Locati	on:
Gener	
Adn	nission or Observation (Required)
, L F E	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.
F F L F E C r	Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement 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. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
<i>,</i> ,, F	Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:
, F F E 2	O UTS - Outpatient observation services under general supervision Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
A	Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:
	nission or Observation ient has active status order on file
, L F E	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.
# F L F E ( r	Admit to IP- University Teaching Service Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement 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. To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

Sign:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date/Time:\_\_\_\_\_\_ Page 1 of 58

Sign:	Printed Name:	Date/Time: Page 2 of 58
Outpatient in a bed - extended re Admitting Physician: Bed request comments:	ecovery Once, Routine	
Outpatient observation services Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	
	ne best clinical judgment and the patient's condition hospital services for two or more midnights.	n as documented in the HP and progress
Outpatient in a bed - extended re Admitting Physician: Bed request comments: Admission or Observation Patient has status order on file		
Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	
	ne best clinical judgment and the patient's conditior d hospital services for two or more midnights.	n as documented in the HP and progress
	ne best clinical judgment and the patient's condition hospital services for two or more midnights.	n as documented in the HP and progress
Admission Patient has active status order on	file.	
Outpatient in a bed - extended re Admitting Physician: Bed request comments:	ecovery Once, Routine	
Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this pa	rvices under general supervision Once, Routing atient please call the University Teaching Service ent to be paged. The team name is listed in both Overview tab of Epic.	e Answering Service at (713) 363-9648 and
Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	

Admission Medicine (615)

## Version: 34 Gen: 10/15/2025 **Observation Order** Patient has Inpatient status order on file and is Medicare. Place Consult to Case Management for Status Change order to evaluate for Code 44 status change to Observation Consult to Case Management for Status Change Once, Routine Reason for staus change: Reason for Consult? **Observation Order** Patient has Inpatient status order on file. Are you sure you want to downgrade to Observation? Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments: **Admission Order** Admit to long term acute care facility Once, Routine Admitting Physician: Bed request comments: Certification: I certify that based on my best clinical judgement 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 (Required) @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: O DNR (Do Not Resuscitate) (Required) DNR (Do Not Resuscitate) Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.: Code Status decision reached by: □ Consult to Palliative Care Service Consult to Palliative Care Service Once, Routine Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult? Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday. Consult to Social Work Once, Routine Reason for Consult: Reason for Consult? Modified Code Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

**Printed Name:** Date/Time:

	Specify: ∘ Up ad lib  Sign:	Printed Name:	Date/Time:
	☐ <b>Up ad lib</b> Until discontinued, Routine		
	Extremity:  Strict bed rest Until discontinued, Routine		
	☐ <b>Weight bearing restrictions</b> Until disconting Weight Bearing Status:	nued, Routine	
	Out of bed, encourage independent amb Specify:   Activity as tolerated   Out of bed	•	
	Out of bed, in chair and ambulate 2 times Specify: ○ Activity as tolerated ○ Up with assista		
	Out of bed, sit in chair (with assistance) Specify:  Out of bed, sit in chair (with assistance) Specify:  Out of bed, sit in chair (with assistance)		
	☐ Bed rest with bathroom privileges Until did Bathroom Privileges: ○ with bathroom privileges		
,	☐ <b>Activity as tolerated</b> Until discontinued, Ro Specify: ○ Activity as tolerated	Coutine	
Ad	✓ Vital signs - T/P/R/BP (per unit protocol) activity	Per unit protocol, Routine	
Vi	ital signs		
	rsing		
	Seizure precautions Continuous, Routine Increased observation level needed:		
	☐ Latex precautions Continuous, Routine		
	☐ Fall precautions Continuous, Routine Increased observation level needed:		
	Aspiration precautions Continuous, Routi	ine	
Pr	recautions	uno	
	<ul> <li>□ Droplet isolation status Continuous, Rout</li> <li>□ Enteric isolation status Continuous, Routi</li> </ul>		
	Contact isolation status Continuous, Rou		
	Once, Routine	R - If you suspect Tuberculosis, please order t	this test for rapid diagnostics.
	Airborne isolation status Continuous		Alaba Asaa Kan wantul alti.
	☐ Airborne isolation status	_	
Is	solation		
	Concurring Physician is required to second sign  Need time to evaluate patient for Code S	n the order when the Legal Surrogate is the Prima <b>Status</b> Until discontinued, Routine	ary Physician.
		, consider ordering a Biomedical Ethics Consult P	
	Examples of Code Status are Full Code, DNR,	or Modified Code. An example of a Treatment Re	estriction is avoidance of blood
		re two SEPARATE sets of physician's orders. For	further guidance, please click on
	Specify Treatment Restrictions: Code Status decision reached by: Treatment Restrictions is NOT a Code Status of Cardiopulmonary situations.	order. It is NOT a Modified Code order. It is strictly	/ intended for Non
	that all other unselected medically indicated treatment Restriction decision reached by:	iopulmonary arrest, the selected treatments will Natments will be provided.:	NOT be provided. I understand
	I linderstand that if the nationt is N( ) I in a card	ionulmonary arrest the calacted treatments will N	VICUL DE DEOUIDES L'UDGESSAND

Nursing Care
☐ Daily weights Daily, Routine
☐ Intake and Output Qshift Every shift, Routine
☐ Nasogastric tube insert and maintain
✓ Nasogastric tube insertion Once, Routine Type:
■ Nasogastric tube maintenance Until discontinued, Routine Tube Care Orders:
☐ Insert and maintain Foley
✓ 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
Notify Physician(vitals,output,pulse ox) Until discontinued, Routine Temperature greater than: 100.5 Systolic BP greater than: 160 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): 60 Respiratory rate greater than: 25 Respiratory rate less than: 8 SpO2 less than: 92 Temperature less than: MAP less than: 60.000
Notify Physician- UTS
Diet
<ul> <li>NPO Diet effective now, Routine</li> <li>NPO:</li> <li>Pre-Operative fasting options:</li> <li>An NPO order without explicit exceptions means nothing can be given orally to the patient.</li> </ul>
<ul> <li>○ Diet Diet effective now, Routine</li> <li>Diet(s):</li> <li>Cultural/Special:</li> <li>Other Options:</li> <li>Advance Diet as Tolerated?</li> <li>IDDSI Liquid Consistency:</li> <li>Fluid Restriction:</li> <li>Foods to Avoid:</li> <li>Foods to Avoid:</li> </ul>
Tube Feed

\_ Date/Time: Page 5 of 58 **Printed Name:** 

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Maintenance IV Fluids		
osodium chloride 0.9 % info	usion 75 mL/hr, intravenous, once, 1, Occurrences	
O lactated Ringer's infusion	75 mL/hr, intravenous, once, 1, Occurrences	
O dextrose 5 % and sodium	chloride 0.45 % with potassium chloride 20 mEq/L in	<b>nfusion</b> 75 mL/hr, intravenous, continuous
O sodium chloride 0.45 % in	fusion 75 mL/hr, intravenous, continuous	
-	000 mL with sodium bicarbonate 75 mEq/L infusion 7	75 mL/hr, intravenous, continuous
	the General Pain Management order sets. refer to the Hypertensive Urgency order set.	
azithromycin (ZITHROMA) Per Med Staff Policy, R.Ph. will a Indication: May cause QTc prolongation.	<b>() IV</b> intravenous, STAT automatically switch IV to equivalent PO dose when abou	ve approved criteria are satisfied:
azithromycin (ZITHROMA)	() tablet 250 , oral, daily	
May cause QTc prolongation.	the common of the common CTAT	
	ntravenous, every 8 hours, STAT automatically renally dose this medication based on curre	ent SCr and CrCl values.:
	inister over 3 hours via a dedicated line when possible. Is a secondary with flush provided by the maintenance flu	
ceftriaxone (ROCEPHIN) IN Indication:	/ intravenous, STAT	
	n calcium-containing solutions (such as Lactated Ringer's	s) as precipitation may occur
ciprofloxacin (CIPRO) IV in Per Med Staff Policy, R.Ph. will a Indication: May cause QTc prolongation.	ntravenous, STAT automatically renally dose this medication based on curre	ent SCr and CrCl values.:
Per Med Staff Policy, R.Ph. will a Indication: May cause QTc prolongation.	et 500 , 2 times daily at 0600, 1600 automatically renally dose this medication based on curre mix with water to avoid interaction with tube feed	ent SCr and CrCl values.:
	<b>V</b> intravenous, STAT automatically renally dose this medication based on curre automatically switch IV to equivalent PO dose when abou	
Per Med Staff Policy, R.Ph. will a Indication: If administering with tube feeds,	rablet 250, oral, daily at 0600 automatically renally dose this medication based on currents with water to avoid interaction with tube feed eparate by 2 hours from any milk product, antacid, or iron	
meropenem (MERREM) IV Per Med Staff Policy, R.Ph. will a Indication: **EXTENDED INFUSION** Adm		ent SCr and CrCl values.: Following completion of infusion, flush
metroNIDAZOLE (FLAGYL		
metroNIDAZOLE (FLAGYL Indication:	.) tablet 250 , oral, 3 times daily	
Sign:	Printed Name:	<b>Date/Time:</b> Page 7 of 58

