	
	APARIN SQ DAILY	
Indi Adr	enoxaparin (LOVENOX) injection subcutaneous, S+1 ication(s): minister by deep subcutaneous injection into the left and right anterolate lominal wall. Alternate injection site with each administration.	eral or posterolateral
Sign:	Printed Name:	<b>Date/Time:</b> Page 15 of 43

this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LES 30 mL/min.  heparin  High Risk Bleeding Characteristics  Age ≥ 75  Weight < 50 kg Unstable Hgb Renal impairment Pit count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer  high Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, so 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 in the prior in the	If the patient does not have	RA) injection 2.5 mg, subcutaneous, daily a history of or suspected case of Heparin-Induced	Thrombocytopenia (HIT) do NOT order
High Risk Bleeding Characteristics  Age ≥ 75  Weight ≤ 50 kg  Unstable Hgb  Renal impairment  Pit count ≤ 100 k/uL  Dual antiplatelet therapy  Active cancer  Cirrhosis/hepatic failure  Prior intra-cranial hemorrhage  Prior ischemic stroke  History of bleeding event requiring admission and/or transfusion  Chronic use of NSAIDs/steroids  Active G1 ulcer   High Bleed Risk  Every 12 hour frequency is appropriate for most high bleeding risk patients. However, so 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 injection - Q12 Hours 5000 Units, every 12 hours scheduled  HEParin (porcine) injection - Q12 Hours 5000 Units, every 8 hours scheduled  Not high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled  Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled  Wt HIDUT pharmacy consult 1, oral, daily at 1700 Indication:  Dose Selection Guidance:  Medications  W Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  Warfarin (COUMADIN)  Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):  Medications  Medications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):  Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sieeve(s):  High Risk (Required)  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)		cated in patients LESS than 50kg, prior to surgery/i	invasive procedure, or CrCl LESS than
Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Pit count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer    High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, so 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 in HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled   HEParin (porcine) injection - Q18 Hours 5000 Units, every 8 hours scheduled   Not high bleed risk   Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled   Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled   warfarin (COUMADIN)   MTHOUT pharmacy consult 1, oral, daily at 1700 Indication:   Dose Selection Guidance:   Medications   Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:   Dose Selection Guidance:   Medications   Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:   Dose Selection Guidance:   Medications   Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:   Dose Selection Guidance:   Medications 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 (Required)   High Risk (Required)   High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)   High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)	O heparin		
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HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled  HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled  Not high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled  Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled  Warfarin (COUMADIN)  WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:  Dose Selection Guidance:  Medications  Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  warfarin (COUMADIN) tablet 1, oral Indication:  Dose Selection Guidance:  Mechanical Prophylaxis (Required)  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 - Surgical (Hip/Knee) (Required)  High Risk (Required)  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	Every 12 hour fre bleeding risk pati	quency is appropriate for most high bleeding ents also have high clotting risk in which eve	
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HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled  Not high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled  Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled  Warfarin (COUMADIN)  WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:  Dose Selection Guidance:  Medications  Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  warfarin (COUMADIN) tablet 1, oral Indication:  Dose Selection Guidance:  Mechanical Prophylaxis (Required)  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):  Rik Risk of VTE - Surgical (Hip/Knee) (Required)  High Risk (Required)  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	○ HEPar	n (porcine) injection - Q12 Hours 5000 Units eve	ery 12 hours scheduled
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Wit > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled  Wit LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled  Warfarin (COUMADIN)  WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:  Dose Selection Guidance:  Medications  Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  warfarin (COUMADIN) tablet 1, oral Indication:  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):  H Risk of VTE - Surgical (Hip/Knee) (Required)  High Risk (Required)  High Risk (Required)  High Risk (Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	○ HEPar	n (porcine) injection - Q8 Hours 5000 Units, ever	y 8 hours scheduled
<ul> <li>✓ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled</li> <li>✓ warfarin (COUMADIN)</li> <li>✓ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:         <ul> <li>Dose Selection Guidance:</li> <li>✓ Medications</li> <li>✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:</li></ul></li></ul>	O Not high bleed	risk	
<ul> <li>✓ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled</li> <li>✓ warfarin (COUMADIN)</li> <li>✓ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:         <ul> <li>Dose Selection Guidance:</li> <li>✓ Medications</li> <li>✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:</li></ul></li></ul>	○ Wt > 1	10 kg 7500 Units subcutaneous every 8 hours sch	haluhar
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			ous, every 8 hours 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 Sleeve(s): HRisk of VTE - Surgical (Hip/Knee) (Required) High Risk (Required) High Risk (Parmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required) Sign: Printed Name: Date/Time:	warfarin (COUMADIN	)	
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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):  H 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)  Sign: Printed Name: Date/Time:	Indication:		
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Side: Bilateral Select Sleeve(s):  GH 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)  Sign: Printed Name: Date/Time:	O Contraindications ex No mechanical VTE proph	est for mechanical prophylaxis Once, Routine vlaxis due to the following contraindication(s):	
High Risk (Required)  ✓ High risk of VTE Once, Routine  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	Side: Bilateral	ntial compression device continuous Continuous	s, Routine
High Risk (Required)  High risk of VTE Once, Routine  High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	H Risk of VTE - Surgical (H	p/Knee) (Required)	
High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	• ,	F	
High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)  Sign: Printed Name: Date/Time:	✓ High risk of VTE Onc	e. Routine	
Sign: Printed Name: Date/Time:			cal Patient (Required)
	Sign:	Printed Name:	Date/Time:
Page			Page 16 of 4

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	
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
<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 pos 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 pos abdominal wall. Alternate injection site with each administration.     </li> <li>○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min     ○ heparin     </li> </ul>	sterolateral -) do NOT order this

