Location: _____

General

Common Present on Admission Diagnosis

- ☐ **Acidosis** Once, Routine
- ☐ **Acute Post-Hemorrhagic Anemia** Once, Routine
- ☐ **Acute Renal Failure** Once, Routine
- ☐ **Acute Respiratory Failure** Once, Routine
- ☐ **Acute Thromboembolism of Deep Veins of Lower Extremities** Once, Routine
- ☐ **Anemia** Once, Routine
- ☐ **Bacteremia** Once, Routine
- ☐ **Bipolar disorder, unspecified** Once, Routine
- ☐ **Cardiac Arrest** Once, Routine
- ☐ **Cardiac Dysrhythmia** Once, Routine
- ☐ **Cardiogenic Shock** Once, Routine
- ☐ **Decubitus Ulcer** Once, Routine
- ☐ **Dementia in Conditions Classified Elsewhere** Once, Routine
- ☐ **Disorder of Liver** Once, Routine
- ☐ **Electrolyte and Fluid Disorder** Once, Routine
- ☐ **Intestinal Infection due to Clostridium Difficile** Once, Routine
- ☐ **Methicillin Resistant Staphylococcus Aureus Infection** Once, Routine
- ☐ **Obstructive Chronic Bronchitis with Exacerbation** Once, Routine
- ☐ **Other Alteration of Consciousness** Once, Routine
- ☐ **Other and Unspecified Coagulation Defects** Once, Routine
- ☐ **Other Pulmonary Embolism and Infarction** Once, Routine
- ☐ **Phlebitis and Thrombophlebitis** Once, Routine
- ☐ **Protein-calorie Malnutrition** Once, Routine
- ☐ **Psychosis, unspecified psychosis type** Once, Routine
- ☐ **Schizophrenia Disorder** Once, Routine
- ☐ **Sepsis** Once, Routine
- ☐ **Septic Shock** Once, Routine
- ☐ **Septicemia** Once, Routine
- ☐ **Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled** Once, Routine
- ☐ **Urinary Tract Infection, Site Not Specified** Once, Routine

Admission or Observation (Required)

- ○ **Admit to Inpatient** Once, 1, Routine

Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

- ○ **Outpatient observation services under general supervision** Once, Routine

Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Outpatient in a bed - extended recovery** Once, Routine
Admitting Physician:
Bed request comments:

Admission or Observation

Patient has active status order on file

○ **Admit to Inpatient** Once, 1, Routine
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

○ **Outpatient observation services under general supervision** Once, Routine
Admitting Physician:
Attending Provider:
Patient Condition:
Bed request comments:

○ **Outpatient in a bed - extended recovery** Once, Routine
Admitting Physician:
Bed request comments:

Admission

Patient has active status order on file.

○ **Admit to inpatient** Once, 1, Routine
Admitting Physician:
Level of Care:
Patient Condition:
Bed request comments:
Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Code Status

@CERMSGREFRESHOPT(674511:21703,,,1)@

☑ **Code Status**
DNR and Modified Code orders should be placed by the responsible physician.

○ **Full code** Continuous, Routine
Code Status decision reached by:

○ **DNR (Do Not Resuscitate)** (Required)

☑ **DNR (Do Not Resuscitate)** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Code Status decision reached by:

☐ **Consult to Palliative Care Service**

☑ **Consult to Palliative Care Service** Once, Routine
Priority:
Reason for Consult?
Order?
Name of referring provider:
Enter call back number:
Reason for Consult?

☐ **Consult to Social Work** Once, Routine
Reason for Consult:
Reason for Consult?

○ **Modified Code** Continuous, Routine
Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
Modified Code restrictions:
Code Status decision reached by:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Routine
I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:
Treatment Restriction decision reached by:
Specify Treatment Restrictions:
Code Status decision reached by:

Isolation

☐ **Airborne isolation status**

☑ **Airborne isolation status** Continuous, Routine

☐ **Mycobacterium tuberculosis by PCR - If you suspect Tuberculosis, please order this test for rapid diagnostics.** Once, Routine

☐ **Contact isolation status** Continuous, Routine

☐ **Droplet isolation status** Continuous, Routine

☐ **Enteric isolation status** Continuous, Routine

Precautions

☐ **Aspiration precautions** Continuous, Routine

☑ **Fall precautions** Continuous, Routine
Increased observation level needed:

☐ **Latex precautions** Continuous, Routine

☐ **Seizure precautions** Continuous, Routine
Increased observation level needed:

☐ **Spinal precautions** Continuous, Routine

Nursing

Vital Signs

☑ **Vital signs - T/P/R/BP** Every hour, Routine, Aligned with neurological assessments.