piperacillin-tazobactam (ZOSYN) IV i Per Med Staff Policy, R.Ph. will automatical Indication:	lly renally dose this medication based on	
**EXTENDED INFUSION** Administer over line with 20 mL of NS or hang as a secondary		
□ vancomycin (VANCOCIN) IV + Pharm	nacy Consult to Dose (Required)	
✓ vancomycin (VANCOCIN) IV intra Per Med Staff Policy, R.Ph. will automa Indication: LOADING DOSE	avenous, once, 1, Occurrences, STAT atically renally dose this medication base	ed on current SCr and CrCl values.:
Indication:	ancomycin Until discontinued, Routine	
Anticipated Duration of Vancomycin The All eligible patients to receive Vancomy	nerapy (Days): ycin at AUC 400-600 and Trough 10-20.	
vancomycin (FIRVANQ) 50 mg/mL or Indication: KEEP REFRIGERATED. SHAKE WELL	ral solution 125 mg, oral, every 6 hours	PRN, for Cdiff
Antipyretics		
ibuprofen tablet 600 mg, oral, every 6 Not recommended for patients with eGFR L Not recommended for patients with eGFR L	ESS than 30 mL/min OR acute kidney in	njury.
<ul> <li>acetaminophen (TYLENOL) tablet 65 Maximum of 3 grams of acetaminophen per sources).</li> </ul>		
Shortness of Breath		
☐ albuterol (PROVENTIL) nebulizer sol Aerosol Delivery Device:	<b>lution</b> 2.5 mg, nebulization, Respiratory	Therapy - every 4 hours
albuterol (PROVENTIL) nebulizer sol Aerosol Delivery Device:	lution 2.5 mg, nebulization, every 4 hour	rs PRN, shortness of breath
ipratropium (ATROVENT) 0.02 % neb Aerosol Delivery Device:	<b>Dulizer solution</b> 0.5 mg, nebulization, Re	espiratory Therapy - every 4 hours
ipratropium (ATROVENT) 0.02 % neb Aerosol Delivery Device:	<b>Dulizer solution</b> 0.5 mg, nebulization, ev	very 4 hours PRN, shortness of breath
ipratropium-albuteroL (DUO-NEB) 0. hours Aerosol Delivery Device:	5-2.5 mg/3 mL nebulizer solution 3 mL	_, nebulization, Respiratory Therapy - every 4
ipratropium-albuteroL (DUO-NEB) 0. of breath Aerosol Delivery Device:	5-2.5 mg/3 mL nebulizer solution 3 mL	_, nebulization, every 4 hours PRN, shortness
PRN Blood Pressure Agents		
<ul> <li>hydrALAZINE (APRESOLINE) injection blood pressure</li> <li>BP HOLD parameters for this order:</li> <li>Contact Physician if:</li> <li>May be given IN ADDITION TO scheduled</li> </ul>		RN, SBP GREATER than 180 mmHg, high
		SBP GREATER than 180 mmHg, high blood
pressure BP HOLD parameters for this order:  ONC		
Contact Physician if:		
Beta-Blockers	and Otimes a deile	
carvedilol (COREG) tablet 6.25 mg, of BP & HR HOLD parameters for this order: Contact Physician if: HOLD if systolic blood pressure is LESS The per minute. Notify physician if medication is Angiotensin Receptor Blocker medication.	HAN 90 millimeters of mercury OR if hea	art rate is EQUAL TO OR LESS THAN 55 beats at least 2 hours apart from ACE Inhibitor or
Sign:	Printed Name:	Date/Time:
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	Sign:	Printed Name:	Date/Time: Page 9 of 58
	Is the patient receiving maintenance aspir	of pathological bleeding (e.g., peptic ulcer rin dose greater than 100 mg/day?	
	prasugrel (EFFIENT) tablet 5, Does this patient have a history of trails the patient's age 75 years or older is the patient's weight less than 60 ki	ansient ischemic attack (TIA) or stroke?	
	prasugrel (EFFIENT) tablet (Require	ed)	
	aspirin chewable 81 mg tablet 81 m	ng, oral, daily	
Pla	☐ <b>nitroglycerin (TRIDIL) 200 mcg/mL</b> HOLD if systolic blood pressure is LESS telet Inhibitors	in sodium chloride 0.9% 250 mL infusion THAN 100 millimeters of mercury OR hear	on 5 mcg/min, continuous t rate is LESS than 55 beats per minute.
	BP HOLD parameters for this order: Contact Physician if:	et 20 mg, oral, 3 times daily at 0900, 1300	
	isosorbide mononitrate (IMDUR) 24 BP HOLD parameters for this order: Contact Physician if: Do not crush or chew.		
	nitroglycerin patch 0.2 mg, transder Remove before bedtime	mal, daily	
	☐ nitroglycerin (NITROSTAT) 2 % oin	tment 0.5 inch, Topical, every 6 hours sch	eduled
	isosorbide mononitrate (MONOKE BP HOLD parameters for this order: Contact Physician if:	T) tablet 20 , oral, 2 times daily	
Nit	rates	et 0.4 mg, sublingual, every 5 min PRN, 3,	Occurrences, chest pain
		level prior to Administration. Call MD if Po 5. Avoid salt substitutes unless approved b	tassium is greater than 5. HOLD DOSE FOR by MD.
	POTASSIUM LEVELS GREATER THAN	level prior to Administration. Call MD if Po 5. Avoid salt substitutes unless approved b	tassium is greater than 5. HOLD DOSE FOR by MD.
No	Max dose 10 mg/day n-Loop Diuretics		7,000, 17,00
	` '	enous, continuous t <b>ion</b> 0.5 mg, intravenous, 2 times daily at (	1900 1700
	furosemide (LASIX) 20 mg injection furosemide (LASIX) infusion intrave	n 20 mg, intravenous, 2 times daily at 090	0, 1700
LO	op Diuretics Ofurosomido (LASIX) 20 mg injectio	n 20 mg intravenous 2 times daily at 000	0 1700
	per minute. Notify physician if medication Angiotensin Receptor Blocker medication	: THAN 90 millimeters of mercury OR if hea is held. Give beta blockers with food and a	rt rate is EQUAL TO OR LESS THAN 55 beats at least 2 hours apart from ACE Inhibitor or
	BP & HR HOLD parameters for this order Contact Physician if: HOLD if systolic blood pressure is LESS	: THAN 90 millimeters of mercury OR if hea is held. Give beta blockers with food and a	rt rate is EQUAL TO OR LESS THAN 55 beats at least 2 hours apart from ACE Inhibitor or
	O metoprolol succinate XL (TOPROL	-XL) 24 hr tablet 25 mg, oral, daily	

☐ clopidogrel (PLAVIX) 75 mg tablet 75 mg, oral, daily Miscellaneous Agents
hydralazine 10 mg / isosorbide dinitrate 10 mg (BIDIL)
hydrALAZINE (APRESOLINE) tablet 10 mg, oral, 3 times daily BP HOLD parameters for this order: Contact Physician if: To be taken with isosorbide dinitrate 10 mg oral tablet
isosorbide dinitrate (ISORDIL) tablet 10 mg, oral, 3 times daily at 0900, 1300, 1700 BP HOLD parameters for this order: Contact Physician if: To be taken with hydralazine 10 mg oral tablet
Cough
O guaiFENesin (MUCINEX) 12 hr tablet 600 mg, oral, 2 times daily PRN, cough
O dextromethorphan-guaifenesin (MUCINEX DM REGULAR) 30-600 mg per 12 hr tablet 1 tablet, oral, every 12 hour PRN, cough Maximum: 4 tablets/24 hours maximum: 4 tablets/24 hours
O guaiFENesin (ROBITUSSIN) 100 mg/5 mL syrup 100 mg, oral, every 4 hours PRN, cough
O dextromethorphan-guaifenesin (ROBITUSSIN-DM) 10-100 mg/5 mL liquid 5 mL, oral, every 4 hours PRN, cough
O codeine-guaifenesin (GUAIFENESIN AC) 10-100 mg/5 mL liquid 5 mL, oral, every 4 hours PRN, cough
<ul> <li>benzonatate (TESSALON) capsule 100 mg, every 6 hours PRN, cough</li> <li>HM IP MEDICATIONS - ADMISSION MEDICINE - CONSTIPATION FIRST LINE</li> </ul>
<ul> <li>polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, daily PRN, constipation</li> <li>Use as first line option for constipation.</li> <li>Mix in 4-8oz of water.</li> </ul>
O docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation Use as first line option for constipation.
Sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 1 tablet, oral, daily PRN, constipation Use as first line option for constipation.
<ul> <li>bisacodyL (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation</li> <li>Use as first line option for constipation.</li> <li>HM IP MEDICATIONS - ADMISSION MEDICINE - CONSTIPATION SECOND LINE</li> </ul>
<ul> <li>polyethylene glycol (MIRALAX) packet 17 gram 17 g, oral, daily PRN, constipation</li> <li>Use as second line option if constipation unrelieved by first line option.</li> <li>Mix in 4-8oz of water.</li> </ul>
O docusate sodium (COLACE) capsule 100 mg, oral, 2 times daily PRN, constipation Use as second line option if constipation unrelieved by first line option.
O sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet 1 tablet, oral, daily PRN, constipation Use as second line option if constipation unrelieved by first line option.
<ul> <li>bisacodyL (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation</li> <li>Use as second line option if constipation unrelieved by first line option.</li> <li>Insomnia: For Patients LESS than 70 years old</li> </ul>
☐ zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep
O zolpidem (AMBIEN) tablet 5 mg, oral, nightly PRN, sleep
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep Insomnia: For Patients GREATER than or EQUAL to 70 years old
ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep
Antiemetics
ondansetron (ZOFRAN) IV or Oral (Required)

Sign:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date/Time:\_\_\_\_\_\_ Page 10 of 58