\_ Date/Time:\_ Page 17 of 43 Printed Name: Sign:\_\_\_\_

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
Active Gi dicei
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ <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
Rivaroxaban and Pharmacy Consult (Required)
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication:  Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
☐ warfarin (COUMADIN) tablet 1 , oral
Indication:  Dose Selection Guidance:
echanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Printed Name:

\_ Date/Time:\_ Page 18 of 43

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

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) \_\_\_\_\_ **Date/Time:**\_\_\_\_\_ Page 19 of 43 Sign: Printed Name:

Sign:	Printed Name:	Date/Time:Page 20 of 43
, , ,		_
✓ Moderate Risk (Required)	, (Toguilou)	
Moderate Risk of VTE - Surgical	•	
■ Low risk of VTE Once Low risk: ○ Due to low risk,	, Routine no VTE prophylaxis is needed. Will encourgae early encourage early ambulation	ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Conti	inuous, Routine
	ons exist for mechanical prophylaxis Once, Routin prophylaxis due to the following contraindication(s):	ne
Place sequential com	pression device	
	an active order for therapeutic anticoagulant or V phylaxis because: patient is already on therapeutic a	
✓ High risk of VTE Once		
O High Risk - Patient currentl	y has an active order for therapeutic anticoagula	nt or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Conti	illuous, routille
No mechanical VTE	ons exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s): sequential compression device continuous Continuous	
✓ Place sequential com		20
No pharmacologic VTE pro Therapy for the following:	an active order for therapeutic anticoagulant or V phylaxis because: patient is already on therapeutic a	
✓ High risk of VTE Once		/TE prophylavia Onco Pouting
	y has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Conti	
No mechanical VTE	prophylaxis due to the following contraindication(s):	
✓ Place sequential com		
No pharmacologic VTE pro Therapy for the following:	an active order for therapeutic anticoagulant or V ohylaxis because: patient is already on therapeutic and	
✓ Moderate risk of VTE		F 1. 7 (
Select Sleeve(s):	rently has an active order for therapeutic anticoa	ngulant or VTE prophylaxis (Required)
	sequential compression device continuous Conti	inuous, Routine
	ons exist for mechanical prophylaxis Once, Routin prophylaxis due to the following contraindication(s):	ne
✓ Place sequential com	pression device	
✓ Patient currently has:	an active order for therapeutic anticoagulant or V ohylaxis because: patient is already on therapeutic a	
Moderate risk of VTE	Once. Routine	

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✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
<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 will following 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
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 of or suspected case of Heparin-Induced Thrombocytopenia (I this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, c 30 mL/min.	
O heparin	

\_ Date/Time:\_ Page 21 of 43 **Printed Name:** 

Risk Bleeding Characteristics 75 tt < 50 kg ble Hgb impairment unt < 100 K/uL antiplatelet therapy cancer sis/hepatic failure ntra-cranial hemorrhage schemic stroke y of bleeding event requiring admission and/or transfusion ic use of NSAIDs/steroids GI ulcer  High Bleed Risk ivery 12 hour frequency is appropriate for most high bleeding risk patients. However, some higheding risk patients also have high clotting risk in which every 8 hour frequency may be
ble Hgb impairment unt < 100 K/uL antiplatelet therapy cancer sis/hepatic failure intra-cranial hemorrhage schemic stroke y of bleeding event requiring admission and/or transfusion ic use of NSAIDs/steroids GI ulcer  High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high
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impairment unt < 100 K/uL antiplatelet therapy cancer sis/hepatic failure ntra-cranial hemorrhage schemic stroke y of bleeding event requiring admission and/or transfusion ic use of NSAIDs/steroids GI ulcer  High Bleed Risk every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high
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schemic stroke y of bleeding event requiring admission and/or transfusion ic use of NSAIDs/steroids GI ulcer  High Bleed Risk every 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig
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GI ulcer  High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high
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○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours scheduled
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WITHOUT pharmacy consult 1 , oral, daily at 1700
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Medications
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Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral
Indication:
Dose Selection Guidance:
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traindications exist for mechanical prophylaxis Once, Routine nanical VTE prophylaxis due to the following contraindication(s):
ce/Maintain sequential compression device continuous Continuous, Routine ateral leeve(s):
c of VTE - Non-Surgical (Required)
Risk (Required)
lerate risk of VTE Once, Routine
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Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
traindications exist for pharmacologic prophylaxis - Order Sequential compression device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine to pharmacologic VTE prophylaxis due to the following contraindication(s):

**Printed Name:** 

✓ 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 for Prophylactic Anticoagulation Nonsurgical (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
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
<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 po 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 po abdominal wall. Alternate injection site with each administration.</li> <li>○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or one of the parin</li> <li>○ heparin</li> </ul>	sterolateral HIT), do NOT order

