Location:	
General	
Common Present of	n Admission
☐ Fibroid, uter	ine Once, Routine
Cyst, ovaria	n Once, Routine
☐ Chronic fem	ale pelvic pain Once, Routine
Pelvic Inflam	nmatory Disease (PID) Once, Routine
☐ Incomplete ι	uterovaginal prolapse Once, Routine
☐ Vaginal vaul	t prolapse after hysterectomy Once, Routine
Endometriur	n, hyperplasia Once, Routine
☐ Abnormal Ut	terine Bleeding Once, Routine
Elective Outpatient,	Observation, or Admission
O Elective out	patient procedure: Discharge following routine recovery Continuous, PACU & Post-op, Routine
Outpatient of Admitting Physicial Attending Provider Patient Condition Bed request comi	er: :
Outpatient in Admitting Physicial Bed request comi	
Admitting Physici- Level of Care: Patient Condition Bed request comi Certification: I cer	
Admission or Observation has active	rvation outpatient status order on file
Admitting Physician Level of Care: Patient Condition Bed request commoderation: I cer	
Outpatient of Admitting Physicial Attending Provider Patient Condition Bed request comi	er: :
Outpatient in Admitting Physicial Bed request comi	
Transfer patLevel of Care:Bed request comi	ient Once, Scheduling/ADT, Routine ments:
O Return to pr	evious bed Until discontinued, Scheduling/ADT, Routine
Admission Patient has active	e status order on file

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Admit to inpatient Once, 1, PACU & Post-op, 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. Transfer patient Once, Scheduling/ADT, Routine Level of Care: Bed request comments: O Return to previous bed Until discontinued, Scheduling/ADT, Routine Patient has active inpatient status order on file Transfer patient Once, Scheduling/ADT, Routine Level of Care: Bed request comments: Return to previous bed Until discontinued, Scheduling/ADT, Routine **Code Status** @CERMSGREFRESHOPT(674511:21703,,,1)@ Code Status DNR and Modified Code orders should be placed by the responsible physician. O Full code Continuous, Routine Code Status decision reached by: O DNR (Do Not Resuscitate) (Required) DNR (Do Not Resuscitate) Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Code Status decision reached by: Consult to Palliative Care Service Consult to Palliative Care Service Once, Routine Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult? Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday. ☐ Consult to Social Work Once, Routine Reason for Consult: Reason for Consult? Modified Code Continuous. Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: Code Status decision reached by:

Sign: Printed Name: Date/Time:

Sign:	Printed Name:	Date/Time: Page 3 of 30
·		•
	led, Post-op, Routine, Apply as needed to area of	[;] pain
☐ Intake and output Every shift, 24	•	. 400.
✓ Incentive spirometry instruction	cougning Every 2 nours while awake, Post-op, R ns Once, 1, Occurrences, Post-op, Routine ile awake. Place at bedside. Encourage patient to	
<u> </u>	coughing Every 2 hours while awake, Post-op, R	Routine Until ambulatory
Abdominal binder Once, Post-op Waking hours only? Nurse to schedule? Special Instructions:	o, Routine	
✓ Ambulate with assistance 4 time Specify: ○ with assistance Nursing Care	es daily, S+1, Post-op, Routine	
Up in chair Until discontinued, Po Specify: ○ Up in chair Additional modifier: all meals in chair	ost-op, Routine, Out of bed 4 times daily	
Bathroom Privileges: ○ with bathroom	privileges	
Activity Bed rest with bathroom privileg	es Until discontinued, Post-op, Routine	
Vital signs - T/P/R/BP Per unit pr	otocol, Post-op, Routine	
Vital Signs		
Increased observation level needed: Nursing		
Seizure precautions Continuous,		
Increased observation level needed: Latex precautions Continuous, P	Post-on Routine	
☐ Fall precautions Continuous, Pos	st-op, Routine	
☐ Aspiration precautions Continuo	ous, Post-op, Routine	
☐ Enteric isolation status Continue Precautions	ous, Post-op, Routine	
☐ Droplet isolation status Continue	•	
Contact isolation status Continu	• •	
Once, Routine	is by PCR - If you suspect Tuberculosis, pleas	e order this test for rapid diagnostics.
✓ Airborne isolation status C		
☐ Airborne isolation status		
Concurring Physician is required to se Isolation	Physician, consider ordering a Biomedical Ethics C cond sign the order when the Legal Surrogate is t	
transfusion in a Jehovah's Witness pa		
The Code Status and Treatment Restr the link below: Guidance for Code Sta	rictions are two SEPARATE sets of physician's ord tus & Treatment Restrictions	ders. For further guidance, please click on
Code Status decision reached by: Treatment Restrictions is NOT a Code Cardiopulmonary situations.	Status order. It is NOT a Modified Code order. It	is strictly intended for Non
Restrictions, Post-op, Routine I understand that if the patient is NOT that all other unselected medically indi Treatment Restriction decision reache Specify Treatment Restrictions:	in a cardiopulmonary arrest, the selected treatme icated treatments will be provided.:	,,
Treatment Restrictions ((For us.	e when a patient is NOT in a cardiopulmonary	arrest)) Continuous - Treatment
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	Saline lock IV Continuous, Post-op, Routine
☐ I Nursing	No other analgesia until PCA is discontinued Until discontinued, Post-op, Routine
	Remove dressing Until discontinued, S+1, Post-op, Routine, Remove abdominal dressing or vaginal pack if present
Loca Site:	Nursing wound care Daily, S+1, Post-op, Routine, Clean incision with water tion:
Appl Dres	ate wound? y: ssing Type: Nursing Order is NOT for a CONSULT for PT Wound Care or WOC nurse. The order is not transmitted to any department.
Beds	NOT use this order to request : side debridement, Ultrasound Therapy, Pulsed Lavage, Negative Pressure Vacuum Therapy, Compression therapy, WOC sing wound /ostomy management and teaching.
✓ ;	Saline lock IV Continuous, S+1, Post-op, Routine
	Discontinue IV Once, S+1, Post-op, Routine, On POD 1 if patient is afebrile and tolerating diet
	Discontinue PCA on Post-Op day # 1 Until discontinued, S+1, Post-op, Routine, Prior to discontinuing foley
	Remove Foley catheter Once, S+1, Post-op, Routine, D/C Foley in AM if urine is clear. DO NOT DC FOLEY IF ANTERIOF AIR OR BLADDER SURGERY.
	Post-op voiding trial Once, S+1, Post-op, Routine
Notify	
hour Temp Syste Syste Dias Dias Hear Hear Resp Temp MAP SpO	Notify Physician for vitals: Until discontinued, PACU & Post-op, Routine, And for urine output less than 30 milliliters per perature greater than: o 101 o 100.5 olic BP greater than: o 170 o 160 olic BP less than: 90 tolic BP greater than: o 110 o 100 tolic BP less than: o 60 o 50 trate greater than (BPM): o 120 o 100 trate less than (BPM): 60 oliratory rate greater than: o 28 o 25 oliratory rate less than: o 10 o 8 perature less than: 0 less than: 0 0000 2 less than: 92
Diet	
NPO Pre-(An N Diet(Cultu Othe Adva IDDS Fluid Food	NPO except ice chips Diet effective now, Post-op, Routine, Until no longer nauseated Diet - Clear Liquids Diet effective now, Post-op, Routine Signal/Special: Options: Option