☑ **Pulse oximetry check** Continuous, Routine
Current FIO2 or Room Air:

Vital Signs

☑ **Vital signs - T/P/R/BP** Every 15 min, Routine, Every 15 minutes x 2 hours then every 1 hour. For Temp, check every 4 hours.

☑ **Pulse oximetry check** Continuous, Routine
Current FIO2 or Room Air:

Activity

☐ **Strict bed rest** Until discontinued, Routine

☐ **Turn patient** Every 2 hours, Routine

☐ **Up with assistance** Until discontinued, Routine
Specify: ○ Up with assistance

☐ **Activity as tolerated** Until discontinued, Routine
Specify: ○ Activity as tolerated

☐ **Elevate Head of bed 30 degrees or greater (semi-recumbent)** Until discontinued, Routine, or greater (semi-recumbent)
Head of bed: ○ 30 degrees

☐ **Head of bed flat** Until discontinued, Routine
Head of bed: ○ flat

Nursing

☑ **Neurological assessment** Every hour, Routine
Assessment to Perform: ○ Level of Consciousness ○ Motor exam ○ Pupils
Assessment to Perform:

☐ **Hemodynamic Monitoring** Continuous, Routine
Measure: ○ MAP ○ CVP ○ SVR ○ SVV ○ Cardiac Index

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **Drain care** Until discontinued, Routine
Drain 1:
Drain 2:
Drain 3:
Drain 4:
All Drains:

☐ **Lumbar drain care** Until discontinued, Routine
Lumbar drain mgmt:

☑ **Height and weight** Once, 1, Occurrences, Routine, On admission

☐ **Daily weights** Daily, Routine

☐ **Nasogastric tube insertion** Once, Routine
Type:

☐ **Nasogastric tube maintenance** Until discontinued, Routine
Tube Care Orders:

☐ **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
Reason for "No" order: ○ high risk of bleeding

☐ **No anti-platelet agents INcluding aspirin** Until discontinued, Routine
Reason for "No" order:

Nursing

☑ **Neurological assessment** Every 15 min, Routine
Assessment to Perform: ○ Level of Consciousness ○ Motor exam ○ Pupils
Assessment to Perform:

☐ **Hemodynamic Monitoring** Continuous, Routine
Measure: ○ MAP ○ CVP ○ SVR ○ SVV ○ Cardiac Index

☐ **Drain care** Until discontinued, Routine
Drain 1:
Drain 2:
Drain 3:
Drain 4:
All Drains:

☐ **Lumbar drain care** Until discontinued, Routine
Lumbar drain mgmt:

☑ **Height and weight** Once, 1, Occurrences, Routine, On admission

☐ **Daily weights** Daily, Routine

☐ **Nasogastric tube insertion** Once, Routine
Type:

☐ **Nasogastric tube maintenance** Until discontinued, Routine
Tube Care Orders:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

- [ ] **Oral care** Every shift, Routine
- [ ] **Nurse to advance mattress at first sign of Stage I or II decubitus ulcer per protocol** Until discontinued, Routine
- [x] **Strict intake and output** Every hour, Routine
- [x] **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**
  - [x] **Insert Foley catheter** Once, Routine
    Type:
    Size:
    Urinometer needed:
    Indication:
    Foley catheter may be removed per nursing protocol.
  - [x] **Foley catheter care** Until discontinued, Routine
    Orders: Maintain
  - [x] **Notify Physician if Foley inserted** Until discontinued, Routine
- [ ] **No anticoagulants INcluding UNfractionated heparin** Until discontinued, Routine
  Reason for "No" order: ○ high risk of bleeding
- [ ] **No anti-platelet agents INcluding aspirin** Until discontinued, Routine
  Reason for "No" order:

Notify

- [x] **Notify Physician for vitals:** Until discontinued, Routine
  Temperature greater than: ○ 100 ○ 100.5
  Systolic BP less than: 90
  Diastolic BP greater than: 100
  Diastolic BP less than: 50
  Heart rate greater than (BPM): 100
  Heart rate less than (BPM): ○ 50 ○ 60
  Respiratory rate greater than: 25
  Respiratory rate less than: 8
  SpO2 less than: 92
  Temperature less than:
  Systolic BP greater than: 160
  MAP less than: 60.000
- [x] **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 orders.
- [ ] **Notify Physician of the following:** Until discontinued, Routine, Loss or new dampening of intracranial pressure waveform, drainage 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
- [x] **Notify Physician of No Bowel Movement for more than 72 hours** Until discontinued, Routine

Diet

- [ ] **NPO** Diet effective now, Routine
  NPO:
  Pre-Operative fasting options:
- [ ] **NPO except meds** Diet effective now, Routine
  NPO: ○ Except meds
  Pre-Operative fasting options:
- [ ] **NPO after midnight except meds** Diet effective midnight, Routine
  NPO: ○ Except meds
  Pre-Operative fasting options:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **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): ○ 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): ○ 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 Formula:
Tube Feeding Formula:
Tube Feeding Formula:
Tube Feeding Formula:
Tube Feeding Formula:
Tube Feeding Formula:
Tube Feeding Formula:
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

○ **sodium chloride 0.9 % infusion** .9 , intravenous, continuous

○ **lactated Ringer's infusion** intravenous, continuous

○ **sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **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?

Medications

Medications - Misc.

☐ **chlorhexidine (PERIDEX) 0.12 % solution** 15 mL, Mouth/Throat, every 4 hours while awake

Seizure Prophylaxis

○ **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

○ **niMODipine (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.

○ **niMODipine (NYMALIZE) oral solution** 30 mg, oral, Every 2 Hours (TIME CRITICAL), 21, Days

○ **niMODipine (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**

☑ **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 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:

☐ **Sodium chloride concentrated injection (23.4%) IV syringe for elevated intracranial pressure + Required Labs**

☑ **Sodium chloride concentrated injection (23.4%) IV syringe+ NS Flush Panel**

☑ **sodium chloride concentrated injection (23.4%) for elevated intracranial pressure (RESTRICTED)** 120 mEq, intravenous, once, 1, Occurrences, STAT, 10.000 Minutes
RESTRICTED to Neurosurgery and Neuro ICU intensivists. Are you a Neurosurgery or Neuro ICU intensivist or ordering on behalf of one?
For administration through SYRINGE PUMP ADAPTER over 10 minutes. Monitor heart rate and blood pressure at bedside for duration of infusion. Consider continuous ICP monitoring for more than one dose and contact provider for ICP GREATER THAN 20cmH2O for 5 minutes or longer. Contact for sodium GREATER THAN 155 mEq/L.
Administer via central line only.

☑ **sodium chloride 0.9% flush** 10 mL, intravenous, once, 1, Occurrences
Flush for 23.4% sodium chloride

☑ **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 Nephrology, 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 monitor ICP, and 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.

☑ **Osmolality, serum** Every 6 hours, Routine, Blood, 3, Continue while patient is on a sodium chloride 3% infusion.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **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**

○ **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily

○ **sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 2 tablet, oral, nightly

IV Infusions - Vasopressors

○ **phenylephrine (NEO-SYNEPHRINE) infusion** titrated, STAT

○ **DOPamine IV infusion** titrated, STAT

○ **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

○ **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 ***

○ **labetalol (TRANDATE) injection** 10 mg, intravenous, every 15 min PRN, systolic blood pressure greater than 160 mm of mercury
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 mm of mecury
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.

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **enalaprilat (VASOTEC) injection** 1.25 mg, intravenous, every 6 hours PRN, systolic blood pressure greater than 160 mm of mercury
BP HOLD parameters for this order:
Contact Physician if:

PRN Medications - Insomnia

☐ **zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep**

○ **zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep

○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

PRN Medications - Insomnia

○ **ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

PRN Medications - Bowel Management

○ **magnesium hydroxide suspension** 30 mL, daily PRN, constipation
Give scheduled until bowel movement.

