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 notes, I expect that the patient will need hos	t clinical judgment and the patient's condition as documented in the HP and progress spital services for two or more midnights.
notes, I expect that the patient will need how To reach the team taking care of this patien	t clinical judgement and the patient's condition as documented in the HP and progress spital services for two or more midnights. It please call the University Teaching Service Answering Service at (713) 363-9648 and be paged. The team name is listed in both "Treatment Teams" and "Notes from
Outpatient observation services und Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	ler general supervision Once, Routine
Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patien	es under general supervision Once, Routine  It please call the University Teaching Service Answering Service at (713) 363-9648 and to be paged. The team name is listed in both "Treatment Teams" and "Notes from the erview tab of Epic.
Outpatient in a bed - extended recove Admitting Physician: Bed request comments:	very Once, Routine
Admission or Observation  Patient has active status order on file	
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best notes, I expect that the patient will need hos	t clinical judgment and the patient's condition as documented in the HP and progress spital services for two or more midnights.
Admit to IP- University Teaching Ser Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best notes, I expect that the patient will need hos To reach the team taking care of this patien	vice Once, Routine  t clinical judgement and the patient's condition as documented in the HP and progress spital services for two or more midnights.  It please call the University Teaching Service Answering Service at (713) 363-9648 and to be paged. The team name is listed in both "Treatment Teams" and "Notes from

Sign:\_\_\_\_\_ Printed Name:\_\_\_\_

\_\_ **Date/Time:** Page 1 of 42

Outpatient observation services Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	
<ul> <li>UTS - Outpatient observation se</li> <li>Admitting Physician:</li> <li>Resident Physician:</li> <li>Resident team assignment:</li> <li>Patient Condition:</li> <li>Bed request comments:</li> </ul>	rvices under general supervision Once, Routine	9
To reach the team taking care of this pa	atient please call the University Teaching Service A ent to be paged. The team name is listed in both " NOverview tab of Epic.	
Outpatient in a bed - extended re Admitting Physician: Bed request comments:	ecovery Once, Routine	
Admission	en -	
Patient has active status order on		
notes, I expect that the patient will need	ne best clinical judgment and the patient's condition a d hospital services for two or more midnights.	as documented in the HP and progress
Admission or Observation (Required)		
	ne best clinical judgment and the patient's condition a d hospital services for two or more midnights.	as documented in the HP and progress
Outpatient observation services Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	
Outpatient in a bed - extended re Admitting Physician: Bed request comments: Admission or Observation Patient has status order on file	ecovery Once, Routine	
	ne best clinical judgment and the patient's condition a d hospital services for two or more midnights.	as documented in the HP and progress
Outpatient observation services Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	under general supervision Once, Routine	
Outpatient in a bed - extended re Admitting Physician: Bed request comments:	ecovery Once, Routine	
0!	Dutate d News	Data /Time
Sign:	Printed Name:	<b>Date/Time:</b> Page 2 of 42
		3

Asthma Adult Admission (675)

Version: 11 Gen: 10/15/2025
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:
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:
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.

☐ Airborne isolation status

Isolation

✓ Airborne isolation status Continuous, Routine

Date/Time: Page 3 of 42 **Printed Name:** 

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.

	Mycobacterium tuberculosis Once, Routine	by PCR - If you suspect Tuberculosis, please	e order this test for rapid diagnostics.
	Contact isolation status Continuou	us, Routine	
	Droplet isolation status Continuou	s, Routine	
	Enteric isolation status Continuou	s, Routine	
Precaut	ions		
	Aspiration precautions Continuous	s, Routine	
	Fall precautions Continuous, Routi ased observation level needed:	ine	
	_atex precautions Continuous, Ro	utine	
Incre	Seizure precautions Continuous, Frased observation level needed:	Routine	
Nursing	una.		
Vital Sig	<b>ıns</b> <b>Vital signs</b> Per unit protocol, Routir		
	Pulse oximetry Continuous, Routinent FIO2 or Room Air:	le .	
Telemet	ry Order		
	Telemetry		
	▼ Telemetry monitoring Continue Order: Place in Centralized Telemet Can be off of Telemetry for baths? \ Can be off for transport and tests? \ Reason for telemetry: Reason?	try Monitor: EKG Monitoring Only (Telemetry Box Yes	x)
	Telemetry Additional Setup Ir High Heart Rate (BPM): ○ 120 ○ 12 Low Heart Rate(BPM): ○ 50 ○ 50.00 High PVC's (per minute): ○ 10 ○ 10 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	00 .000 )	
Nursing	` '		
	Daily weights Daily, Routine		
	ntake and Output Qshift Every sh	ift, Routine	
	Nasogastric tube insert and main	tain	
	Nasogastric tube insertion Of Type:	nce, Routine	
	Nasogastric tube maintenand Tube Care Orders:	e Until discontinued, Routine	
	nsert and maintain Foley		
	✓ Insert Foley catheter Once, R Type: Size: Urinometer needed: Indication: Foley catheter may be removed per	r nursing protocol.	
	✓ Foley Catheter Care Until disconders: Maintain hysician	continued, Routine	
	Sign:	Printed Name:	Date/Time:

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Notify Physician (Specify) Until discontinued, Routine
Diet
NPO:
Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient.
<ul> <li>Diet Diet effective now, Routine 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>
Education
<ul> <li>□ Patient education - asthma Once, Routine</li> <li>Patient/Family: ○ Patient</li> <li>Education for: ○ Other (specify)</li> <li>Specify: Asthma</li> </ul>
✓ 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
O electrolyte-A (PLASMA-LYTE A) bolus 500 mL, intravenous, once, 1, Occurrences
electrolyte-A (PLASMA-LYTE A) bolus 1000 mL, intravenous, once, 1, Occurrences
O albumin human 5 % bottle 12.5 g, intravenous, once, 15.000 Minutes Indication:
○ <b>albumin human 5 % bottle</b> 25 g, intravenous, once, 30.000 Minutes Indication:
O sodium chloride 0.9 % bolus 500 mL 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
O sodium chloride 0.9 % bolus 1000 mL 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes
O lactated ringer's bolus 500 mL 500 mL, intravenous, once, 1, Occurrences, 15.000 Minutes
O lactated ringers bolus 1000 mL 1000 mL, intravenous, once, 1, Occurrences, 30.000 Minutes  Maintenance IV Fluids
O sodium chloride 0.9 % infusion 75 mL/hr, intravenous, once, 1, Occurrences
○ 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 infusion 75 mL/hr, intravenous, continuou
O sodium chloride 0.45 % infusion 75 mL/hr, intravenous, continuous
O 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:

Printed Name:

\_\_ **Date/Time:** Page 5 of 42

Version: 11 Gen: 10/15/2025
☐ 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
O 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:\_\_\_\_\_\_ Page 6 of 42

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 7 of 42

`	ວາສ	i iiileu Naille	Page 8 of 42
	Sian	Printed Name:	Date/Time:
_	ate Risk (Required)		
	E Risk of VTE - Surgical (Re		
Low r	ow risk of VTE Once, Routi isk: ○ Due to low risk, no VTI ylaxis is needed. Will encour	E prophylaxis is needed. Will encourga	ae early ambulation ○ Due to low risk, no VTE
_	sk (Required)		
LOW Risk	of VTE (Required)		
	Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuo	ous Continuous, Routine
		ist for mechanical prophylaxis Once ylaxis due to the following contraindica	
<b>☑</b> P	lace sequential compressi		- Davidina
Thera	py for the following:	,	peulo amicoagulation foi other indication.
			lant or VTE prophylaxis Once, Routine apeutic anticoagulation for other indication.
<b>✓</b> H	ligh risk of VTE Once, Rout	ine	
O High R	isk - Patient currently has	an active order for therapeutic antic	coagulant or VTE prophylaxis (Required)
	Side: Bilateral Select Sleeve(s):	ential compression device continuo	ous Continuous, Routine
	No mechanical VTE prophy	ist for mechanical prophylaxis Once ylaxis due to the following contraindica	ation(s):
<b>☑</b> P	lace sequential compressi		
No ph Thera	narmacologic VTE prophylaxiopy for the following:	is because: patient is already on thera	lant or VTE prophylaxis Once, Routine apeutic anticoagulation for other indication.
_	ligh risk of VTE Once, Routi		
_	•	·	coagulant or VTE prophylaxis (Required)
	Side: Bilateral Select Sleeve(s):	ential compression device continuo	
	No mechanical VTE prophy	ylaxis due to the following contraindica	ation(s):
		ist for mechanical prophylaxis Once	e Routine
Thera	narmacologic v i ⊨ prophylax ppy for the following: lace sequential compressi	•	apeutic anticoagulation for other indication.
<b>✓</b> P	atient currently has an act	ive order for therapeutic anticoagul	lant or VTE prophylaxis Once, Routine
_	loderate risk of VTE Once,	·	anticoagulant or VTE prophylaxis (Required
O Madar	Side: Bilateral Select Sleeve(s):	·	
		ential compression device continuo	
	○ Contraindications ex	ist for mechanical prophylaxis Once ylaxis due to the following contraindica	
	lace sequential compressi	on device	
_	py for the following:		

 $\bigcirc$ 

 $\bigcirc$ 

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - 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):	
✓ 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):	
<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 following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxapari 40mg dail
100 to 139kg	enoxapari
	30mg
	every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari
	40mg
	every 12 hours
	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 pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
Ofondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 lf the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (Ithis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of mL/min.	
O heparin	

\_ Date/Time: Page 9 of 42 **Printed Name:** 

High Risk Bleeding	Characteristics
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet the	ару
Active cancer	
Cirrhosis/hepatic fail	
Prior intra-cranial he	<u> </u>
Prior ischemic stroke	
	event requiring admission and/or transfusion
Chronic use of NSAI	Ds/steroids
Active GI ulcer	
O High Bleed F	Risk
	requency is appropriate for most high bleeding risk patients. However, some high
	atients also have high clotting risk in which every 8 hour frequency may be
clinically approp	priate.
Please weight t	he risks/benefits of bleeding and clotting when selecting the dosing frequency.
	arin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	arin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high blee	ed risk
○ Wt >	100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt L	ESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (COUMAD	IN)
,	
Indication:	narmacy consult 1 , oral, daily at 1700
Dose Selection G	uidance:
O Medications	and the second s
_	
	macy consult to manage warfarin (COUMADIN) Until discontinued, Routine
Indication	
uarfa warfa	arin (COUMADIN) tablet 1 , oral
Indication	
Dose Sele	ection Guidance:
	Required)
○ Contraindications €	exist for mechanical prophylaxis Once, Routine
	hylaxis due to the following contraindication(s):
Place/Maintain sequence	uential compression device continuous Continuous, Routine
Side: Bilateral	
Select Sleeve(s):	
MODERATE Risk of VTE - No	n-Surgical (Required)
✓ Moderate Risk Pharmaco	ological Prophylaxis - Non-Surgical Patient (Required)
✓ Moderate Risk (Req	
	k of VTE Once, Routine
_	
_	macological Prophylaxis - Non-Surgical Patient (Required)
	tions exist for pharmacologic prophylaxis - Order Sequential compression device
	raindications exist for pharmacologic prophylaxis Once, Routine
No pharm	nacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

