

Location: _____

General**Admission or Observation (Required)**☐ **Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

☐ **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.

☐ **Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

☐ **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.

☐ **Outpatient in a bed - extended recovery** Once, Routine

Admitting Physician:

Bed request comments:

Admission or Observation**Patient has active status order on file**☐ **Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

☐ **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: _____

☐ **Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

☐ **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.

☐ **Outpatient in a bed - extended recovery** Once, Routine

Admitting Physician:

Bed request comments:

Admission

Patient has active status order on file.

☐ **Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Admission or Observation (Required)

☐ **Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

☐ **Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

☐ **Outpatient in a bed - extended recovery** Once, Routine

Admitting Physician:

Bed request comments:

Admission or Observation

Patient has status order on file

☐ **Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

☐ **Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

☐ **Outpatient in a bed - extended recovery** Once, Routine

Admitting Physician:

Bed request comments:

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

Code Status

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

☒ **Code Status**

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

☐ **Full code** Continuous, Routine

Code Status decision reached by:

☐ **DNR (Do Not Resuscitate)** (Required)☒ **DNR (Do Not Resuscitate)** Continuous, Routine

Did the patient/surrogate require the use of an interpreter?

Did the patient/surrogate require the use of an interpreter?

Does patient have decision-making capacity?

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:

☐ **Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))** Continuous - Treatment Restrictions, Routine

I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.:

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

Isolation☐ **Airborne isolation status**☒ **Airborne isolation status** Continuous, Routine

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

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

☐ **Contact isolation status** Continuous, Routine

☐ **Droplet isolation status** Continuous, Routine

☐ **Enteric isolation status** Continuous, Routine

Precautions

☐ **Aspiration precautions** Continuous, Routine

☐ **Fall precautions** Continuous, Routine

Increased observation level needed:

☐ **Latex precautions** Continuous, Routine

☐ **Seizure precautions** Continuous, Routine

Increased observation level needed:

Nursing

Vital Signs

☐ **Vital signs** Per unit protocol, Routine

☐ **Pulse oximetry** Continuous, Routine

Current FIO2 or Room Air:

Telemetry Order

☐ **Telemetry**

☒ **Telemetry monitoring** Continuous, 3, Days, Routine

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

Reason for telemetry:

Reason?

☒ **Telemetry Additional Setup Information** Continuous, 3, Days, Routine

High Heart Rate (BPM): ☐ 120 ☐ 120.000

Low Heart Rate(BPM): ☐ 50 ☐ 50.000

High PVC's (per minute): ☐ 10 ☐ 10.000

High SBP(mmHg): ☐ 175 ☐ 175.000

Low SBP(mmHg): ☐ 100 ☐ 100.000

High DBP(mmHg): ☐ 95 ☐ 100.000

Low DBP(mmHg): ☐ 40 ☐ 95.000

Low Mean BP: ☐ 60 ☐ 60.000

High Mean BP: ☐ 120 ☐ 120.000

Low SPO2(%): ☐ 94 ☐ 94.000

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

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

☐ **Notify Physician (Specify)** Until discontinued, Routine

Diet

☐ **NPO** Diet effective now, Routine

NPO:

Pre-Operative fasting options:

An NPO order without explicit exceptions means nothing can be given orally to the patient.

☐ **Diet** Diet effective now, Routine

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Education

☐ **Patient education - asthma** Once, Routine

Patient/Family: ☐ Patient

Education for: ☐ Other (specify)

Specify: Asthma

☒ **Tobacco cessation education** Once, Routine, If environmental exposure to smoke or has smoked within the past 12 months

IV Fluids**Peripheral IV Access**

☒ **Initiate and maintain IV**

☒ **Insert peripheral IV** Once, Routine

☒ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care

☒ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

IV Bolus

☐ **electrolyte-A (PLASMA-LYTE A) bolus** 500 mL, intravenous, once, 1, Occurrences

☐ **electrolyte-A (PLASMA-LYTE A) bolus** 1000 mL, intravenous, once, 1, Occurrences

☐ **albumin human 5 % bottle** 12.5 g, intravenous, once, 15.000 Minutes

Indication:

☐ **albumin human 5 % bottle** 25 g, intravenous, once, 30.000 Minutes

Indication:

☐ **sodium chloride 0.9 % bolus 500 mL** 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes

☐ **sodium chloride 0.9 % bolus 1000 mL** 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes

☐ **lactated ringer's bolus 500 mL** 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes

☐ **lactated ringers bolus 1000 mL** 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes

Maintenance IV Fluids

☐ **sodium chloride 0.9 % infusion** 75 mL/hr, intravenous, once, 1, Occurrences

☐ **lactated Ringer's infusion** 75 mL/hr, intravenous, once, 1, Occurrences

☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 75 mL/hr, intravenous, continuous

☐ **sodium chloride 0.45 % infusion** 75 mL/hr, intravenous, continuous

☐ **sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** 75 mL/hr, intravenous, continuous