○ **bisacodyl (DULCOLAX) EC tablet** 10 mg, oral, nightly PRN, constipation
Give scheduled until bowel movement.

○ **bisacodyl (DULCOLAX) suppository** 10 mg, rectal, nightly PRN, constipation
Give scheduled until bowel movement.

○ **milk and molasses enema** 30 mL, rectal, daily PRN, constipation
FOR RECTAL USE ONLY. SHAKE IF SEPARATED.

PRN Medications - Bowel Management

☐ **saline,mineral oil,glycerin (S.M.O.G.) enema** 180 mL, once
FOR RECTAL USE.

PRN Medications - Fever Management

☑ **Acetaminophen oral, per tube or rectal panel**
Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

◉ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
fever
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

◉ **acetaminophen (TYLENOL)suspension** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)
fever
Use if patient cannot swallow tablet.

◉ **acetaminophen (TYLENOL) suppository** 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)
fever
Utilize this order to administer acetaminophen suppository if the patient cannot take medication by mouth or per tube.
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

PRN Medications - Antiemetics: For Patients LESS than 65 years old

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☐ **ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 mL IVPB (Use caution when using in pituitary patients)** intravenous, once PRN, nausea
May cause QTc prolongation.

☐ **scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days) - For Patients LESS than 65 years old** 1 patch, transdermal, every 72 hours

PRN Medications - Antiemetics: For Patients GREATER than or EQUAL to 65 years old

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

◉ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting
Give if patient is able to tolerate oral medication.
May cause QTc prolongation.

◉ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting
Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
May cause QTc prolongation.

☐ **ondansetron (ZOFRAN) 8 mg, dexamethasone (DECADRON) 8 mg in sodium chloride 0.9 % 50 mL IVPB (Use caution when using in pituitary patients)** intravenous, once PRN, nausea
May cause QTc prolongation.

PRN Medications - Eye/Sinus Care

☐ **artificial tears ointment** Both Eyes, every 4 hours PRN, dry eyes
Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)

☐ **artificial tears solution** 2 drop, Both Eyes, every 2 hour PRN, dry eyes
Required for patients on paralytic agents or seventh cranial nerve palsy (Bell's Palsy)
For Ophthalmic use only

☐ **sodium chloride (OCEAN) 0.65 % nasal spray** 2 spray, Each Naris, every 6 hours PRN, nasal stuffiness

☐ **sodium chloride 0.9% bag for line care**

☑ **sodium chloride 0.9 % bag for line care** .9 , PRN, line care
For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.

VTE

VTE Risk and Prophylaxis Tool (Required)

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

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

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

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

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

○ **LOW Risk of VTE** (Required)

☑ **Low Risk** (Required)

◉ **Low risk of VTE** Once, Routine
Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

○ **MODERATE Risk of VTE - Surgical** (Required)

☑ **Moderate Risk** (Required)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **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 apply the following recommended doses by weight:

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

○ **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 (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **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):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

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

○ **Not high bleed risk**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Non-Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)
Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical (Hip/Knee)** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient** (Required)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **aspirin chewable tablet** 162 mg, daily, S+1

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **Rivaroxaban and Pharmacy Consult** (Required)

☑ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)
Indications: ○ VTE prophylaxis
For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

☑ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy** Until discontinued, STAT
Indications: VTE prophylaxis
Indication:

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

VTE Risk and Prophylaxis Tool

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

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

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

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

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

○ **LOW Risk of VTE** (Required)

☑ **Low Risk** (Required)

◉ **Low risk of VTE** Once, Routine
Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

○ **Moderate Risk of VTE - Surgical** (Required)

☑ **Moderate Risk** (Required)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **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 apply the following recommended doses by weight:

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

○ **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 (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Moderate Risk of VTE - Non-Surgical** (Required)

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **High Risk of VTE - Surgical** (Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

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

○ **Not high bleed risk**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

○ **High Risk of VTE - Non-Surgical** (Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

○ **High Risk of VTE - Surgical (Hip/Knee)** (Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **aspirin chewable tablet** 162 mg, daily, S+1