\_\_ Date/Time:\_\_\_ Page 10 of 42

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
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
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolatera
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min	
O heparin	

\_\_ Date/Time: Page 11 of 42 Printed Name:

	10/10/11/10/10/2020		
	Bleeding Characteristics		
Age ≥ 75	(O. k.a.		
Weight < 5 Unstable F			
Renal imp			
Plt count <			
	Dual antiplatelet therapy		
Active can			
Cirrhosis/h	nepatic failure		
	cranial hemorrhage		
	emic stroke		
History of	bleeding event requiring admission and/or transfusio	n	
	se of NSAIDs/steroids		
Active GI	ılcer		
$\sim$			
	High Bleed Risk	ading vials nationts. However	
som	ry 12 hour frequency is appropriate for most high ble e high bleeding risk patients also have high clotting ruency may be clinically appropriate.		
ПОЧ	action that be difficulty appropriate.		
	se weight the risks/benefits of bleeding and clotting uency.	when selecting the dosing	
	O HEParin (porcine) injection - Q12 Hours 5000 Un	nits, every 12 hours scheduled	
	O HEParin (porcine) injection - Q8 Hours 5000 Unit	s. every 8 hours scheduled	
	Not high bleed risk	,,	
$\circ$ 1			
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hou	urs scheduled	
	O Wt LESS than or equal to 100 kg 5000 Units, sub	cutaneous, every 8 hours scheduled	
O warfarin	(COUMADIN)		
$\circ$ 1	NITHOUT pharmacy consult 1 , oral, daily at 1700		
	ation:		
Dose	Selection Guidance:		
$\circ$ 1	Medications		
	✓ Pharmacy consult to manage warfarin (COUMAL	OIN) Until discontinued. Routine	
	Indication:	one, characteristics, resulting	
	☐ warfarin (COUMADIN) tablet 1 , oral		
	Indication:		
	Dose Selection Guidance:		
Mechanical Prophyla	xis (Required)		
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):		
Side: Bilateral	sequential compression device continuous Continuous, I	Routine	
Select Sleeve(s):			
HIGH Risk of VTE - Surgi	cal (Required)		
✓ High Risk (Required)			
High risk of VT	Ē Once, Routine		
High Risk Pharmaco	logical Prophylaxis - Surgical Patient (Required)		
	ons exist for pharmacologic prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):		
O Enoxaparin (LC Patient renal sta	OVENOX) for Prophylactic Anticoagulation (Required) tus: @CRCL@		
Cian.	Drinted Name	Doto/Time:	
Sign:	Printed Name:	<b>Date/Time:</b> Page 12 of 42	

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 posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	de colodore l
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min.	
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	
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 frequency clinically appropriate.  Please weight the risks/benefits of bleeding and clotting when selecting the dose.	cy may be
PIECE MAIDIT THE FICKE/DATIFE OF DIADAINA AND CIOTINA WHAD CAIDAIN THE AGE	IDO TECNICONOV

○ HEParin ( <sub> </sub>	porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
○ HEParin ( <sub> </sub>	porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed ris	k

Sign: Printed Name: Date/Time:

	○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneou	s, every 8 hours scheduled	
	O Wt LESS than or equal to 100 kg 50	วิ0 Units, subcutaneous, every 8 hศ	ours scheduled
O warfarin	(COUMADIN)		
Indicat	THOUT pharmacy consult 1 , oral, daily at ion: Selection Guidance:	1700	
Оме	edications		
	Pharmacy consult to manage warfa Indication: warfarin (COUMADIN) tablet 1, oral	rin (COUMADIN) Until discontinue	d, Routine
	Indication: Dose Selection Guidance:		
☐ Mechanical Pro	pphylaxis (Required)		
	dications exist for mechanical prophylaxial VTE prophylaxis due to the following contr		
<ul><li>Place/Ma</li><li>Side: Bilateral</li><li>Select Sleeve</li></ul>		ntinuous Continuous, Routine	
O HIGH Risk of VTE -	Non-Surgical (Required)		
✓ High Risk (Req	uired)		
✓ High risk	of VTE Once, Routine		
High Risk Phar	macological Prophylaxis - Non-Surgical	Patient (Required)	
○ <b>Contrain</b> No pharmacol	dications exist for pharmacologic prophy ogic VTE prophylaxis due to the following co	laxis Once, Routine ontraindication(s):	
	rin for Prophylactic Anticoagulation Nons al status: @CRCL@	surgical (Required)	
	with CrCl GREATER than or EQUAL toommended doses by weight:	o 30mL/min, enoxaparin orde	rs will apply the
	Weight		Dose
	LESS THAN 10		enoxapar 40mg dai
	100 to 139k	g	enoxapar 30mg every 12 hours
	GREATER THAN or EQ	UAL to 140kg	enoxapar 40mg every 12 hours
O EN	IOXAPARIN 30 MG DAILY		
	<ul> <li>✓ enoxaparin (LOVENOX) injection 30 Indication(s):</li> <li>Administer by deep subcutaneous injection abdominal wall. Alternate injection site with</li> </ul>	n into the left and right anterolatera	
○ EN	IOXAPARIN SQ DAILY	caon auministration.	
○ EI		houtaneous S±1	
	enoxaparin (LOVENOX) injection su Indication(s): Administer by deep subcutaneous injection abdominal wall. Alternate injection site with	n into the left and right anterolatera	l or posterolateral
Sign:	Printed Nan	10:	Date/Time:

\_ Date/Time: Page 14 of 42

If the patient does not hat this medication. Contrain 30 mL/min.	XTRA) injection 2.5 mg, subcutaneous, daily ave a history of or suspected case of Heparin-Inducindicated in patients LESS than 50kg, prior to surge	
O heparin		
High Risk Bleeding	g Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/ul		
Dual antiplatelet the	erapy	
Active cancer		
Cirrhosis/hepatic fai	ilure	
Prior intra-cranial he	emorrhage	
Prior ischemic strok		
History of bleeding	event requiring admission and/or transfusion	1
Chronic use of NSA	IDs/steroids	
Active GI ulcer		
	frequency is appropriate for most high bleed atients also have high clotting risk in which e	
Please weight	the risks/benefits of bleeding and clotting wh	nen selecting the dosing frequency.
	Parin (porcine) injection - Q12 Hours 5000 Units,	
		•
○ HEP	Parin (porcine) injection - Q8 Hours 5000 Units, e	very 8 hours scheduled
O Not high ble	eed risk	
○ Wt >	▶ 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
	<b>LESS than or equal to 100 kg</b> 5000 Units, subcuta	
		ineous, every o nours scheduled
O warfarin (COUMAD	,	
○ <b>WITHOUT p</b> Indication: Dose Selection G	harmacy consult 1 , oral, daily at 1700 Guidance:	
○ Medications	6	
Phail Indication	rmacy consult to manage warfarin (COUMADIN) n:	Until discontinued, Routine
Indication	farin (COUMADIN) tablet 1 , oral n: lection Guidance:	
☐ Mechanical Prophylaxis	(Required)	
○ Contraindications	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):	
Place/Maintain seq Side: Bilateral Select Sleeve(s):	quential compression device continuous Continu	uous, Routine
O HIGH Risk of VTE - Surgical	(Hip/Knee) (Required)	
✓ <b>High Risk</b> (Required)	, , , ,	
	nos Doutine	
<ul><li>✓ High risk of VTE ○</li><li>✓ High Risk Pharmacologi</li></ul>	nce, Routine cal Prophylaxis - Hip or Knee (Arthroplasty) Sui	rgical Patient (Required)
Sign:	Printed Name:	Date/Time:

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Version: 11 Gen. 10/13/2023	
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	
O aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
O 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	
O Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
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 (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min	
○ heparin	

Date/Time: Page 16 of 42 Sign:\_\_ **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.
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
○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, every 8 hours scheduled
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>
○ 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):

Printed Name:

\_\_ Date/Time:\_ Page 17 of 42

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 18 of 42 Sign: Printed Name:

	gn:	Printed Name:	Date/Time:
✓ Moderate	Risk (Required)		
_	k of VTE - Surgical (Required)	)	
prophyla	axis is needed. Will encourage	early ambulation	
Low risk			early ambulation ○ Due to low risk, no VTE
✓ Low Risk	(Required)		
LOW Risk of	VTE (Required)		
5	Place/Maintain sequentia Bide: Bilateral Belect Sleeve(s):	I compression device continuous (	Continuous, Routine
		or mechanical prophylaxis Once, Ros due to the following contraindication	
✓ Pla	ce sequential compression d	evice	
No phar		order for therapeutic anticoagulant cause: patient is already on therapeut	or VTE prophylaxis Once, Routine tic anticoagulation for other indication.
	h risk of VTE Once, Routine		
_	•	ctive order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
9	Side: Bilateral Select Sleeve(s):	I compression device continuous (	
	No mechanical VTE prophylaxis	or mechanical prophylaxis Once, Ros due to the following contraindication	n(s):
✓ Pla	ce sequential compression d	evice	
No phar		order for therapeutic anticoagulant cause: patient is already on therapeur	or VTE prophylaxis Once, Routine tic anticoagulation for other indication.
✓ Hig	h risk of VTE Once, Routine		
O High Ris	k - Patient currently has an a	ctive order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
5	Place/Maintain sequential Bide: Bilateral Belect Sleeve(s):	I compression device continuous (	Continuous, Routine
		s due to the following contraindication	
		<b>evice</b> or mechanical prophylaxis Once, Ro	outine
Therapy	ofor the following:		-
✓ Pat	ient currently has an active o	order for therapeutic anticoagulant	or VTE prophylaxis Once, Routine tic anticoagulation for other indication.
_	e Risk - Patient currently has derate risk of VTE Once, Rout	•	icoagulant or VTE prophylaxis (Required)
	Side: Bilateral Select Sleeve(s):	I compression device continuous (	
	-	s due to the following contraindication	
		or mechanical prophylaxis Once, Ro	outine
	ce sequential compression d	evice	
No phar		order for therapeutic anticoagulant cause: patient is already on therapeut	tic anticoagulation for other indication.
<b>₩</b> ₽=4			VTF LLLO D.C.