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Sign:	FIIILEU NAIIIE.	Page 5 of 30
Sian:	Printed Name:	Date/Time:
☐ PRN ONLY for Moderate to Sever		
· · · · · · · · · · · · · · · · · · ·	s old - gabapentin (NEURONTIN) oral 300 m	ng, oral, nightly
start after Anesthesia care en	NOL) tablet 650 mg 650 mg, oral, every 6 hounds - give 8 hrs after last dose of Acetaminophe aminophen per day from all sources. (Cirrhosi	en (OFIRMEV) IV dose if given intraop.
	NOL) tablet 1000 mg 1000 mg, oral, every 6 hnds - give 6 hrs after last dose of Acetaminoph	
Start after Anesthesia care er	LENOL) 650 mg 650 mg, oral, every 8 hours and a give 8 hrs after last dose of Acetaminoph aminophen per day from all sources. (Cirrhosi	nen (OFIRMEV) IV dose if given intraop.
✓ acetaminophen (TYLENOL) to	(
Start 6 hours after last Torado Not recommended for patient	et 600 mg 600 mg, oral, every 6 hours schedu ol dose administered, begin after anesthesia ca is with eGFR LESS than 30 mL/min OR acute	are ends.
Start 6 hours after last Torado	et 800 mg 800 mg, oral, every 8 hours schedu ol dose administered, begin after anesthesia ca ts with eGFR LESS than 30 mL/min OR acute	are ends.
✓ ibuprofen (MOTRIN) (Require	•	
☐ Scheduled Select one scheduled NSAID and	one scheduled Tylenol order	
 ERAS Pain Medications When selecting pain medications we from the pain control section of this 	vithin this section, please be sure to o	deselect duplicate medications
Medications	,	
	10 mL, intravenous, PRN, line care	
	10 mL, every 12 hours scheduled, line care	
✓ Initiate and maintain IV ✓ Insert peripheral IV Once, Ro	utine	
Peripheral IV Access		
dextrose 5 % and sodium chloride continuous, Post-op	e 0.9 % with potassium chloride 20 mEq/L i	infusion 125 mL/hr, intravenous,
dextrose 5%-0.9% sodium chlorid	le infusion 125 mL/hr, intravenous, continuou	ıs, Post-op
	's infusion 125 mL/hr, intravenous, continuou	ıs, Post-op
sodium chloride 0.9 % infusi	on 125 mL/hr, intravenous, once, 1, Occurrence administered based on availability	ces, Post-op
lactated ringer's infusion 125	5 mL/hr, intravenous, once, 1, Occurrences, Pole administered based on availability	ost-op
☑ lactated ringers (LR) or sodium c	hloride 0.9% (NS) infusion be administered based on availability	
IV Fluids IV Fluids		
Diet(s): ○ Regular Advance Diet as Tolerated? ○ Yes Target Diet: Regular Cultural/Special: Other Options: IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:		
	Routine, Advance diet as tolerated 12 hours Po	ostOP