	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication.  May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  May cause QTc prolongation.
	promethazine (PHENERGAN)
	promethazine (PHENERGAN) 12.5 mg IV 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
	promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
	promethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
	promethazine (PHENERGAN) intraMUSCULAR injection 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiem	
<b>✓</b>	ondansetron (ZOFRAN) IV or Oral (Required)
	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication.  May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea
	vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required. May cause QTc prolongation.
	promethazine (PHENERGAN) IV or Oral or Rectal
	promethazine (PHENERGAN) injection 12.5 mg, intravenous, every 6 hours PRN, nausea
	vomiting Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
	promethazine (PHENERGAN) tablet 12.5 mg, oral, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.
	opromethazine (PHENERGAN) suppository 12.5 mg, rectal, every 6 hours PRN, nausea vomiting
	Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.
Antiem	
<b>✓</b>	ondansetron (ZOFRAN) IV or Oral (Required)
	ondansetron ODT (ZOFRAN-ODT) disintegrating tablet 4 mg, oral, every 8 hours PRN, nausea vomiting
	Give if patient is able to tolerate oral medication.  May cause QTc prolongation.
	ondansetron (ZOFRAN) 4 mg/2 mL injection 4 mg, intravenous, every 8 hours PRN, nausea vomiting
	Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.  May cause QTc prolongation.
	promethazine (PHENERGAN) IVPB or Oral or Rectal

Printed Name:

\_ Date/Time: Page 11 of 58

	Sign:	Printed Name:	<b>Date/Time:</b> Page 12 of 58
	(PEPCID) IV or ORAL		
GI Drugs			
simethico	ne (MYLICON) chewable tablet 80 m	ng, oral, every 4 hours PRN, 2, Occurrences	, flatulence
KIDNEY DISE	hydroxide-simeth (MAALOX) 200-2 ASE STAGE 3 OR GREATER 30 mL, atient is on hemodialysis or in chronic		MMENDED FOR CHRONIC
<b>3 OR GRE</b> Use with N Take 1 hou	ATER 1 g, Nasogastric, 4 times daily lasogastric tubing. Use if patient is un		
1 g, oral, 4 Take 1 hou AND 1 hou	times daily with meals and nightly or before or 2 hours after meals**if ord or after each dose.	dered by Feeding tube Or PEG tube feeding	should be stopped 1 hour before
	(CARAFATE) Oral or NG Tube		
Indication(s) for	e (PriLOSEC) suspension 2 , daily a Proton Pump Inhibitor (PPI) Therapy histration with all other oral medication	· ·	
panto Indication(	prazole (PROTONIX) suspension 4 s) for Proton Pump Inhibitor (PPI) The	0 mg, feeding tube, daily at 0600 erapy:	
Per Med S	prazole (PROTONIX) 40 mg in sodion taff Policy, R.Ph. will automatically swars) for Proton Pump Inhibitor (PPI) The	um chloride 0.9 % 10 mL injection 40 mg, vitch IV to equivalent PO dose when above a erapy:	intravenous, daily at 0600 approved criteria are satisfied:
	prazole (PROTONIX) EC tablet 40 ns) for Proton Pump Inhibitor (PPI) The		
	ole (PROTONIX) IV or Oral or Tube		
	idine (PEPCID) tablet 20 mg, oral, 2	times daily	
		avenous, 2 times daily, 2.000 mL vitch IV to equivalent PO dose when above a	approved criteria are satisfied:
	(PEPCID) IV or ORAL		
oral, 2 times da GI Drugs	ily FAN, IGHING		
		ESS than 80 mL/min, reduce frequency to	o once daily as needed 60 mg,
ocetirizine (	ZyrTEC) tablet 5 mg, oral, daily PRN	I, itching	
O hydrOXYz	ine (ATARAX) tablet 10 mg, oral, eve	ery 6 hours PRN, itching	
_	IrAMINE (BENADRYL) tablet 25 mg	oral, every 6 hours PRN, itching	
	ZyrTEC) tablet 5 mg, oral, daily PRNnts LESS than 70 years old	I, itching	
vomiting Give if ond		y 12.5 mg, rectal, every 6 hours PRN, hause	
_	,	d patient is able to tolerate oral medication.  y 12.5 mg, rectal, every 6 hours PRN, naus	02
vomiting	,	mg, oral, every 6 hours PRN, nausea	
vomiting	ansetron (ZOFRAN) is ineffective and	d patient is UNable to tolerate oral or rectal r	medication OR if a faster onset of
prome PRN, 30.0	ethazine (PHENERGAN) 25 mg in so 00 Minutes, nausea	odium chloride 0.9 % 50 mL IVPB 12.5 mg	g, intravenous, every 6 hours

	VOISION 64 GON 16/16/2020
	• famotidine (PEPCID) injection 20 mg, intravenous, 2 times daily, 2.000 mL  Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:  IV or ORAL
	famotidine (PEPCID) tablet 20 mg, oral, 2 times daily IV or ORAL
	pantoprazole (PROTONIX) IV or Oral or Tube
	pantoprazole (PROTONIX) EC tablet 40 mg, oral, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection 40 mg, intravenous, daily at 0600 Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied: Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	pantoprazole (PROTONIX) suspension 40 mg, feeding tube, daily at 0600 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
	sucralfate (CARAFATE) Oral or NG Tube
	• sucralfate (CARAFATE) tablet - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 1 g, oral, 4 times daily with meals and nightly  Take 1 hour before or 2 hours after meals**if ordered by Feeding tube Or PEG tube feeding should be stopped 1 hour before AND 1 hour after each dose.
	sucralfate (CARAFATE) 100 mg/mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 1 g, Nasogastric, 4 times daily with meals and nightly Use with Nasogastric tubing. Use if patient is unable to swallow tablet. Take 1 hour before or 2 hours after meals**if ordered by Feeding tube Or PEG tube feeding should be stopped 1 hour before AND 1 hour after each dose.
	alum-mag hydroxide-simeth (MAALOX) 200-200-20 mg/5 mL suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER 30 mL, oral, every 4 hours PRN, indigestion Do not give if patient is on hemodialysis or in chronic renal failure.
	simethicone (MYLICON) chewable tablet 80 mg, oral, every 4 hours PRN, 2, Occurrences, flatulence
	sodium chloride 0.9% bag for line care
	✓ sodium chloride 0.9 % bag for line care .9 , PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.
VTE	

\_ Date/Time: Page 13 of 58 **Printed Name:** 

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

**Anticoagulation Guide for COVID patients** (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 14 of 58

Sign:	Printed Name:	Date/Time: Page 15 of 58
, ,		
MODERATE Risk of VTE - Surgic  ✓ Moderate Risk (Required)	ai (Requirea)	
Low risk: ○ Due to low risk, n prophylaxis is needed. Will e	o VTE prophylaxis is needed. Will encourgae early ancourage early ambulation	ambulation ○ Due to low risk, no VTE
Low risk of VTE Once,	Routine	
✓ Low Risk (Required)		
Side: Bilateral Select Sleeve(s): LOW Risk of VTE (Required)		
No mechanical VTE p	rophylaxis due to the following contraindication(s): equential compression device continuous Continuous	
	ns exist for mechanical prophylaxis Once, Routing	e
✓ Place sequential comp	ression device	
✓ Patient currently has a	n active order for therapeutic anticoagulant or V nylaxis because: patient is already on therapeutic an	
✓ High risk of VTE Once,	·	
	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
<ul><li>Place/Maintain s</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	equential compression device continuous Continuous	nuous, Routine
○ Contraindication	ns exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	е
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or V nylaxis because: patient is already on therapeutic an	
✓ High risk of VTE Once,	Routine	
O High Risk - Patient currently	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
<ul><li>Place/Maintain s</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	equential compression device continuous Continuous	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routing rophylaxis due to the following contraindication(s):	e
✓ Place sequential comp		
Patient currently has a	n active order for therapeutic anticoagulant or V nylaxis because: patient is already on therapeutic an	
✓ Moderate risk of VTE C		galant of VIE propriyaxis (Required)
Side: Bilateral Select Sleeve(s):	equential compression device continuous Continuous ently has an active order for therapeutic anticoag	
No mechanical VTE p	rophylaxis due to the following contraindication(s):	
✓ Place sequential comp		
No pharmacologic VTE proplements Therapy for the following:	n active order for therapeutic anticoagulant or V nylaxis because: patient is already on therapeutic an	
✓ Moderate risk of VTE C	nce, Routine	