 $\bigcirc$ 

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\_\_ Date/Time: Page 19 of 42

✓ Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - 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):	
✓ 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):	
<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 following recommended doses by weight:	l apply the
Weight	Dose
LESS THAN 100kg	enoxapa 40mg da
100 to 139kg	enoxapa 30mg every 1 hours
GREATER THAN or EQUAL to 140kg	enoxapa 40mg every 1 hours
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 possible 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 postabolic abdominal wall. Alternate injection site with each administration.	esterolateral
of 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 (his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, 30 mL/min.	
O heparin	

\_ Date/Time:\_ Page 20 of 42 **Printed Name:** 

High Rick I	
	Bleeding Characteristics
Age <u>&gt;</u> 75	
Weight < 50	
Unstable H	
Renal impa	
Plt count <	
	telet therapy
Active canc	
	epatic failure
	ranial hemorrhage
Prior ischer	
	leeding event requiring admission and/or transfusion
	e of NSAIDs/steroids
Active GI ul	<u>cer</u>
Every bleedir	th Bleed Risk  12 hour frequency is appropriate for most high bleeding risk patients. However, some high grisk patients also have high clotting risk in which every 8 hour frequency may be by appropriate.
Please	weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O No	t high bleed risk
○ NO	
	○ 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
O warfarin (	COUMADIN)
_ `	FHOUT pharmacy consult 1 , oral, daily at 1700
Indication	
○ Me	dications
O IIIO	
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
Mechanical Pro	phylaxis (Required)
	lications exist for mechanical prophylaxis Once, Routine VTE prophylaxis due to the following contraindication(s):
Place/Mai     Side: Bilateral     Select Sleeve(:	ntain sequential compression device continuous Continuous, Routine
`	TE - Non-Surgical (Required)
Moderate Risk (	
	risk of VTE Once, Routine
vioderate Risk I	Pharmacological Prophylaxis - Non-Surgical Patient (Required)
	ications exist for pharmacologic prophylaxis - Order Sequential compression device
_	ntraindications exist for pharmacologic prophylaxis Once, Routine

**Printed Name:** 

\_\_ Date/Time:\_\_\_ Page 21 of 42

✓ 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):	
<ul> <li>Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)</li> <li>Patient renal status: @CRCL@</li> </ul>	
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	enoxaparir 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
of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily lift he patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (History medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, o 30 mL/min	
Oheparin	

\_\_ Date/Time:\_\_\_ Page 22 of 42 Printed Name:

	eding Characteristics	
Age > 75		
Weight < 50 kg		
Unstable Hgb Renal impairme	ont	
Plt count < 100		
Dual antiplatele		
Active cancer	ет тегару	
Cirrhosis/hepat	tic failure	
	ial hemorrhage	
Prior ischemic		
	ding event requiring admission and/or transfusion	1
	NSAIDs/steroids	1
Active GI ulcer		
7 totive of dicer		
O Himb D	Need Diele	
O High B	hour frequency is appropriate for most high bleed	ling risk nationts. However, some high
bleeding r	risk patients also have high clotting risk in which eappropriate.	
Please we	eight the risks/benefits of bleeding and clotting wh	nen selecting the dosing frequency.
$\circ$	HEParin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
	HEParin (porcine) injection - Q8 Hours 5000 Units, e	every 8 hours scheduled
		voly o hours schoduled
_`	gh bleed risk	
C	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
$\circ$	Wt LESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
O warfarin (COI	JMADIN)	
,	OUT pharmacy consult 1 , oral, daily at 1700	
Indication:	pharmacy consult it, oral, daily at 1700	
	etion Guidance:	
O Medica		
_		an en
	Pharmacy consult to manage warfarin (COUMADIN) ication:	) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	ication:	
	se Selection Guidance:	
Mechanical Prophy	vlaxis (Required)	
	tions exist for mechanical prophylaxis Once, Routine E prophylaxis due to the following contraindication(s):	
<ul><li>Place/Maintai</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	in sequential compression device continuous Continu	uous, Routine
High Risk of VTE - Surg	gical (Required)	
ress both pharmacologic an	d mechanical prophylaxis by ordering from Pharmacological a	nd Mechanical Prophylaxis.
✓ High Risk (Required	(E	
High risk of V	TE Once, Routine	
✓ High Risk Pharmac	cological Prophylaxis - Surgical Patient (Required)	
O Contraindicat	tions exist for pharmacologic prophylaxis Once, Rout VTE prophylaxis due to the following contraindication(s):	
○ Enoxaparin (I	LOVENOX) for Prophylactic Anticoagulation (Required tatus: @CRCL@	
Sign:	Printed Name:	Date/Time:

\_\_ Date/Time:\_\_\_ Page 23 of 42

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 daliy
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	sterolateral
abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	eteroleterol
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.	
Of nondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 if the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (Hill medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Clank/min.	T) do NOT order this rCl LESS than 30
Oheparin	
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. How bleeding risk patients also have high clotting risk in which every 8 hour frequency clinically appropriate.	