☐ PRN severe pain
oxyCODone (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6) Allowance for Patient Preference: o Nurse may administer for higher level of pain per patient request (selection) Give if patient can receive oral tablet/capsule.
 oxyCODone (ROXICODONE) IR tablet 10 mg 10 mg, oral, every 4 hours PRN, severe pain (score 7-10) Allowance for Patient Preference: Give if patient can receive oral tablet/capsule.
oxyCODONE (ROXICODONE) IR tablet 5 mg 5 mg, oral, every 4 hours PRN, moderate pain (score 4-6) severe pain (score 7-10) Allowance for Patient Preference: ○ Nurse may administer for higher level of pain per patient request Start after Anesthesia care ends Give if patient can receive oral tablet/capsule.
☐ Breakthrough pain - hydromorPHONE (DILAUDID) injection 0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10) For breakthrough pain
☐ Ketorolac (TORADOL) IV and one oral NSAID to follow IV dose
✓ ketorolac (TORADOL) IV
 ketorolac (TORADOL) 15 mg IV Q6H 15 mg, intravenous, every 6 hours Then switch to oral NSAID
 ketorolac (TORADOL) 15 mg IV Q8H 15 mg, intravenous, every 8 hours Then switch to oral NSAID
 ketorolac (TORADOL) 30 mg IV Q6H 30 mg, intravenous, every 6 hours Then switch to oral NSAID
 ketorolac (TORADOL) 30 mg IV Q8H 30 mg, intravenous, every 8 hours Then switch to oral NSAID.
✓ Celecoxib (CELEBREX) OR Ibuprofen (MOTRIN) OR Naprosyn Sodium (ALEVE) oral/enteral doses
 celecoxib (CeleBREX) 200 mg 200 mg, oral, once, 1, Occurrences Do not administer if CrCl < 30 mL/min Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 400 mg 400 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 600 mg 600 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
ibuprofen (ADVIL) 800 mg 800 mg, oral, once, 1, Occurrences Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
 naproxen (NAPROSYN) tablet 375 mg, oral, once, 1, Occurrences DO NOT administer if creatinine > 1 mg/dL and age GREATER than 75 years old Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Antibiotics: cefazolin (ANCEF) for patients LESS than or EQUAL to 120 kg
Cefazolin (ANCEF) IV 2 g, intravenous, once, 1, Occurrences, Post-op, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
Antibiotics: cefazolin (ANCEF) for patients GREATER than 120 kg
cefazolin (ANCEF) IV 3 g, intravenous, once, 1, Occurrences, Post-op, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
Antibiotics: if Penicillin or Beta-Lactam Allergic If patient is Penicillin or Beta-Lactam Allergic: Choose ONE option from Section 1 and ONE option from Section 2. TWO agents MUST be selected for Core Measure compliance.
☐ Section 1

Printed Name:

	·	STAT when above approved criteria are satisfied:
○ clindamycin (CLEOCIN) IV - F	•	igh risk for penicillin anaphylaxis that are surrences, STAT
For penicillin or beta-lactam allergion	patients.	
☐ Section 2		
Per Med Staff Policy, R.Ph. will auto	·	
Indication: For penicillin or beta-lactam allergio	·	, STAT
NALOXONE FOR OBGYN SURGERY POS		
naloxone (NARCAN) 0.4 mg/mL ir opioid reversal Moderate Pain (Pain Score 4-6)	njection 0.4 , PRN, Post-op, respiratory dep	pression
,	OL #3) 300-30 mg per tablet 2 tablet. oral.	every 3 hours PRN, Post-op, moderate pain
(score 4-6) Allowance for Patient Preference: ○ Nur	se may administer for higher level of pain p	
	NORCO) 5-325 mg per tablet 1 tablet, oral	, every 4 hours PRN, Post-op, moderate pain
(score 4-6) Allowance for Patient Preference: ○ Nur Give if patient can receive oral tablet/ca	se may administer for higher level of pain p psule.	er patient request (selection)
	RCOCET) 5-325 mg per tablet 1 tablet, or	al, every 6 hours PRN, Post-op, moderate pain
	se may administer for higher level of pain p psule. Maximum of 4 grams of acetaminoph n all sources).	
injury 10 mg, oral, every 6 hours PRN,	e may administer for higher level of pain per	•
Not recommended for patients with eGF	R LESS than 30 mL/min OR acute kidney in	njury.
	FR LÈSS than 30 mL/min AND/OR ped for treatment of perioperative pa	patients LESS than 17 years of age. ain OR in the setting of coronary
	than 64 OR weight LESS than 50 kg OR or 96 hours PRN, moderate pain (score 4-6)	eGFR 30-59 mL/min - ketorolac (TORADOL)
	weight GREATER than or EQUAL to 50 k venous, every 6 hours PRN, moderate pain	kg AND eGFR at least 60 mL/min - ketorolac n (score 4-6)
Give if patient can receive oral tablet/capsevere Pain (Pain Score 7-10)	osule.	
Sian:	Printed Name:	Date/Time:
Sign:	FIIILEU NAIIIE.	Page 7 of 30

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O HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10) Allowance for Patient Preference: Monitor and record pain scores and respiratory status. Give if patient can receive oral tablet/capsule.
OxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet 2 tablet, oral, every 6 hours PRN, Post-op, severe pain (score 7-10) Allowance for Patient Preference: Monitor and record pain scores and respiratory status. Give if patient can receive oral tablet/capsule. Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
traMADol (ULTRAM) tablet 100 mg, oral, every 6 hours PRN, Post-op, severe pain (score 7-10) Allowance for Patient Preference: Not recommended in patients with eGFR LESS than 30 mL/min OR in acute kidney injury. Not to exceed 400 mg/day. Give if patient can receive oral tablet/capsule.
O HYDROmorphone (DILAUDID) injection 0.5 mg, intravenous, every 4 hours PRN, Post-op, severe pain (score 7-10) For breakthrough pain, if patient is NPO or cannot tolerate Oral medication, administer the ordered injection.
 morPHINE injection 4 mg, intravenous, every 3 hours PRN, Post-op, severe pain (score 7-10) And Notify MD. If patient is NPO or cannot tolerate Oral medication, administer the ordered injection. Antiemetics
✓ ondansetron (ZOFRAN) IV or Oral (Required)
ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication. May cause QTc prolongation.
ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea
vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
promethazine (PHENERGAN)
promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea
vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea
vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea
vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
promethazine (PHENERGAN) intraMUSCULAR injection 12.5 mg, intramuscular, every 6 hours PRN, nausea
vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication. Antiemetics
ondansetron (ZOFRAN) IV or Oral (Required)
ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea
vomiting Give if patient is able to tolerate oral medication. May cause QTc prolongation.
ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea
vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
☐ promethazine (PHENERGAN) IV or Oral or Rectal

