Location	:		
General			
	on Present on Admission Diagn	osis	
	Acidosis Once, Routine		
	Acute Post-Hemorrhagic Anemi	ia Once, Routine	
	Acute Renal Failure Once, Routi	ine	
	Acute Respiratory Failure Once	, Routine	
	Acute Thromboembolism of De	ep Veins of Lower Extremities Once, Routine	
	Anemia Once, Routine		
	Bacteremia Once, Routine		
	Bipolar disorder, unspecified O	nce, Routine	
	Cardiac Arrest Once, Routine		
	Cardiac Dysrhythmia Once, Rou	utine	
	Cardiogenic Shock Once, Routin		
	Decubitus Ulcer Once, Routine		
	Dementia in Conditions Classifi	ied Elsewhere Once. Routine	
	Disorder of Liver Once, Routine	,	
	Electrolyte and Fluid Disorder (Once. Routine	
	Intestinal Infection due to Clost		
		occus Aureus Infection Once, Routine	
	· ·	with Exacerbation Once, Routine	
	Other Alteration of Consciousn	· ·	
	Other and Unspecified Coagula		
	Other Pulmonary Embolism and		
	Phlebitis and Thrombophlebitis		
	Protein-calorie Malnutrition One		
	Psychosis, unspecified psycho		
	Schizophrenia Disorder Once, F	• •	
	Sepsis Once, Routine		
	Septic Shock Once, Routine		
	Septicemia Once, Routine		
	•	betes Mellitus with Mention of Complication, No	ot Stated as Uncontrolled Once. Routine
Admis	Urinary Tract Infection, Site Not sion or Observation (Required)		
Adr Lev Pat Beo Cei		tine y best clinical judgment and the patient's condition a ed hospital services for two or more midnights.	as documented in the HP and progress
Adr Atte Pat	Outpatient observation services mitting Physician: ending Provider: ient Condition: d request comments:	s under general supervision Once, Routine	
	Sign:	Printed Name:	Date/Time: Page 1 of 50

	VOI 31011. 17 Oct 1. 3/3/2020	
Outpatient in a bed - extended recove Admitting Physician: Bed request comments:	ry Once, Routine	
Admission or Observation Patient has active status order on file		
Admit to Inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best on the condition of the condition		
Outpatient observation services under Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	er general supervision Once, Routine	
Outpatient in a bed - extended recover Admitting Physician: Bed request comments: Admission	ry Once, Routine	
Patient has active status order on file.		
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best on notes, I expect that the patient will need hose Code Status	pital services for two or more midnights.	
@CERMSGREFRESHOPT(674511:2170	3,,,1)@	
Code Status DNR and Modified Code orders should be	placed by the responsible physician.	
 Full code Continuous, Routine Code Status decision reached by: 		
O DNR (Do Not Resuscitate) (Requi	red)	
DNR (Do Not Resuscitate) On Did the patient/surrogate require to Did the patient/surrogate require to Does patient have decision-making Code Status decision reached by:	he use of an interpreter? he use of an interpreter? g capacity?	
☐ Consult to Palliative Care S	ervice	
Consult to Palliative Priority: Reason for Consult? Order? Name of referring provider Enter call back number: Reason for Consult?	Care Service Once, Routine	
Consult to Social Work Onc Reason for Consult: Reason for Consult?	e, Routine	
Modified Code Continuous, Routin Did the patient/surrogate require the use Did the patient/surrogate require the use Does patient have decision-making cap Modified Code restrictions: Code Status decision reached by:	e of an interpreter? e of an interpreter?	
Sign:	Printed Name:	
-		Page 2 of 50

Neuro Intensive Care (NICU) Admission (1719)

	Version: 17 Gen: 9/9/2025	
Restrictions, Routine I understand that if the patient is NOT that all other unselected medically inc Treatment Restriction decision reache Specify Treatment Restrictions: Code Status decision reached by: Isolation		• "
Airborne isolation status		
✓ Airborne isolation status ○	Continuous, Routine	
Mycobacterium tuberculosOnce, Routine	sis by PCR - If you suspect Tuberculosis, plea	ase order this test for rapid diagnostics.
Contact isolation status Continu	uous, Routine	
☐ Droplet isolation status Continu	uous, Routine	
☐ Enteric isolation status Continue Precautions	ious, Routine	
Aspiration precautions Continu	ious Routine	
✓ Fall precautions Continuous, Ro Increased observation level needed:	,	
☐ Latex precautions Continuous, I	Routine	
☐ Seizure precautions Continuous Increased observation level needed:	s, Routine	
☐ Spinal precautions Continuous,	Routine	
Nursing Vital Signs		
✓ Vital signs - T/P/R/BP Every hou	ur, Routine, Aligned with neurological assessmer	nts.
Pulse oximetry check Continuo Current FIO2 or Room Air:Vital Signs	us, Routine	
✓ Vital signs - T/P/R/BP Every 15	min, Routine, Every 15 minutes x 2 hours then e	every 1 hour. For Temp, check every 4 hours.
✓ Pulse oximetry check Continuor Current FIO2 or Room Air:	us, Routine	
Activity		
Strict bed rest Until discontinued		
Turn patient Every 2 hours, Rou	tine	
☐ Up with assistance Until discont Specify: ○ Up with assistance	tinued, Routine	
☐ Activity as tolerated Until discor Specify: ○ Activity as tolerated	ntinued, Routine	
☐ Elevate Head of bed 30 degrees Head of bed: ○ 30 degrees	s or greater (semi-recumbent) Until discontinue	ed, Routine, or greater (semi-recumbent)
☐ Head of bed flat Until discontinu Head of bed: ○ flat	ed, Routine	
Nursing ✓ Neurological assessment Every Assessment to Perform: ○ Level of Co Assessment to Perform:		
☐ Hemodynamic Monitoring Cont Measure: ○ MAP ○ CVP ○ SVR ○ SV		
Sign:	Printed Name:	Date/Time: Page 3 of 50

		VOI 310111. 17 30111. 3/3/2020	
	☐ Drain care Until discontinued, Ro Drain 1: Drain 2: Drain 3: Drain 4: All Drains:	utine	
	Lumbar drain care Until discontil Lumbar drain mgmt:	nued, Routine	
	✓ Height and weight Once, 1, Occ	urrences, Routine, On admission	
	☐ Daily weights Daily, Routine		
	Nasogastric tube insertion Once Type:	e, Routine	
	Nasogastric tube maintenance Tube Care Orders:	Until discontinued, Routine	
	Oral care Every shift, Routine		
	$\hfill \square$ Nurse to advance mattress at fi	rst sign of Stage I or II decubitus ulcer per protoc	ol Until discontinued, Routine
	Strict intake and output Every h	our, Routine	
	Dysphagia screen Once, Routing	е	
		itine, If unable to void after second straight cath, inse	rt Foley and call physician.
	☐ Insert/Maintain Foley and Notify		
	✓ Insert Foley catheter Once, Type: Size: Urinometer needed: Indication: Foley catheter may be removed p		
	✓ Foley catheter care Until dis Orders: Maintain		
	_	serted Until discontinued, Routine	
		Nfractionated heparin Until discontinued, Routine	
		ng aspirin Until discontinued, Routine	
Nu	rsing		
	✓ Neurological assessment Every Assessment to Perform: ○ Level of Co Assessment to Perform:	n 15 min, Routine onsciousness ○ Motor exam ○ Pupils	
	☐ Hemodynamic Monitoring Conti Measure: ○ MAP ○ CVP ○ SVR ○ SVV	inuous, Routine ∕ ○ Cardiac Index	
	☐ Drain care Until discontinued, Ro Drain 1: Drain 2: Drain 3: Drain 4: All Drains:	outine	
	Lumbar drain care Until discontil Lumbar drain mgmt:	nued, Routine	
	✓ Height and weight Once, 1, Occ	urrences, Routine, On admission	
	☐ Daily weights Daily, Routine		
	Nasogastric tube insertion Onco Type:	e, Routine	
	Nasogastric tube maintenance Tube Care Orders:	Until discontinued, Routine	
	Sign:	Printed Name:	Date/Time: Page 4 of 50
			9