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

O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled

O Not high bleed risk

Sign:	Printed Name:	Date/Time:	
•	-		

	<u> </u>		Page 25 of 42
	Sign:	Printed Name:	Date/Time:
\	o liepailli		
If th 3	the patient does no	ot have a history of or suspected case of Heparin-Induced Thrombocytontraindicated in patients LESS than 50kg, prior to surgery/invasive proc	
(	abdo	inister by deep subcutaneous injection into the left and right anterolater ominal wall. Alternate injection site with each administration.  ARIXTRA) injection 2.5 mg, subcutaneous, daily	al or posterolateral
	Indic	enoxaparin (LOVENOX) injection subcutaneous, S+1 sation(s):	al or postovalataval
		PARIN SQ DAILY	
	Adm abdo	ation(s): inister by deep subcutaneous injection into the left and right anterolater ominal wall. Alternate injection site with each administration.	al or posterolateral
	✓ (	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700	, S+1
	O ENOYAL	PARIN 30 MG DAILY	
			40mg every 12 hours
		GREATER THAN or EQUAL to 140kg	every 12 hours enoxaparin
		100 to 139kg	enoxaparin 30mg
		LESS THAN 100kg	enoxaparin 40mg daily
		Weight	Dose
		CrCl GREATER than or EQUAL to 30mL/min, enoxaparin ordolended doses by weight:	ers will apply the
	○ Enoxaparin for Patient renal sta	Prophylactic Anticoagulation Nonsurgical (Required) tus: @CRCL@	
		ons exist for pharmacologic prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):	
Hig	gh Risk Pharmaco	logical Prophylaxis - Non-Surgical Patient (Required)	
	✓ High risk of VT		
_	h Risk (Required)		opilylaxis.
_		Surgical (Required) mechanical prophylaxis by ordering from Pharmacological and Mechanical Pro	onhylavie
	□ v Indic	warfarin (COUMADIN) tablet 1 , oral ation:  Se Selection Guidance:	
		Pharmacy consult to manage warfarin (COUMADIN) Until discontinuation:	ed, Routine
	O Medicat	ions	
	O WITHOU Indication: Dose Selection	on Guidance:	
(	owarfarin (COUI	MADIN)	
	$\bigcirc$	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 h	nours scheduled
	_	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

THE PERSON OF THE OR	4 1 41	
High Risk Bleeding C	naracteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	I .	
Active cancer	<i>y</i>	
Cirrhosis/hepatic failure		
Prior intra-cranial hemo		
Prior ischemic stroke	3	
History of bleeding eve	nt requiring admission and/or transfusion	
Chronic use of NSAIDs	steroids	
Active GI ulcer		
bleeding risk patie	uency is appropriate for most high bleeding nts also have high clotting risk in which ever	
clinically appropria	te.	
_	risks/benefits of bleeding and clotting when	
	(porcine) injection - Q12 Hours 5000 Units, even	
	(porcine) injection - Q8 Hours 5000 Units, every	y 8 hours scheduled
O Not high bleed	isk	
○ Wt > 10	kg 7500 Units, subcutaneous, every 8 hours sche	eduled
O Wt LES	than or equal to 100 kg 5000 Units, subcutaneo	ous, every 8 hours scheduled
O warfarin (COUMADIN)	<b>3</b>	
_ ` ` /	nacy consult 1 , oral, daily at 1700	
O Medications		
	ey consult to manage warfarin (COUMADIN) Uni	til discontinued, Routine
Indication:	(COUMADIN) tablet 1 , oral	
Dose Selecti	on Guidance:	
Risk of VTE - Surgical (Hipoth pharmacologic and mechanic	Knee) (Required) cal prophylaxis by ordering from Pharmacological and N	Mechanical Prophylaxis.
ligh Risk (Required)		
✓ High risk of VTE Once	Routine	
	Prophylaxis - Hip or Knee (Arthroplasty) Surgic	al Patient (Required)
O Contraindications exis	t for pharmacologic prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
aspirin chewable table		
	eric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharma		
·	JIS) tablet 2.5 mg, 2 times daily, S+1	
✓ Pharmacy cons Indications: VTE prop	<b>ilt to monitor apixaban (ELIQUIS) therapy</b> Until hylaxis	discontinued, STAT
Sign:	Printed Name:	<b>Date/Time:</b> Page 26 of 42

○ 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 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. O 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. O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min 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 O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled Date/Time: **Printed Name:** 

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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>
○ Medications
<ul> <li>✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:</li> <li>☐ warfarin (COUMADIN) tablet 1, oral</li> </ul>
Indication:  Dose Selection Guidance:

\_\_ Date/Time:\_\_\_ Page 28 of 42 Printed Name:

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

		∣therapy	
		Moderate or	
		major surgery	I I
		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guideline - 8.20.2021v1	ients (https://formweb.com/files/houstonn  5.pdf) der for therapeutic anticoagulant or VTE pr		
O Moderate Risk - Patient curre	ntly has an active order for therapeutic ant	icoagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 29 of 42

Sign:	Printed Name:	<b>Date/Time:</b> Page 30 of 42
✓ Moderate Risk (Required)		
MODERATE Risk of VTE - Surgio	cai (Requirea)	
Low risk: ○ Due to low risk, r prophylaxis is needed. Will e	no VTE prophylaxis is needed. Will encourgae ea encourage early ambulation	arly 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 C	
	ns exist for mechanical prophylaxis Once, Roprophylaxis due to the following contraindication(	
✓ Place sequential comp		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant of hylaxis because: patient is already on therapeut	
High risk of VTE Once,		an VTE amounted at 10 and 20 ar
	has an active order for therapeutic anticoag	julant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
	prophylaxis due to the following contraindication ( sequential compression device continuous C	
	ns exist for mechanical prophylaxis Once, Ro	
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant of hylaxis because: patient is already on therapeut	
High risk of VTE Once,		
O High Risk - Patient currently	has an active order for therapeutic anticoag	ulant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	sequential compression device continuous C	Continuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Roprophylaxis due to the following contraindication(	(s):
✓ Place sequential comp		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant of hylaxis because: patient is already on therapeut	
✓ Moderate risk of VTE (	·	
Side: Bilateral Select Sleeve(s):  Moderate Risk - Patient curr	ently has an active order for therapeutic anti	coagulant or VTE prophylaxis (Required)
Place/Maintain s	sequential compression device continuous C	` '
	ns exist for mechanical prophylaxis Once, Roprophylaxis due to the following contraindication	
✓ Place sequential comp	ression device	
Patient currently has a	n active order for therapeutic anticoagulant of hylaxis because: patient is already on therapeut	
Moderate risk of VTE (	Once. Routine	