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Sign:	Printed Name:	Date/Time: Page 9 of 30
	n (ROZEREM) tablet nightly PRN sleep	
ramelteon (ROZEREM) tablet 8 n Insomnia: For Patients LESS than 70 ye	ears old	
Insomnia: For Patients GREATER than	· ·	atulence
✓ docusate sodium (COLACE) cap Gas	osule 100 mg, oral, 2 times daily, Post-op	
Mix in 4-8oz of water. Stool Softeners	and 100 mm and 0 forces dell D	
opolyethylene glycol (MIRALAX)	packet 17 gram 17 g, oral, daily, Post-op	nion.
	et 10 mg, oral, daily PRN, Post-op, constipation itory 10 mg, rectal, daily PRN, Post-op, constipa	ition
mL, oral, every 12 hours PRN, Post-op Do not give if patient is on hemodialys	is or is in chronic renal failure.	DNET DISEASE STAGE 3 OR WORSE 30
· ·	SENOKOT-S) 8.6-50 mg per tablet 2 tablet, oral	
oral, 2 times daily PRN, Post-op, itchin Bowel Regimen	ng	
_ ` '	tablet 25 mg, oral, every 6 hours PRN, Post-opFor eGFR LESS than 80 mL/min, reduce free	
Itching: For Patients LESS than 70 year		Making
vomiting Give if ondansetron (ZOFRAN) is	N) suppository 12.5 mg, rectal, every 6 hours P ineffective and patient is UNable to tolerate oral	
` '	ineffective and patient is able to tolerate oral me	
promethazine (PHENERGA) vomiting	N) tablet 12.5 mg, oral, every 6 hours PRN, naus	
PRN, 30.000 Minutes, nausea vomiting	ineffective and patient is UNable to tolerate oral	
	PB or Oral or Rectal N) 25 mg in sodium chloride 0.9 % 50 mL IVPI	B 12.5 mg, intravenous, every 6 hours
May cause QTc prolongation. promethazine (PHENERGAN) IV	PR or Oral or Rectal	
vomiting Give if patient is UNable to tolerate	ng/2 mL injection 4 mg, intravenous, every 8 ho se oral medication OR if a faster onset of action is	
vomiting Give if patient is able to tolerate o May cause QTc prolongation.		, mours i iviv, mausca
✓ ondansetron (ZOFRAN) IV or Or ondansetron ODT (ZOFRAN)	al (Required) I-ODT) disintegrating tablet 4 mg, oral, every 8	Shours PRN nausea
Antiemetics (705BAN) IV as On		
vomiting	N) suppository 12.5 mg, rectal, every 6 hours P ineffective and patient is UNable to tolerate oral	
Give if ondansetron (ZOFRAN) is	ineffective and patient is able to tolerate oral me	
promethazine (PHENERGA) vomiting	N) tablet 12.5 mg, oral, every 6 hours PRN, naus	sea
vomiting Give if ondansetron (ZOFRAN) is action is required.	ineffective and patient is UNable to tolerate oral	or rectal medication OR if a faster onset of
promethazine (PHENERGA)	N) injection 12.5 mg, intravenous, every 6 hours	s PRN, nausea
	VC131011: 10 CC11: 0/20/2020	

\bigcirc	zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep
\bigcirc	ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep

ow Risk Definition	Definition	High Risk Definition Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis must be	prophylaxis must be addressed.
	addressed.	addressed.
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	is	
	contraindicated.	
ge less than 60 years and NO other VTE risk factors	One or more of	One or more of the
	the following	following medical
	medical	conditions:
	<u>conditions</u> :	
atient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor
	disease,	V Leiden, prothrombir
	pneumonia,	variant mutations,
	active	anticardiolipin antibod
	inflammation,	syndrome;
	dehydration,	antithrombin, protein
	varicose veins,	or protein S deficienc
	cancer, sepsis,	hyperhomocysteinem
	obesity,	myeloproliferative disorders)
	previous stroke,	alsorders)
	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 inju with paresis
	History of DVT	Multiple major trauma
	or family history of VTE	. ,
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	A (! ! !
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	History of PE
	Estrogen therapy	I HOLDIY OF PE
	Moderate or	
	major surgery (not for cancer)	
	Major surgery	
	within 3 months	
	of admission	
	oi auiiii55l0II	l

✓ Mo	derate Risk (Required)
	Moderate risk of VTE Once, Routine
✓ Mo	derate Risk Pharmacological Prophylaxis - Surgical Patient (Required)
	Ontraindications 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):

Sign:	Printed Name:	Date/Time:

✓ 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	enoxaparii 40mg dail
100 to 139kg	enoxaparii 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari 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 abdominal wall. Alternate injection site with each administration.	terolateral
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 abdominal wall. Alternate injection site with each administration.	terolateral
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 (Hebraich Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 30 mL/min.	IIT) do NOT orde r CrCl LESS than
○ heparin	