		Oral care Every shift, Routine
		Nurse to advance mattress at first sign of Stage I or II decubitus ulcer per protocol Until discontinued, Routine
	✓	Strict intake and output Every hour, Routine
	✓	Dysphagia screen Once, Routine
		Straight cath Every 6 hours, Routine, If unable to void after second straight cath, insert Foley and call physician.
		Insert/Maintain Foley and Notify
		✓ Insert Foley catheter Once, Routine
		Type:
		Size: Urinometer needed:
		Indication:
		Foley catheter may be removed per nursing protocol.
		✓ Foley catheter care Until discontinued, Routine Orders: Maintain
		✓ Notify Physician if Foley inserted Until discontinued, Routine
		No anticoagulants INcluding UNfractionated heparin Until discontinued, Routine ason for "No" order: ○ high risk of bleeding
	_	No anti-platelet agents INcluding aspirin Until discontinued, Routine
		ason for "No" order:
No	tify	
		Notify Physician for vitals: Until discontinued, Routine apperature greater than: ○ 100 ○ 100.5
		tolic BP less than: 90
		stolic BP greater than: 100
		stolic BP less than: 50 art rate greater than (BPM): 100
	Hea	art rate less than (BPM): ○ 50 ○ 60
		spiratory rate greater than: 25 spiratory rate less than: 8
		22 less than: 92
	Tem	nperature less than:
		tolic BP greater than: 160 P less than: 60.000
	_	Notify Physician if acute change in neurological status Until discontinued, Routine
		Notify Physician of intrathecal medication to be delivered Until discontinued, Routine
		Notify Physician for changes in vasopressor orders Until discontinued, Routine, Including any additional vasopressor
	orde	ers.
		Notify Physician of the following: Until discontinued, Routine, Loss or new dampening of intracranial pressure waveform, nage of new bright red blood, disconnection of intracranial pressure monitor, or drainage at intracranial pressure monitor site
		Notify Physician of any anti-epileptic medication levels Until discontinued, Routine
	✓	Notify Physician of No Bowel Movement for more than 72 hours Until discontinued, Routine
Die		
	NP(NPO Diet effective now, Routine
		-Operative fasting options:
		NPO except meds Diet effective now, Routine
		O: ○ Except meds -Operative fasting options:
	_	
		NPO after midnight except meds Diet effective midnight, Routine D: ○ Except meds
		-Operative fasting options:

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Neuro Intensive Care (NICU) Admission (1719) Version: 17 Gen: 9/9/2025 Diet - Clear liquids Diet effective now, Routine, If patient passes Dysphagia screen. Diet(s): ○ Clear Liquids Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: Diet - Heart healthy Diet effective now, Routine, If patient passes Dysphagia screen. Diet(s): O Heart Healthy Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: ☐ Diet - 2000 Kcal/225 gm Carb Diet effective now, Routine, If patient passes Dysphagia screen. Diet(s): 0 2000 Kcal/225 gm Carbohydrate Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: Diet Diet effective now, Routine, If patient passes Dysphagia screen. Diet(s): Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid: ☐ **Tube feeding** Diet effective now, Routine Tube Feeding Formula: Tube Feeding Schedule: Tube Feeding Schedule: Dietitian to manage Tube Feed? Consent ☐ Complete consent form Once, Routine Procedure: Diagnosis/Condition: Physician: Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate? IV Fluids **IV Fluids** O sodium chloride 0.9 % infusion .9 , intravenous, continuous O lactated Ringer's infusion intravenous, continuous O sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion 20, intravenous, continuous

Version. 17 Gen. 9/9/2023
O dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion - for NPO Patients 20 , intravenous, continuous
Sodium chloride (HYPERTONIC) 3 % infusion 3, intravenous, continuous RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a Nephrology, Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? Mattendage
Medications Medications - MIsc.
Chlorhexidine (PERIDEX) 0.12 % solution 15 mL, Mouth/Throat, every 4 hours while awake
Seizure Prophylaxis
O levETIRAcetam (KEPPRA) tablet 500 mg, oral, every 12 hours
 levETIRAcetam (KEPPRA) IV 500 mg, intravenous, every 12 hours Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Vasospasm
oniMODipine (NIMOTOP) capsule 30 mg, Every 2 Hours (TIME CRITICAL), 21, Days
For oral administration only. If patient unable to swallow capsules, call pharmacy.
niMODipine (NIMOTOP) capsule 60 mg, oral, Every 4 Hours (TIME CRITICAL), 21, Days For oral administration only. If patient unable to swallow capsules, call pharmacy.
oniMODipine (NYMALIZE) oral solution 30 mg, oral, Every 2 Hours (TIME CRITICAL), 21, Days
oniMODipine (NYMALIZE) oral solution 60 mg, oral, Every 4 Hours (TIME CRITICAL), 21, Days
Anti-infectives
☐ cefazolin (ANCEF) IV 1 g, intravenous, every 8 hours, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
cefepime (MAXIPIME) IV intravenous, every 8 hours, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
EXTENDED INFUSION Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.
metronidazole (FLAGYL) intravenous, STAT Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication:
piperacillin-tazobactam (ZOSYN) IV intravenous, every 8 hours, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication:
EXTENDED INFUSION Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.
☐ IV Vancomycin Loading Dose + Pharmacy Consult
✓ vancomycin (VANCOCIN) IV intravenous, once, 1, Occurrences, STAT Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.: Indication: Loading Dose
Pharmacy consult to manage vancomycin Until discontinued, Routine Indication:
Anticipated Duration of Vancomycin Therapy (Days): ICP Elevation Management
mannitol 20 % injection 1 g/kg, intravenous, once, 1, Occurrences Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes or longer. Hold for serum sodium > 155, serum osmolality > 320.
Administer via 5 micron disc filter for bolus or 15 micron filter set for infusion
☐ Mannitol Q6H and Required Labs

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✓ mannitol 25 % injection 20 , intravenous, every 6 hours Continually monitor ICP, and contact provider for ICP > 20 for 5 minutes or longer. Hold for serum sodium > 155, serum osmolality > 320.	
Administer via 5 micron disc filter for bolus or 15 micron filter set for infusion	
Sodium level Every 6 hours, Routine, Blood, 3, Continue while patient is taking mannitol.	
Osmolality, serum Every 6 hours, Routine, Blood, 3, Continue while patient is taking mannitol.	
Notify Physician for (Specify lab) Until discontinued, Routine Other Lab (Specify): ○ serum sodium GREATER than 155 mEq/L or serum Osmolality greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hot less than: Hot less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR greater than: PT/INR greater than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium greater than: Sodium less than: WBC greater than: WBC greater than: WBC greater than:	I/L
oxdot Sodium chloride concentrated injection (23.4%) IV syringe for elevated intracranial pressure + Require	ed Labs
✓ Sodium chloride concentrated injection (23.4%) IV syringe+ NS Flush Panel	
sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRIC intravenous, once, 1, Occurrences, STAT, 10.000 Minutes RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU interordering on behalf of one? For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and conta ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 med Administer via central line only.	nsivist or pressure at ct provider for
sodium chloride 0.9% flush 10 mL, intravenous, once, 1, Occurrences	
Sodium level Every 6 hours, 4, Occurrences, Routine, Blood, 3	
sodium chloride 3% infusion + Required Labs	
sodium chloride (HYPERTONIC) 3 % infusion 3, intravenous, continuous RESTRICTED to Nephrology, Critical Care, Emergency Medicine, and Neurosurgery specialists. Are you a N Critical Care, Emergency Medicine, or Neurosurgery specialist or ordering on behalf of one? Continually monitor ICP, and contact provider for ICP greater than 20 for 5 minutes or longer. Continually mon contact provider for ICP greater than 20 for 5 minutes or longer.	
Sodium level Every 6 hours, Routine, Blood, 3, Continue while patient is on a sodium chloride 3% infusion	on.
✓ Osmolality, serum Every 6 hours, Routine, Blood, 3, Continue while patient is on a sodium chloride 3%	infusion.