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **Not high bleed risk**

- ○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
- ○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **Rivaroxaban and Pharmacy Consult** (Required)

☑ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)
Indications: ○ VTE prophylaxis
For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

☑ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy** Until discontinued, STAT
Indications: VTE prophylaxis
Indication:

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

VTE Risk and Prophylaxis Tool

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

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

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

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

☑ **Moderate risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

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

☑ **High risk of VTE** Once, Routine

☑ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☑ **Place sequential compression device**

○ **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):

○ **LOW Risk of VTE** (Required)

☑ **Low Risk** (Required)

◉ **Low risk of VTE** Once, Routine
Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

○ **MODERATE Risk of VTE - Surgical** (Required)

☑ **Moderate Risk** (Required)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **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 apply the following recommended doses by weight:

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

○ **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 (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **MODERATE Risk of VTE - Non-Surgical** (Required)

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

☑ **Moderate Risk** (Required)

☑ **Moderate risk of VTE** Once, Routine

☑ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **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):

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☑ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

☑ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

☑ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

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

○ **Not high bleed risk**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Non-Surgical** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Non-Surgical Patient** (Required)

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)
Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **heparin**

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

○ **HIGH Risk of VTE - Surgical (Hip/Knee)** (Required)

☑ **High Risk** (Required)

☑ **High risk of VTE** Once, Routine

☑ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient** (Required)

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

○ **Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):

○ **aspirin chewable tablet** 162 mg, daily, S+1

○ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1

○ **Apixaban and Pharmacy Consult** (Required)

☑ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis

☑ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis

○ **Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

Patient renal status: @CRCL@

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

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

○ **ENOXAPARIN 30 MG DAILY**

☑ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

○ **ENOXAPARIN SQ DAILY**

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

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

○ **heparin**

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

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

○ **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

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

○ **Not high bleed risk**

○ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

○ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled

○ **Rivaroxaban and Pharmacy Consult** (Required)

☑ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)
Indications: ○ VTE prophylaxis
For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

☑ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy** Until discontinued, STAT
Indications: VTE prophylaxis
Indication:

○ **warfarin (COUMADIN)**

○ **WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:

○ **Medications**

☑ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral
Indication:
Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

○ **Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):

◉ **Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Labs

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

Labs

- [ ] **Blood gas, arterial** STAT, 1, Occurrences, Routine, Blood, 3
- [ ] **Type and screen** Once, Routine, Blood
- [x] **Basic metabolic panel** Once, Routine, Blood, 3
- [ ] **CBC hemogram** Once, Routine, Blood, 3
  CBC only; Does not include a differential
- [x] **CBC with platelet and differential** Once, Routine, Blood, 3
- [x] **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 other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
- [x] **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
  Draw discard blue top first. BTO tube from Lab. Fill to line. Walk to Lab STAT.
- [ ] **Hemoglobin A1c** Once, Routine, Blood, 3
- [ ] **Bedside Glucose and Notify** (Required)
  - [x] **Bedside glucose** Once, Routine, Blood
  - [x] **Notify Physician of bedside blood glucose greater than** Until discontinued, Routine
- [x] **Bedside Glucose and Notify** (Required)
  - [x] **Bedside glucose** Once, Routine, Blood
  - [x] **Notify Physician of bedside blood glucose greater than** Until discontinued, Routine
- [ ] **Bedside Glucose and Notify** (Required)
  - [x] **Bedside glucose** Once, Routine, Blood
  - [x] **Notify Physician of bedside blood glucose greater than** Until discontinued, Routine
- [ ] **Phenytoin level, free** Once, Routine, Blood, 3
- [ ] **Phenytoin level** Once, Routine, Blood, 3
- [ ] **Testosterone, total, immunoassay (for adult males)** Once, Routine, Blood, 3
- [ ] **Growth hormone** Once, Routine, Blood, 3
  This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.
- [ ] **Prolactin** Once, Routine, Blood, 3
- [ ] **Follicle stimulating hormone** Once, Routine, Blood, 3
- [ ] **Luteinizing hormone** Once, Routine, Blood, 3
- [ ] **Cortisol level, AM** AM draw, 1, Occurrences, Routine, Blood, 3
- [ ] **Cortisol level, random** Once, Routine, Blood, 3
- [ ] **Estradiol** Once, Routine, Blood, 3
- [ ] **TSH** Once, Routine, Blood, 3
- [ ] **Urine drugs of abuse screen** Once, Routine, Urine
- [x] **Urinalysis screen and microscopy, with reflex to culture** Once, Routine, Urine
  Specimen Source: Urine
  Specimen Site:
  Specimen must be received in the laboratory within 2 hours of collection.

Microbiology

- [ ] **Blood culture, aerobic and anaerobic x 2**
  - [x] **Blood culture, aerobic and anaerobic x 2**
    Most recent Blood Culture results from the past 7 days:

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

@LASTPROCRESULT(LAB462)@

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

- [x] **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.
- [x] **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.

- [ ] **Sputum culture** Once, Routine, Sputum

Cardiology

Cardiology

- [ ] **ECG 12 lead** Once, Routine, 6
Clinical Indications: ○ Pre-Op Clearance
Interpreting Physician:

- [ ] **Echocardiogram complete w contrast and 3D if needed** 1 time imaging, Routine
Does this study require a chemo toxicity strain protocol?
Does this exam need a strain protocol?
Call back number for Critical Findings:
Where should test be performed?
Does this exam need a bubble study?
Preferred interpreting Cardiologist or group:

- [ ] **PV duplex venous lower extremity bilat** 1 time imaging, Routine
Laterality:

- [ ] **PV duplex venous lower extremity left** 1 time imaging, Routine

- [ ] **PV duplex venous lower extremity right** 1 time imaging, Routine

Cardiology

- [ ] **ECG 12 lead** Once, Routine, 6
Clinical Indications: ○ Pre-Op Clearance
Interpreting Physician:

- [ ] **Echocardiogram complete w contrast and 3D if needed** 1 time imaging, Routine
Does this study require a chemo toxicity strain protocol?
Does this exam need a strain protocol?
Call back number for Critical Findings:
Where should test be performed?
Does this exam need a bubble study?
Preferred interpreting Cardiologist or group:

Imaging

Diagnostic MRI/MRA

- [ ] **MRI Brain W Wo Contrast** 1 time imaging, Routine
Special Brain protocol requested?
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 Brain Wo Contrast** 1 time imaging, Routine
Special Brain protocol requested?
Is this scan to monitor for ARIA during an Alzheimer Therapy?
ARIA Alzheimer therapy:
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.):

- [ ] **MRA Head 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.):

☐ **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.):

☐ **MRI Lumbar 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 exam.
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 exam.
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 Studies

Other Diagnostic Studies

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **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: ○ Nasal Cannula
Rate in liters per minute: 2 Lpm
Titrate to keep O2 Sat Above: ○ Other (Specify) ○ 92%
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?

☐ **Consult to Social Work** Once, Routine
Reason for Consult:
Reason for Consult?

☑ **Consult PT Eval and Treat** Once, Routine
Reasons for referral to Physical Therapy (mark all applicable): ○ Post Neuromuscular or Musculoskeletal Surgery Care.
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Reason for PT?

☐ **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 baseline (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:
Reason for consult:
Reason for Consult?

☐ **Consult to Respiratory Therapy** Once, Routine
Reason for Consult?
Reason for Consult?

☐ **Music Therapy/Art therapy consult - eval & treat** Once, Routine
Request Date: TODAY
Therapy Requested:
Please Indicate REASON FOR REFERRAL (check all that apply):

Ancillary Consults

☐ **Consult to Case Management** Once, Routine
Consult Reason:
Reason for Consult?

☐ **Consult to Social Work** Once, Routine
Reason for Consult:
Reason for Consult?

☑ **Consult PT Eval and Treat** Once, Routine
Reasons for referral to Physical Therapy (mark all applicable): ○ Post Neuromuscular or Musculoskeletal Surgery Care.
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Reason for PT?

Sign:_____ **Printed Name:**_____ **Date/Time:**_____

☐ **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 baseline (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:
Reason for consult:
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

Sign:_____ **Printed Name:**_____ **Date/Time:**_____