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High Risk Bleeding	ng Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment Plt count < 100 K/u	П	
Dual antiplatelet th		
Active cancer	iorapy	
Cirrhosis/hepatic fa	ailure	
Prior intra-cranial h		
Prior ischemic stro		
	event requiring admission and/or transfusion	
Chronic use of NS. Active GI ulcer	AIDs/steroids	
Active Gruicer		
O High Blace	I Diele	
O High Bleed	r frequency is appropriate for most high bleedi	ng risk patients. However, some high
	patients also have high clotting risk in which ev	
clinically appr		
D		
	t the risks/benefits of bleeding and clotting who	
O HE	Parin (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
○ не	Parin (porcine) injection - Q8 Hours 5000 Units, ev	very 8 hours scheduled
O Not high b	leed risk	
○ Wt	> 100 kg 7500 Units, subcutaneous, every 8 hours se	cheduled
○ wt	LESS than or equal to 100 kg 5000 Units, subcutan	neous, every 8 hours scheduled
O warfarin (COUMA	-	
_ ,	pharmacy consult 1 , oral, daily at 1700	
Indication:	pharmacy consult 1, oral, daily at 1700	
Dose Selection	Guidance:	
O Medication	ns	
✓ Ph	armacy consult to manage warfarin (COUMADIN)	Until discontinued. Routine
Indicati	,	
□ wa	rfarin (COUMADIN) tablet 1 , oral	
Indicati	· · · · · · · · · · · · · · · · · · ·	
Dose S	election Guidance:	
Mechanical Prophylaxi	s (Required)	
	s exist for mechanical prophylaxis Once, Routine	
No mechanical VTE pr	ophylaxis due to the following contraindication(s):	
	equential compression device continuous Continuo	ous, Routine
Side: Bilateral Select Sleeve(s):		
○ MODERATE Risk of VTE - N	Ion-Surgical (Required)	
	cological Prophylaxis - Non-Surgical Patient (Requ	uisa d\
_		ulled)
✓ Moderate Risk (R	• /	
Moderate r	isk of VTE Once, Routine	
Moderate Risk Ph	armacological Prophylaxis - Non-Surgical Patient	t (Required)
○ Contraindi	cations exist for pharmacologic prophylaxis - Ord	ler Sequential compression device
☑ Co	ntraindications exist for pharmacologic prophylax	kis Once, Routine
	rmacologic VTE prophylaxis due to the following conti	
Sign:	Printed Name:	Date/Time:
		Page 12 of 30

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

Date/Time: Page 13 of 30 Printed Name:

Version: 19 Gen: 8/29/2025
High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior intra-crama hemorriage Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:
✓ Mechanical Prophylaxis (Required)
O Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O HIGH Risk of VTE - Surgical (Required)
✓ High Risk (Required)
✓ High risk of VTE Once, Routine
✓ High Risk Pharmacological Prophylaxis - Surgical Patient (Required) ○ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):
○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@

Printed Name: _____ Date/Time: _____ Page 14 of 30

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

LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ○ ENOXAPARIN 30 MG DAILY ○ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol 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 posterol abdominal wall. Alternate injection site with each administration. ○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 fthe patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do nedication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl Lenul/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 faillure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active Gl ulcer	
GREATER THAN or EQUAL to 140kg Onoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY Onoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do edication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LEL/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	enoxapar 40mg da
 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 posterol 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 posterol abdominal wall. Alternate injection site with each administration. ○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do ledication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LEL/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 ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids 	enoxapar 30mg every 12 hours
Perior intra-cranial hemorrhage Prior into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. Provided Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. Provided Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior intra-cranial prior intra-cranial hemorrhage Prior intra-cranial prior intra-cranial prior intra-cranial mission and/or transfusion Prior intra-cranial prior intra-cranid Prior intra-cranial prior intra-cranid Prior intra-cranial pr	enoxapar 40mg every 12 hours
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY ② enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. ○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do ledication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LEL/min. ○ heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
ENOXAPARIN SQ DAILY ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterol abdominal wall. Alternate injection site with each administration. ✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do nedication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LEIL/min. ✓ heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	lateral
Provided Head School Provided Head Schoo	
the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do nedication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LEDL/min. ☐ heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	lateral
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	
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	
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	
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	
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	
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 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	
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
Chronic use of NSAIDs/steroids	
, tour o or droor	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. Howeve bleeding risk patients also have high clotting risk in which every 8 hour frequency machinically appropriate.	

○ HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled ○ HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled

Printed Name:

O Not high bleed risk

Sign:_

Date/Time: Page 15 of 30

S	ign:	Printed Name:	Date/Time: Page 16 of 30
		. Alternate injection site with each administration	
	Indication(s): Administer by d	deep subcutaneous injection into the left and righ	·
	_	n (LOVENOX) injection subcutaneous, S+1	
	ENOXAPARIN SQ	•	
	Administer by d	deep subcutaneous injection into the left and righ . Alternate injection site with each administration	·
	enoxaparii Indication(s):	n (LOVENOX) injection 30 mg, subcutaneous, o	daily at 1700, S+1
	O ENOXAPARIN 30 I		
<u> </u>			110410
			every 12 hours
		UNLATER THAN OF EQUAL TO 140Kg	enoxaparin 40mg
		GREATER THAN or EQUAL to 140kg	hours
		.00 to 100thg	30mg every 12
		100 to 139kg	40mg daily enoxaparin
		LESS THAN 100kg	enoxaparin
follow	ring recommended do	oses by weight: Weight	Dose
		EATER than or EQUAL to 30mL/min, enox	aparin orders will apply the
	noxaparin for Prophyla <mark>nt renal status</mark> : @CF	ctic Anticoagulation Nonsurgical (Required) RCL@	
No pha	armacologic VTE prophy	laxis due to the following contraindication(s):	
	•	for pharmacologic prophylaxis Once, Routine	
	gh risk of VTE Once, Rosk Pharmacological Pr	outine ophylaxis - Non-Surgical Patient (Required)	
_	sk (Required)	and the second s	
	of VTE - Non-Surgical (F	Required)	
Select	Sleeve(s):		
⊚ PI	,	al compression device continuous Continuous	s, Routine
○ Co No me	ontraindications exist f chanical VTE prophylaxi	for mechanical prophylaxis Once, Routine is due to the following contraindication(s):	
	ical Prophylaxis (Requi	•	
	Indication: Dose Selection	Guidance:	
	Indication:		•
		consult to manage warfarin (COUMADIN) Un	til discontinued, Routine
	Ose Selection Guidano Medications	ce:	
	WITHOUT pharma Indication:	acy consult 1 , oral, daily at 1700	
O wa	arfarin (COUMADIN)		
	O Wt LESS t	han or equal to 100 kg 5000 Units, subcutaneo	us, every 8 hours scheduled
	○ Wt > 100 k	kg 7500 Units, subcutaneous, every 8 hours sch	eduled