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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  GREATER THAN or EQUAL to 140kg  enoxaparin 40mg  every 12 hours  GREATER THAN or EQUAL to 140kg	<ul> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):</li> <li>✓ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis</li> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine</li> </ul>	n 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 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:  LESS THAN 100kg enoxaparin 40mg dailty  100 to 139kg enoxaparin 30mg every 12 hours  GREATER THAN or EQUAL to 140kg enoxaparin 30mg every 12 hours  CENOXAPARIN 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.  To containdication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  for condaparinux (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 orde this medi	<ul> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):</li> <li>✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):</li> <li>✓ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis</li> <li>✓ Contraindications exist for pharmacologic prophylaxis Once, Routine</li> </ul>	n device
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):  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 dail:  100 to 139kg enoxaparin 40mg dail:  100 to 139kg enoxaparin 40mg every 12 hours  GREATER THAN or EQUAL to 140kg enoxaparin 40mg every 12 hours  CENOXAPARIN 30 MG DAILY  Penoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  ENOXAPARIN SQ DAILY  Penoxaparin (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.  FOORAPARIN SQ DAILY  Penoxaparin (LOVENOX) injection subcutaneous, daily, 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.  FOORAPARIN SQ DAILY  Penoxaparin (LOVENOX) injection subcutaneous daily, S+1 Indication(s):	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	
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:  Dose LESS THAN 100kg Enoxaparin (LOVENOX) in the total status and the following recommended doses by weight:  Dose LESS THAN 100kg Enoxaparin orders will apply the following recommended doses by weight:  GREATER THAN or EQUAL to 140kg Enoxaparin (LOVENOX) injection 139kg ENOXAPARIN 30 MG DAILY Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  ENOXAPARIN 30 DAILY Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  ENOXAPARIN 30 MC DAILY Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  Formaparin (LOVENOX) injection 2.5 mg, subcutaneous, daily, 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.  Formaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 Infection. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCL LESS than 30 mL/min.	Side: Bilateral Select Sleeve(s):  ○ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis  ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine	
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 enoxaparia 40mg dail  100 to 139kg enoxaparia 30mg every 12 hours  GREATER THAN or EQUAL to 140kg enoxaparia 40mg every 12 hours  CENOXAPARIN 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 ordethis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	✓ 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 30 MG DAILY  GREATER THAN or EQUAL to 140kg  ENOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or 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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.		
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 30 MG DAILY  GREATER THAN or EQUAL to 140kg  ENOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or 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.  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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	No pharmacologic via prophytaxis due to the following contraindication(s).	
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 dailt 100 to 139kg nounce GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg every 12 hours  GREATER THAN or EQUAL to 140kg 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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	· · ·	
Following recommended doses by weight:  Weight  Dose  LESS THAN 100kg  Penoxaparin 40mg daily  100 to 139kg  REATER THAN or EQUAL to 140kg  REATER THAN or EXCENTING  REATER THAN OR EXCENTING  REATER THAN OR EXCENTING		
LESS THAN 100kg  enoxaparia 40mg daily  100 to 139kg  enoxaparia 30mg every 12 hours  GREATER THAN or EQUAL to 140kg  enoxaparia 40mg every 12 hours  O ENOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or 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.  Findication(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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min.		ill apply the
40mg daily 100 to 139kg  enoxaparia 30mg every 12 hours  GREATER THAN or EQUAL to 140kg  enoxaparia 40mg every 12 hours  • enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or 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.  • ENOXAPARIN SQ DAILY  onoxaparin (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.  onoxaparinus (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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.		
GREATER THAN or EQUAL to 140kg  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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.		enoxaparin 40mg daily
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 ordethis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	100 to 139kg	every 12
<ul> <li>✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.     </li> <li>✓ ENOXAPARIN SQ DAILY</li> <li>✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.     </li> <li>✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 fthe patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.</li> </ul>	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12
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 orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	O ENOXAPARIN 30 MG 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 ordethis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or p	osterolateral
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.	O ENOXAPARIN SQ DAILY	
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT orde this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.	Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or p	osterolateral
O heparin	If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure,	
	Oheparin	

\_ **Date/Time:** Page 16 of 58 **Printed Name:** 

	Sign:	Printed Name:	Date/Time:
		cologic VTE prophylaxis due to the following con	
		indications exist for pharmacologic prophyla	·
_		ons exist for pharmacologic prophylaxis - Or	,
<b>✓</b>		acological Prophylaxis - Non-Surgical Patien	nt (Required)
	✓ Moderate risk of the control o	of VTE Once, Routine	
<b>✓</b>	Moderate Risk (Requi	red)	
✓ Mod	erate Risk Pharmacolo	gical Prophylaxis - Non-Surgical Patient (Red	quired)
$\bigcirc$ MODERA	ATE Risk of VTE - Non-	Surgical (Required)	
Sid	Place/Maintain seque le: Bilateral lect Sleeve(s):	ntial compression device continuous Continu	uous, Routine
С	Contraindications ex	ist for mechanical prophylaxis Once, Routine vlaxis due to the following contraindication(s):	
☐ Mec	hanical Prophylaxis (R	equired)	
	Indication:	n (COUMADIN) tablet 1 , oral tion Guidance:	
		acy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
	Medications		
	Indication: Dose Selection Guid	dance:	
	-	rmacy consult 1 , oral, daily at 1700	
С	warfarin (COUMADIN	)	
	O Wt LES	SS than or equal to 100 kg 5000 Units, subcuta	neous, every 8 hours scheduled
		<b>00 kg</b> 7500 Units, subcutaneous, every 8 hours	
	O Not high bleed		
		n (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
		n (porcine) injection - Q12 Hours 5000 Units,	*
		e risks/benefits of bleeding and clotting wh	
			oon colorting the decing frequency
		quency is appropriate for most high bleed ents also have high clotting risk in which e	
L A	ctive GI ulcer		
	thronic use of NSAID	s/steroids	
		ent requiring admission and/or transfusion	1
Р	rior ischemic stroke		
	rior intra-cranial hem		
	irrhosis/hepatic failur	re	
	ctive cancer	<u> </u>	
	It count < 100 K/uL rual antiplatelet thera	nv	
	tenal impairment		
	Instable Hgb		
	Veight < 50 kg		
А	ge <u>&gt;</u> 75		
Н	ligh Risk Bleeding (	Characteristics	

\_ **Date/Time:** Page 17 of 58

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

\_\_ **Date/Time:** Page 18 of 58 Printed Name:

	701310111 04 33111 10/10/2020	
	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable Hg		
Renal impair		
Plt count < 1		
	telet therapy	
Active cance Cirrhosis/he		
	ranial hemorrhage	
Prior intra-ci		
	eeding event requiring admission and/or trans	efusion
	of NSAIDs/steroids	31431011
Active GI uld		
7101170 01 010	701	
○ His	gh Bleed Risk	
	gn ธเอยน หารห 12 hour frequency is appropriate for most hig	th bleeding risk patients. However
some	high bleeding risk patients also have high clorency may be clinically appropriate.	tting risk in which every 8 hour
Please freque	e weight the risks/benefits of bleeding and clo	otting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	
	O HEParin (porcine) injection - Q8 Hours 500	00 Units, every 8 hours scheduled
○ No	t high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	v 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units	s, subcutaneous, every 8 nours scheduled
○ warfarin (C	COUMADIN)	
Indicati		
Dose S	Selection Guidance:	
○ Me	edications	
	Pharmacy consult to manage warfarin (CO Indication:	<b>DUMADIN)</b> Until discontinued, Routine
	warfarin (COUMADIN) tablet 1, oral	
	Indication:	
	Dose Selection Guidance:	
☐ Mechanical Prophylaxi	s (Required)	
	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
Place/Maintain se Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	uous, Routine
O HIGH Risk of VTE - Surgica	ıl (Required)	
✓ High Risk (Required)		
✓ High risk of VTE (	Once, Routine	
✓ High Risk Pharmacolog	gical Prophylaxis - Surgical Patient (Required)	
	s exist for pharmacologic prophylaxis Once, Rout E prophylaxis due to the following contraindication(s):	
	ENOX) for Prophylactic Anticoagulation (Require	
Sign:	Printed Name:	Date/Time:

Date/Time: Page 19 of 58

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

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

LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
<ul> <li>fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1</li> <li>If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min.</li> <li>heparin</li> </ul>	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids Active GI ulcer	
Active Gi dicei	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. How bleeding risk patients also have high clotting risk in which every 8 hour frequence clinically appropriate.	cy may be
Please weight the risks/benefits of bleeding and clotting when selecting the dos	ing frequency

O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours sch	eduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours sched	uled
O Not high bleed risk	

Sign:\_\_\_\_\_ Printed Name:\_\_\_\_\_ Date/Time:\_\_\_\_\_ Page 20 of 58

	OXAPARIN 30 MG DAILY  ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Solidication(s):  Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.  NOXAPARIN SQ DAILY  ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.  Printed Name:	or posterolateral
	NOXAPARIN 30 MG DAILY  ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.  NOXAPARIN SQ DAILY  ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral and sight and sight anterolateral and sight and sight and sight anterolateral and sight and	enoxaparin 40mg every 12 hours
	NOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, Solindication(s):  Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.  NOXAPARIN SQ DAILY  enoxaparin (LOVENOX) injection subcutaneous, S+1	enoxaparin 40mg every 12 hours
	NOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral abdominal wall. Alternate injection site with each administration.	enoxaparin 40mg every 12 hours
O EN	NOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral	enoxaparin 40mg every 12 hours
○ EN	NOXAPARIN 30 MG DAILY	enoxaparin 40mg every 12 hours
		enoxaparin 40mg every 12
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
		hours
		30mg every 12
	100 to 139kg	enoxaparin
	LESS THAN 100kg	enoxaparin 40mg daily
	Weight	Dose
Patient rena For patients	rin for Prophylactic Anticoagulation Nonsurgical (Required) al status: @CRCL@ with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders commended doses by weight:	s will apply the
No pharmacol	ogic VTE prophylaxis due to the following contraindication(s):	
	dications exist for pharmacologic prophylaxis Once, Routine	
_	of VTE Once, Routine rmacological Prophylaxis - Non-Surgical Patient (Required)	
✓ High Risk (Req		
_	Non-Surgical (Required)	
<ul><li>Place/Ma</li><li>Side: Bilateral</li><li>Select Sleeve</li></ul>		
	dications exist for mechanical prophylaxis Once, Routine at VTE prophylaxis due to the following contraindication(s):	
☐ Mechanical Pro	ophylaxis (Required)	
	warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:	
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued Indication:	, Routine
O Me	edications	
	ion: Selection Guidance:	
	ITHOUT pharmacy consult 1 , oral, daily at 1700	
O <b>w</b> lindicat	(COUMADIN)	
Indicat	•	
O <b>w</b> lindicat	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled ○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours	urs scheduled