\_ Date/Time:\_ Page 23 of 43 Sign:\_\_\_\_ Printed Name:\_\_\_\_

	Sign:	Printed Name:	<b>Date/Time:</b> Page 24 of
	atient renal status: @C		Dete/Time
	pharmacologic VTE prophy	laxis due to the following contraindication(s):	
		for pharmacologic prophylaxis Once, Routine	
		ophylaxis - Surgical Patient (Required)	
_	High risk of VTE Once, R	outine	
	n Risk (Required)		•
_	•	prophylaxis by ordering from Pharmacological and Mo	echanical Prophylaxis.
	sk of VTE - Surgical (Requi	red)	
	de: Bilateral elect Sleeve(s):		
		al compression device continuous Continuous,	, Routine
		is due to the following contraindication(s):	
		for mechanical prophylaxis Once, Routine	
Mec	chanical Prophylaxis (Requ		
	Indication: Dose Selection	Guidance:	
	-	COUMADIN) tablet 1 , oral	
	Indication:	- ,	
	✓ Pharmacy	consult to manage warfarin (COUMADIN) Unti	il discontinued, Routine
	<ul> <li>Medications</li> </ul>		
	Dose Selection Guidan	ce:	
	Indication:	ncy consult 1 , oral, daily at 1700	
	,	new consult 1 oral daily at 1700	
	warfarin (COUMADIN)	or equal to 100 kg 3000 Offics, subcutafied	as, every o nours someduled
	_	than or equal to 100 kg 5000 Units, subcutaneous	
		g 7500 Units, subcutaneous, every 8 hours sche	eduled
	O Not high bleed ris		
	O HEParin (	oorcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
	O HEParin (	oorcine) injection - Q12 Hours 5000 Units, ever	y 12 hours scheduled
	Please weight the ris	sks/benefits of bleeding and clotting when	selecting the dosing frequency.
	bleeding risk patient clinically appropriate	s also have high clotting risk in which ever	y 8 hour frequency may be
	O High Bleed Risk Every 12 hour frequency	ency is appropriate for most high bleeding	risk patients. However, some h
	Active GI ulcer		
	Chronic use of NSAIDs/s		
		requiring admission and/or transfusion	
	Prior intra-cranial hemorr Prior ischemic stroke	nage	
	Cirrhosis/hepatic failure	L	
	Active cancer		
_	Dual antiplatelet therapy		
	Plt count < 100 K/uL		
F	Renal impairment		
1 -	Jnstable Hgb		
	VCIGITE 4 00 Kg		
V	\ge <u>&gt;</u> 75 Veight < 50 kg		

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

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

	40mg daily
100 to 139kg	enoxaparin
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
f the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT	
nedication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr nL/min.	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	
7 touvo oi diooi	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever some high
bleeding risk patients also have high clotting risk in which every 8 hour frequency	
clinically appropriate.	., may bo
A substitution	
Please weight the risks/benefits of bleeding and clotting when selecting the dos	ing frequency.

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

Date/Time: Page 25 of 43 **Printed Name:** 

GREATER THAN or EQUAL to 140kg  OBTION 139kg  OBTION 139kg  OBTION 139kg  OBTION 140kg  OBTION 140kg	
warfarin (COUMADIN)  WITHOUT pharmacy consult 1, oral, daily at 1700 Indication:  Dose Selection Guidance:  Medications  ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  □ warfarin (COUMADIN) tablet 1, oral Indication:  Dose Selection Guidance:  → High Risk of VTE - Non-Surgical (Required)  ✓ High Risk (Required)  ✓ High Risk (Required)  ✓ High Risk (Required)  ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):  → Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)  Patient renal status: ②CRCL②  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  en  GREATER THAN or EQUAL to 140kg  en  Honoxaparin (LOVENOX) Injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.  ∫ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do N	
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:   High Risk of VTE - Non-Surgical (Required)   Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.   High Risk (Required)   High Risk (Required)   High Risk (Required)   Ontraindications exist for pharmacologic prophylaxis Once, Routine   High Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)   Ontraindications 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   en     GREATER THAN 100kg   en	
Indication: Dose Selection Guidance:    Medications     Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:   warfarin (COUMADIN) tablet 1, oral Indication:   Dose Selection Guidance:   High Risk of VTE - Non-Surgical (Required)   Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.   High Risk (Required)     High Risk (Required)     High Risk (Paramacological 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 to following recommended doses by weight:   Weight     LESS THAN 100kg   en     GREATER THAN or EQUAL to 140kg   en	
Medications	
Indication:	
Indication:	
Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.  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  LESS THAN 100kg  en  GREATER THAN or EQUAL to 140kg  en  GREATER THAN or EQUAL to 140kg  en  GREATER THAN or EQUAL to 140kg  en  ENOXAPARIN 30 MG DAILY  Administer by deep subcutaneous injection into the left and right anterolateral or posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.  fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily  If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do N	
<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:         <ul> <li>Weight</li> <li>LESS THAN 100kg</li> <li>en</li> </ul> </li> <li>GREATER THAN or EQUAL to 140kg</li> <li>en</li> <li>en&lt;</li></ul>	
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  LESS THAN 100kg en  100 to 139kg en  GREATER THAN or EQUAL to 140kg en  GREATER THAN or EQUAL to 140kg en  GREATER THAN or EQUAL to 140kg en  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 posterolater 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 posterolater abdominal wall. Alternate injection is with each administration.  fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolater abdominal wall. Alternate injection site with each administration.	
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Following recommended doses by weight:  Weight  LESS THAN 100kg  en  100 to 139kg  en  GREATER THAN or EQUAL to 140kg  en  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 posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.  fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do N	
Weight  LESS THAN 100kg en  40  100 to 139kg en  GREATER THAN or EQUAL to 140kg en  GREATER THAN or EQUAL to 140kg en  e  •  •  •  •  •  •  •  •  •  •  •  •	ıe
GREATER THAN or EQUAL to 140kg  OBTION 139kg  OBTION 139kg  OBTION 139kg  OBTION 140kg  OBTION 140kg	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 posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.  fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do N	oxaparin mg daily
<ul> <li>ENOXAPARIN 30 MG DAILY         <ul> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):</li></ul></li></ul>	oxaparin 30mg very 12 hours
<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 posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.     </li> <li>✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) does not have a history of or suspected case o</li></ul>	oxaparin 40mg very 12 hours
<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 posterolater 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 posterolater abdominal wall. Alternate injection site with each administration.     </li> <li>✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily</li> <li>If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) does not have a history of or suspected case o</li></ul>	
<ul> <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 posterolater abdominal wall. Alternate injection site with each administration.         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 Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do Note that the patient does not have a history of or suspected the patient does not have t</li></ul>	al
<ul> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1         Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or posterolater abdominal wall. Alternate injection site with each administration.         Ofondaparinux (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 N     </li> </ul>	
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If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do N	al
this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LE 30 mL/min.	
○ heparin	
Sign:Printed Name:Date/Time:Pag	e 26 of 43