	Version: 19 Gen. 6/29/2025	
O fondaparinux (ARIXTE	(A) injection 2.5 mg, subcutaneous, daily	
If the patient does not have	a history of or suspected case of Heparin-Induced T	hrombocytopenia (HIT) do NOT order
30 mL/min.	cated in patients LESS than 50kg, prior to surgery/in	vasive procedure, or CrCl LESS than
O heparin		
High Risk Bleeding C	haracteristics	
Age <u>></u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	у	
Cirrhosis/hepatic failure		
Prior intra-cranial hemo		
Prior ischemic stroke	arrage	
	nt requiring admission and/or transfusion	
Chronic use of NSAIDs		
Active GI ulcer		
O High Bleed Ris	S	
•	quency is appropriate for most high bleeding	risk patients. However, some high
bleeding risk patie	nts also have high clotting risk in which every	
clinically appropri	ite.	
DI : 1.1.11		
	risks/benefits of bleeding and clotting when s	
O HEPari	n (porcine) injection - Q12 Hours 5000 Units, every	y 12 hours scheduled
O HEPari	n (porcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
O Not high bleed	risk	
_	0 kg 7500 Units, subcutaneous, every 8 hours sche	duled
_	S than or equal to 100 kg 5000 Units, subcutaneou	
warfarin (COUMADIN)	than of equal to 100 kg 3000 offics, subcutaneous	as, every o flours scheduled
_ ` '	M 4	
•	macy consult 1 , oral, daily at 1700	
Indication: Dose Selection Guid	ance:	
_	arice.	
O Medications		
Pharma Indication:	cy consult to manage warfarin (COUMADIN) Unti	il discontinued, Routine
☐ warfariı	(COUMADIN) tablet 1 , oral	
Indication:		
Dose Select	on Guidance:	
Mechanical Prophylaxis (Re	quired)	
	st for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	
	ntial compression device continuous Continuous,	, Routine
Side: Bilateral Select Sleeve(s):		
H Risk of VTE - Surgical (Hiր	//Knee) (Required)	
High Risk (Required)		
✓ High risk of VTE Once	Routine	
•	Prophylaxis - Hip or Knee (Arthroplasty) Surgica	al Patient (Required)
Sign:	Printed Name:	Date/Time: Page 17 of 30

Version: 19 Gen: 8/29/2025	
○ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmacy Consult (Required)	
✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
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 positive in the left and right a	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 lf the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min	
O heparin	

Sign:______Printed Name:_______Date/Time:______Page 18 of 30

Version: 19 Gen: 8/29/2025	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some 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 frequence	у.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled	
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled	
O Not high bleed risk	
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled	
Rivaroxaban and Pharmacy Consult (Required)	
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medicabsorption. Do not administer via post-pyloric routes.	
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:	
O warfarin (COUMADIN)	
 ○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance: 	
○ Medications	
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:	
☐ warfarin (COUMADIN) tablet 1 , oral	
Indication: Dose Selection Guidance:	
lechanical Prophylaxis (Required)	
Ocontraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	

Sign:_____ Printed Name:____

__ Date/Time: Page 19 of 30

DVT Risk and Prophylaxis Tool Low Risk Definition Moderate Risk | High Risk Definition Both pharmacologic Definition AND mechanical Pharmacologic prophylaxis prophylaxis must be must be addressed. addressed. Mechanical prophylaxis is optional unless pharmacologic contraindicated Age less than 60 years and NO other VTE risk factors One or more of One or more of the the following following medical medical conditions: conditions: Patient already adequately anticoagulated CHF, MI, lung Thrombophilia (Factor disease, V Leiden, prothrombin variant mutations, pneumonia, active anticardiolipin antibody inflammation, syndrome; dehydration, antithrombin, protein C varicose veins, or protein S deficiency; cancer, sepsis, hyperhomocysteinemia; obesity, myeloproliferative previous stroke, disorders) rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Age 60 and Severe fracture of hip, above pelvis or leg Central line Acute spinal cord injury with paresis History of DVT Multiple major traumas or family history of VTE Anticipated Abdominal or pelvic length of stay surgery for CANCER GREATER than 48 hours Less than fully Acute ischemic stroke and PΕ

			Pag
Sign:	Printed Name:	Dat	e/Time:_
✓ Place/Maintain set Side: Bilateral Select Sleeve(s):	quential compression device continuous (Continuous, Routine	
No pharmacologic VTE	s exist for pharmacologic prophylaxis Once prophylaxis due to the following contraindica	tion(s):	
O Contraindications exist t	for pharmacologic prophylaxis - Order Sec	quential compression	device
✓ Moderate Risk Pharmacologic	cal Prophylaxis - Surgical Patient (Required	1)	
✓ Moderate risk of VTE On			
✓ Moderate Risk (Required)			
MODERATE Risk of VTE - Surgical	(Nequiled)		
MODERATE Bick of VTE Surgical	I (Paguirod)		
		of admission	
		Major surgery within 3 months	
		(not for cancer)	
		Moderate or major surgery	
		therapy	
		Estrogen	History of F
		ambulatory	
		independently	