Medications**Bronchodilators**

☐ **albuterol (PROVENTIL) nebulizer solution** 2.5 mg, nebulization, Respiratory Therapy - every 6 hours, Record peak flow before and after treatment., wheezing

shortness of breath

Aerosol Delivery Device:

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

☐ **albuterol (PROVENTIL) nebulizer solution** 2.5 mg, nebulization, every 6 hours PRN, wheezing

shortness of breath

Aerosol Delivery Device:

☐ **ipratropium (ATROVENT) 0.02 % nebulizer solution** 0.5 mg, nebulization, Respiratory Therapy - every 6 hours

Aerosol Delivery Device:

☐ **ipratropium (ATROVENT) 0.02 % nebulizer solution** 0.5 mg, nebulization, every 6 hours PRN, wheezing

shortness of breath

Aerosol Delivery Device:

Anticholinergic Agents

☐ **tiotropium (SPIRIVA) 18 mcg per inhalation capsule** 1 capsule, inhalation, Respiratory Therapy - Daily

Corticosteroids

☐ **methyLPREDNISolone sodium succinate (Solu-MEDROL) injection** 40 mg, intravenous, every 12 hours

Until peak expiratory flow reaches 70% of predicted or personal best.

☐ **predniSONE (DELTASONE) tablet** 40 mg, oral, 2 times daily

Give with food or snacks.

☐ **budesonide (PULMICORT) nebulizer solution** 0.25 mg, nebulization, Respiratory Therapy - 2 times daily

Leukotriene Receptor Antagonists

☐ **montelukast (SINGULAIR) tablet** 10 mg, oral, daily

Medication PRN

☐ **albuterol (PROVENTIL HFA; VENTOLIN HFA) inhaler** 2 puff, inhalation, every 6 hours PRN, wheezing

shortness of breath

☐ **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

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

VTE Risk and Prophylaxis Tool (Required)

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

Anticoagulation Guide for COVID patients (<https://formweb.com/files/houstonmethodist/documents/COVID-19>)

Anticoagulation Guideline - 8.20.2021v15.pdf)

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

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

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

Low risk: ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

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

☒ **Moderate Risk** (Required)

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

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

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

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

- ☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

- ☐ **Medications**

- ☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

- ☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

- ☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

- ☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk** (Required)

- ☒ **High risk of VTE** Once, Routine

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

- ☐ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

- ☐ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

- ☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

- ☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

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

- ☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

- ☐ **heparin**

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

- ☐ **High Bleed Risk**

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

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

- ☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

- ☐ **Not high bleed risk**

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

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

- ☐ **warfarin (COUMADIN)**

- ☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

- ☐ **Medications**

- ☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

- ☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- ☐ **Mechanical Prophylaxis (Required)**

- ☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

- ☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

- ☒ **High risk of VTE** Once, Routine

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

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

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

- ☐ **aspirin chewable tablet** 162 mg, daily, S+1
- ☐ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
- ☐ **Apixaban and Pharmacy Consult** (Required)

☒ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1

Indications: ○ VTE prophylaxis

☒ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

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

☒ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)

Indications: ☐ VTE prophylaxis

For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

☒ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy** Until discontinued, STAT

Indications: VTE prophylaxis

Indication:

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients (<https://formweb.com/files/houstonmethodist/documents/COVID-19>)

Anticoagulation Guideline - 8.20.2021v15.pdf)

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

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

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

Low risk: ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

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

☒ **Moderate Risk** (Required)

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

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

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

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

High Risk Bleeding CharacteristicsAge $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

☐ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
☐ **Not high bleed risk**
☐ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

☐ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled
☐ **warfarin (COUMADIN)**
☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**
☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**
☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

☐ **Moderate Risk of VTE - Non-Surgical (Required)**
☒ **Moderate Risk (Required)**
☒ **Moderate risk of VTE** Once, Routine

☒ **Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**
☐ **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**
☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

- ☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

- ☐ **Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

- ☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

- ☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

- ☐ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

- ☐ **ENOXAPARIN 30 MG DAILY**

- ☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

- ☐ **ENOXAPARIN SQ DAILY**

- ☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

- ☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

- ☐ **heparin**

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

High Risk Bleeding CharacteristicsAge $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

☐ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
☐ **Not high bleed risk**
☐ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

☐ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled
☐ **warfarin (COUMADIN)**
☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**
☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**
☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

☒ **High Risk (Required)**
☒ **High risk of VTE** Once, Routine
☒ **High Risk Pharmacological Prophylaxis - Surgical Patient (Required)**
☐ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

- ☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

- ☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

- ☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

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

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

- ☒ **High Risk** (Required)

- ☒ **High risk of VTE** Once, Routine

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

- ☐ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

- ☐ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

- ☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

- ☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

- ☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

- ☐ **heparin**

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

High Risk Bleeding CharacteristicsAge $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

☐ **HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
☐ **Not high bleed risk**
☐ **Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled

☐ **Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled
☐ **warfarin (COUMADIN)**
☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**
☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