31	g i filited Raille	Page 22 of
Q;	gn: Printed Name:	Date/Time:
High Ris	k Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patie	ent (Required)
<b>☑</b> Hiç	h risk of VTE Once, Routine	
_	k (Required)	
_	VTE - Surgical (Hip/Knee) (Required)	
Side: B		
_	enamical vie proprigians due to the following contraindication(s): ace/Maintain sequential compression device continuous Continuous, Routir	10
U Co No me	ntraindications exist for mechanical prophylaxis Once, Routine chanical VTE prophylaxis due to the following contraindication(s):	
_	cal Prophylaxis (Required)	
) <b></b>	Dose Selection Guidance:	
	Indication:	
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	·····
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discol	ntinued, Routine
	○ Medications	
	Indication: Dose Selection Guidance:	
	○ WITHOUT pharmacy consult 1 , oral, daily at 1700	
O wa	rfarin (COUMADIN)	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, even	ry 8 hours scheduled
	○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours scheduled	
	O Not high bleed risk	
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hour	s scheduled
	HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours.	
	Please weight the risks/benefits of bleeding and clotting when selecti	na the dosina frequency.
	bleeding risk patients also have high clotting risk in which every 8 ho clinically appropriate.	
	Every 12 hour frequency is appropriate for most high bleeding risk pa	atients. However, some hi
	O High Bleed Risk	
Activ	e GI ulcer	
	nic use of NSAIDs/steroids	
	ry of bleeding event requiring admission and/or transfusion	
	ischemic stroke	
	intra-cranial hemorrhage	
	osis/hepatic failure	
	e cancer	
	antiplatelet therapy	
	l impairment ount < 100 K/uL	
	able Hgb	
	ht < 50 kg	
Age		
	Risk Bleeding Characteristics	
O he		

O Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
Apixaban and Pharmacy Consult (Required)	
☑ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
Indications: o 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 a following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
<ul> <li>ENOXAPARIN 30 MG DAILY</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):</li> </ul>	terolateral
Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration.	terolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min	
Oheparin	

\_\_ **Date/Time:**\_\_\_\_ Page 23 of 58 Printed Name:\_\_\_\_\_

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

**Printed Name:** 

\_\_ Date/Time:\_ Page 24 of 58

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

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) \_\_\_\_\_ **Date/Time:**\_\_\_\_\_ Page 25 of 58 Sign: Printed Name:

Sign:	Printed Name:	Date/Time: Page 26 of 58
, ,		
✓ Moderate Risk (Required)	(noquirou)	
Moderate Risk of VTE - Surgical	•	
Low risk of VTE Once,	no VTE prophylaxis is needed. Will encourgae early a	ambulation ○ Due to low risk, no VTE
Low Risk (Required)		
Select Sleeve(s): <b>LOW Risk of VTE</b> (Required)		
Side: Bilateral	sequential compression device continuous Contin	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	Э
✓ Place sequential comp		
	n active order for therapeutic anticoagulant or VT hylaxis because: patient is already on therapeutic and	
High risk of VTE Once		
	nhas an active order for therapeutic anticoagulan	t or VTE prophylaxis (Required)
Select Sleeve(s):		A on VTE manufaction (Demains d)
_	sequential compression device continuous Contin	nuous, Routine
○ Contraindicatio	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	Э
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or VT hylaxis because: patient is already on therapeutic an	
✓ High risk of VTE Once	Routine	
O High Risk - Patient currently	has an active order for therapeutic anticoagulan	t or VTE prophylaxis (Required)
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Contin	nuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential comp		
No pharmacologic VTE prop Therapy for the following:	nn active order for therapeutic anticoagulant or VT hylaxis because: patient is already on therapeutic and	
✓ Moderate risk of VTE (	Once, Routine	,
Select Sleeve(s):  Moderate Risk - Patient curr	rently has an active order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
Place/Maintain Side: Bilateral	sequential compression device continuous Contin	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	9
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or VT hylaxis because: patient is already on therapeutic and	
✓ Moderate risk of VTE (	Once, Routine	

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

\_ **Date/Time:** Page 27 of 58 **Printed Name:** 

Bleeding Characteristics
) kg
gb
irment
100 K/uL
etelet therapy er
er epatic failure
ranial hemorrhage
nic stroke
leeding event requiring admission and/or transfusion
e of NSAIDs/steroids
cer
<b>In Bleed Risk</b> 12 hour frequency is appropriate for most high bleeding risk patients. However, some high ng risk patients also have high clotting risk in which every 8 hour frequency may be lly appropriate.
weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
t high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
COUMADIN)
FHOUT pharmacy consult 1 , oral, daily at 1700 on: election Guidance:
dications
✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral
Indication:
Dose Selection Guidance:
phylaxis (Required)
lications exist for mechanical prophylaxis Once, Routine VTE prophylaxis due to the following contraindication(s):
ntain sequential compression device continuous Continuous, Routine s):
Γ <b>E - Non-Surgical</b> (Required)
(Required)
risk of VTE Once, Routine
·
Pharmacological Prophylaxis - Non-Surgical Patient (Required)
inations aviet for pharmacalagic prophyloxic. Order Coguential compression device
lications exist for pharmacologic prophylaxis - Order Sequential compression device

**Printed Name:** 

Date/Time:\_\_\_\_\_\_Page 28 of 58

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

\_\_ **Date/Time:**\_\_\_\_ Page 29 of 58 **Printed Name:** 

High Risk Bleeding	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	onv	
Active cancer	ару	
Cirrhosis/hepatic failu	Ire	
Prior intra-cranial her		
Prior ischemic stroke		
	vent requiring admission and/or transfusion	
Chronic use of NSAII		
Active GI ulcer	20,000.00	
7.00.70 0. 0.00.		
O High Bleed R	iek	
	equency is appropriate for most high bleedi	ng risk patients. However, some high
	tients also have high clotting risk in which e	
Please weight th	ne risks/benefits of bleeding and clotting who	en selecting the dosing frequency.
○ HEPa	rin (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
○ HEPa	rin (porcine) injection - Q8 Hours 5000 Units, ev	very 8 hours scheduled
O Not high blee		rolly of floar of conforming
•		
○ Wt > *	<b>100 kg</b> 7500 Units, subcutaneous, every 8 hours s	cheduled
O Wt LE	ESS than or equal to 100 kg 5000 Units, subcutar	neous, every 8 hours scheduled
O warfarin (COUMADII	N)	
,	armacy consult 1 , oral, daily at 1700	
Indication:	armacy consult it, oral, daily at 1700	
Dose Selection Gu	iidance:	
O Medications		
_	nacy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
Indication:		,
☐ <b>warfa</b> Indication:	rin (COUMADIN) tablet 1 , oral	
	ection Guidance:	
Mechanical Prophylaxis (F	• ,	
No mechanical VTE proph	xist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain sequ Side: Bilateral Select Sleeve(s):	ential compression device continuous Continuo	ous, Routine
gh Risk of VTE - Surgical (R	equired)	
s both pharmacologic and mecha	anical prophylaxis by ordering from Pharmacological an	d Mechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE One	ce, Routine	
High Risk Pharmacologica	al Prophylaxis - Surgical Patient (Required)	
	xist for pharmacologic prophylaxis Once, Routil ophylaxis due to the following contraindication(s):	ne
	OX) for Prophylactic Anticoagulation (Required	)
Sign:	Printed Name:	Date/Time:

\_ Date/Time: Page 30 of 58

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

100 to 139kg	enoxaparin 30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or po abdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or po abdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CI mL/min.	Γ) do NOT order this Cl LESS than 30
O heparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids	
Active GI ulcer	
Active Gi dicel	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. How bleeding risk patients also have high clotting risk in which every 8 hour frequence clinically appropriate.	

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

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

$\cup$	NOL	mgn	bieeu	IISK

**Printed Name:** Date/Time:

$\bigcirc$ 1	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours s	scneduled
O warfarin (COUN	•	
○ <b>WITHOU</b> Indication:  Dose Selection	JT pharmacy consult 1 , oral, daily at 1700	
O Medicati		
		utino
Indica	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Ro ation:	outine
Indic	warfarin (COUMADIN) tablet 1 , oral eation: eation: eation Guidance:	
O High Risk of VTE - Non-S		
_	mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylax	ds.
✓ High Risk (Required)		
✓ High risk of VT		
_	logical Prophylaxis - Non-Surgical Patient (Required)	
O Contraindication	ons exist for pharmacologic prophylaxis Once, Routine (TE prophylaxis due to the following contraindication(s):	
○ Enoxaparin for	Prophylactic Anticoagulation Nonsurgical (Required)	
Patient renal sta	tus: @CRCL@	
	CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will describe the control of the contr	ll apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	100 to 139kg	enoxaparin 30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12
		hours
○ ENOXAF	PARIN 30 MG DAILY	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 ration(s):	
Admi	inister by deep subcutaneous injection into the left and right anterolateral or po ominal wall. Alternate injection site with each administration.	osterolateral
	PARIN SQ DAILY	
	7 11 11 11 11 11 11 11 11 11 11 11 11 11	
<b>✓</b> 6	enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indica Admi	enoxaparin (LOVENOX) injection subcutaneous, S+1 sation(s): inister by deep subcutaneous injection into the left and right anterolateral or pominal wall. Alternate injection site with each administration.	osterolateral
Indicate Admit Admit Abdo  fondaparinux (Admit Abdo)  If the patient does not also a control and a c	ation(s): inister by deep subcutaneous injection into the left and right anterolateral or pe	(HIT) do NOT order
Indication. Cortical control of the patient does not this medication.	eation(s): inister by deep subcutaneous injection into the left and right anterolateral or pominal wall. Alternate injection site with each administration.  ARIXTRA) injection 2.5 mg, subcutaneous, daily ot have a history of or suspected case of Heparin-Induced Thrombocytopenia	(HIT) do NOT order
Indication. Cor 30 mL/min.	eation(s): inister by deep subcutaneous injection into the left and right anterolateral or position wall. Alternate injection site with each administration.  ARIXTRA) injection 2.5 mg, subcutaneous, daily of have a history of or suspected case of Heparin-Induced Thrombocytopenia intraindicated in patients LESS than 50kg, prior to surgery/invasive procedure,	(HIT) do NOT order