High Risk Bleeding C	haracteristics	
Age $\geq 75$	TIGITA STOTION	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	ру	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hem	orrhage	
Prior ischemic stroke		
Chronic use of NSAID	ent requiring admission and/or transfusion	
Active Gl ulcer	5/Steroids	
Active Gi dicei		
O High Bleed Ris	k	
Every 12 hour fre	quency is appropriate for most high bleeding	risk patients. However, some high
	ents also have high clotting risk in which ever	ry 8 hour frequency may be
clinically appropri	ate.	
Please weight the	risks/benefits of bleeding and clotting when	selecting the dosing frequency
	n (porcine) injection - Q12 Hours 5000 Units, ever	
	n (porcine) injection - Q8 Hours 5000 Units, every	y 8 nours scheduled
O Not high bleed		
○ Wt > 10	<b>00 kg</b> 7500 Units, subcutaneous, every 8 hours sche	eduled
O Wt LES	S than or equal to 100 kg 5000 Units, subcutaneo	ous, every 8 hours scheduled
O warfarin (COUMADIN		
O WITHOUT phar	rmacy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection Guid	ance:	
<ul><li>Medications</li></ul>		
Pharmal Indication:	acy consult to manage warfarin (COUMADIN) Unit	til discontinued, Routine
☐ warfari	n (COUMADIN) tablet 1 , oral	
Indication:		
Dose Selec	tion Guidance:	
n Risk of VTE - Surgical (Hip	/Knee) (Required)	
both pharmacologic and mechan	ical prophylaxis by ordering from Pharmacological and N	Mechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE Once	, Routine	
High Risk Pharmacological	Prophylaxis - Hip or Knee (Arthroplasty) Surgic	al Patient (Required)
	st for pharmacologic prophylaxis Once, Routine phylaxis due to the following contraindication(s):	· ,
aspirin chewable table	<b>et</b> 162 mg, daily, S+1	
•	teric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharma		
·	QUIS) tablet 2.5 mg, 2 times daily, S+1	
✓ Pharmacy consultations: VTE pro	sult to monitor apixaban (ELIQUIS) therapy Until phylaxis	discontinued, STAT
Sign:	Printed Name:	Date/Time:
		Page 27 of 43

ollowing reco	mmended doses by weight:  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
	DXAPARIN 30 MG DAILY	
,	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterola abdominal wall. Alternate injection site with each administration.	
	XAPARIN SQ DAILY	
,	enoxaparin (LOVENOX) injection subcutaneous, S+1 indication(s):  Administer by deep subcutaneous injection into the left and right anterola abdominal wall. Alternate injection site with each administration.	ateral or posterolateral
	ux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
the patient do nedication. Co nL/min heparin	es not have a history or suspected case of Heparin-Induced Thrombocy ntraindicated in patients LESS than 50kg, prior to surgery/invasive proce	
ithe patient domedication. Con hedication. Con hedication. Con heparin High Risk B	es not have a history or suspected case of Heparin-Induced Thrombocy	
the patient doinedication. Con helication. Con helication. Con heparin High Risk B Age ≥ 75	es not have a history or suspected case of Heparin-Induced Thrombocy ntraindicated in patients LESS than 50kg, prior to surgery/invasive processive processive decimination of the community of t	
the patient do nedication. Co nL/min heparin High Risk B Age ≥ 75 Weight < 50	es not have a history or suspected case of Heparin-Induced Thrombocy ntraindicated in patients LESS than 50kg, prior to surgery/invasive proce leeding Characteristics kg	
the patient doinedication. Con L/min heparin High Risk B Age > 75 Weight < 50 Unstable Hg	es not have a history or suspected case of Heparin-Induced Thrombocy Intraindicated in patients LESS than 50kg, prior to surgery/invasive proces  Ileeding Characteristics  kg b	edure, or CrĆl LESS than 30
the patient domedication. ConL/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processibleeding Characteristics  kg b ment	edure, or CrĆl LESS than 30
the patient domedication. Con L/min heparin High Risk B Age ≥ 75 Weight < 50 Unstable Hg Renal impair Plt count < 1	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimal contraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimal contraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimal contraints and contraints are contrained as a contraint contraint contraint contraints and contraints are contraints and co	edure, or CrĆI LESS than 30
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat	kg b ment 00 K/uL elet therapy	edure, or CrĆI LESS than 30
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance	es not have a history or suspected case of Heparin-Induced Thrombocy ntraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimination of the patients LESS than 50kg, prior to surgery/invasive processive decimination of the patients of the pati	edure, or CrĆI LESS than 30
the patient doinedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/he	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive process  Eleeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure	edure, or CrĆI LESS than 30
the patient doinedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/he	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processing the surgery for the surgery	edure, or CrĆI LESS than 30
the patient domedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/hej  Prior intra-cr  Prior ischem	es not have a history or suspected case of Heparin-Induced Thrombocy intraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimal contents and the surgery for the	edure, or CrĆI LESS than 30
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/hep  Prior intra-cr  Prior ischem  History of ble	es not have a history or suspected case of Heparin-Induced Thrombocy intraindicated in patients LESS than 50kg, prior to surgery/invasive processive decimination of the patients of the patie	edure, or CrĆI LESS than 30
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/hep  Prior intra-cr  Prior ischem  History of ble	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processibleeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure anial hemorrhage ic stroke eeding event requiring admission and/or transfusion of NSAIDs/steroids	edure, or CrĆI LESS than 30
the patient domedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/he  Prior intra-cr  Prior ischem  History of ble  Chronic use  Active GI ulc  High  Every 1  bleeding	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processibleeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure anial hemorrhage ic stroke eeding event requiring admission and/or transfusion of NSAIDs/steroids	tients. However, some hig
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/hep  Prior intra-cr  Prior ischem  History of ble  Chronic use  Active GI ulc  High  Every 1  bleeding  clinicall	es not have a history or suspected case of Heparin-Induced Thrombocy ntraindicated in patients LESS than 50kg, prior to surgery/invasive processive deeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure anial hemorrhage ic stroke deeding event requiring admission and/or transfusion of NSAIDs/steroids er  Bleed Risk 2 hour frequency is appropriate for most high bleeding risk par g risk patients also have high clotting risk in which every 8 hour	tients. However, some higher frequency may be
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/hep  Prior intra-cr  Prior ischem  History of ble  Chronic use  Active GI ulc  High  Every 1  bleeding  clinicall	es not have a history or suspected case of Heparin-Induced Thrombocyntraindicated in patients LESS than 50kg, prior to surgery/invasive processive deeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure anial hemorrhage ic stroke eeding event requiring admission and/or transfusion of NSAIDs/steroids eer  n Bleed Risk 2 hour frequency is appropriate for most high bleeding risk patig grisk patients also have high clotting risk in which every 8 hour appropriate.	tients. However, some higher frequency may be
the patient donedication. Con L/min  heparin  High Risk B  Age ≥ 75  Weight < 50  Unstable Hg  Renal impair  Plt count < 1  Dual antiplat  Active cance  Cirrhosis/he  Prior intra-cr  Prior ischem  History of ble  Chronic use  Active GI ulc  High  Every 1  bleeding  clinically	es not have a history or suspected case of Heparin-Induced Thrombocy Intraindicated in patients LESS than 50kg, prior to surgery/invasive process.  Ideeding Characteristics  kg b ment 00 K/uL elet therapy er patic failure anial hemorrhage ic stroke eeding event requiring admission and/or transfusion of NSAIDs/steroids eer  In Bleed Risk 2 hour frequency is appropriate for most high bleeding risk pating grisk patients also have high clotting risk in which every 8 hour y appropriate.  weight the risks/benefits of bleeding and clotting when selecting	tients. However, some higher frequency may be ang the dosing frequency.