O Contraindications exist	for pharmacologic prophylaxis AND mechanic	cal prophylaxis
Contraindication	s exist for pharmacologic prophylaxis Once, R	outine
	E prophylaxis due to the following contraindication	
	s exist for mechanical prophylaxis Once, Routi	
	rophylaxis due to the following contraindication(s):	
O Enoxaparin (LOVENOX Patient renal status: @0) for Prophylactic Anticoagulation (Required) CRCL@	
For patients with CrCl GR	REATER than or EQUAL to 30mL/min, enox	aparin orders will apply the
following recommended of		с. асто т аррту што
	Weight	Dose
	LESS THAN 100kg	enoxaparin
		40mg daily
	100 to 139kg	enoxaparin
		30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin
	GILATER THAN OF EQUAL TO 140Kg	40mg
		every 12
		hours
		-
O ENOXAPARIN 30	MG DAILY	
_		doily of 1700 C11
Indication(s):	rin (LOVENOX) injection 30 mg, subcutaneous, o	daily at 1700, S+1
` ,	deep subcutaneous injection into the left and righ	t anterolateral or posterolateral
	III. Alternate injection site with each administration	•
O ENOXAPARIN SO	-	
_		
Indication(s):	rin (LOVENOX) injection subcutaneous, S+1	
· /	deep subcutaneous injection into the left and righ	t anterolateral or posterolateral
	III. Alternate injection site with each administration	
	A) injection 2.5 mg, subcutaneous, daily, S+1	
If the patient does not have a	history of or suspected case of Heparin-Induced	Thrombocytopenia (HIT) do NOT order
this medication. Contraindica	ated in patients LESS than 50kg, prior to surgery/ii	
30 mL/min.		
O heparin		
High Risk Bleeding Ch	aracteristics	
Age <u>></u> 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	rhage	
Prior ischemic stroke	mage	
	nt requiring admission and/or transfusion	
Chronic use of NSAIDs/		
Active GI ulcer		
O High Bleed Risk		
C High Diced Nisk		
Ciana-	Duinted Name	DetelTime:
Sign:	Printed Name:	Date/Time:

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Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.

Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
○ 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):
O MODERATE Risk of VTE - Non-Surgical (Required)
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
✓ Moderate Risk (Required)
✓ Moderate risk of VTE Once, Routine
Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
Ocontraindications 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):
Ocontraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
 Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

Sign: Printed Name: Date/Time:

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

	every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170	00, S+1
Indication(s):	,
Administer by deep subcutaneous injection into the left and right anterolate	eral or posterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	erai or posterolaterai
fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily	
the patient does not have a history of or suspected case of Heparin-Induced Thrombocyton	penia (HIT), do NOT
order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive	procedure, or CrCl
ESS than 30 mL/min	
○ heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patier	nts However
some high bleeding risk patients also have high clotting risk in which eve	
frequency may be clinically appropriate.	
Discos weight the views/honefite of blooding and platting when collecting t	the decina
Please weight the risks/benefits of bleeding and clotting when selecting t frequency.	ne dosing
	and a shall a f
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours	
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours so	cneduled
O Not high bleed risk	
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

Date/Time: Page 23 of 30 **Printed Name:**

O	O Wt LESS than or equal to 100 kg 5000 Units, su	ubcutaneous, every 8 hours scheduled
O warfarin (C	•	
Indication	FHOUT pharmacy consult 1 , oral, daily at 1700 on: election Guidance:	
	dications	
○ Med		A DIAN Hastil dia and tour di Dantina
	✓ Pharmacy consult to manage warfarin (COUM. Indication:	ADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:	
Mechanical Prophylaxis	(Required)	
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
Place/Maintain see Side: Bilateral Select Sleeve(s):	quential compression device continuous Continuous	s, Routine
○ HIGH Risk of VTE - Surgical	(Required)	
✓ High Risk (Required)		
High risk of VTE	Once. Routine	
_	ical Prophylaxis - Surgical Patient (Required)	
○ Contraindications	s exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
	ENOX) for Prophylactic Anticoagulation (Required)	
	CI GREATER than or EQUAL to 30mL/min, enox ded 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
(ENOYADAE	RIN 30 MG DAILY	
✓ eno Indicatio	exaparin (LOVENOX) injection 30 mg, subcutaneous, on(s):	•
abdomir	ster by deep subcutaneous injection into the left and right nal wall. Alternate injection site with each administration RIN SQ DAILY	-
_		
Indicatio Adminis	exaparin (LOVENOX) injection subcutaneous, S+1 on(s): ster by deep subcutaneous injection into the left and right and wall. Alternate injection site with each administration	-
a2301111		
Sign:	Printed Name:	Date/Time:

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	version. 19 Gen. 6/29/2025	
O fondaparinux (ARIXTRA	(a) injection 2.5 mg, subcutaneous, daily, S+1	
If the patient does not have a medication. Contraindicated mL/min.	history or suspected case of Heparin-Induced Thro in patients LESS than 50kg, prior to surgery/invasion	ombocytopenia (HIT) do NOT order this we procedure, or CrCl LESS than 30
heparin		
High Risk Bleeding Ch	aracteristics	
Age <u>></u> 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	rhage	
Prior ischemic stroke		
	t requiring admission and/or transfusion	
Chronic use of NSAIDs/s	steroids	
Active GI ulcer		
	nency is appropriate for most high bleeding its also have high clotting risk in which every e.	
Please weight the r	isks/benefits of bleeding and clotting when s	selecting the dosing frequency.
	(porcine) injection - Q12 Hours 5000 Units, every	
○ HEParin	(porcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
O Not high bleed ri	sk	
○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours sched	duled
O Wt LESS	than or equal to 100 kg 5000 Units, subcutaneou	is, every 8 hours scheduled
O warfarin (COUMADIN)		
	acy consult 1, oral, daily at 1700	
O Medications		
_	y consult to manage warfarin (COUMADIN) Until	I discontinued, Routine
☐ warfarin Indication:	COUMADIN) tablet 1 , oral	
Dose Selectio	n Guidance:	
Mechanical Prophylaxis (Req	uired)	
	for mechanical prophylaxis Once, Routine xis due to the following contraindication(s):	
Place/Maintain sequent Side: Bilateral Select Sleeve(s):	ial compression device continuous Continuous,	Routine
H Risk of VTE - Non-Surgical	(Required)	
High Risk (Required)	r J: = =/	
✓ High risk of VTE Once, I	Poutine	
	rophylaxis - Non-Surgical Patient (Required)	
riigii Kisk Filariilacological P	Tophylaxis - Nort-Surgical Fattent (Required)	
Sign:	Printed Name:	Date/Time: Page 25 of 30

○ Contraindications	exist for pharmacologic prophylaxis Once, Routine	
No pharmacologic VTE p	prophylaxis due to the following contraindication(s):	
Enoxaparin for Pro Patient renal status:	phylactic Anticoagulation Nonsurgical (Required): @CRCL@	
For patients with CrC following recommend	I GREATER than or EQUAL to 30mL/min, enoxapar	in orders will apply the
January Comments	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
enox Indication Administe	IN 30 MG DAILY (aparin (LOVENOX) injection 30 mg, subcutaneous, daily and (s): er by deep subcutaneous injection into the left and right anter all wall. Alternate injection site with each administration.	
O ENOXAPARI	•	
Indication Administe abdomina fondaparinux (ARI) If the patient does not ha	caparin (LOVENOX) injection subcutaneous, S+1 n(s): er by deep subcutaneous injection into the left and right anter all wall. Alternate injection site with each administration. EXTRA) injection 2.5 mg, subcutaneous, daily ave a history of or suspected case of Heparin-Induced Thron andicated in patients LESS than 50kg, prior to surgery/invasion.	nbocytopenia (HIT) do NOT order
High Risk Bleeding	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment Plt count < 100 K/uL		
Dual antiplatelet the		
Active cancer	тару	
Cirrhosis/hepatic fai	lure	
Prior intra-cranial he		
Prior ischemic stroke	e	
	event requiring admission and/or transfusion	
Chronic use of NSA	IDs/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.		
Sign:	Printed Name:	Date/Time:

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Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (COUMADIN)
○ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
O Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:
✓ Mechanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):
O HIGH Risk of VTE - Surgical (Hip/Knee) (Required)
✓ High Risk (Required)
✓ High risk of VTE Once, Routine
High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)
 Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):
aspirin chewable tablet 162 mg, daily, S+1
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1
O Apixaban and Pharmacy Consult (Required)
✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis
 Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:

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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

	every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
ONLATER THAN OF EQUAL to 140kg	40mg
	every 12
	hours
	nouro
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	terolateral
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	
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 Cro	CI LESS than 30
mL/min	
O heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
Active GI ulcer	
Active Of dicel	
O High Blood Biok	
O High Bleed Risk	vavan aansa bisb
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.	y may be
cliffically appropriate.	
Please weight the risks/benefits of bleeding and clotting when selecting the dosi	ng frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours schedule	
	;u
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 sc	heduled
THE LEGG Man of Equal to 100 kg 5000 Offics, Subcutaneous, every 6 flours so	Ticauleu

Printed Name:

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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:
○ 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): Sh. Na retire Mathem
Rh Negative Mother Nursing
Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery. Until discontinued, Post-op, Routine Labs
☐ Fetal Screen Conditional Frequency, 1, Occurrences, Post-op, Routine, Blood, Conditional- One activation- If Rh Negative Mom and Rh Positive infant
Rhogam Type and Screen Once, Post-op, Routine, Blood Medication
rho(D) immune globulin (HYPERRHO/RHOGAM) injection 1500 unit , PRN, 1, Occurrences, Post-op, Rhogam Workup: If Mother is Rh Negative, complete Rhogam workup and administer Rh immune globulin 50 mcg (or dose determined by lab antibody results) IM within 72 hours of delivery.
Labs Tomorrow Hematology
✓ CBC with differential AM draw, 1, Occurrences, S+1, Post-op, Routine, Blood, 3
☐ Hemoglobin and hematocrit Once, Post-op, Routine, Blood, 3 Chemistry
✓ Basic metabolic panel Once, Post-op, Routine, Blood, 3
Cardiology Imaging Other Studios
Other Studies Respiratory Rehab
Consults For Physician Consult orders use sidebar Ancillary Consults
· ····································

Printed Name:

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Consult to Case Management Once, Post-op, Routine Consult Reason: Reason for Consult?
Consult to Social Work Once, Post-op, Routine Reason for Consult: Reason for Consult?
Consult PT Eval and Treat Once, Post-op, 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 Nutrition Services Once, Post-op, Routine Reason For Consult? Purpose/Topic: Reason for Consult?
Consult to Spiritual Care Once, Post-op, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.
Consult to Respiratory Therapy Once, Post-op, Routine Reason for Consult? Reason for Consult?

Additional Orders

Sign: _____ Printed Name: _____ Date/Time: _____ Page 30 of 30