Location:	 	_	
General			
Nursing IV Fluids			
Labs			
VTE			

__ **Date/Time:** Page 1 of 12 Sign:_____ 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	One or more of the
	the following	following medical
	medical	conditions:
	conditions:	
Patient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor
	disease,	V Leiden, prothrombin
	pneumonia,	variant mutations,
	active	anticardiolipin antibody
	inflammation,	syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity,	myeloproliferative
	previous stroke,	disorders)
	rheumatologic	
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT	Multiple major traumas
	or family history	
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	
	Moderate or	
	major surgery	
	(not for cancer)	
	Major surgery	
	within 3 months	
	of admission	
	UI autilission	

		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guide for COVID patients (http Anticoagulation Guideline - 8.20.2021v15.pdf)	ps://formweb.com/files	/houstonmethodist/documer	nts/COVID-19
O Patient currently has an active order for the (Required)	erapeutic anticoagulant	or VTE prophylaxis with Ris	k Stratification
O Moderate Risk - Patient currently has a	n active order for there	apeutic anticoagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 2 of 12

•	Hili	Printed Name:	Date/Time: Page 3 of 12
	Siani	Drinted News	Data/Times
_	ate Risk (Required)	•	
	E Risk of VTE - Surgical (Re	•	
Low r	ow risk of VTE Once, Routi isk: ○ Due to low risk, no VTI ylaxis is needed. Will encour	E prophylaxis is needed. Will encourgae e	early ambulation ○ Due to low risk, no VTE
✓ Low Ri	sk (Required)		
LOW Risk o	of VTE (Required)		
	Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuous	Continuous, Routine
		ist for mechanical prophylaxis Once, R ylaxis due to the following contraindication	
☑ P	lace sequential compression		
Thera	py for the following:	is because: patient is already on therapeu	itic anticoagulation for other indication.
		ive order for therapeutic anticoagulant	
_	igh risk of VTE Once, Routi	·	
O High R	` '	an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
	Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuous	Continuous, Routine
		ist for mechanical prophylaxis Once, R ylaxis due to the following contraindication	
✓ P	lace sequential compressi	on device	
No ph		ive order for therapeutic anticoagulant is because: patient is already on therapeu	
✓ H	igh risk of VTE Once, Routi	ine	
O High R	isk - Patient currently has	an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
	Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuous (Continuous, Routine
	No mechanical VTE prophy	ylaxis due to the following contraindication	n(s):
		on device ist for mechanical prophylaxis Once, R	Coutine
Thera	py for the following: lace sequential compression		лис апписоадинацон тог отнег інцісацоп.
✓ P	atient currently has an acti	ive order for therapeutic anticoagulant is because: patient is already on therapeu	
_	loderate risk of VTE Once,	·	incoagulant of VIE propriylaxis (Required
O Modor	Side: Bilateral Select Sleeve(s):	•	ticoagulant or VTE prophylaxis (Required
		ential compression device continuous	
	O Contraindications ex	ist for mechanical prophylaxis Once, Rylaxis due to the following contraindication	
✓ P	lace sequential compression	on device	
	py for the following:		

 \bigcirc

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100 to 139kg	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Cor patient renal status: @CRCL@ Cor patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apple following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): ✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): ✓ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): ✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): ✓ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) ✓ Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will applololowing recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg ✓ 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 posterola abdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY	
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apple following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
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) Cor patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apple ollowing recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
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) Cor patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apple ollowing recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
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 apple ollowing recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apple ollowing recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg ■ ENOXAPARIN 30 MG DAILY ■ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ■ ENOXAPARIN SQ DAILY	
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 posterola abdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY	
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 posterola abdominal wall. Alternate injection site with each administration. ■ ENOXAPARIN SQ DAILY	/ the
GREATER THAN or EQUAL to 140kg CENOXAPARIN 30 MG DAILY Penoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	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 posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	enoxapar 40mg dai
 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 posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	enoxapar 30mg every 12 hours
 enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	enoxapar 40mg every 12 hours
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
O ENOXAPARIN SQ DAILY	ıteral
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterola abdominal wall. Alternate injection site with each administration.	iteral
∫ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 f the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) d his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrC 00 mL/min.	
○ heparin	

_ Date/Time: Page 4 of 12 Printed Name:

High Diels Dieseling	Charactaristica	
High Risk Bleeding	Gnaracteristics	
Age <u>></u> 75 Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	ру	
Active cancer	1 7	
Cirrhosis/hepatic failu	re	
Prior intra-cranial hen	norrhage	
Prior ischemic stroke		
History of bleeding ev	ent requiring admission and/or transfusion	1
Chronic use of NSAID	os/steroids	
Active GI ulcer		
O High Bleed Ri	a la	
· ·	sk equency is appropriate for most high bleed	ling risk natients. However, some high
	ents also have high clotting risk in which e	
clinically appropr		
Dloose weight th	o ricke/hopofite of blooding and eletting wh	on coloring the design fraguency
	e risks/benefits of bleeding and clotting wh	
	in (porcine) injection - Q12 Hours 5000 Units,	,
O HEPai	in (porcine) injection - Q8 Hours 5000 Units, e	very 8 hours scheduled
O Not high bleed	d risk	
○ Wt > 1	00 kg 7500 Units, subcutaneous, every 8 hours	scheduled
	SS than or equal to 100 kg 5000 Units, subcuta	
○ warfarin (COUMADIN		incode, every e ficule concedence
,	rmacy consult 1 , oral, daily at 1700	
O Medications	ganos.	
	acy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
	in (COUMADIN) tablet 1 , oral	
	ction Guidance:	
✓ Mechanical Prophylaxis (F	Required)	
	ist for mechanical prophylaxis Once, Routine	
No mechanical VTE proph	ylaxis due to the following contraindication(s):	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	ential compression device continuous Continu	uous, Routine
MODERATE Risk of VTE - Non-	Surgical (Required)	
	ogical Prophylaxis - Non-Surgical Patient (Rec	nuired)
✓ Moderate Risk (Requ		quii ou)
	of VTE Once, Routine	
	,	
	nacological Prophylaxis - Non-Surgical Patien	` ' '
○ Contraindicat	ons exist for pharmacologic prophylaxis - Or	der Sequential compression device
	indications exist for pharmacologic prophyla cologic VTE prophylaxis due to the following con	
Sign:	Printed Name:	Date/Time:
<u> </u>		Page 5 of 12

✓ 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
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min	' ''
○ heparin	

__ Date/Time: Page 6 of 12 Sign:_____ Printed Name:____

	Version. 10 Gen. 6/25/2025	
High Risk Ble	eeding Characteristics	
Age ≥ 75		
Weight < 50 k		
Unstable Hgb		
Renal impairn		
Plt count < 10		
Dual antiplate Active cancer	let therapy	
Cirrhosis/hepa	atic failure	
	nial hemorrhage	
Prior ischemic		
	eding event requiring admission and/or transfusion	
	f NSAIDs/steroids	
Active GI ulce	r	
	ı Bleed Risk 2 hour frequency is appropriate for most high bleeding ı	risk patients. However.
some hi	gh bleeding risk patients also have high clotting risk in v cy may be clinically appropriate.	
Please frequen	weight the risks/benefits of bleeding and clotting when s cy.	selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 5000 Units, eve	ry 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every	v 8 hours scheduled
O Not	high bleed risk	, •
		a de da d
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sche	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneo	ous, every 8 hours scheduled
O warfarin (CC	OUMADIN)	
Indication	HOUT pharmacy consult 1 , oral, daily at 1700 i: ection Guidance:	
	ications	
O Med	Pharmacy consult to manage warfarin (COUMADIN) Un Indication:	til discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral Indication:	
	Dose Selection Guidance:	
✓ Mechanical Prophylaxis	(Required)	
No mechanical VTE prop	exist for mechanical prophylaxis Once, Routine ohylaxis due to the following contraindication(s):	
 Place/Maintain seq Side: Bilateral Select Sleeve(s): 	uential compression device continuous Continuous, Routine	
O HIGH Risk of VTE - Surgical (Required)	
✓ High Risk (Required)		
High risk of VTE O	nce Routine	
_	cal Prophylaxis - Surgical Patient (Required)	
○ Contraindications	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
	NOX) for Prophylactic Anticoagulation (Required)	
Sian:	Printed Name:	Date/Time:
		Page 7 of 12
		-

For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin order following recommended doses by weight:	ers will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ENOXAPARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Indication(s): Administer by deep subcutaneous injection into the left and right anterolatera abdominal wall. Alternate injection site with each administration. 	

✓	enoxaparin (LOVENOX) injection subcutaneous, S+1
Inc	dication(s):
	minister by deep subcutaneous injection into the left and right anterolateral or posterolateral dominal wall. Alternate injection site with each administration.
If the patient does	(ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this raindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30

O heparin

O ENOXAPARIN SQ DAILY

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 th	e risks/benefits of bleeding and clotting wher	n selecting the dosing frequency
○ HEPar	rin (porcine) injection - Q12 Hours 5000 Units, eve	ery 12 hours scheduled
○ HEPar	rin (porcine) injection - Q8 Hours 5000 Units, ever	ry 8 hours scheduled
O Not high bleed	d risk	
Sian:	Printed Name:	Date/Time:

O 100		
	t > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	t LESS than or equal to 100 kg 5000 Units, subcutaneous, eve	ery 8 hours scheduled
O warfarin (COUMA	•	
Indication: Dose Selection	pharmacy consult 1 , oral, daily at 1700	
O Medication		
_		ntinued Dautine
Indicati		intinued, Routine
Indicati	orfarin (COUMADIN) tablet 1 , oral don: Selection Guidance:	
Mechanical Prophylaxi	s (Required)	
Ocontraindications No mechanical VTE pr	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 Continuous, Routin	ne
O HIGH Risk of VTE - Non-Su	rgical (Required)	
✓ High Risk (Required)		
✓ High risk of VTE (Once, Routine	
✓ High Risk Pharmacolog	gical Prophylaxis - Non-Surgical Patient (Required)	
	s exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Enoxaparin for Patient renal statu	rophylactic Anticoagulation Nonsurgical (Required) s: @CRCL@	
	CI GREATER than or EQUAL to 30mL/min, enoxaparing ded doses by weight:	orders will apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	100 to 139kg	enoxaparin 30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin
		40mg
		every 12 hours
\bigcirc ENOXAPA	RIN 30 MG DAILY	
✓ end Indication	oxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at ion(s):	1700, S+1
Adminis	ster by deep subcutaneous injection into the left and right antero inal wall. Alternate injection site with each administration.	plateral or posterolateral
_	RIN SQ DAILY	
✓ en	oxaparin (LOVENOX) injection subcutaneous, S+1	
Indicati Adminis		plateral or posterolateral
Sign:	Printed Name:	Date/Time: Page 9 of 12

If the patient does not have this medication. Contraind	TRA) injection 2.5 mg, subcutaneous, daily e a history of or suspected case of Heparin-Induce icated in patients LESS than 50kg, prior to surgery	
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 thera	ру	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hem	norrhage	
Prior ischemic stroke		
	ent requiring admission and/or transfusion	
Chronic use of NSAID)s/steroids	
Active GI ulcer		
	equency is appropriate for most high bleeding ents also have high clotting risk in which ev	
Please weight the	e risks/benefits of bleeding and clotting whe	en selecting the dosing frequency.
	in (porcine) injection - Q12 Hours 5000 Units, e	
		•
○ HEPar	in (porcine) injection - Q8 Hours 5000 Units, even	ery 8 hours scheduled
O Not high bleed	d risk	
○ Wt > 10	00 kg 7500 Units, subcutaneous, every 8 hours so	cheduled
○ Wt I E	SS than or equal to 100 kg 5000 Units, subcutan	eous every 8 hours scheduled
○ warfarin (COUMADIN		22.2, 373. j 3 modio considerou
_ `		
○ WITHOUT phaIndication:Dose Selection Guid	rmacy consult 1 , oral, daily at 1700 dance:	
O Medications		
Pharm Indication:	acy consult to manage warfarin (COUMADIN)	Jntil discontinued, Routine
Indication:	in (COUMADIN) tablet 1 , oral ction Guidance:	
✓ Mechanical Prophylaxis (R	Required)	
	ist for mechanical prophylaxis Once, Routine ylaxis due to the following contraindication(s):	
Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuous Continuo	ous, Routine
HIGH Risk of VTE - Surgical (Hi	ip/Knee) (Required)	
✓ High Risk (Required)		
✓ High risk of VTE Once	e Routine	
	e, Routine ıl Prophylaxis - Hip or Knee (Arthroplasty) Surç	gical Patient (Required)
Sign:	Printed Name:	Date/Time:

__ Date/Time:___ Page 10 of 12

10101111 10 00111 0/20/2020	
○ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
O 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 posabdominal wall. Alternate injection site with each administration.	sterolateral
ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min	
○ heparin	

Date/Time: Page 11 of 12 Printed Name:

	ling Characteristics
Age <u>></u> 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairmen	
Plt count < 100 K	•
Dual antiplatelet	tnerapy
Cirrhosis/hepatic	failure
Prior intra-cranial	
Prior ischemic str	
	ng event requiring admission and/or transfusion
Chronic use of N	SAIDs/steroids
Active GI ulcer	
	ur frequency is appropriate for most high bleeding risk patients. However, some high capatients also have high clotting risk in which every 8 hour frequency may be
Please weig	ht the risks/benefits of bleeding and clotting when selecting the dosing frequency.
Он	IEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
\circ	IEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high	bleed risk
	Vt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
_	Vt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
○ Rivaroxaban an	d Pharmacy Consult (Required)
daily at 0600 (Indications: ○ For Xarelto 15	oan (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, (TIME CRITICAL) VTE prophylaxis 5 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication or not administer via post-pyloric routes.
	y consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT TE prophylaxis
owarfarin (COUM	IADIN)
O WITHOUTH Indication: Dose Selection	T pharmacy consult 1 , oral, daily at 1700 n Guidance:
O Medication	ons
✓ P Indica	harmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine ation:
□ w	varfarin (COUMADIN) tablet 1 , oral
Indica	
echanical Prophyla	xis (Required)
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):
	sequential compression device continuous Continuous, Routine

Printed Name:

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