DVT Admission (1278)

Version: 7 Gen: 8/25/2025
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis  For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
<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:

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 29 of 43

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

**Anticoagulation Guide for COVID patients** (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 30 of 43

<ul> <li>Low risk of VTE Once, R Low risk: ○ Due to low risk, no prophylaxis is needed. Will end</li> <li>MODERATE Risk of VTE - Surgical</li> <li>Moderate Risk (Required)</li> </ul>	courage early ambulation	
● Low risk of VTE Once, R Low risk: ○ Due to low risk, no prophylaxis is needed. Will end ● MODERATE Risk of VTE - Surgical	courage early ambulation	
● Low risk of VTE Once, R Low risk: ○ Due to low risk, no prophylaxis is needed. Will en	courage early ambulation	
Cow risk of VTE Once, R Low risk: ○ Due to low risk, no		
LOW INIGH (INEQUIRED)	outine VTE prophylaxis is needed. Will encourgae ea	arly ambulation ○ Due to low risk, no VTE
Low Risk (Required)		
Select Sleeve(s):  LOW Risk of VTE (Required)		
Side: Bilateral	quential compression device continuous Co	ontinuous, Routine
	exist for mechanical prophylaxis Once, Rouphylaxis due to the following contraindication(s	
Place sequential compre	ssion device	
	active order for therapeutic anticoagulant o laxis because: patient is already on therapeutic	
✓ High risk of VTE Once, R	outine	
O High Risk - Patient currently h	as an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	quential compression device continuous Co	ontinuous, Routine
No mechanical VTE pro	s exist for mechanical prophylaxis Once, Rouphylaxis due to the following contraindication(s	s):
✓ Place sequential compre		. Alm a
No pharmacologic VTE prophy Therapy for the following:	laxis because: patient is already on therapeution	
✓ High risk of VTE Once, R	outine active order for therapeutic anticoagulant o	or VTE prophylavis Once Routing
	as an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Select Sleeve(s):		
Place/Maintain se Side: Bilateral	quential compression device continuous Co	ontinuous, Routine
	s exist for mechanical prophylaxis Once, Roupphylaxis due to the following contraindication(s	
✓ Place sequential compre		
No pharmacologic VTE prophy Therapy for the following:	active order for therapeutic anticoagulant o	
✓ Moderate risk of VTE On	·	
Select Sleeve(s):  Moderate Risk - Patient curren	ntly has an active order for therapeutic antic	coagulant or VTE prophylaxis (Required)
<ul><li>Place/Maintain se</li><li>Side: Bilateral</li></ul>	quential compression device continuous Co	ontinuous, Routine
	exist for mechanical prophylaxis Once, Rouphylaxis due to the following contraindication(s	
✓ Place sequential compre	ession device	
Therapy for the following.	vlaxis because: patient is already on therapeution	
	active order for therapeutic anticoagulant o	or VTE prophylaxis Once. Routine