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

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

☒ **High Risk (Required)**
☒ **High risk of VTE** Once, Routine
☒ **High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)**
☐ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

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

☐ **Apixaban and Pharmacy Consult (Required)**
☒ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ☐ VTE prophylaxis
☒ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT

Indications: VTE prophylaxis

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

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

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

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients (<https://formweb.com/files/houstonmethodist/documents/COVID-19>)

Anticoagulation Guideline - 8.20.2021v15.pdf)

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

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

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

Low risk: ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation ☐ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

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

☒ **Moderate Risk** (Required)

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

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

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

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

☒ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

- ☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

- ☐ **Medications**

- ☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

- ☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

- ☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

- ☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk** (Required)

- ☒ **High risk of VTE** Once, Routine

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

- ☐ **Contraindications exist for pharmacologic prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis due to the following contraindication(s):

- ☐ **Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

- ☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

- ☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

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

- ☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily

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

- ☐ **heparin**

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

- ☐ **High Bleed Risk**

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

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

- ☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

- ☐ **Not high bleed risk**

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

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

- ☐ **warfarin (COUMADIN)**

- ☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

- ☐ **Medications**

- ☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

- ☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- ☐ **Mechanical Prophylaxis (Required)**

- ☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

- ☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

- ☒ **High risk of VTE** Once, Routine

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

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

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

- ☐ **aspirin chewable tablet** 162 mg, daily, S+1
- ☐ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
- ☐ **Apixaban and Pharmacy Consult** (Required)

☒ **apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1

Indications: ○ VTE prophylaxis

☒ **Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

☒ **enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

☒ **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

☐ **fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

☐ **HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled

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

☐ **Not high bleed risk**

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

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

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

☒ **rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission** 10 mg, daily at 0600 (TIME CRITICAL)

Indications: ☐ VTE prophylaxis

For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.

☒ **Pharmacy consult to monitor rivaroxaban (XARELTO) therapy** Until discontinued, STAT

Indications: VTE prophylaxis

Indication:

☐ **warfarin (COUMADIN)**

☐ **WITHOUT pharmacy consult** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

☐ **Medications**

☒ **Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine

Indication:

☐ **warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

☐ **Contraindications exist for mechanical prophylaxis** Once, Routine

No mechanical VTE prophylaxis due to the following contraindication(s):

☒ **Place/Maintain sequential compression device continuous** Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Labs

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

Labs

- ☐ **CBC and differential** Once, Routine, Blood, 3
- ☐ **Eosinophil smear** Once, Routine, Sputum
- ☐ **Basic metabolic panel** Once, Routine, Blood, 3
- ☐ **Comprehensive metabolic panel** Once, Routine, Blood, 3
- ☐ **Electrolyte panel** Once, Routine, Blood, 3
- ☐ **Theophylline level** Once, Routine, Blood, 3
- ☐ **Phosphorus** Once, Routine, Blood, 3
- ☐ **Magnesium** Once, Routine, Blood, 3
- ☐ **Blood gas, arterial** Once, Routine, Blood, 3

Microbiology

- ☐ **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)@

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.
- ☐ **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
- ☐ **Sputum culture** Once, Routine, Sputum
- ☐ **Gram stain only** Once, Routine
- ☐ **Legionella urinary antigen** Once, Routine, Urine
- ☐ **Streptococcus pneumoniae urinary antigen** Once, Routine, Urine

Cardiology

EKG

- ☐ **ECG 12 lead** Once, Routine, 6
- Clinical Indications: ◦ Shortness of Breath
Interpreting Physician:

Diagnostic Imaging

X-Ray

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

☐ **X-ray chest 2 views** 1 time imaging, 1, Occurrences, 1, Routine

Is the patient pregnant?

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

☐ **X-ray chest 1 view** 1 time imaging, 1, Occurrences, 1, Routine

Is the patient pregnant?

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

Other Diagnostic Studies

Respiratory

Respiratory

☐ **Peak flow** Once, Routine, Check before and after nebulizer treatments

☐ **Oxygen therapy nasal cannula 2 Lpm** Continuous, Routine

Device: ☐ Nasal Cannula

Rate in liters per minute: 2 Lpm

Titrate to keep O2 Sat Above: ☐ 90% ☐ 92%

Device:

Indications for O2 therapy:

Rehab

Consults

Ancillary Consults

☐ **Consult to Case Management** Once, Routine

Consult Reason:

Reason for Consult?

☐ **Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

☐ **Consult PT eval and treat** Once, Routine

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

☐ **Consult to PT Wound Care Eval and Treat** Once, Routine

Special Instructions:

Location of Wound?

Reason for PT?

☐ **Consult 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 occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

☐ **Consult to Nutrition Services** Once, 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.

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

☐ **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?

This is NOT for PT Wound Care Consult order.

☐ **Consult to Respiratory Therapy** Once, Routine

Reason for Consult?

Reason for Consult?

Additional Orders

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