 $\bigcirc$ 

 $\bigcirc$ 

✓ Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
$\bigcirc$ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression of	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):	
<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 following recommended doses by weight:	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 pos 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 posabdominal wall. Alternate injection site with each administration.	sterolateral
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 (Hebris medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, o mb/min.	
Oheparin	

\_\_ Date/Time:\_\_\_ Page 31 of 42 Printed Name:

High Risk Blee	ding Characteristics
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairme	
Plt count < 100	·
Dual antiplatelet	therapy
Active cancer	
Cirrhosis/hepation	
Prior intra-crania	<u> </u>
Prior ischemic s	
	ng event requiring admission and/or transfusion
Chronic use of N	ISAIDs/steroids
Active GI ulcer	
O High Ble	ed Risk
	our frequency is appropriate for most high bleeding risk patients. However, some high
	sk patients also have high clotting risk in which every 8 hour frequency may be
clinically ap	ppropriate.
Diagram	
	ght the risks/benefits of bleeding and clotting when selecting the dosing frequency.
$\circ$	HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high	n bleed risk
_	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
$\bigcirc$	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin (COUI	MADIN)
O WITHOU	JT pharmacy consult 1 , oral, daily at 1700
Indication:	Framuely concern, stan, daily at 1700
Dose Selection	on Guidance:
O Medicat	ione
_	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine
Indic	cation:
	warfarin (COUMADIN) tablet 1 , oral
	eation:
Dose	e Selection Guidance:
☐ Mechanical Prophyla	axis (Required)
O Contraindication	ons exist for mechanical prophylaxis Once, Routine
	prophylaxis due to the following contraindication(s):
Place/Maintain	sequential compression device continuous Continuous, Routine
Side: Bilateral	Sequential compression device continuous continuous, reduine
Select Sleeve(s):	
MODERATE Risk of VTE	- Non-Surgical (Required)
	nacological Prophylaxis - Non-Surgical Patient (Required)
_	
✓ Moderate Risk	
Moderat	re risk of VTE Once, Routine
✓ Moderate Risk	Pharmacological Prophylaxis - Non-Surgical Patient (Required)
_	ndications exist for pharmacologic prophylaxis - Order Sequential compression device
_	
	Contraindications exist for pharmacologic prophylaxis Once, Routine
No p	harmacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

\_ Date/Time: Page 32 of 42

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	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
O ENOXAPARIN 30 MG DAILY	
<ul> <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> ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolatera
of 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 33 of 42 Printed Name:

	version. 11 Gen. 10/15/2025	
High Risk Blo	eeding Characteristics	
Age ≥ 75		
Weight < 50 k	g	
Unstable Hgb		
Renal impairn	nent	
Plt count < 10	0 K/uL	
Dual antiplate	let therapy	
Active cancer		
Cirrhosis/hepa	atic failure	
Prior intra-cra	nial hemorrhage	
Prior ischemic	stroke	
History of blee	eding event requiring admission and/or transfusion	1
Chronic use of	f NSAIDs/steroids	
Active GI ulce	r	
O High	Bleed Risk	
	2 hour frequency is appropriate for most high blee	eding risk patients. However,
	gh bleeding risk patients also have high clotting ris	
	cy may be clinically appropriate.	•
•		
Please	weight the risks/benefits of bleeding and clotting w	hen selecting the dosing
frequen	cy.	
	O HEParin (porcine) injection - Q12 Hours 5000 Unit	ts. every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units	, every 8 nours scheduled
○ Not	high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hour	rs scheduled
	○ Wt LESS than or equal to 100 kg 5000 Units, subcu	
O 6 : 406		utaneous, every o nours scrieduled
○ warfarin (CC	DUMADIN)	
O WITI	HOUT pharmacy consult 1 , oral, daily at 1700	
Indication	••	
Dose Sel	ection Guidance:	
	ications	
	✓ Pharmacy consult to manage warfarin (COUMADI	IN) Until discontinued Routine
	Indication:	onth discontinued, Nottine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:  Dose Selection Guidance:	
Mechanical Prophylaxis	(Required)	
	exist for mechanical prophylaxis Once, Routine	
No mechanical VTE prop	phylaxis due to the following contraindication(s):	
Place/Maintain seq	uential compression device continuous Continuous, R	outine
Side: Bilateral	•	
Select Sleeve(s):		
O HIGH Risk of VTE - Surgical	(Required)	
✓ High Risk (Required)		
	and Douting	
✓ High risk of VTE O		
High Risk Pharmacologi	cal Prophylaxis - Surgical Patient (Required)	
	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
<ul><li>Enoxaparin (LOVE Patient renal status</li></ul>	NOX) for Prophylactic Anticoagulation (Required): @CRCL@	
Sign:	Printed Name:	<b>Date/Time:</b> Page 34 of 42

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

	Torrig daily
100 to 139kg	enoxaparin
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12
	hours
O	
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.	310101010101
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	sterolateral
abdominal wall. Alternate injection site with each administration.	storolatoral
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	Γ) do NOT order this
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr	
mL/min.	
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	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	wever some high
bleeding risk patients also have high clotting risk in which every 8 hour frequency	
clinically appropriate.	.,a, 50
appropriate.	

Sian:	Printed Name:	Date/Time:
$\circ$ N	ot high bleed risk	
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8	hours scheduled
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every	12 hours scheduled
Pleas	se weight the risks/benefits of bleeding and clotting when se	electing the dosing frequency

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○ Wt > 10	<b>00 kg</b> 7500 Units, subcutaneous, every 8 hours schedu	ıled
O Wt LES	S than or equal to 100 kg 5000 Units, subcutaneous	, every 8 hours scheduled
warfarin (COUMADIN)		
O WITHOUT phan Indication:	rmacy consult 1 , oral, daily at 1700	
Dose Selection Guid	ance:	
Medications		
Pharma Indication:	acy consult to manage warfarin (COUMADIN) Until o	discontinued, Routine
Indication:	n (COUMADIN) tablet 1 , oral	
☐ Mechanical Prophylaxis (Re	equired)	
○ Contraindications exi	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
Place/Maintain seque Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuous, F	Routine
O HIGH Risk of VTE - Non-Surgica	al (Required)	
✓ High Risk (Required)		
✓ High risk of VTE Once	, Routine	
✓ High Risk Pharmacological	Prophylaxis - Non-Surgical Patient (Required)	
○ Contraindications exi	st for pharmacologic prophylaxis Once, Routine phylaxis due to the following contraindication(s):	
O Enoxaparin for Proph Patient renal status: @	ylactic Anticoagulation Nonsurgical (Required)	
For patients with CrCl G following recommended	GREATER than or EQUAL to 30mL/min, enoxap doses by weight:	parin orders will apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparin 40mg daily
	100 to 139kg	enoxaparin 30mg every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN	30 MG DAILY	
	arin (LOVENOX) injection 30 mg, subcutaneous, dail	ly at 1700, S+1
Administer I	by deep subcutaneous injection into the left and right a wall. Alternate injection site with each administration.	nterolateral or posterolateral
O ENOXAPARIN	SQ DAILY	
enoxap	arin (LOVENOX) injection subcutaneous, S+1	
Administer	by deep subcutaneous injection into the left and right a wall. Alternate injection site with each administration.	nterolateral or posterolateral
Sign:	Printed Name:	<b>Date/Time:</b> Page 36 of 42

If the patient does not have this medication. Contrain 30 mL/min.	<b>TRA) injection</b> 2.5 mg, subcutaneous, daily we a history of or suspected case of Heparin-Indudicated in patients LESS than 50kg, prior to surge	
O heparin		
High Risk Bleeding	Characteristics	
Age <u>&gt;</u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet ther	ару	
Active cancer		
Cirrhosis/hepatic failu		
Prior intra-cranial her		
Prior ischemic stroke		
	vent requiring admission and/or transfusion	n
Chronic use of NSAI	Ds/steroids	
Active GI ulcer		
	requency is appropriate for most high bleed tients also have high clotting risk in which the	
Please weight the	he risks/benefits of bleeding and clotting w	hen selecting the dosing frequency.
O HEPa	arin (porcine) injection - Q12 Hours 5000 Units,	every 12 hours scheduled
		•
	arin (porcine) injection - Q8 Hours 5000 Units, e	every 8 nours scheduled
O Not high blee	ed risk	
○ Wt >	100 kg 7500 Units, subcutaneous, every 8 hours	scheduled
O Wt LE	ESS than or equal to 100 kg 5000 Units, subcuta	aneous, every 8 hours scheduled
o warfarin (COUMADI		
,	parmacy consult 1 , oral, daily at 1700	
	didantee.	
<ul><li>✓ Medications</li><li>✓ Pharr</li><li>Indications</li></ul>	macy consult to manage warfarin (COUMADIN	Until discontinued, Routine
warfa	arin (COUMADIN) tablet 1 , oral	
☐ Mechanical Prophylaxis ()	Required)	
	exist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain sequ Side: Bilateral Select Sleeve(s):	uential compression device continuous Contin	uous, Routine
HIGH Risk of VTE - Surgical (F	Hip/Knee) (Required)	
✓ <b>High Risk</b> (Required)	, , , ,	
✓ High risk of VTE On	ca Poutino	
_	ce, Routine al Prophylaxis - Hip or Knee (Arthroplasty) Su	urgical Patient (Required)
Sign:	Printed Name:	Date/Time:

\_\_ Date/Time:\_\_\_ Page 37 of 42

VOISION: 17 SSM: 10/10/2020	
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	
O 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	
O 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
○ 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
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 CremL/min	
○ heparin	

Date/Time: Page 38 of 42 Sign:\_\_\_ **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
The area of all of
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
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 medicatio absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
○ warfarin (COUMADIN)
<ul> <li>WITHOUT pharmacy consult 1 , oral, daily at 1700</li> <li>Indication:</li> <li>Dose Selection Guidance:</li> </ul>
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:
Dose Selection Guidance:
echanical Prophylaxis (Required)
Contraindications exist for mechanical prophylaxis Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Labs

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)@
<b>Blood Culture Best Practices</b> (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; ar 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; ar 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

Printed Name:

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	X-ray chest 2 views 1 time imaging, 1, Occurrences, 1, Routine ls the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
	Diagnostic Studies
Respi	·
Res	piratory
	Peak flow Once, Routine, Check before and after nebulizer treatments
į	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	
Consu	ults
And	cillary 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
ı	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy
I	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
ı	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?
Ì	Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.

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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

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 42 of 42