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

\_ Date/Time:\_ Page 32 of 43 **Printed Name:** 

	Sign:	Printed Name:	Date/Time:
		cologic VTE prophylaxis due to the following co	
		indications exist for pharmacologic prophyl	·
		ons exist for pharmacologic prophylaxis - O	` '
<b>✓</b>		acological Prophylaxis - Non-Surgical Patie	nt (Required)
	✓ Moderate risk	of VTE Once, Routine	
<b>✓</b>	Moderate Risk (Requi	red)	
✓ Mode	erate Risk Pharmacolo	gical Prophylaxis - Non-Surgical Patient (Re	equired)
O MODERA	ATE Risk of VTE - Non-	Surgical (Required)	
Sid	Place/Maintain seque le: Bilateral lect Sleeve(s):	ential compression device continuous Contin	uous, Routine
No	mechanical VTE prophy	ist for mechanical prophylaxis Once, Routine place //axis due to the following contraindication(s):	
☐ Mech	hanical Prophylaxis (R	equired)	
	Indication:	n (COUMADIN) tablet 1 , oral tion Guidance:	
	Pharm Indication:	acy consult to manage warfarin (COUMADIN	I) Until discontinued, Routine
	Medications		
	Indication: Dose Selection Gui	dance:	
	-	rmacy consult 1 , oral, daily at 1700	
$\circ$	warfarin (COUMADIN	)	
		SS than or equal to 100 kg 5000 Units, subcut	aneous, every 8 hours scheduled
	○ Wt > 1	<b>00 kg</b> 7500 Units, subcutaneous, every 8 hours	scheduled
	O Not high bleed		
		in (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
		in (porcine) injection - Q12 Hours 5000 Units,	
		e risks/benefits of bleeding and clotting w	
	clinically appropr		
	bleeding risk pati	equency is appropriate for most high bleed ents also have high clotting risk in which	
Α	ctive Gi uicer		
	hronic use of NSAID ctive GI ulcer	s/steroids	
		ent requiring admission and/or transfusion	n
Р	rior ischemic stroke	<u> </u>	
	rior intra-cranial hem		
	irrhosis/hepatic failu	re	
	ctive cancer	<u> </u>	
	It count < 100 K/uL rual antiplatelet thera	nv	
	tenal impairment		
	Instable Hgb		
	Veight < 50 kg		
А	ge <u>≥</u> 75		
Н	ligh Risk Bleeding (	Characteristics	

Date/Time: Page 33 of 43

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

\_ Date/Time:\_ Page 34 of 43 Printed Name: Sign:\_\_\_\_

	VOISION: 7 CON. 0/20/2020	
	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable Hg	,	
Renal impair		
Plt count < 1		
	telet therapy	
Active cance Cirrhosis/he		
	ranial hemorrhage	
Prior intra-ci		
	eeding event requiring admission and/or trans	sfusion
Chronic use	of NSAIDs/steroids	31401011
Active GI uld		
O Hid	gh Bleed Risk	
	12 hour frequency is appropriate for most high	h bleeding risk patients. However.
some	high bleeding risk patients also have high clot ency may be clinically appropriate.	tting risk in which every 8 hour
Please freque	e weight the risks/benefits of bleeding and clotency.	tting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	00 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 500	0 Units, every 8 hours scheduled
○ No	t high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	v 8 hours scheduled
	○ Wt LESS than or equal to 100 kg 5000 Units	
	-	s, subcutaneous, every o nours scheduled
,	COUMADIN)	
Indicati		
	selection Guidance:	
○ Me	edications	
	Pharmacy consult to manage warfarin (COI Indication:	UMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Mechanical Prophylaxi	s (Required)	
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
Place/Maintain se Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	uous, Routine
O HIGH Risk of VTE - Surgica	ıl (Required)	
✓ High Risk (Required)		
✓ High risk of VTE (	Once, Routine	
✓ High Risk Pharmacolog	gical Prophylaxis - Surgical Patient (Required)	
	s exist for pharmacologic prophylaxis Once, Rout E prophylaxis due to the following contraindication(s):	
	ENOX) for Prophylactic Anticoagulation (Required	
Sign:	Printed Name:	Date/Time:

Date/Time: Page 35 of 43

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

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

LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
<ul> <li>fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min.</li> <li>heparin</li> </ul>	
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. How	
bleeding risk patients also have high clotting risk in which every 8 hour frequence clinically appropriate.	

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

O HEParir	(porcine) injection - Q12 Hours 5000 Units, eve	ery 12 hours scheduled
O HEParir	(porcine) injection - Q8 Hours 5000 Units, ever	ry 8 hours scheduled
O Not high bleed	risk	
Sign:	Printed Name:	Date/Time:

Page 36 of 43

	Indication(s): Administer by abdominal wa  ENOXAPARIN S Indication(s): Administer by abdominal wa	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170:  y deep subcutaneous injection into the left and right anterolate vall. Alternate injection site with each administration.  GQ DAILY  arin (LOVENOX) injection subcutaneous, S+1	40mg every 12 hours  00, S+1 eral or posterolateral eral or posterolateral
	enoxapa Indication(s): Administer by abdominal wa  ENOXAPARIN S  enoxapa Indication(s): Administer by	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cm.  y deep subcutaneous injection into the left and right anterolate rall. Alternate injection site with each administration.  GQ DAILY  arin (LOVENOX) injection subcutaneous, S+1 cm.  y deep subcutaneous injection into the left and right anterolate.	40mg every 12 hours 00, S+1 eral or posterolateral
	enoxapa Indication(s): Administer by abdominal wa  ENOXAPARIN S  enoxapa Indication(s): Administer by	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cm.  y deep subcutaneous injection into the left and right anterolate rall. Alternate injection site with each administration.  GQ DAILY  arin (LOVENOX) injection subcutaneous, S+1 cm.  y deep subcutaneous injection into the left and right anterolate.	40mg every 12 hours 00, S+1 eral or posterolateral
	enoxapa Indication(s): Administer by abdominal wa  ENOXAPARIN S  enoxapa	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170:  y deep subcutaneous injection into the left and right anterolate vall. Alternate injection site with each administration.  GQ DAILY  arin (LOVENOX) injection subcutaneous, S+1	40mg every 12 hours
	enoxapa Indication(s): Administer by abdominal wa	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cm.  y deep subcutaneous injection into the left and right anterolate rall. Alternate injection site with each administration.	40mg every 12 hours
	enoxapa Indication(s): Administer by abdominal wa	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170: : y deep subcutaneous injection into the left and right anterolate vall. Alternate injection site with each administration.	40mg every 12 hours
	enoxapa Indication(s): Administer by	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170: : y deep subcutaneous injection into the left and right anterolate	40mg every 12 hours
	enoxapa	arin (LOVENOX) injection 30 mg, subcutaneous, daily at 170	40mg every 12 hours
	_		40mg every 12 hours
	O ENOVADADIN O	O MC DAILY	40mg every 12
			40mg every 12
			40mg every 12
		GREATER THAN or EQUAL to 140kg	enoxaparin
		ODEATED THAN 25 FOLIAL 42 4 401:	hours
			every 12
		100 to 139kg	enoxaparin 30mg
		-	40mg daily
		LESS THAN 100kg	enoxaparin
	following recommended	Weight	Dose
		REATER than or EQUAL to 30mL/min, enoxaparin or	ders will apply the
		ylactic Anticoagulation Nonsurgical (Required)	
		st for pharmacologic prophylaxis Once, Routine ohylaxis due to the following contraindication(s):	
<b>☑</b> Hi		Prophylaxis - Non-Surgical Patient (Required)	
<b></b>	High risk of VTE Once,		
<b>☑</b> Hi	igh Risk (Required)	- ·	
_	Risk of VTE - Non-Surgical	I (Required)	
	Select Sleeve(s):		
	Place/Maintain sequen Side: Bilateral	ntial compression device continuous Continuous, Routine	
	O Contraindications exis No mechanical VTE prophyla	st for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	
□ <b>M</b>	echanical Prophylaxis (Red	quired)	
	***************************************	ion Guidance:	
	☐ warfarin Indication:	n (COUMADIN) tablet 1 , oral	
	Indication:		
		cy consult to manage warfarin (COUMADIN) Until discontin	nued Routine
	Medications	arioe.	
	Indication: Dose Selection Guida	anaa.	
	,	macy consult 1 , oral, daily at 1700	
	warfarin (COUMADIN)		
		<b>5 than or equal to 100 kg</b> 5000 Units, subcutaneous, every 8	
	O Wt LESS	0 kg 7500 Units, subcutaneous, every 8 hours scheduled S than or equal to 100 kg 5000 Units, subcutaneous, every 8	3 hours scheduled

If the patient does not have a	a) injection 2.5 mg, subcutaneous, daily history of or suspected case of Heparin-Induce	ed Thrombocytopenia (HIT) do NOT order
this medication. Contraindica 30 mL/min.	ted in patients LESS than 50kg, prior to surger	ry/invasive procedure, or CrCl LESS than
O heparin		
High Risk Bleeding Ch	aracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy		
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemor	rhaga	
	mage	
Prior ischemic stroke		
	requiring admission and/or transfusion	
Chronic use of NSAIDs/s	steroids	
Active GI ulcer		
	ency is appropriate for most high bleeding also have high clotting risk in which ever.	
Please weight the r	sks/benefits of bleeding and clotting who	en selecting the dosing frequency.
	porcine) injection - Q12 Hours 5000 Units, e	
		•
○ HEParin	porcine) injection - Q8 Hours 5000 Units, ev	very 8 hours scheduled
O Not high bleed ri	sk	
	kg 7500 Units, subcutaneous, every 8 hours so	cheduled
○ warfarin (COUMADIN)	than or equal to 100 kg 5000 Units, subcutan	leous, every o flours scrieduled
_ ` '	acy consult 1 , oral, daily at 1700	
○ Medications		
_	/ consult to manage warfarin (COUMADIN) ।	Until discontinued, Routine
warfarin Indication: Dose Selectio	COUMADIN) tablet 1 , oral	
Mechanical Prophylaxis (Req	uired)	
O Contraindications exist	for mechanical prophylaxis Once, Routine kis due to the following contraindication(s):	
Place/Maintain sequent Side: Bilateral Select Sleeve(s):	al compression device continuous Continuo	ous, Routine
GH Risk of VTE - Surgical (Hip/	(nee) (Required)	
High Risk (Required)	,	
✓ High risk of VTE Once, I	Routine	
	rophylaxis - Hip or Knee (Arthroplasty) Surç	gical Patient (Required)
Sign:	Printed Name:	Date/Time:
		Page 38 of 43

O Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmacy Consult (Required)	
<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	
O Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
<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 possible 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 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 or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min</li> <li>○ heparin</li> </ul>	sterolateral -) do NOT order thi

\_ Date/Time:\_ Page 39 of 43 Printed Name: Sign:\_\_\_\_

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.
HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis  For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
<ul> <li>◯ WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
O Medications
✓ medications  ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine
Indication:
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):