	Sign:	Printed Name:	Date/Time:
	Pharmacy Indications: VT	consult to monitor apixaban (ELIQUIS) therapy E prophylaxis	Until discontinued, STAT
	<b>✓ apixaban (</b> Indications: ○ V	<b>ELIQUIS) tablet</b> 2.5 mg, 2 times daily, S+1 // TE prophylaxis	
	· _	narmacy Consult (Required)	
		N) enteric coated tablet 162 mg, daily, S+1	
		tablet 162 mg, daily, S+1	
		E prophylaxis due to the following contraindication(s	5):
·	○ Contraindication	s exist for pharmacologic prophylaxis Once, Ro	utine
_		gical Prophylaxis - Hip or Knee (Arthroplasty) S	urgical Patient (Required)
	High risk of VTE	Once, Routine	
✓ Hiệ	gh Risk (Required)		
_	_	echanical prophylaxis by ordering from Pharmacological	and Mechanical Prophylaxis.
○ High R		I (Hip/Knee) (Required)	
	Indicat	arfarin (COUMADIN) tablet 1 , oral ion: Selection Guidance:	
	Indicati		v) Ontil discontinued, Routine
	_		M) Until discontinued Pourties
	Ose Selection  Medication		
	Indication: Dose Selection	Guidance:	
		pharmacy consult 1 , oral, daily at 1700	
	owarfarin (COUMA	ADIN)	
	○ wt	t LESS than or equal to 100 kg 5000 Units, subcut	taneous, every 8 hours scheduled
	_	t > 100 kg 7500 Units, subcutaneous, every 8 hours	
	O Not high b		
		EParin (porcine) injection - Q8 Hours 5000 Units,	every 8 hours scheduled
		" , "	
	_	EParin (porcine) injection - Q12 Hours 5000 Units	
	Please weigh	it the risks/benefits of bleeding and clotting w	when selecting the dosing frequency
		r frequency is appropriate for most high blee patients also have high clotting risk in which	
	Active GI ulcer		
	Chronic use of NS		
-		g event requiring admission and/or transfusio	on
-	Prior intra-cramar		
-	Cirrhosis/hepatic f Prior intra-cranial		
	Active cancer	ioilure	
	Dual antiplatelet th	nerapy	
	Plt count < 100 K/		
	Renal impairment		
	Unstable Hgb		
-	Weight < 50 kg		
	Age ≥ 75		
	High Risk Bleedi	ng Characteristics	

Date/Time: Page 33 of 58

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

enoxaparii 40mg daily enoxaparii 30mg every 12 hours enoxaparii 40mg every 12 hours
40mg daily enoxaparii 30mg every 12 hours enoxaparii 40mg every 12 hours
30mg every 12 hours enoxaparii 40mg every 12 hours
every 12 hours enoxaparii 40mg every 12 hours
hours enoxaparii 40mg every 12 hours
enoxaparii 40mg every 12 hours
40mg every 12 hours
every 12 hours
hours
oosterolateral
oosterolateral
HIT) do NOT order th
CrCl LESS than 30

Admission Medicine (615)

<b>Version:</b> 34 <b>Gen:</b> 10/15/2025		
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled		
O Not high bleed risk		
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled		
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled		
O Rivaroxaban and Pharmacy Consult (Required)		
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis  For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.		
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:		
O warfarin (COUMADIN)		
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>		
O Medications		
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:  warfarin (COUMADIN) tablet 1, oral Indication:  Dose Selection Guidance:		

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 35 of 58

VTE Risk and Prophylaxis Tool		
Low Risk Definition	Definition Pharmacologic prophylaxis	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be
	must be addressed. Mechanical	addressed.
	prophylaxis is optional unless pharmacologic is	
	contraindicated.	
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions:	One or more of the following medical conditions:
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	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 Moderate or major surgery	History of PE
	(not for cancer)  Major surgery within 3 months of admission	

**Anticoagulation Guide for COVID patients** (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_ Page 36 of 58

Sign:	Printed Name:	<b>Date/Time:</b> Page 37 of 58
✓ Moderate Risk (Required)		
MODERATE Risk of VTE - Surgice  Moderate Risk (Pagnired)	cai (Kequirea)	
Low risk: ○ Due to low risk, r prophylaxis is needed. Will e	no VTE prophylaxis is needed. Will encourgae ea encourage early ambulation	rly ambulation ○ Due to low risk, no VTE
Low risk of VTE Once,		
✓ Low Risk (Required)		
Side: Bilateral Select Sleeve(s): LOW Risk of VTE (Required)		
Place/Maintain s	sequential compression device continuous Co	,
	ns exist for mechanical prophylaxis Once, Rouprophylaxis due to the following contraindication(s	
✓ Place sequential comp		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant o hylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
O High Risk - Patient currently	has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
<ul><li>Place/Maintain s</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Co	ontinuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Rouprophylaxis due to the following contraindication(s	s):
✓ Place sequential comp		
	n active order for therapeutic anticoagulant o hylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
O High Risk - Patient currently	has an active order for therapeutic anticoagu	ulant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	sequential compression device continuous Co	ontinuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Rou prophylaxis due to the following contraindication(s	s):
✓ Place sequential comp		
✓ Patient currently has a No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant o hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE (	•	
Side: Bilateral Select Sleeve(s):	ently has an active order for therapeutic antic	
	prophylaxis due to the following contraindication(sequential compression device continuous Co	,
	ns exist for mechanical prophylaxis Once, Rou	
✓ Place sequential comp	ression device	
Patient currently has a	n active order for therapeutic anticoagulant o hylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE (	Once, Routine	

 $\bigcirc$ 

 $\bigcirc$ 

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

\_ **Date/Time:** Page 38 of 58 **Printed Name:** 

H	High Risk Bleeding Characteristics
	Age <u>&gt;</u> 75
	Weight < 50 kg
	Unstable Hgb
	Renal impairment
	Plt count < 100 K/uL
	Oual antiplatelet therapy Active cancer
	Cirrhosis/hepatic failure
	Prior intra-cranial hemorrhage
	Prior ischemic stroke
	History of bleeding event requiring admission and/or transfusion
	Chronic use of NSAIDs/steroids
	Active GI ulcer
	O High Bleed Risk
	Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high
	bleeding risk patients also have high clotting risk in which every 8 hour frequency may be
	clinically appropriate.
	Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
	O <b>HEParin (porcine) injection - Q12 Hours</b> 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
	O Not high bleed risk
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
	warfarin (COUMADIN)
	O WITHOUT pharmacy consult 1 , oral, daily at 1700
	Indication:
	Dose Selection Guidance:
	○ Medications
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine
	Indication:
	☐ warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
☐ Med	chanical Prophylaxis (Required)
	Contraindications exist for mechanical prophylaxis Once, Routine
No	nechanical VTE prophylaxis due to the following contraindication(s):
_	Place/Maintain sequential compression device continuous Continuous, Routine
	de: Bilateral
Se	elect Sleeve(s):
$\bigcirc$ MODER	ATE Risk of VTE - Non-Surgical (Required)
✓ Mod	derate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
o	
_	✓ Moderate risk of VTE Once, Routine
V	Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
	O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device
	✓ Contraindications exist for pharmacologic prophylaxis Once, Routine
	No pharmacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

\_ **Date/Time:** Page 39 of 58

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

Printed Name: \_\_ Date/Time: Page 40 of 58

	10/10/2020	
	leeding Characteristics	
Age <u>&gt;</u> 75		
Weight < 50		
Unstable Hgt		
Renal impair		
Plt count < 10	<u> </u>	
Dual antiplate		
Active cance Cirrhosis/hep		
	anial hemorrhage	
Prior ischemi		
I	eeding event requiring admission and/or trans	fusion
Chronic use	of NSAIDs/steroids	1401011
Active GI ulco		
	<del></del>	
O Hig	h Bleed Risk	
	12 hour frequency is appropriate for most high	h bleeding risk patients. However.
some h	nigh bleeding risk patients also have high clotted may be clinically appropriate.	ting risk in which every 8 hour
Please frequer	weight the risks/benefits of bleeding and clot	ting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 500	
	O HEParin (porcine) injection - Q8 Hours 5000	0 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	
O	-	, subcutarieous, every o riours scrieduled
O warfarin (C	•	
Indication		
	election Guidance:	
	dications	
	✓ Pharmacy consult to manage warfarin (COU Indication:	UMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Mechanical Prophylaxis	(Required)	
	exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
Place/Maintain sed Side: Bilateral Select Sleeve(s):	quential compression device continuous Continue	ous, Routine
O HIGH Risk of VTE - Surgical	(Required)	
✓ High Risk (Required)		
✓ High risk of VTE ○	Once, Routine	
✓ High Risk Pharmacolog	ical Prophylaxis - Surgical Patient (Required)	
	exist for pharmacologic prophylaxis Once, Routi prophylaxis due to the following contraindication(s):	
	ENOX) for Prophylactic Anticoagulation (Required	
Sign:	Printed Name:	Date/Time:

Date/Time: Page 41 of 58

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

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

	40mg dally
100 to 139kg	enoxaparin
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT	
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min.	CI LESS than 30
O heparin	
High Risk Bleeding Characteristics	
$Age \ge 75$	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids Active GI ulcer	
Active Gi ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	
bleeding risk patients also have high clotting risk in which every 8 hour frequence	cy may be
clinically appropriate.	
Please weight the risks/henefits of bleeding and clotting when selecting the dos	ing frequency

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

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

**Printed Name:** Date/Time: Page 42 of 58

Sign:	Printed Name:	Date/Time:
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and rabdominal wall. Alternate injection site with each administration	•
O ENG	OXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous Indication(s):  Administer by deep subcutaneous injection into the left and rabdominal wall. Alternate injection site with each administration	right anterolateral or posterolateral
O EN	OXAPARIN 30 MG DAILY	11 14706 0 4
		hours
	GREATER THAN or EQUAL to 140kg	enoxapar 40mg every 12
		30mg every 12 hours
	LESS THAN 100kg	enoxapar 40mg dai enoxapar
	ommended doses by weight:  Weight	Dose
Patient rena	in for Prophylactic Anticoagulation Nonsurgical (Required II status: @CRCL@ with CrCl GREATER than or EQUAL to 30mL/min, en	•
No pharmacolo	ogic VTE prophylaxis due to the following contraindication(s):	
	macological Prophylaxis - Non-Surgical Patient (Required lications exist for pharmacologic prophylaxis Once, Routi	,
_	of VTE Once, Routine	
✓ High Risk (Requ	•	
O HIGH Risk of VTE - I	Non-Surgical (Required)	
<ul><li>Place/Mail</li><li>Side: Bilateral</li><li>Select Sleeve(s</li></ul>	ntain sequential compression device continuous Continuous s):	ous, Routine
	<b>lications exist for mechanical prophylaxis</b> Once, Routine I VTE prophylaxis due to the following contraindication(s):	
☐ Mechanical Pro	phylaxis (Required)	
	warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:	
	Pharmacy consult to manage warfarin (COUMADIN) Indication:	Until discontinued, Routine
	dications	
Indication	THOUT pharmacy consult 1 , oral, daily at 1700 on: election Guidance:	
O warfarin (0	COUMADIN)	
	O Wt LESS than or equal to 100 kg 5000 Units, subcutar	
	○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours s	cheduled

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HEParin (porcine) injection - Q12 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sched Wt LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous with LESS than or equal to 100 kg 5000 Units, every shours subcutaneous every shour	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled httll discontinued, Routine s, Routine cal Patient (Required)
HEParin (porcine) injection - Q8 Hours 5000 Units, every sigh bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with the policy of the	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled ntil discontinued, Routine s, Routine
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with the property of the	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled httl discontinued, Routine
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sched to Wt LESS than or equal to 100 kg 5000 Units, subcutaneous to UMADIN)  HOUT pharmacy consult 1, oral, daily at 1700 ection Guidance:  Cations  Pharmacy consult to manage warfarin (COUMADIN) Unitedication:  warfarin (COUMADIN) tablet 1, oral endication:  cose Selection Guidance:  Inylaxis (Required)  Seations exist for mechanical prophylaxis Once, Routine (TE prophylaxis due to the following contraindication(s):  Cargical (Hip/Knee) (Required)	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled httl discontinued, Routine
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with the continuous of	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled httl discontinued, Routine
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with the continuous of	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled httl discontinued, Routine
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with LESS than or equal to 100 kg 5000 Units, subcutaneous (DUMADIN)  HOUT pharmacy consult 1, oral, daily at 1700:  The ection Guidance:  The ection Guidance:  The warfarin (COUMADIN) tablet 1, oral endication:  The obse Selection Guidance:  The prophylaxis (Required)  The prophylaxis due to the following contraindication(s):	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled
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HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with LESS than or equal to 100 kg 5000 Units, subcutaneous DUMADIN) HOUT pharmacy consult 1, oral, daily at 1700: Election Guidance: Cations  Pharmacy consult to manage warfarin (COUMADIN) United ication:	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheen with LESS than or equal to 100 kg 5000 Units, subcutaneous DUMADIN) HOUT pharmacy consult 1, oral, daily at 1700: ection Guidance: cations  Pharmacy consult to manage warfarin (COUMADIN) Units	ery 12 hours scheduled y 8 hours scheduled eduled ous, every 8 hours scheduled
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sched Wt LESS than or equal to 100 kg 5000 Units, subcutaneous DUMADIN) HOUT pharmacy consult 1, oral, daily at 1700: ection Guidance:	ery 12 hours scheduled y 8 hours scheduled eduled
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HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk  Wt > 100 kg 7500 Units, subcutaneous, every 8 hours sche	ery 12 hours scheduled y 8 hours scheduled eduled
HEParin (porcine) injection - Q8 Hours 5000 Units, every high bleed risk	ery 12 hours scheduled y 8 hours scheduled
HEParin (porcine) injection - Q8 Hours 5000 Units, every	ery 12 hours scheduled
	ery 12 hours scheduled
) HEParin (norcine) injection - Q12 Hours 5000 Units ava	
veight the risks/benefits of bleeding and clotting when	selecting the dosing frequency
Bleed Risk 2 hour frequency is appropriate for most high bleeding risk patients also have high clotting risk in which ever appropriate.	ry 8 hour frequency may be
er	
of NSAIDs/steroids	
eding event requiring admission and/or transfusion	
anial hemorrhage c stroke	
atic failure	
elet therapy	
b	kg b ment 00 K/uL

O Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
O aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
Apixaban and Pharmacy Consult (Required)	
<b>☑</b> apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
Indications:   VTE prophylaxis	
✓ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
<ul> <li>ENOXAPARIN 30 MG DAILY</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):</li> </ul>	
Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration.	terolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min	
Oheparin	

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

**Labs Today** 

Hem	natology/Coagulation Today	
	☐ <b>CBC</b> Once, Routine, Blood, 3 CBC only; Does not include a differential	
(	☐ CBC and differential Once, Routine, Blood, 3	
(	☐ <b>Prothrombin time with INR</b> Once, Routine, Blood, 3	
	Partial thromboplastin time Once, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood	
	Anti Xa, unfractionated Once, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of bloo	
(	☐ Sedimentation rate Once, Routine, Blood, 3	
Che	emistry Today	
(	Albumin Once, Routine, Blood, 3	
[	Amylase Once, Routine, Blood, 3	
(	☐ Basic metabolic panel Once, Routine, Blood, 3	
(	NT-proBNP Once, Routine, Blood, 3	
(	CK total Once, Routine, Blood, 3	
(	☐ Comprehensive metabolic panel Once, Routine, Blood, 3	
(	☐ <b>Hemoglobin A1c</b> Once, Routine, Blood, 3	
(	☐ <b>Hepatic function panel</b> Once, Routine, Blood, 3	
( S	☐ Lactic acid level - ONE TIME ORDER ONLY Once, Routine, Blood, 3 SEPSIS PATIENTS:	
	***FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW OCCURRENCES***	THEN EVERY 3 HOURS FOR 3
(	Lipase Once, Routine, Blood, 3	
(	Lipid panel Once, Routine, Blood, 3	
(	☐ Magnesium Once, Routine, Blood, 3	
(	Phosphorus Once, Routine, Blood, 3	
(	Prealbumin Once, Routine, Blood, 3	
(	☐ <b>TSH</b> Once, Routine, Blood, 3	
(	T4, free Once, Routine, Blood, 3	
(	☐ <b>Uric acid</b> Once, Routine, Blood, 3	
(	☐ Urine drugs of abuse screen Once, Routine, Urine	
(	□ C-reactive protein Once, Routine, Blood, 3	
(	Procalcitonin Once, Routine, Blood, 3	
Card	diac	
(	☐ <b>Troponin T : STAT</b> STAT, 1, Occurrences, Routine, Blood, 3	
(	☐ Troponin T : Now and every 6 hours x 2 Now then every 6 hours, 2, Occurren	ices, Routine, Blood, 3
(	☐ Troponin T : Now and every 8 hours x 2 Now then every 8 hours, 2, Occurrent	
Micr	robiology	, , , , ,
(	☐ Blood culture, aerobic and anaerobic x 2	
	✓ Blood culture, aerobic and anaerobic x 2 Most recent Blood Culture results from the past 7 days:	
	@LASTPROCRESULT(LAB462)@	
	Sign: Printed Name:	Date/Time:
		Page 47 of 58

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

☑ Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used. 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. Urinalysis screen and microscopy, with reflex to culture Once, Routine, Urine, Not recommended for chronic Foley catheter patient or ESRD patient due to concerns of colonization Specimen Source: Urine Specimen Site: Specimen must be received in the laboratory within 2 hours of collection. Sputum culture Once, Routine, Sputum Respiratory Pathogen Panel with COVID-19 (Required) Respiratory pathogen panel with COVID-19 RT-PCR Once, Routine, Nasopharyngeal ✓ Isolation (Required) Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021. Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance. Airborne Isolation Airborne isolation status Continuous, Routine, Include eye protection Contact Isolation Contact isolation status Continuous, Routine, Include eye protection Influenza A and B, nucleic acid amplification Influenza A and B, nucleic acid amplification Once, Routine Specimen Source: ✓ **Droplet isolation status** Continuous, Routine Methicillin-Resistant Staphylococcus aureus (MRSA), NAA Methicillin-Resistant Staphylococcus aureus (MRSA), NAA Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. @LASTLAB(MRSAPCR)@ MRSA PCR has been ordered within 24 hours. Repeat testing is not indicated at this time. Until discontinued, Routine MRSA PCR has been ordered within the last 7 days. This test has shown to retain high negative predictive value within this time interval. @LASTLAB(MRSAPCR)@ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares This patient has a positive MRSA PCR result within the last 7 days. @LASTLAB(MRSAPCR)@ ☐ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares Methicillin-Resistant Staphylococcus aureus (MRSA), NAA @LASTLAB(MRSAPCR)@ Methicillin-resistant staphylococcus aureus (MRSA), NAA Once, Routine, Nares **Labs Tomorrow** Hematology/Coagulation Tomorrow ☐ CBC AM draw, 1, Occurrences, Routine, Blood, 3 CBC only; Does not include a differential

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☐ CBC with differential AM draw, 1, Occurrences, Routine, Blood, 3
Prothrombin time with INR AM draw, 1, Occurrences, Routine, Blood, 3
Partial thromboplastin time AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access othe than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
Anti Xa, unfractionated AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access othe than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.  Chemistry Tomorrow
☐ Albumin AM draw, 1, Occurrences, Routine, Blood, 3
Amylase AM draw, 1, Occurrences, Routine, Blood, 3
☐ Basic metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3
□ NT-proBNP AM draw, 1, Occurrences, Routine, Blood, 3
CK total AM draw, 1, Occurrences, Routine, Blood, 3
Comprehensive metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3
☐ Hepatic function panel AM draw, 1, Occurrences, Routine, Blood, 3
Lactic acid level - ONE TIME ORDER ONLY AM draw, 1, Occurrences, Routine, Blood, 3 SEPSIS PATIENTS:
***FOR ALL SEPSIS OR SUSPECTED SEPSIS CHANGE FREQUENCY TO: NOW THEN EVERY 3 HOURS FOR 3 OCCURRENCES***
Lipase AM draw, 1, Occurrences, Routine, Blood, 3
Lipid panel AM draw, 1, Occurrences, Routine, Blood, 3
☐ Magnesium AM draw, 1, Occurrences, Routine, Blood, 3
☐ Phosphorus AM draw, 1, Occurrences, Routine, Blood, 3
Prealbumin AM draw, 1, Occurrences, Routine, Blood, 3
☐ <b>TSH</b> AM draw, 1, Occurrences, Routine, Blood, 3
☐ <b>T4, free</b> AM draw, 1, Occurrences, Routine, Blood, 3
☐ <b>Uric acid</b> AM draw, 1, Occurrences, Routine, Blood, 3
☐ Urine drugs of abuse screen Once, S+1, Routine, Urine
Cardiology Cardiology
Cv exercise treadmill stress (no imaging) Once, Routine What stress agent will be used? Regadenoson Do you require imaging to be included? If yes, please select the appropriate imaging stress order: What stress agent will be used?
☐ ECG 12 lead - Routine Once, Routine, 6 Clinical Indications: ○ Chest Pain Interpreting Physician:
☐ ECG 12 lead - STAT Once, STAT, 6 Clinical Indications: ○ Chest Pain Interpreting Physician:

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	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:  If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.
	For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'
	Other Indications should be ordered for TODAY or Routine.
	For Discharge or Observation patient, please choose TODAY as Priority.
Imag MF	ing RI/MRA
	☐ 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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	MRI Brain W 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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

Sign:\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_ Date/Time:\_\_\_\_\_\_ Page 50 of 58

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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
MRCP exams patient should be NPO 6-8hrs prior to exam.
Patients needing IV sedation should be NPO 6-8hrs prior to exam.
Patients needed General Anesthesia should be NPO 8hrs prior to exam.
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
MRCP exams patient should be NPO 6-8hrs prior to exam.
Patients needing IV sedation should be NPO 6-8hrs prior to exam.
Patients needed General Anesthesia should be NPO 8hrs prior to exam.
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
MRA Head W 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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
MRCP exams patient should be NPO 6-8hrs prior to exam.
Patients needing IV sedation should be NPO 6-8hrs prior to exam.
Patients needed General Anesthesia should be NPO 8hrs prior to exam.
If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
MRA Head W 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.):

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	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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	MRA Neck W 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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
	MRA Neck W 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.): Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.  Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.
	MRCP exams patient should be NPO 6-8hrs prior to exam.
	Patients needing IV sedation should be NPO 6-8hrs prior to exam.
	Patients needed General Anesthesia should be NPO 8hrs prior to exam.
	If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.
СТ	-
	☐ 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.):

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☐ CT Head W 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.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
☐ CT 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.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
☐ CT Chest 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.): Patients with a known lodine contrast allergy will require review by the radiologist.
Fasting for this test is not required.
Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
Patients taking metformin may be asked to hold their metformin following their procedure.
Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.
☐ CT Abdomen with IV and PO Contrast (Omnipaque)  For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

\_ **Date/Time:** Page 53 of 58 **Printed Name:** 

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<b></b>	CT Abdomen	W	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.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

### iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300, once

\*\*FOR CT SCAN ONLY: Mix lohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.\*\*

#### ☐ CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

#### CT Abdomen Pelvis 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.):

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\*\*FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.\*\*

### ☐ CT Abdomen and Pelvis without IV Contrast (oral only - Readi-Cat)

Ordered as secondary option for those with iodine allergies.

# ✓ CT Abdomen Pelvis 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.):

Patients with a known lodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

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Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension 2 , once in imaging

# ☐ CT Pelvis W Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

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	м.	G	Pelvis	W	Contrast	Ή	time	imadind.	Routine

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#### ☐ CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Readi-Cat (barium sulfate).

#### CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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### ☐ CT Abdomen and Pelvis without IV Contrast (oral only - Readi-Cat)

Ordered as secondary option for those with iodine allergies.

# ✓ CT Abdomen Pelvis 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.):

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barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension 2 , once in imaging

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Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

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Admission Medicine (615)

# Version: 34 Gen: 10/15/2025 X-Ray ☐ 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.): Chest 1 Vw Portable 1 time imaging, 1, Occurrences, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ☐ 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 2 Vw 1 time imaging, 1, Occurrences, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): ☐ Abdomen 2 Vw Ap W Upright And/Or Decubitus 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.): ☐ Abdomen 2 Vw Ap W Upright And/Or Decubitus 1 time imaging, STAT Is the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): **Ultrasound** ☐ **US Abdomen Complete** 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): NPO 8 hours before exam. ☐ **US Gallbladder** 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): NPO 8 hours before exam. US Renal 1 time imaging, Routine Is the Ultrasound on a native kidney? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): US Pelvis Complete 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patient to drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder. Patient should have a full bladder. US Pelvic Non Ob Limited 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Patient to drink 32 ounces of water 45 minutes prior to exam. Do not empty bladder. Patient should have a full bladder. US Pelvic Transvaginal 1 time imaging, Routine Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): Pv carotid duplex 1 time imaging, Routine Laterality: Special protocol: Pv duplex arterial upper extremity 1 time imaging, Routine Laterality: Pv duplex arterial lower extremity 1 time imaging, Routine Laterality: Pv vascular screening 1 time imaging, Routine **Other Studies** Respiratory Respiratory

**Printed Name:** Date/Time:

	Oxygen therapy - NC 2 Lpm Continuous, Routine
	Device: ○ Nasal Cannula
	Rate in liters per minute: 2 lpm Titrate to keep O2 Sat Above: 92%
	Indications for O2 therapy: Hypoxemia
	Device:
	Indications for O2 therapy:
	Incentive spirometry instructions Once, Routine Frequency of use:
Reha	
Cons	sults
	HM IP MEDICATIONS - ADMISSION MEDICINE - PHARMACY CONSULT PANEL
	☐ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	☐ Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE) - with titration boluses Until discontinued, Routine
	Heparin Indication: Specify:
	Specify:
	Monitoring: Standard Dose Protocol
	Standard Dose Frotocol
	- IF ORDERED, Initial Bolus (80 units/kg) with no maximum.
	- Consider in patients at risk for recurrent embolization. - Initial Infusion (18 units/kg/hr) with no maximum.
	- More aggressive titration with additional bolus and increase in heparin for sub-therapeutic monitoring levels.
	*See protocol for details*
	Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses Until discontinued, Routine Heparin Indication:
	Specify:
	Monitoring: Anti-Xa Low Dose Heparin Protocol
	- IF ORDERED, Initial bolus (60 units/kg) up to a max of 5,000 units Consider in patients at risk for bleeding.
	- Initial infusion (12 units/kg/hr) up to a max of 1,000 units/hr initially More conservative titration.
	*See protocol for details*
Co	onsult Pharmacy - Renal Dosing
	☐ Pharmacy consult to manage dose adjustments for renal function Until discontinued, Routine Adjust dose for:
	Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.
Mo	bbility Consults (Required)
	Consult to PT eval and treat Once, Routine Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility?
	Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Reason for PT?
	If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy
	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

Printed Name:

\_\_ Date/Time:\_\_\_ Page 57 of 58

Consult to OT eval and treat Once, Routine Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation( if values are very abnormal): Weight Bearing Status: Reason for OT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupations therapy
If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.
☐ Patient does not require PT or OT at this time Once, 1, Occurrences, Routine  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 to PT Wound Care Eval and Treat Once, Routine Special Instructions: Location of Wound? Reason for PT?
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? For requests after hours, call the house operator.
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: Reason for Consult: This is NOT for PT Wound Care Consult order.
Consult to Respiratory Therapy Once, Routine Reason for Consult? Reason for Consult?
Additional Orders

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