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✓ Notify Physician for (Specify lab) Until discontinued, Routine Other Lab (Specify): ○ serum sodium GREATER than 155 mEq/L or serum Osmolality greater than 320 mmol/L	
BUN greater than:	
Creatinine greater than:	
Glucose greater than:	
Glucose less than: Hct less than:	
Hgb less than:	
LDL greater than:	
Magnesium greater than (mg/dL):	
Magnesium less than (mg/dL): Platelets less than:	
Potassium greater than (mEq/L):	
Potassium less than (mEq/L):	
PT/INR greater than: PT/INR less than:	
PTT greater than:	
PTT less than:	
Serum Osmolality greater than: Serum Osmolality less than:	
Sodium greater than:	
Sodium less than:	
WBC greater than:	
WBC less than: Medications - Bowel Managment	
_	
✓ polyethylene glycol (MIRALAX) packet 17 g, oral, 2 times daily Mix in 4-8oz of water.	
✓ Stool Softener Options	
O docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily	
o sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 2 tablet, oral, nightly	
IV Infusions - Vasopressors	
O phenylephrine (NEO-SYNEPHRINE) infusion titrated, STAT	
O DOPamine IV infusion titrated, STAT	
O norEPInephrine (LEVOPHED) infusion titrated, STAT	
vasopressin (PITRESSIN) infusion 0.01 - 0.04 Units/min, intravenous, continuous, STAT	
Initiate vasopressin infusion at 0.01 units/min.	
Titrate by 0.01 units/min to keep mean arterial pressure above *** millimeters of mercury.	
Antihypertensives - IV Infusion	
O niCARDipine (CARDENE) IV infusion titrated	
Antihypertensives - PRN	
hydrALAZINE (APRESOLINE) injection 10 mg, intravenous, every 6 hours PRN BP HOLD parameters for this order:	
Contact Physician if: Administer if Systolic BP GREATER than ***	
O labetalol (TRANDATE) injection 10 mg, intravenous, every 15 min PRN, systolic blood pressure greater than 160 mm o mercury	of
BP & HR HOLD parameters for this order: BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm Hold for a heart rate of less than 60 beats per minute. Notify MD if 3 successive doses are administered.	
metoprolol (LOPRESSOR) injection 5 mg, intravenous, every 6 hours PRN, systolic blood pressure greater than 160 mg.	nm of
mecury	1111 01
BP & HR HOLD parameters for this order: ○ BP & HR HOLD Parameters requested BP & HR HOLD for: Heart Rate LESS than 60 bpm Contact Physician if:	
Hold for heart rate less than 60 beats per minute.	

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mercury	1.25 mg, intravenous, every 6 hours PRN, syst	colic blood pressure greater than 160 mm of		
BP HOLD parameters for this order: Contact Physician if:				
PRN Medications - Insomnia				
. , ,	n (ROZEREM) tablet nightly PRN sleep			
o zolpidem (AMBIEN) tablet 5	mg, oral, nightly PRN, sleep			
ramelteon (ROZEREM) table	et 8 mg, oral, nightly PRN, sleep			
PRN Medications - Insomnia ramelteon (ROZEREM) tablet 8 r	ng oral nightly DDN aloon			
PRN Medications - Bowel Management				
O magnesium hydroxide suspensi Give scheduled until bowel movement.				
Give scheduled until bowel movement.				
 bisacodyl (DULCOLAX) supposit Give scheduled until bowel movement. 	itory 10 mg, rectal, nightly PRN, constipation			
O milk and molasses enema 30 mL FOR RECTAL USE ONLY. SHAKE IF S	SEPARATED.			
PRN Medications - Bowel Management				
 saline,mineral oil,glycerin (S.M.C) FOR RECTAL USE. PRN Medications - Fever Management 	J.G.) enema 180 mL, once			
Acetaminophen oral, per tube or	r rootal nanol			
	ninophen per day from all sources. (Ci	rrhosis patients maximum: 2		
acetaminophen (TYLENOL) fever	tablet 650 mg, oral, every 6 hours PRN, mild p	ain (score 1-3)		
	ophen per day from all sources. (Cirrhosis patie	ents maximum: 2 grams per day from all		
 acetaminophen (TYLENOL) fever Use if patient cannot swallow table 	suspension 650 mg, oral, every 6 hours PRN,	mild pain (score 1-3)		
·	suppository 650 mg, rectal, every 6 hours PRI	N, mild pain (score 1-3)		
fever	etaminophen suppository if the patient cannot tal	ke medication by mouth or per tube		
	ophen per day from all sources. (Cirrhosis patie			
PRN Medications - Antiemetics: For Pat	ients LESS than 65 years old			
ondansetron (ZOFRAN) IV or Or	al (Required)			
ondansetron ODT (ZOFRAN vomiting	I-ODT) disintegrating tablet 4 mg, oral, every 8	8 hours PRN, nausea		
Give if patient is able to tolerate or May cause QTc prolongation.	ral medication.			
	ng/2 mL injection 4 mg, intravenous, every 8 ho	ours PRN, nausea		
vomiting Give if patient is UNable to tolerat May cause QTc prolongation.	e oral medication OR if a faster onset of action i	is required.		
ondansetron (ZOFRAN) 8 mg, de when using in pituitary patients) intributed May cause QTc prolongation.	examethasone (DECADRON) 8 mg in sodium ravenous, once PRN, nausea	chloride 0.9 % 50 mL IVPB (Use caution		
transdermal, every 72 hours	OP) 1.5 mg (1 mg over 3 days) - For Patients			
PRN Medications - Antiemetics: For Pat	PRN Medications - Antiemetics: For Patients GREATER than or EQUAL to 65 years old			
Sign:	Printed Name:	Date/Time: Page 10 of 50		

Neuro Intensive Care (NICU) Admission (1719)

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	ts after administration of intermittent infusions. Progra or a total volume equal to contents of tubing sets used	
sodium chloride 0.9% bag for ling sodium chloride 0.9% bag for	or line care .9 , PRN, line care	
	65 % nasal spray 2 spray, Each Naris, every 6 hours	PRN, nasal stuffiness
	o, Both Eyes, every 2 hour PRN, dry eyes agents or seventh cranial nerve palsy (Bell's Palsy)	
Required for patients on paralytic a	Eyes, every 4 hours PRN, dry eyes agents or seventh cranial nerve palsy (Bell's Palsy)	
May cause QTc prolongation. PRN Medications - Eye/Sinus Care	milavenous, once i iviv, nausea	
,	g, dexamethasone (DECADRON) 8 mg in sodium ci	hloride 0.9 % 50 mL IVPB (Use caution
vomiting	erate oral medication OR if a faster onset of action is i	
May cause QTc prolongation.	4 mg/2 mL injection 4 mg, intravenous, every 8 hour	rs PRN. nausea
 ondansetron ODT (ZOFF vomiting Give if patient is able to tolerat 	RAN-ODT) disintegrating tablet 4 mg, oral, every 8 but to oral medication.	nours PRN, nausea
ondansetron (ZOFRAN) IV or		
	Version: 17 Gen: 9/9/2025	

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

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Printed Name: _____ Date/Time: ____ Page 12 of 50

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Sian:	Printed Name:	Date/Time:
✓ Moderate Risk (Required)		
MODERATE Risk of VTE - Surgi	cal (Required)	
Low risk of VTE Once Low risk: O Due to low risk, prophylaxis is needed. Will	no VTE prophylaxis is needed. Will encourgae early a	ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Contir	nuous, Koutine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential comp		2
Therapy for the following:	ohylaxis because: patient is already on therapeutic an	nicoaguiation for other indication.
	n active order for therapeutic anticoagulant or VI	
✓ High risk of VTE Once	Routine	
O High Risk - Patient currently	has an active order for therapeutic anticoagulan	t or VTE prophylaxis (Required)
Place/MaintainSide: BilateralSelect Sleeve(s):	sequential compression device continuous Contir	nuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Place sequential comp	pression device	
	In active order for therapeutic anticoagulant or VI or whylaxis because: patient is already on therapeutic an	
High risk of VTE Once		
O High Risk - Patient currently	has an active order for therapeutic anticoagulan	t or VTE prophylaxis (Required)
Place/Maintain Side: Bilateral Select Sleeve(s):	sequential compression device continuous Contir	nuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential com		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant or VI ohylaxis because: patient is already on therapeutic an	
✓ Moderate risk of VTE		, in the forms (1.12 days)
Select Sleeve(s):	rently has an active order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
_	sequential compression device continuous Contin	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	e
✓ Place sequential comp	pression device	
✓ Patient currently has a	n active order for therapeutic anticoagulant or VI ohylaxis because: patient is already on therapeutic an	
Moderate risk of VTE	Jilce, Noutille	

 \bigcirc

 \bigcirc

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
	-l i
 ○ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression of Contraindications exist for pharmacologic prophylaxis Once, Routine 	aevice
No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxapaı 40mg da
100 to 139kg	enoxapa 30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxapai 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 of or suspected case of Heparin-Induced Thrombocytopenia (his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

_ Date/Time: Page 14 of 50 **Printed Name:**

	10101011. 17 0011. 0/0/2020
	sk Bleeding Characteristics
Age ≥ 7	
Weight	
Unstabl	
	npairment
	nt < 100 K/uL
	tiplatelet therapy
Active of	
	s/hepatic failure
	ra-cranial hemorrhage
	chemic stroke
	of bleeding event requiring admission and/or transfusion
Active C	use of NSAIDs/steroids
Active C	of uicer
Ev ble	High Bleed Risk ery 12 hour frequency is appropriate for most high bleeding risk patients. However, some high eding risk patients also have high clotting risk in which every 8 hour frequency may be nically appropriate.
Ple	ease 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
\circ	
\circ	
	○ 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
○ warfa	rin (COUMADIN)
0	WITHOUT pharmacy consult 1 , oral, daily at 1700
	ication:
Dos	se Selection Guidance:
0	Medications
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine
	Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
Mechanical	Prophylaxis (Required)
	raindications exist for mechanical prophylaxis Once, Routine nical VTE prophylaxis due to the following contraindication(s):
PlaceSide: BilatSelect Sle	
O MODERATE Ris	k of VTE - Non-Surgical (Required)
Moderate R	isk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
✓ Mode	rate Risk (Required)
_	Moderate risk of VTE Once, Routine
	rate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
₩ IVIOGE	
O	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device
	✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

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

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	version. 17 Gen. 9/9/2023	
High Risk Ble	eding Characteristics	
Age <u>≥</u> 75		
Weight < 50 kg	3	
Unstable Hgb		
Renal impairm		
Plt count < 10) K/uL	
Dual antiplatel	et therapy	
Active cancer		
Cirrhosis/hepa		
	nial hemorrhage	
Prior ischemic		
	ding event requiring admission and/or transfusion	
	NSAIDs/steroids	
Active GI ulce	•	
O High	Bleed Risk	
	2 hour frequency is appropriate for most high bleed	
	gh bleeding risk patients also have high clotting ris	sk in which every 8 hour
frequenc	cy may be clinically appropriate.	
D .		
	veight the risks/benefits of bleeding and clotting wh	hen selecting the dosing
frequenc	;y <u>.</u>	
	O HEParin (porcine) injection - Q12 Hours 5000 Units	s, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units,	every 8 hours scheduled
O Not h	nigh bleed risk	•
ONOT		
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours	s scheduled
	○ Wt LESS than or equal to 100 kg 5000 Units, subcut	taneous, every 8 hours scheduled
O warfarin (CO	UMADIN)	
O WITH	IOUT pharmacy consult 1 , oral, daily at 1700	
Indication		
	ection Guidance:	
	cations	
○ Medi	_	
	Pharmacy consult to manage warfarin (COUMADIN Indication:	N) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
☐ Mechanical Prophylaxis (Required)	
	exist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	uential compression device continuous Continuous, Ro	putine
HIGH Risk of VTE - Surgical (Required)	
✓ High Risk (Required)		
✓ High risk of VTE On	ce, Routine	
✓ High Risk Pharmacologic	cal Prophylaxis - Surgical Patient (Required)	
	exist for pharmacologic prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
	NOX) for Prophylactic Anticoagulation (Required)	
Sian:	Printed Name:	Date/Time:
Sigii	FIIILEU NAIIIE.	Page 17 of 50

O HIGH Risk

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

Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolater
abdominal wall. Alternate injection site with each administration.
O ENOXAPARIN SQ DAILY
anovanarin (LOVENOX) injection subcutaneous S+1

Indication(s):

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

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

O heparin

O Not high blood risk

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 Not high block his		
Sign:	Printed Name:	Date/Time:
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O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled

	○ 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
	in (COUMADIN)	
Indi	WITHOUT pharmacy consult 1 , oral, daily at 1700 cation: e Selection Guidance:	
	Medications	
\circ	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, F	Poutino
	Indication:	couline
Mechanical	Prophylaxis (Required)	
	aindications exist for mechanical prophylaxis Once, Routine	
No mechar	nical VTE prophylaxis due to the following contraindication(s): Maintain sequential compression device continuous Continuous, Routine	
Side: Bilate Select Slee	eral	
O HIGH Risk of VT	E - Non-Surgical (Required)	
✓ High Risk (F	Required)	
✓ High ri	isk of VTE Once, Routine	
✓ High Risk P	harmacological Prophylaxis - Non-Surgical Patient (Required)	
	aindications exist for pharmacologic prophylaxis Once, Routine cologic VTE prophylaxis due to the following contraindication(s):	
	parin for Prophylactic Anticoagulation Nonsurgical (Required) enal status: @CRCL@	
	nts with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders vecommended doses by weight:	vill 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
$\overline{}$	ENOXAPARIN 30 MG DAILY	
\circ	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 abdominal wall. Alternate injection site with each administration.	posterolateral
\circ	ENOXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
	Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	
Sign:	Printed Name: Da	ate/Time: Page 19 of 50

If the patient does not have this medication. Contraind	RA) injection 2.5 mg, subcutaneous, daily a history of or suspected case of Heparin-Inducicated in patients LESS than 50kg, prior to surge	
30 mL/min.		
O heparin		
High Risk Bleeding C	Characteristics	
Age <u>></u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	ру	
Active cancer		
Cirrhosis/hepatic failur	re	
Prior intra-cranial hem	orrhage	
Prior ischemic stroke		
History of bleeding eve	ent requiring admission and/or transfusion	
Chronic use of NSAID		
Active GI ulcer		
	equency is appropriate for most high bleed ents also have high clotting risk in which e	
Please weight the	e risks/benefits of bleeding and clotting wh	nen selecting the dosing frequency.
○ HEPari	in (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
	in (porcine) injection - Q8 Hours 5000 Units, ev	•
O Not high bleed		,
	00 kg 7500 Units, subcutaneous, every 8 hours s	scheduled
	SS than or equal to 100 kg 5000 Units, subcutar	neous, every 8 nours scheduled
o warfarin (COUMADIN	,	
WITHOUT phan Indication:Dose Selection Guid	rmacy consult 1 , oral, daily at 1700 dance:	
 Medications 		
Pharma Indication:	acy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
Indication:	in (COUMADIN) tablet 1 , oral	
☐ Mechanical Prophylaxis (R	equired)	
O Contraindications ex	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 Continu	ious, Routine
HIGH Risk of VTE - Surgical (Hi	ip/Knee) (Required)	
✓ High Risk (Required)	1	
✓ High risk of VTE Once	e Routine	
_	e, Noutine I Prophylaxis - Hip or Knee (Arthroplasty) Sur	rgical Patient (Required)
Sign:	Printed Name:	Date/Time:

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10 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
○ 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 posabdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	sterolateral
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 Cr mL/min	
○ heparin	

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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 dicer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
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
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 medicat absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
O 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:
chanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine o mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine ide: Bilateral elect Sleeve(s):

Printed Name:

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

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	n
ticoagulation Guideline O Patient currently ha (Required)	k Stratification
` , ,	prophylaxis (Required)
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Jigiii	· · · · · · · · · · · · · · · · · · ·	Page 24 of 50
Sian:	Printed Name:	Date/Time:
✓ Moderate Risk (Required)		
Moderate Risk of VTE - Surgica	al (Required)	
	e, Routine , no VTE prophylaxis is needed. Will encourgae early a encourage early ambulation	ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
Place/Maintair Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Continuous	nuous, Routine
No mechanical VTE	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential com	•	
No pharmacologic VTE pro Therapy for the following:	ophylaxis because: patient is already on therapeutic an	
_	e, Routine an active order for therapeutic anticoagulant or V	TE prophylaxis Once Routine
✓ High Risk - Patient current		it or vie propriylaxis (Required)
Select Sleeve(s):	ly has an active order for therapeutic anticoagulan	nt or VTE prophylavis (Required)
Side: Bilateral	n sequential compression device continuous Continuous	nuous, Routine
○ Contraindicati	ons exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	е
✓ Place sequential com	npression device	
	an active order for therapeutic anticoagulant or Vophylaxis because: patient is already on therapeutic an	
✓ High risk of VTE Onc		
O High Risk - Patient current	ly has an active order for therapeutic anticoagulan	nt or VTE prophylaxis (Required)
Place/Maintair Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Continuous	nuous, Routine
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	e
✓ Place sequential com	•	
✓ Patient currently has No pharmacologic VTE pro Therapy for the following:	an active order for therapeutic anticoagulant or Vophylaxis because: patient is already on therapeutic an	
✓ Moderate risk of VTE		gamma (, todalloa)
Side: Bilateral Select Sleeve(s): Moderate Risk - Patient cu	rrently has an active order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
_	Eprophylaxis due to the following contraindication(s): a sequential compression device continuous Continuous	nuous, Routine
	ons exist for mechanical prophylaxis Once, Routing	е
Place sequential com	pression device	
Patient currently has	an active order for therapeutic anticoagulant or Vophylaxis because: patient is already on therapeutic an	
Moderate risk of VTE	Once, Noutine	

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

_ **Date/Time:** Page 25 of 50 **Printed Name:**

	Bleeding Characteristics
Age <u>></u> 75	
Weight < 5	
Unstable F	<u> </u>
Renal impa	
Plt count <	
	atelet therapy
Active can	
	epatic failure
	cranial hemorrhage
Prior ische	
	leeding event requiring admission and/or transfusion
	e of NSAIDs/steroids
Active GI u	lcer
Every bleed	gh Bleed Risk 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig ng risk patients also have high clotting risk in which every 8 hour frequency may be lly appropriate.
Pleas	e weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O No	t high bleed risk
O NO	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin	COUMADIN)
_	THOUT pharmacy consult 1 , oral, daily at 1700
Indicat	
Оме	edications
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
Machanical Pr	pphylaxis (Required)
O Contrain	dications exist for mechanical prophylaxis Once, Routine I VTE prophylaxis due to the following contraindication(s):
Place/MaSide: Bilateral	intain sequential compression device continuous Continuous, Routine
Select Sleeve	s): TE - Non-Surgical (Required)
Moderate Risk	(Required)
✓ Moderate	risk of VTE Once, Routine
Wioderate	Pharmacological Prophylaxis - Non-Surgical Patient (Required)
Moderate Risk	dications exist for pharmacologic prophylaxis - Order Sequential compression device

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

_ Date/Time: Page 27 of 50 **Printed Name:**

	VOISION: 17 GON: 0/0/2020	
High Risk Bleeding C	haracteristics	
Age <u>></u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	<u>y</u>	
Active cancer Cirrhosis/hepatic failure		
Prior intra-cranial hemo		
Prior ischemic stroke	лпауе	
	nt requiring admission and/or transfusion	
Chronic use of NSAIDs		
Active GI ulcer	70.01010	
7 10 11 10 11 11 11 11 11 11 11 11 11 11		
O High Bleed Risk		
	quency is appropriate for most high bleedi	ng risk patients. However, some high
	nts also have high clotting risk in which ev	
Please weight the	risks/benefits of bleeding and clotting who	en selecting the dosing frequency.
○ HEParir	n (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
	n (porcine) injection - Q8 Hours 5000 Units, ev	•
		cry o riours soriculied
O Not high bleed		
○ Wt > 100	0 kg 7500 Units, subcutaneous, every 8 hours so	cheduled
	S than or equal to 100 kg 5000 Units, subcutan	neous, every 8 hours scheduled
warfarin (COUMADIN)		
○ WITHOUT phare	macy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection Guida	ance:	
 Medications 		
Pharma Indication:	cy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
warfarin Indication:	(COUMADIN) tablet 1 , oral	
Dose Selecti	on Guidance:	
Mechanical Prophylaxis (Re	quired)	
O Contraindications exist No mechanical VTE prophyl	st for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	
Place/Maintain sequer Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuo	ous, Routine
n Risk of VTE - Surgical (Req	juired)	
oth pharmacologic and mechanic	cal prophylaxis by ordering from Pharmacological an	d Mechanical Prophylaxis.
High Risk (Required)		
High risk of VTE Once,	Routine	
High Risk Pharmacological	Prophylaxis - Surgical Patient (Required)	
	st for pharmacologic prophylaxis Once, Routing bylaxis due to the following contraindication(s):	ne
O Enoxaparin (LOVENO) Patient renal status: @	X) for Prophylactic Anticoagulation (Required) CRCL@)
Sign:	Printed Name:	Date/Time:

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100 to 139kg	enoxapari 40mg dail enoxapari 30mg every 12 hours enoxapari 40mg
	30mg every 12 hours enoxapari 40mg
GREATER THAN or EQUAL to 140kg	40mg
	every 12 hours

O E	NOXAPARIN SQ DAILY
	✓ enoxaparin (LOVENOX) injection subcutaneous, S+1
	Indication(s):
	Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

heparin

Not high blood risk

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

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 Activ

ve GI ulcer
re Gi ulcei
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 itoting.		
Sign:	Printed Name:	Date/Time:
		Page 29 of 50

O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled

Sign:	Printed Name:	Date/Time: Page 30 of 50
If the patient does not have	RA) injection 2.5 mg, subcutaneous, daily a history of or suspected case of Heparin-Induced cated in patients LESS than 50kg, prior to surgery/	
Indication(s): Administer b abdominal w	: y deep subcutaneous injection into the left and rigl all. Alternate injection site with each administratior	•
○ ENOXAPARIN S	GQ DAILY arin (LOVENOX) injection subcutaneous, S+1	
Indication(s): Administer b abdominal w	: y deep subcutaneous injection into the left and rigl all. Alternate injection site with each administratior	ht anterolateral or posterolateral
○ ENOXAPARIN 3	60 MG DAILY arin (LOVENOX) injection 30 mg, subcutaneous,	daily at 1700, S+1
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
	100 to 139kg	enoxaparin 30mg every 12 hours
	LESS THAN 100kg	enoxaparin 40mg daily
lenething recommended	Weight	Dose
Patient renal status: @ For patients with CrCl G following recommended	REATER than or EQUAL to 30mL/min, eno	xaparin orders will apply the
	phylaxis due to the following contraindication(s): Vactic Anticoagulation Nonsurgical (Required)	
O Contraindications exis	st for pharmacologic prophylaxis Once, Routine	;
✓ High risk of VTE Once, ✓ High Risk Pharmacological	Routine Prophylaxis - Non-Surgical Patient (Required)	
✓ High Risk (Required)	5	
	(Required) cal prophylaxis by ordering from Pharmacological and	Mechanical Prophylaxis.
☐ warfarin Indication: Dose Selecti	(COUMADIN) tablet 1 , oral	
✓ Pharma Indication:	cy consult to manage warfarin (COUMADIN) Ur	ntil discontinued, Routine
O Medications	ance:	
O WITHOUT phare Indication: Dose Selection Guida	macy consult 1 , oral, daily at 1700	
O warfarin (COUMADIN)		
	S than or equal to 100 kg 5000 Units, subcutaned	
○ Wt > 10	0 kg 7500 Units, subcutaneous, every 8 hours sch	neduled

High Diek Blood	ding Characteristics	
	ding Characteristics	
Age <u>></u> 75 Weight < 50 kg		
Unstable Hgb		
Renal impairmer	 ht	
Plt count < 100 k		
Dual antiplatelet		
Active cancer		
Cirrhosis/hepation	failure	
Prior intra-crania		
Prior ischemic st	roke	
	ng event requiring admission and/or transfusion	1
Chronic use of N	ISAIDs/steroids	
Active GI ulcer		
O High Ble		
Every 12 ho bleeding ris	our frequency is appropriate for most high bleed k patients also have high clotting risk in which e	ling risk patients. However, some high every 8 hour frequency may be
clinically ap		
Please weig	ght the risks/benefits of bleeding and clotting wh	nen selecting the dosing frequency.
\circ	HEParin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
\circ	HEParin (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
O Not high	bleed risk	•
\circ	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
\circ 1	Wt LESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
O warfarin (COUN	MADIN)	
O WITHOU	IT pharmacy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection	on Guidance:	
O Medicati	ons	
	Pharmacy consult to manage warfarin (COUMADIN) ation:	Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	ation: e Selection Guidance:	
O High Risk of VTE - Surgion		
	mechanical prophylaxis by ordering from Pharmacological a	and Mechanical Prophylaxis.
✓ High Risk (Required)		
✓ High risk of VT	E Once Pouting	
_	logical Prophylaxis - Hip or Knee (Arthroplasty) Sui	raical Dationt (Dogwinson)
		(1 /
	ons exist for pharmacologic prophylaxis Once, Rout TE prophylaxis due to the following contraindication(s):	
O aspirin chewab	ole tablet 162 mg, daily, S+1	
○ aspirin (ECOTF	RIN) enteric coated tablet 162 mg, daily, S+1	
O Apixaban and I	Pharmacy Consult (Required)	
· <u> </u>	1 (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
Indications: o	VTE prophylaxis	
	cy consult to monitor apixaban (ELIQUIS) therapy UTE prophylaxis	Intil discontinued, STAT
Sign:	Printed Name:	Date/Time:

_ Date/Time: Page 31 of 50

○ Enoxaparin (LOVENOX Patient renal status: @0) for Prophylactic Anticoagulation (Required) CRCL@	
For patients with CrCl GR following recommended c	REATER than or EQUAL to 30mL/min, enox loses by weight:	caparin orders will apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	100 to 139kg	enoxaparin 30mg every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30	MG DAILY	
Indication(s): Administer by	rin (LOVENOX) injection 30 mg, subcutaneous, of deep subcutaneous injection into the left and right II. Alternate injection site with each administration	nt anterolateral or posterolateral
O ENOXAPARIN SO	•	
enoxapar Indication(s):	rin (LOVENOX) injection subcutaneous, S+1	
Administer by	deep subcutaneous injection into the left and righ II. Alternate injection site with each administration	•
	history or suspected case of Heparin-Induced The in patients LESS than 50kg, prior to surgery/invas	
High Risk Bleeding Ch	aracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy	1	
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		
	uency is appropriate for most high bleeding its also have high clotting risk in which ever e.	
Please weight the r	isks/benefits of bleeding and clotting when	selecting the dosing frequency.
	(porcine) injection - Q12 Hours 5000 Units, eve	
Sign:	Printed Name:	Date/Time:
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VEISION: 17 GEN. 9/3/2023
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: • VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance:

Date/Time: Page 33 of 50 Printed Name:

VTE Risk and Prophylaxis Tool	
Low Risk Definition	Moderate Risk Definition Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
Age less than 60 years and NO other VTE risk factors	One or more of the the following medical conditions:
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia myeloproliferative disorders)
	Age 60 and 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 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

		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guide for COVID par Anticoagulation Guideline - 8.20.2021v	tients (https://formweb.com/files/houstonme 15.pdf)	thodist/documen	its/COVID-19
O Patient currently has an active or (Required)	rder for therapeutic anticoagulant or VTE prop	ohylaxis with Risl	k Stratification
O Moderate Risk - Patient curre	ently has an active order for therapeutic antic	oagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 34 of 50

Sign:	Printed Name:	Date/Time: Page 35 of 50
, ,	Part of No. 1	D. G. T.
✓ Moderate Risk (Required)		
	VTE prophylaxis is needed. Will encourgae ecourage early ambulation	early ambulation ○ Due to low risk, no VTE
Low risk of VTE Once, R		
✓ Low Risk (Required)		
LOW Risk of VTE (Required)		
Place/Maintain seSide: BilateralSelect Sleeve(s):	quential compression device continuous	Continuous, Routine
	ophylaxis due to the following contraindication	
	sexist for mechanical prophylaxis Once, R	Routine
Therapy for the following: Place sequential compre	ession device	
Patient currently has an No pharmacologic VTE prophy	active order for therapeutic anticoagulant /laxis because: patient is already on therapeu	
✓ High risk of VTE Once, R	·	O
	as an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
Place/Maintain se Side: Bilateral Select Sleeve(s):	quential compression device continuous	Continuous, Routine
	exist for mechanical prophylaxis Once, Rophylaxis due to the following contraindication	
✓ Place sequential compre	ession device	
	active order for therapeutic anticoagulant laxis because: patient is already on therapeu	
✓ High risk of VTE Once, R	coutine	
	as an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
Place/Maintain seSide: BilateralSelect Sleeve(s):	quential compression device continuous (Continuous, Routine
No mechanical VTE pro	ophylaxis due to the following contraindication	n(s):
✓ Place sequential compre	ession device s exist for mechanical prophylaxis Once, R	Poutine
No pharmacologic VTE prophy Therapy for the following:	active order for therapeutic anticoagulant /laxis because: patient is already on therapeu	
✓ Moderate risk of VTE On	ce, Routine	
O Moderate Risk - Patient currer	ntly has an active order for therapeutic ant	ticoagulant or VTE prophylaxis (Required)
Place/Maintain se Side: Bilateral Select Sleeve(s):	quential compression device continuous (Continuous, Routine
No mechanical VTE pro	s exist for mechanical prophylaxis Once, R ophylaxis due to the following contraindication	n(s):
✓ Place sequential compre		
No pharmacologic VTE prophy Therapy for the following:	active order for therapeutic anticoagulant /laxis because: patient is already on therapeu	
Moderate risk of VTE On	,	

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

Date/Time: Page 36 of 50 **Printed Name:**

eeding Characteristics
kg
ment
00 K/uL
elet therapy
r otio foilure
patic failure
anial hemorrhage c stroke
eding event requiring admission and/or transfusion
of NSAIDs/steroids
er
<u>/</u>
Bleed Risk 2 hour frequency is appropriate for most high bleeding risk patients. However, some high grisk patients also have high clotting risk in which every 8 hour frequency may be appropriate.
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
nigh 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
OUMADIN)
HOUT pharmacy consult 1 , oral, daily at 1700
ection Guidance:
cations
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine ndication:
warfarin (COUMADIN) tablet 1 , oral
ndication:
Pose Selection Guidance:
hylaxis (Required)
cations exist for mechanical prophylaxis Once, Routine /TE prophylaxis due to the following contraindication(s):
tain sequential compression device continuous Continuous, Routine
TE - Non-Surgical (Required)
narmacological Prophylaxis - Non-Surgical Patient (Required)
isk (Required)
erate risk of VTE Once, Routine
isk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
raindications exist for pharmacologic prophylaxis - Order Sequential compression device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine

Printed Name:

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✓ 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 38 of 50 Printed Name:

Neuro Intensive Care (NICU) Admission (1719)

<u></u>		Page 39 of 50
Sign:	Printed Name:	Date/Time:
Enoxaparin (LOVEN Patient renal status:	IOX) for Prophylactic Anticoagulation (Required) @CRCL@	
No pharmacologic VTE p	rophylaxis due to the following contraindication(s):	
	xist for pharmacologic prophylaxis Once, Routine	
_	al Prophylaxis - Surgical Patient (Required)	
✓ High risk of VTE On	ce. Routine	
✓ High Risk (Required)	. ,	
HIGH Risk of VTE - Surgical (Required)	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	uential compression device continuous Continuous, Rou	utine
	xist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
☐ Mechanical Prophylaxis (Required)	
	Indication: Dose Selection Guidance:	
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	,
O Mour	Pharmacy consult to manage warfarin (COUMADIN)	Until discontinued. Routine
	cations	
	: ection Guidance:	
○ WITH Indication	OUT pharmacy consult 1 , oral, daily at 1700	
O warfarin (CO		
O	O Wt LESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours	
○ NOT I		ashadulad
○ Not b	igh bleed risk	every o nours someduled
	HEParin (porcine) injection - Q8 Hours 5000 Units, e	
frequenc	cy. HEParin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
	veight the risks/benefits of bleeding and clotting who	en selecting the dosing
some hi	gh bleeding risk patients also have high clotting risk by may be clinically appropriate.	
	Bleed Risk Phour frequency is appropriate for most high bleedi	ng risk patients. However,
	Pland Biok	
Active GI ulce	•	
Chronic use of	NSAIDs/steroids	
History of blee	ding event requiring admission and/or transfusion	
Prior ischemic		
Cirrhosis/hepa	tic failure nial hemorrhage	
Active cancer	41- f-11	
Dual antiplatel	et therapy	
Plt count < 10		
Renal impairm	ent	
Weight < 50 kg Unstable Hgb]	
Age ≥ 75		
	eding Characteristics	
	Version: 17 Gen: 9/9/2025	

O HIGH Risk

Weight	Dose
LESS THAN 100kg	enoxapariı 40mg daily
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, Indication(s): Administer by deep subcutaneous injection into the left and right anterolatera 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 anterolatera	

abdominal wall. Alternate injection site with each administration.

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

O heparin

O High Bleed Risk

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

Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
HEParin (norcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled

O Not high bleed risk		
Sign:	Printed Name:	Date/Time:
		Page 40 of 50

O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled

	O 11/1 - 120 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hour	s scheduled
_	rin (COUMADIN)	
Indi	WITHOUT pharmacy consult 1 , oral, daily at 1700 ication: se Selection Guidance:	
O	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, I	Poutino
	Indication:	Codine
	warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:	
Mechanical	Prophylaxis (Required)	
	aindications exist for mechanical prophylaxis Once, Routine	
No mecha	nical VTE prophylaxis due to the following contraindication(s): /Maintain sequential compression device continuous Continuous, Routine	
Side: Bilate Select Slee	eral	
O HIGH Risk of VT	E - Non-Surgical (Required)	
✓ High Risk (F	Required)	
High r	risk of VTE Once, Routine	
High Risk P	Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
	aindications exist for pharmacologic prophylaxis Once, Routine acologic VTE prophylaxis due to the following contraindication(s):	
	aparin for Prophylactic Anticoagulation Nonsurgical (Required) enal status: @CRCL@	
	nts with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders recommended doses by weight:	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
\cap	ENOXAPARIN 30 MG DAILY	_
O	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+	1
	Indication(s):	1
	Administer by deep subcutaneous injection into the left and right anterolateral or abdominal wall. Alternate injection site with each administration.	posterolateral
\circ	ENOXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
	Administer by deep subcutaneous injection into the left and right anterolateral or abdominal wall. Alternate injection site with each administration.	posterolateral
Sign	: Printed Name: D	ate/Time: Page 41 of 50

	daparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily
	tient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order dication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than hin.
O hep	arin
	Risk Bleeding Characteristics
Age >	
	nt < 50 kg
	ble Hgb
	l impairment
	unt < 100 K/uL
	antiplatelet therapy
	e cancer
	osis/hepatic failure
	intra-cranial hemorrhage
	schemic stroke
	ry of bleeding event requiring admission and/or transfusion
	nic use of NSAIDs/steroids
	e GI ulcer
Active	, or theel
	○ High Bleed Risk
E b	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.
F	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
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
	- Not high should have
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O war	farin (COUMADIN)
li	WITHOUT pharmacy consult 1 , oral, daily at 1700 ndication:
L	Oose Selection Guidance:
	O Medications
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication: Dose Selection Guidance:
Mechanic	cal Prophylaxis (Required)
	ntraindications exist for mechanical prophylaxis Once, Routine hanical VTE prophylaxis due to the following contraindication(s):
Side: Bil	ce/Maintain sequential compression device continuous Continuous, Routine lateral Sleeve(s):
GH Risk of	VTE - Surgical (Hip/Knee) (Required)
High Risk	
✓ Hig	h risk of VTE Once, Routine
_	Required)
J.: 1	o the process of the control of the

Printed Name:

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VOIGIONE 17 SOIL 0/0/2020	
○ 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 posabdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY 	sterolateral
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 CremL/min	
○ heparin	

Date/Time: Page 43 of 50 **Printed Name:**

30000m · · · · · · · · · · · · · · · · ·
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
Notive of diodi
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
Rivaroxaban and Pharmacy Consult (Required)
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:
Dose Selection Guidance:
echanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Printed Name:

Labs

_ Date/Time: Page 44 of 50

Type and screen Once, Routine, Blood Basic metabolic panel Once, Routine, Blood, 3 GBC only, Does not include a differential CBC with platelet and differential Once, Routine, Blood, 3 Partial thromboplastin time Once, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access of than the heparin line, time stopp the heparin, lines the line, and sapirate 20 ml of blood to waste prior to drawing a specimen. Prothrombin time with INR Once, Routine, Blood, 3 Platelet function analysis Once, Routine, Blood, 3 Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory. Platelet function P2Y12 Once, Routine, Blood, 3 Badside Glucose and Notify (Required) Dedicated the Core, Routine, Blood, 3 Badside Glucose and Notify (Required) Bedside Glucose once, Routine, Blood Notify Physician of bedside blood glucose greater than Until discontinued, Routine Bedside Glucose and Notify (Required) Bedside Glucose and Notify (Required) Bedside Glucose once, Routine, Blood Notify Physician of bedside blood glucose greater than Until discontinued, Routine Bedside Glucose and Notify (Required) Routine, Blood, 3 Fortist level Once, Routine, Blood, 3 Growth hormone Once, Routine, Blood, 3 Fortist level Once, Routine, Blood, 3 Cortistol level, Am AM draw, 1, Occurrences, Routine, Blood, 3 Cortistol level, Republic, Blood, 3 Stransland Once, Routine, Blood, 3 Follicle stimulating hormone Once, Routine, Blood, 3 Cortistol level, Am AM draw, 1, Occurrences, Routine, Blood, 3 Cortistol level, Am AM draw, 1, Occurrences, Routine, Blood, 3 Cortistol level, Am AM draw, 1, Occurrences, Routin	Sign:	Printed Name:	Date/Time:
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@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices (https://formweb.com/files/houstonmethodist/documents/blood-culturestewardship.pdf)

☑ Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

What are the patient's sedants the patient pregnant?	nst 1 time imaging, Routine ation requirements? manual release option is selected, result will auto release 5	5 days from finalization.):
Special Brain protocol requ Is this scan to monitor for A ARIA Alzheimer therapy: What are the patient's seda Is the patient pregnant?	RIA during an Alzheimer Therapy?	5 days from finalization.):
Special Brain protocol requ What are the patient's seda Is the patient pregnant?		5 days from finalization.):
Imaging Diagnostic MRI/MRA		
Does this study require a c Does this exam need a stra Call back number for Critica Where should test be perfo Does this exam need a buk Preferred interpreting Card	al Findings: rmed? oble study?	ne
☐ ECG 12 lead Once, Ro Clinical Indications: ○ Pre-Outline Physician:		
Cardiology	ver extremity right if time imaging, Routine	
_	ver extremity left 1 time imaging, Routine ver extremity right 1 time imaging, Routine	
Laterality:	ver extremity bilat 1 time imaging, Routine	
	al Findings: rmed? oble study?	ne
☐ ECG 12 lead Once, Ro Clinical Indications: ○ Pre-Onterpreting Physician:		
Cardiology		
☐ Sputum culture Once Cardiology	, Routine, Sputum	
	Ire, aerobic & anaerobic Once, Routine, Blood, Collect bein peripheral site. If unable to draw both sets from a periphera EVER be used.	

MRA Neck Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant?
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
MRI Cervical Spine Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
MRI Thoracic Spine Wo Contrast 1 time imaging, Routine What are the patient's sedation requirements? Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
CT
 ☐ CT Head Wo Contrast 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
☐ CT Head Wo Contrast in AM 1 time imaging, S+1, 0400, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
CT Cervical Spine Wo Contrast 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
CT Thoracic Spine Wo Contrast 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
CT Lumbar Spine Wo Contrast 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
CTA Head W Wo Contrast 1 time imaging, Routine Is the patient pregnant? Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exar Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
☐ CTA Neck W Wo Contrast 1 time imaging, Routine Is the patient pregnant? Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exar Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Diagnostic X-ray
☐ Chest 2 Vw 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
☐ Chest 1 Vw Portable 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
□ VP Shunt Series (Required)
XR Shunt Series Chest and Abdomen 2 Views 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
✓ XR Shunt Series Head and Neck 2 Views 1 time imaging, Routine Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Other Diagnostic Studies

Printed Name:

__ **Date/Time:** Page 47 of 50

Version. 17 Gen. 9/9/2023
Angiogram Cerebral Bilateral 1 time imaging, Routine, 4 vessel angiogram What is the expected date for Procedure? Please select the preferred Artery access for this procedure, if known? (leave blank for Physician Performing procedure to decide):
Is the patient pregnant? What is the patient's sedation requirements? Physician contact number: Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
☐ PV Transcranial Doppler intracranial arteries complete 1 time imaging, 6, Occurrences, Routine, Perform Monday, Wednesday, Friday or three alternating days of a week for two consecutive weeks. Special protocol:
Continuous EEG monitoring Daily imaging, 7, Days, Routine Testing Location: At Bedside (Patients Room) Testing Duration: Until D/C Ordered Record Video? Yes Clinical Indication: Other Diagnostic Studies
☐ Angiogram Cerebral Bilateral 1 time imaging, Routine, 4 vessel angiogram
What is the expected date for Procedure? Please select the preferred Artery access for this procedure, if known? (leave blank for Physician Performing procedure to decide): Is the patient pregnant? What is the patient's sedation requirements? Physician contact number:
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Continuous EEG monitoring Daily imaging, 7, Days, Routine Testing Location: At Bedside (Patients Room) Testing Duration: Until D/C Ordered Record Video? Yes Clinical Indication:
Respiratory
Respiratory
☐ Incentive spirometry instructions Every hour, Routine, While awake Frequency of use:
Oxygen therapy - Nasal cannula Continuous, Routine Device: O Nasal Cannula Rate in liters per minute: 2 Lpm Titrate to keep O2 Sat Above: Other (Specify) O92% Specify titration to keep O2 Sat (%) Above: 94 Titrate to keep O2 Sat Above: 94% Device: Indications for O2 therapy:
Oxygen therapy - Simple face mask Continuous, Routine Device: Simple Face Mask Rate in liters per minute: 6 Lpm Titrate to keep O2 Sat Above: 95% 92% Device: Indications for O2 therapy:
 Mechanical ventilation Continuous, Routine Mechanical Ventilation: Vent Management Strategies: Adult Respiratory Ventilator Protocol
Rehab
Consults For Physician Consult orders use sidebar Ancillary Consults
Consult to Case Management Once, Routine Consult Reason: Reason for Consult?

_ **Date/Time:** Page 48 of 50 Printed Name:

Neuro Intensive Care (NICU) Admission (1719)

	Versi	ion: 17 Gen : 9/9/2025	
Consult to S Reason for Consult			
Reasons for refer Are there any res	trictions for positioning or mobility? afe ranges for HR, BP, O2 saturation(licable): O Post Neuromuscular or Musculoskelet if values are very abnormal):	al Surgery Care.
Consult to P Special Instructio Location of Woun Reason for PT?		e, Routine	
Reason for referra (bathing, dressing Are there any res	g, toileting, grooming) trictions for positioning or mobility? afe ranges for HR, BP, O2 saturation(that apply): Output Decline in Activities of Daily Living if values are very abnormal):	performance from baseline
Consult to N Reason For Cons Purpose/Topic: Reason for Consi			
Consult to S Reason for consu Reason for Consu			
Consult to S Reason for consu Reason for SLP?	peech Language Pathology Once, lt:	Routine	
Consult to W Reason for consult Reason for consult Reason for consult for NPW Reason for consult Reason for	lt: lt: lt: F: lt: lt:	outine	
Consult to R Reason for Consu Reason for Consu			
Request Date: TO Therapy Request			
Ancillary Consults	LASON I ON NEI ENNAL (Clieck all	ιτιατ αρριγ).	
	ase Management Once, Routine		
Consult to S Reason for Consu Reason for Consu			
Reasons for refer Are there any res	trictions for positioning or mobility? Ife ranges for HR, BP, O2 saturation(licable): ○ Post Neuromuscular or Musculoskelet if values are very abnormal):	al Surgery Care.
s	ign:	Printed Name:	_ Date/Time: Page 49 of 50

Neuro Intensive Care (NICU) Admission (1719)

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Consult to PT Wound Care Eval and Treat Once, Routine Special Instructions: Location of Wound? Reason for PT?
Consult OT Eval and Teat Once, Routine Reason for referral to Occupational Therapy (mark all that apply): ○ Decline in Activities of Daily Living performance from baselir (bathing, dressing, toileting, grooming) Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason for OT?
Consult to Nutrition Services Once, Routine Reason For Consult? Purpose/Topic: Reason for Consult?
Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult?
Consult to Speech Language Pathology Once, Routine Reason for consult: Reason for SLP?
Consult to Wound Ostomy Care Nurse Once, Routine Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult:
Consult to Respiratory Therapy Once, Routine Reason for Consult? Reason for Consult?
Physician Consults
Consult Intensive Care Once, Routine Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? To Provider: Provider Group:
Consult Physical Medicine Rehab Once, Routine Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? To Provider: Provider Group:
Consult Internal Medicine Once, Routine Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? To Provider: Provider Group:
Additional Orders