Labs

Labs STAT	
☐ CBC and differential STAT, 1, Occurrences, Routine, Blood, 3	
☐ Partial thromboplastin time STAT, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.	other
☐ POC occult blood stool and Notify (Required)	
POC occult blood stool Once, STAT, Stool	
✓ Notify Physician If occult stool is positive. Until discontinued, Routine	
☐ Antithrombin III STAT, 1, Occurrences, Routine, Blood, 3	
Cardiolipin antibody STAT, 1, Occurrences, Routine, Blood, 3	
☐ Factor V assay STAT, 1, Occurrences, Routine, Blood, 3	
☐ <b>Factor V leiden</b> STAT, 1, Occurrences, Routine, Blood, 3 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):	
☐ Homocysteine, plasma STAT, 1, Occurrences, Routine, Blood, 3	
□ Lupus anticoagulant STAT, 1, Occurrences, Routine, Blood, 3 Reflex testing: if the PTT LA is positive, an order for Hexagonal Phospholipid will be reflexed. If the dRVVT is positive, an order dRVVC will be reflexed.	ler for
☐ Protein C activity STAT, 1, Occurrences, Routine, Blood, 3	
Protein S activity STAT, 1, Occurrences, Routine, Blood, 3 If the functional protein S result is below normal limits, a free and total antigenic level will be performed for protein S.	
<ul> <li>Prothrombin gene mutation STAT, 1, Occurrences, Routine, Blood, 3         Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):     </li> <li>Labs Tomorrow</li> </ul>	
☐ CBC and differential AM draw, 1, Occurrences, Routine, Blood, 3	
☐ Partial thromboplastin time AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.	other
☐ Comprehensive metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3  Labs AM Repeat	
☐ CBC and differential AM draw repeats, 3, Occurrences, Routine, Blood, 3	
☐ Partial thromboplastin time AM draw repeats, 3, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.	other
☐ Prothrombin time with INR AM draw repeats, 3, Occurrences, Routine, Blood, 3	
Cardiology Imaging CT	
CT Angiogram Pe Chest 1 time imaging, Routine, PE Protocol Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patients with a known Iodine contrast allergy will require review by the radiologist.	
Fasting for this test is not required.	
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.	
Patients taking metformin may be asked to hold their metformin following their procedure.	
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.	
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.	

**Printed Name:** 

	he patient pregnant? lease to patient (Note: If manual release option is s	elected, result will auto release 5 days from finaliz	ation.):		
ls t Re	Chest 2 Vw 1 time imaging, 1, Occurrences, Rou the patient pregnant? lease to patient (Note: If manual release option is so DVT Diagnosis		ation.):		
Re	<b>PV duplex venous lower extremity bilat</b> 1 time ason for exam: Deep Vein Thrombosis terality:	imaging, Routine			
	<b>PV duplex venous lower extremity left</b> 1 time in ason for exam: Deep Vein Thrombosis	naging, Routine			
	<b>PV duplex venous lower extremity right</b> 1 time ason for exam: Deep Vein Thrombosis	imaging, Routine			
	<b>PV duplex venous upper extremity bilat</b> 1 time ason for exam: Deep Vein Thrombosis terality:	imaging, Routine			
Re	<b>PV duplex venous upper extremity left</b> 1 time in ason for exam: Deep Vein Thrombosis	maging, Routine			
Re	<b>PV duplex venous upper extremity right</b> 1 time ason for exam: Deep Vein Thrombosis	imaging, Routine			
US					
Re	USPV Venous Lower Extremity Bilateral 1 time lease to patient (Note: If manual release option is s	elected, result will auto release 5 days from finaliz	ation.):		
	USPV Venous Lower Extremity Left 1 time image lease to patient (Note: If manual release option is s		ation.):		
Re	USPV Venous Lower Extremity Right 1 time im lease to patient (Note: If manual release option is s	aging, Routine elected, result will auto release 5 days from finaliz	ation.):		
Re	USPV Venous Upper Extremity Bilat 1 time ima lease to patient (Note: If manual release option is s		ation.):		
Re	USPV Venous Upper Extremity Left 1 time image lease to patient (Note: If manual release option is s		ation.):		
Re <b>Nucle</b>	USPV Venous Upper Extremity Right 1 time implease to patient (Note: If manual release option is sar		ation.):		
ls i De Re	NM Lung Ventilation Perfusion 1 time imaging, ason for Exam: Shortness of breath the patient pregnant? cision Support Exception: lease to patient (Note: If manual release option is serve standard radiation precautions if patient is ta	elected, result will auto release 5 days from finaliz	ation.):		
- B - P	<ul> <li>Pregnant women should notify Department prior to scheduling exam.</li> <li>Breast feeding patients should pump and discard for 12-24 hours post exam.</li> <li>Patients should contact Department if there is any allergies to medications.</li> <li>Patients should stay well hydrated before and after exam.</li> </ul>				
Other St	udies				
Rehab					
	rsician Consult orders use sidebar ary Consults				
Co	Consult to Case Management Once, Routine nsult Reason: ason for Consult?				
	Sign:	Printed Name:	Date/Time: Page 42 of 43		

	Consult to Social Work Once, Routine Reason for Consult: Reason for Consult?
	Consult to PT eval and treat Once, Routine Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Reason for PT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy
	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy
	Consult to OT eval and treat Once, Routine Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Reason for OT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy
	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.
	Consult to Nutrition Services Once, Routine Reason For Consult? ○ Other (Specify) Specify: Low vitamin K diet 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.
Addit	Consult to Respiratory Therapy Once, Routine Reason for Consult? Reason for Consult? tional Orders

\_\_ Date/Time:\_\_\_ Page 43 of 43 Printed Name: