Location:	
General (Denoted to the Change of the Change	
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 notes, I expect that the patient will need hospital services for two or more midnights.	and progress
Admitt 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 H 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 ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "N Clinical Staff" sections in the Summary\Overview tab of Epic.	3) 363-9648 and
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	
Outroiting Dutysician: 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) ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "No Clinical Staff" sections in the Summary\Overview tab of Epic.	3) 363-9648 and lotes from
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 notes, I expect that the patient will need hospital services for two or more midnights.	and progress
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 H notes, I expect that the patient will need hospital services for two or more midnights. To reach the team taking care of this patient to be paged. The team name is listed in both "Treatment Teams" and "N Clinical Staff" sections in the Summary\Overview tab of Epic.	3) 363-9648 and

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

\_\_ **Date/Time:** Page 1 of 53

Sign:	Printed Name:	Date/Time: Page 2 of 53
Outpatient in a bed - extended recover Admitting Physician: Bed request comments:	very Once, Routine	
Outpatient observation services und Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	der general supervision Once, Routine	
notes, I expect that the patient will need ho	spital services for two or more midnights.	tion as documented in the HP and progress
Outpatient in a bed - extended recover Admitting Physician: Bed request comments:  Admission or Observation  Patient has status order on file	very Once, Routine	
Outpatient observation services und Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	der general supervision Once, Routine	
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my bes notes, I expect that the patient will need ho		tion as documented in the HP and progress
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my bes notes, I expect that the patient will need ho Admission or Observation (Required)		tion as documented in the HP and progress
Admission Patient has active status order on file		
Outpatient in a bed - extended recover Admitting Physician: Bed request comments:	very Once, Routine	
Outpatient observation service Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient ask for the team taking care of the patient to Clinical Staff" sections in the Summary\Over	nt please call the University Teaching Serv to be paged. The team name is listed in bo	ice Answering Service at (713) 363-9648 and
Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	der general supervision Once, Routine	

COPD Admission (712)

Version: 9 Gen: 10/15/2025
 ode Status CERMSGREFRESHOPT(674511:21703,,,1)@
✓ Code Status DNR and Modified Code orders should be placed by the responsible physician.
O Full code Continuous, Routine Code Status decision reached by:
ONR (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.

\_\_\_\_\_ Date/Time: Page 3 of 53 Printed Name:

Isolation

☐ Airborne isolation status

✓ Airborne isolation status Continuous, Routine

Sig	ın:	Printed Name:	Date/Time:
Type:	ric tube insertion Once, Routine ric tube maintenance Until disc ders:		
_	ube insert and maintain		
Orders: Mainta		outine	
Type: Size: Urinometer nee Indication:		otocol.	
_	ey catheter Once, Routine		
☐ Insert and mai			
	tput Every shift, Routine  nd output Every hour, Routine		
☐ Daily weights	•		
Nursing	Doily Pouting		
High Heart Rate Low Heart Rate High PVC's (per High SBP(mmHeart DBP(mmHeart DB	Additional Setup Information te (BPM): ○ 120 ○ 120.000 te(BPM): ○ 50 ○ 50.000 er minute): ○ 10 ○ 10.000 Hg): ○ 175 ○ 175.000 Hg): ○ 100 ○ 100.000 Hg): ○ 95 ○ 100.000 Hg): ○ 40 ○ 95.000 : ○ 60 ○ 60.000 0: ○ 120 ○ 120.000 : ○ 94 ○ 94.000	Continuous, 3, Days, Routine	
✓ Telemetry Order: Place in Can be off of To	Telemetry for baths? Yes transport and tests? Yes	rs, Routine EKG Monitoring Only (Telemetry Box)	
Telemetry Order   Telemetry			
•	H Every 4 hours, -1, Occurrence	s, Routine	
☐ Vital signs - Pe	er Unit Protocol Per unit protoco	ol, Routine	
Vital Signs			
Seizure precau Increased observati	utions Continuous, Routine tion level needed:		
	ions Continuous, Routine		
Fall precaution	ns Continuous, Routine		
☐ Aspiration pre	ecautions Continuous, Routine		
☐ Enteric isolation	on status Continuous, Routine		
	ion status Continuous, Routine		
Contact isolati	ion status Continuous, Routine		
Mycobact Once, Routine		you suspect Tuberculosis, please	order this test for rapid diagnostics.

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	NPO Diet effective now, Routine		
NP Pre	O: -Operative fasting options:	ons means nothing can be given orally to the pation	ont
_	<b>Diet</b> Diet effective now, Routine	ons means nothing can be given orally to the patie	ent.
Cu Oth	t(s): tural/Special: er Options: /ance Diet as Tolerated?		
Flu Foo	OSI Liquid Consistency: id Restriction: ods to Avoid:		
Foo	ods to Avoid: tion		
Pat	Patient education (specify) One ient/Family:	ce, Routine, Begin when stable	
<b>✓</b>	Tobacco cessation education (	Once, Routine, Begin when stable	
Activit	у		
	Strict bed rest Until discontinued		
Bat	<b>Bed rest with bathroom privile</b> hroom Privileges: ○ with bathroom		
	<b>Ambulate with assistance</b> 3 timecify: ○ with assistance		
	Activity as tolerated Until discor ecify: ○ Activity as tolerated	ntinued, Routine	
IV Fluids Periph	eral IV Access		
_	Initiate and maintain IV		
	✓ Insert peripheral IV Once, I	Routine	
	sodium chloride 0.9 % flus	<b>h</b> 10 mL, every 12 hours scheduled, line care	
	sodium chloride 0.9 % flus	<b>h</b> 10 mL, intravenous, PRN, line care	
IV Bol	us		
O	• •	) bolus 500 mL, intravenous, once, 1, Occurrence	
O	· ·	) bolus 1000 mL, intravenous, once, 1, Occurrence	ces
Ind	albumin human 5 % bottle 12.5 ication:	g, intravenous, once, 15.000 Minutes	
O Ind	<b>albumin human 5 % bottle</b> 25 gication:	, intravenous, once, 30.000 Minutes	
$\circ$	sodium chloride 0.9 % bolus 50	<b>00 mL</b> 500 mL, intravenous, once, 1, Occurrences	s, 15.000 Minutes
$\circ$	sodium chloride 0.9 % bolus 10	<b>000 mL</b> 1000 mL, intravenous, once, 1, Occurrence	ces, 30.000 Minutes
$\circ$	lactated ringer's bolus 500 mL	500 mL, intravenous, once, 1, Occurrences, 15.00	00 Minutes
○ Mainte	lactated ringers bolus 1000 mL	. 1000 mL, intravenous, once, 1, Occurrences, 30.	.000 Minutes
0	sodium chloride 0.9 % infusion	75 mL/hr, intravenous, once, 1, Occurrences	
$\circ$	lactated Ringer's infusion 75 m	L/hr, intravenous, once, 1, Occurrences	
	Sign:	Printed Name:	Date/Time:

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sodium chloride 0.45 % infusion	75 mL/hr, intravenous, continuous	
•	L with sodium bicarbonate 75 mEq/L infusion 75 mL/hr,	intravenous, continuous
ications ntibacterial Agents		
amoxicillin-pot clavulanate (AUC	GMENTIN) 875-125 mg per tablet 1 tablet, oral, 2 times dai atically renally dose this medication based on current SCr are	
	IV 3 g, intravenous, every 6 hours, STAT atically renally dose this medication based on current SCr are	nd CrCl values.:
azithromycin (ZITHROMAX) table Indication: May cause QTc prolongation.	et 500 mg, oral, every 24 hours	
	00 mg, intravenous, every 24 hours, STAT atically switch IV to equivalent PO dose when above approv	ed criteria are satisfied:
☐ doxycycline (VIBRAMYCIN) caps	sule 100 mg, oral, every 12 hours	
Indication: Give with meals. Food can increase ef administration.	fectiveness and/or avoid stomach upset. Hold tube feeds fo	r 2 hours pre- and 2 hours pos
CAPSULE or TABLET will be sent depo		
	mg in dextrose 5% 100 mL IVPB 100 mg, intravenous, evaluationally switch IV to equivalent PO dose when above approve	
Indication: May cause Q-T interval prolongation.	750 mg, oral, every 24 hours atically renally dose this medication based on current SCr are by 2 hours from any milk product, antacid, or iron.	nd CrCl values.:
Per Med Staff Policy, R.Ph. will automa	mg, intravenous, every 24 hours, STAT atically renally dose this medication based on current SCr are atically switch IV to equivalent PO dose when above approv	
ntipyretics aximum Dose of acetaminophen is	3000 mg per day	
O PRN Fever - acetaminophen (TY	<b>3</b> .	
	tablet 650 mg, oral, every 4 hours PRN, fever ophen per day from all sources. (Cirrhosis patients maximu	m: 2 grams per day from all
<ul> <li>acetaminophen (TYLENOL)         Maximum of 3 grams of acetamino sources).     </li> <li>conchodilators</li> </ul>	<b>suppository</b> 325 mg, rectal, every 4 hours PRN, fever ophen per day from all sources. (Cirrhosis patients maximu	m: 2 grams per day from all
albuterol (PROVENTIL) nebulize Aerosol Delivery Device:	r solution 2.5 mg, nebulization, Respiratory Therapy - ever	y 6 hours
albuterol (PROVENTIL) nebulize shortness of breath Aerosol Delivery Device:	r solution 2.5 mg, nebulization, every 6 hours PRN, wheez	ing
ipratropium (ATROVENT) 0.02 % Aerosol Delivery Device:	nebulizer solution 0.5 mg, nebulization, Respiratory Ther	apy - every 6 hours
Sign:	Printed Name:	Date/Time:_ Page 6 of

Sign:	Printed Name:	<b>Date/Time</b> : Page 7 of 53
	ons exist for mechanical prophylaxis Once, Rout prophylaxis due to the following contraindication(s)	
✓ Place sequential com		
No pharmacologic VTE pro Therapy for the following:	an active order for therapeutic anticoagulant or phylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE		NTE manhadasis Once D. C
	rently has an active order for therapeutic antico	pagulant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	sequential compression device continuous Cor	
	ons exist for mechanical prophylaxis Once, Rout prophylaxis due to the following contraindication(s)	
Place sequential com	pression device	
	an active order for therapeutic anticoagulant or phylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE		_
	rently has an active order for therapeutic antico	pagulant or VTE prophylaxis (Required)
O Patient currently has an active ((Required))	order for therapeutic anticoagulant or VTE prop	hylaxis with Risk Stratification
VTE/DVT Risk Definitions (\\epic-nas	s.et0922.epichosted.com\static\OrderSets\VTE	EDVTRISKDEFINITIONS.pdf)
TE DVT Risk and Prophylaxis Tool 1 1		
infusion rate as medication given for a	<b>ne care</b> .9 , PRN, line care fter administration of intermittent infusions. Progran total volume equal to contents of tubing sets used.	
□ sodium chloride 0.9% bag for line o	care	
☐ codeine-guaifenesin (GUAIFENI Nicotine Replacement	ESIN AC) 10-100 mg/5 mL liquid 10 mL, oral, ever	ry 4 hours PRN, cough
guaiFENesin (MUCINEX) 12 hr t		
□ LORazepam (ATIVAN) tablet 0.5 Indication(s): ○ Anxiety	mg, oral, daily	
Other Medications		
predniSONE (DELTASONE) table Give with food or snacks.	et 40 mg, oral, daily	
methylPREDNISolone sodium s IV Push	uccinate (Solu-MEDROL) injection 60 mg, intrave	enous, every 6 hours
	uccinate (Solu-MEDROL) injection 125 mg, intrav	venous, once, 1, Occurrences
<ul> <li>fluticasone-salmeterol (ADVAIR</li> <li>Systemic Corticosteroids</li> </ul>	) 100-50 mcg/dose diskus inhaler 1 puff, inhalation	on, every 12 hours
,	) 500-50 mcg/dose diskus inhaler 1 puff, inhalatio	
For inhalation use only.  Combination	<b>llizer solution</b> 0.25 mg, nebulization, Respiratory T	
Inhaled Corticosteroids	None and the control of the control	The control of the co
shortness of breath Aerosol Delivery Device:		
	<b>nebulizer solution</b> 0.5 mg, nebulization, every 6	riodis i itili, wricczing

Sign:	Printed Name:	Page 8 of 53
following recommended	,	,
O Enoxaparin (LOVENO Patient renal status: @	X) for Prophylactic Anticoagulation (Required) QCRCL@	
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
	ons exist for pharmacologic prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):	
O Contraindications exis	st for pharmacologic prophylaxis AND mechanical pro	phylaxis
✓ Place/Maintain Side: Bilateral Select Sleeve(s):	sequential compression device continuous Continuous	s, Routine
	ons exist for pharmacologic prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):	
	st for pharmacologic prophylaxis - Order Sequential co	ompression device
	gical Prophylaxis - Surgical Patient (Required)	
✓ Moderate risk of VTE	Once, Routine	
✓ Moderate Risk (Required)	, , ,	
MODERATE Risk of VTE - Surgion		
Low risk of VTE Once.	no VTE prophylaxis is needed. Will encourgae early ambu	lation ○ Due to low risk, no VTE
✓ Low Risk of VTE (Required) ✓ Low Risk (Required)		
Side: Bilateral Select Sleeve(s):  LOW Risk of VTE (Required)	sequential compression device continuous Continuous	s, Noullie
No mechanical VTE	prophylaxis due to the following contraindication(s):  sequential compression device continuous Continuous	s Routine
	ons exist for mechanical prophylaxis Once, Routine	
Therapy for the following:  Place sequential comp	pression device	
✓ Patient currently has a No pharmacologic VTE properties.	an active order for therapeutic anticoagulant or VTE prohylaxis because: patient is already on therapeutic anticoa	
✓ High risk of VTE Once	,	
	y has an active order for therapeutic anticoagulant or \	VTE prophylaxis (Required)
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Continuous	s, Routine
○ Contraindication	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Therapy for the following:  Place sequential comp	pression device	
✓ Patient currently has a No pharmacologic VTE properties.	an active order for therapeutic anticoagulant or VTE prohylaxis because: patient is already on therapeutic anticoa	
✓ High risk of VTE Once	•	TE propriyitatio (required)
Select Sleeve(s):  High Risk - Patient currently	y has an active order for therapeutic anticoagulant or \	VTF prophylaxis (Required)
Place/Maintain Side: Bilateral	sequential compression device continuous Continuous	s, Routine

Weight	Dose
LESS THAN 100kg	enoxaparii
3	40mg daily
100 to 139kg	enoxaparii
	30mg
	every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparii
	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	osterolateral
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 position abdominal wall. Alternate injection site with each administration.	osterolateral
of 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 ordei
this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure,	
30 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. Ho	wever, some hig
bleeding risk patients also have high clotting risk in which every 8 hour frequen	
clinically appropriate.	
Please weight the risks/benefits of bleeding and clotting when selecting the do	sing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours schedu	. ,
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled	t
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 s	cheduled
The Leve than or equal to 100 kg 0000 Office, subcutations, every officers	on loudiou

Printed Name:

Sign:\_

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O warfarin (COUMADIN)	
O WITHOUT pharmacy consult 1 , oral, daily at 1700	
Indication:	
Dose Selection Guidance:	
○ Medications	
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routi Indication:	ne
<ul><li>warfarin (COUMADIN) tablet 1 , oral</li><li>Indication:</li><li>Dose Selection Guidance:</li></ul>	
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)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compres	sion 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, Rout Side: Bilateral Select Sleeve(s):	tine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylax	is
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 order following recommended doses by weight:	s 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	

Printed Name:

Sign:\_\_\_\_

\_ Date/Time:\_ Page 10 of 53

		o the left and right anterolateral or posterolateral
	abdominal wall. Alternate injection site with ea	ch administration.
O	ENOXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection subcu Indication(s):	taneous, S+1
	abdominal wall. Alternate injection site with ea	
If the patien	parinux (ARIXTRA) injection 2.5 mg, subcutaneous t does not have a history of or suspected case of He edication. Contraindicated in patients LESS than 50 mL/min	parin-Induced Thrombocytopenia (HIT), do NOT
O heparii		
	k Bleeding Characteristics	
Age ≥ 75		
Weight <		
Unstable	<u> </u>	
	pairment	
	< 100 K/uL	
	platelet therapy	
Active ca		
	/hepatic failure a-cranial hemorrhage	
	a-cramar nemormage nemic stroke	
	f bleeding event requiring admission and/or to	ranefusion
	use of NSAIDs/steroids	ansiusion
Active G	-	
Eve sor free	High Bleed Risk ery 12 hour frequency is appropriate for most me high bleeding risk patients also have high quency may be clinically appropriate. ease weight the risks/benefits of bleeding and	clotting risk in which every 8 hour
	quency.	
	O HEParin (porcine) injection - Q12 Hour	s 5000 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours	5000 Units, every 8 hours scheduled
0	Not high bleed risk	
	○ <b>Wt &gt; 100 kg</b> 7500 Units, subcutaneous, e	overy 8 hours scheduled
		•
○ warfari	n (COUMADIN)	Jnits, subcutaneous, every 8 hours scheduled
_	,	0
Ind	WITHOUT pharmacy consult 1, oral, daily at 170 ication: se Selection Guidance:	U
D0:		
O	Medications	
	✓ Pharmacy consult to manage warfarin Indication:	(COUMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
Sign:	Printed Name:	Date/Time:
~. <b>3</b>		

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☐ Mechanical Prophylaxis (Required)	
Ocontraindications 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):	
O 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@	
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 posabdominal wall. Alternate injection site with each administration.	sterolateral
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 CrumL/min.	
O heparin	

\_\_ Date/Time:\_\_\_ Page 12 of 53 Printed Name: Sign:\_\_\_\_

High Risk Bleeding C	haracteristics	
Age $\geq 75$	naracteristics	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	у	
Active cancer		
Cirrhosis/hepatic failur		
Prior intra-cranial hem	orrhage	
Prior ischemic stroke		
	ent requiring admission and/or transfusion	
Chronic use of NSAID:	s/steroids	
Active GI ulcer		
O High Bleed Ris	le.	
•	ռ quency is appropriate for most high bleedin	ag risk natients. However, some high
bleeding risk patie	ents also have high clotting risk in which eve	erv 8 hour frequency may be
clinically appropri		
Dloops weight the	ricks/hopofite of blooding and slatting who	n coloring the desire fragueses
	risks/benefits of bleeding and clotting whe	
	n (porcine) injection - Q12 Hours 5000 Units, ev	
O HEPari	n (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bleed	risk	
○ Wt > 10	0 kg 7500 Units, subcutaneous, every 8 hours sc	heduled
	S than or equal to 100 kg 5000 Units, subcutane	
	-	eous, every o flours scrieduled
O warfarin (COUMADIN)		
	macy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection Guid	ance:	
O Medications		
Pharma Indication:	cy consult to manage warfarin (COUMADIN) ∪	Intil discontinued, Routine
	n (COUMADIN) tablet 1 , oral	
Indication:		
	ion Guidance:	
	quired)	
	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
Side: Bilateral	ntial compression device continuous Continuou	us, Routine
Select Sleeve(s):	L(Danning d)	
HIGH Risk of VTE - Non-Surgica	I (Kequirea)	
✓ High Risk (Required)		
✓ High risk of VTE Once		
_	Prophylaxis - Non-Surgical Patient (Required)	
<ul> <li>Contraindications exi</li> <li>No pharmacologic VTE pro</li> </ul>	st for pharmacologic prophylaxis Once, Routine only laxis due to the following contraindication(s):	e
<ul><li>Enoxaparin for Proph</li><li>Patient renal status: @</li></ul>	ylactic Anticoagulation Nonsurgical (Required) CRCL@	
Sign:	Printed Name:	Date/Time:
-		Page 13 of 53

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

			every 12 hours
	GREATER THAN or EQUAL to 140kg		enoxaparin 40mg every 12 hours
O ENOXAPARI	IN 30 MG DAILY		
enox Indication	caparin (LOVENOX) injection 30 mg, subcutaneous, o	•	terolateral
_	al wall. Alternate injection site with each administration.	•	
O ENOXAPARI			
✓ enox Indication	<b>caparin (LOVENOX) injection</b> subcutaneous, S+1		
Administe	er by deep subcutaneous injection into the left and righ al wall. Alternate injection site with each administration.		terolateral
If the patient does not ha	<b>KTRA) injection</b> 2.5 mg, subcutaneous, daily ave a history of or suspected case of Heparin-Induced andicated in patients LESS than 50kg, prior to surgery/ir	Thrombocytopenia (H nvasive procedure, or	IIT) do NOT order CrCl LESS than
O heparin			
High Risk Bleeding	Characteristics		
Age > 75			
Weight < 50 kg Unstable Hgb			
Renal impairment			
Plt count < 100 K/uL	_		
Dual antiplatelet the	rapy		
Active cancer			
Cirrhosis/hepatic fail			
Prior intra-cranial he			
	event requiring admission and/or transfusion		
Chronic use of NSA			
Active Gl ulcer	150/00010140		
O High Bleed F Every 12 hour f	frequency is appropriate for most high bleeding atients also have high clotting risk in which ever		
Please weight t	the risks/benefits of bleeding and clotting when	selecting the dosi	ng frequency.
O HEP	arin (porcine) injection - Q12 Hours 5000 Units, even	ry 12 hours schedule	d
O HEP	arin (porcine) injection - Q8 Hours 5000 Units, every	/ 8 hours scheduled	
O Not high ble		,	
Sian:	Printed Name:	Date/	Time:

○ Wt > 10	0 kg 7500 Units, subcutaneous, every 8 hours scheduled	
○ Wt LES	S than or equal to 100 kg 5000 Units, subcutaneous, every	/ 8 hours scheduled
<ul><li>warfarin (COUMADIN)</li></ul>		
○ WITHOUT phar Indication: Dose Selection Guid	macy consult 1 , oral, daily at 1700 ance:	
○ Medications		
Pharma Indication:	ncy consult to manage warfarin (COUMADIN) Until discont	tinued, Routine
Indication:	n (COUMADIN) tablet 1 , oral ion Guidance:	
☐ <b>Mechanical Prophylaxis</b> (Re	equired)	
	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
Place/Maintain sequer Side: Bilateral Select Sleeve(s):	ntial compression device continuous Continuous, Routine	<b>;</b>
◯ HIGH Risk of VTE - Surgical (Hip	o/Knee) (Required)	
High Risk (Required)		
High risk of VTE Once	, Routine	
High Risk Pharmacological	Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patier	ıt (Required)
<ul> <li>Contraindications exist</li> <li>No pharmacologic VTE properties</li> </ul>	st for pharmacologic prophylaxis Once, Routine ohylaxis due to the following contraindication(s):	
O aspirin chewable table	e <b>t</b> 162 mg, daily, S+1	
O aspirin (ECOTRIN) ent	teric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharma	acy Consult (Required)	
✓ apixaban (ELIQ Indications: ○ VTE pi	rUIS) tablet 2.5 mg, 2 times daily, S+1 rophylaxis	
Pharmacy cons Indications: VTE pro	sult to monitor apixaban (ELIQUIS) therapy Until discontin phylaxis	ued, STAT
O Enoxaparin (LOVENO)  Patient renal status: @	X) for Prophylactic Anticoagulation (Required) CRCL@	
For patients with CrCl G following recommended	REATER than or EQUAL to 30mL/min, enoxaparin or 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 3	30 MG DAILY	
Sign:	Printed Name:	<b>Date/Time:</b> Page 15 of 53

Indication Administe	<b>aparin (LOVENOX) injection</b> 30 mg, subcutaneous, i(s): er by deep subcutaneous injection into the left and rigidal wall. Alternate injection site with each administration	ht anterolateral or posterolateral
O ENOXAPARI	N SQ DAILY	
enox Indication	aparin (LOVENOX) injection subcutaneous, S+1	
Administe	n(s). or by deep subcutaneous injection into the left and right al wall. Alternate injection site with each administration	
If the patient does not ha medication. Contraindica mL/min  heparin	(TRA) injection 2.5 mg, subcutaneous, daily, S+1 ve a history or suspected case of Heparin-Induced Thated in patients LESS than 50kg, prior to surgery/inva	
High Risk Bleeding	Characteristics	
Age > 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment Plt count < 100 K/uL		
Dual antiplatelet the		
Active cancer	ару	
	Liro	
Cirrhosis/hepatic fail Prior intra-cranial he		
Prior intra-cramar ne		
Chronic use of NSAI	event requiring admission and/or transfusion	
Active Gl ulcer	DS/SteroidS	
	requency is appropriate for most high bleeding atients also have high clotting risk in which eve	
Please weight t	he risks/benefits of bleeding and clotting when	selecting the dosing frequency.
	arin (porcine) injection - Q12 Hours 5000 Units, eve	ery 12 hours scheduled
O HEP	arin (porcine) injection - Q8 Hours 5000 Units, ever	v 8 hours scheduled
O Not high blee		y o neare concadica
○ Wt >	100 kg 7500 Units, subcutaneous, every 8 hours sch	reduled
O Wt L	ESS than or equal to 100 kg 5000 Units, subcutaned	ous, every 8 hours scheduled
O Rivaroxaban and Pi	harmacy Consult (Required)	
daily at 0600 (TIM Indications: ○ VTE For Xarelto 15 mg	,	
Pharmacy co Indications: VTE p Indication:	onsult to monitor rivaroxaban (XARELTO) therapy prophylaxis	Until discontinued, STAT
O warfarin (COUMAD)	IN)	
Sign:	Printed Name:	Date/Time:

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O WITHOU Indication:	T pharmacy consult 1 , oral, daily at 1700
Dose Selection	on Guidance:
O Medicati	ons
Indica v Indica	varfarin (COUMADIN) tablet 1 , oral
	xis (Required)
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Continuous, Routine

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 17 of 53

VTE Risk and Prophylaxis Tool (Required)		
Low Risk Definition		High Risk Definition
	Definition	Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis	prophylaxis must be
	must be	addressed.
	addressed.	
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	İS	
Age less than 60 years and NO other VTE risk factors	contraindicated.	One or more of the
Age less than 60 years and NO other VTE risk factors	the following	
	medical	following medical conditions:
	conditions:	<u>conditions</u> .
Detient already adequately entire equilated		Thrombonbilia /Factor
Patient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor V Leiden, prothrombin
	disease,	variant mutations,
	pneumonia, active	anticardiolipin antibody
	inflammation,	syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity,	myeloproliferative
	previous stroke,	disorders)
	rheumatologic	disorders)
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury
		with paresis
	History of DVT	Multiple major traumas
	or family history	-
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	
	Moderate or	1
	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)  $\bigcirc$  Patient currently has an active order for the rapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Page 18 of 53

Moderate risk of VTE On	,	
	active order for therapeutic anticoagulant or laxis because: patient is already on therapeut	
Place sequential compre	ssion device	
	s exist for mechanical prophylaxis Once, Ropphylaxis due to the following contraindication	
<ul><li>Place/Maintain se</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	quential compression device continuous C	Continuous, Routine
O Moderate Risk - Patient currer	ntly has an active order for therapeutic anti	coagulant or VTE prophylaxis (Required)
✓ Moderate risk of VTE On	ce, Routine	
	active order for therapeutic anticoagulant of laxis because: patient is already on therapeut	
Place sequential compre	ssion device	
	exist for mechanical prophylaxis Once, Ropphylaxis due to the following contraindication	
Side: Bilateral	quential compression device continuous C	Continuous, Routine
Select Sleeve(s):		
	as an active order for therapeutic anticoag	julant or VIE prophylaxis (Required)
✓ High risk of VTE Once, R		
	active order for therapeutic anticoagulant or vlaxis because: patient is already on therapeut	
Place sequential compre	ssion device	
	exist for mechanical prophylaxis Once, Ropphylaxis due to the following contraindication	
<ul><li>Place/Maintain se</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	quential compression device continuous C	Continuous, Routine
O High Risk - Patient currently h	as an active order for therapeutic anticoag	julant or VTE prophylaxis (Required)
High risk of VTE Once, R	outine	
	active order for therapeutic anticoagulant or large description and active order for therapeut active order for the large description and active order for the large description active order for the large description active order for the lar	
Place sequential compre	ession device	
	exist for mechanical prophylaxis Once, Roophylaxis due to the following contraindication	
<ul><li>Place/Maintain se</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	quential compression device continuous C	Continuous, Routine
LOW Risk of VTE (Required)		
Low Risk (Required)		
Low risk of VTE Once, Re	VTE prophylaxis is needed. Will encourgae ea	arly ambulation ○ Due to low risk, no VTE
O MODERATE Risk of VTE - Surgical	•	
✓ Moderate Risk (Required)		
Sign:	Printed Name:	Date/Time:
o.g		Page 19 of 53

✓ Moderate risk of VTE Once, Routine	
Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression of the compression	device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine  No pharmacologic VTE prophylaxis due to the following contraindication(s):	acvice
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
Ocontraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
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	
<ul> <li>✓ enoxaparin (LOVENOX) injection subcutaneous, S+1</li> <li>Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posterior in the left and right and right anterolateral or posterior in the left and right /li></ul>	sterolateral
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 (I this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
Oheparin	

\_\_ Date/Time:\_\_\_ Page 20 of 53 Printed Name:

	Sign:	Printed Name:	Date/Time:
		ologic VTE prophylaxis due to the following co	
		idications exist for pharmacologic prophyl	·
		ns exist for pharmacologic prophylaxis - O	, ,
<b>✓</b>		cological Prophylaxis - Non-Surgical Patie	ent (Required)
	✓ Moderate risk of	,	
	Moderate Risk (Require		
✓ Mod	erate Risk Pharmacolog	ical Prophylaxis - Non-Surgical Patient (Re	equired)
O MODERA	ATE Risk of VTE - Non-S	urgical (Required)	
Sic	Place/Maintain sequen le: Bilateral lect Sleeve(s):	tial compression device continuous Contin	nuous, Routine
C	Contraindications exis	t for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	е
☐ Mec	hanical Prophylaxis (Red		
	☐ warfarin Indication: Dose Selection	(COUMADIN) tablet 1 , oral on Guidance:	
	_	cy consult to manage warfarin (COUMADIN	N) Until discontinued, Routine
	Medications		
	Indication:  Dose Selection Guida		
	O WITHOUT pharm	nacy consult 1 , oral, daily at 1700	
C	warfarin (COUMADIN)		
	O Wt LESS	S than or equal to 100 kg 5000 Units, subcut	taneous, every 8 hours scheduled
	○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours	s scheduled
	O Not high bleed r	risk	
	O HEParin	(porcine) injection - Q8 Hours 5000 Units,	every 8 hours scheduled
	O HEParin	(porcine) injection - Q12 Hours 5000 Units	s, every 12 hours scheduled
	Please weight the	risks/benefits of bleeding and clotting w	when selecting the dosing frequency.
		uency is appropriate for most high blee nts also have high clotting risk in which	
	ctive GI ulcer	31010103	
	Chronic use of NSAIDs		DII
		nt requiring admission and/or transfusio	nn
	rior intra-cranial hemo rior ischemic stroke	rrhage	
	cirrhosis/hepatic failure		
A	ctive cancer		
	oual antiplatelet therap	У	
	It count < 100 K/uL		
	Instable Hgb Renal impairment		
	Veight < 50 kg		
	.ge <u>&gt;</u> 75		
	ligh Risk Bleeding Ch	naracteristics	

\_\_ Date/Time:\_\_\_ Page 21 of 53

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
○ Contraindications exist for pharmacologic prophylaxis AND mechanical prophyla	vie
	AI3
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
<ul> <li>ENOXAPARIN 30 MG DAILY</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolated     </li> </ul>	eral or posterolateral
abdominal wall. Alternate injection site with each administration.	eral or posterolateral
<ul> <li>○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytor order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min</li> <li>○ heparin</li> </ul>	, , ,

\_\_ Date/Time:\_\_\_ Page 22 of 53 Printed Name: Sign:\_\_\_\_

Age > 75	eeding Characteristics	
Age <u>≥</u> 75   Weight < 50 k	2	
Unstable Hgb		
Renal impairn		
Plt count < 10		
Dual antiplate		
Active cancer		
Cirrhosis/hepa	atic failure	
	nial hemorrhage	
Prior ischemic		
History of blee	eding event requiring admission and/or transfusi	on
	f NSAIDs/steroids	
Active GI ulce	r	
O		
	Bleed Risk  2 hour frequency is appropriate for most high ble	anding rick nationts. However
some hi	gh bleeding risk patients also have high clotting cy may be clinically appropriate.	
Please frequen	weight the risks/benefits of bleeding and clotting	when selecting the dosing
•	O HEParin (porcine) injection - Q12 Hours 5000 U	nits, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Un	
O Not	high bleed risk	, <b>, -</b>
		arma a da a dada d
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 ho	
	O Wt LESS than or equal to 100 kg 5000 Units, sub	ocutaneous, every 8 hours scheduled
O warfarin (CC	DUMADIN)	
	HOUT pharmacy consult 1 , oral, daily at 1700	
Indication		
	ection Guidance:	
O Med	ications	
	<b>✓</b> Pharmacy consult to manage warfarin (COUMA Indication:	DIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral Indication:	
	Dose Selection Guidance:	
☐ Mechanical Prophylaxis	(Required)	
	exist for mechanical prophylaxis Once, Routine ohylaxis due to the following contraindication(s):	
Place/Maintain seq Side: Bilateral Select Sleeve(s):	uential compression device continuous Continuous,	Routine
HIGH Risk of VTE - Surgical (	Required)	
✓ High Risk (Required)	(Nequilleu)	
	and Douting	
High risk of VTE O		
	cal Prophylaxis - Surgical Patient (Required)	
No pharmacologic VTE p	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
<ul><li>Enoxaparin (LOVE)</li><li>Patient renal status:</li></ul>	NOX) for Prophylactic Anticoagulation (Required)  @CRCL@	
Sign:	Printed Name:	<b>Date/Time:</b> Page 23 of 53

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.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min.	
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	
/ touvo of diooi	
O Himb Blood Biok	
<ul> <li>High Bleed Risk</li> <li>Every 12 hour frequency is appropriate for most high bleeding risk patients. How</li> </ul>	vever some high
bleeding risk patients also have high clotting risk in which every 8 hour frequency	
clinically appropriate.	by may be
omnowny 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

 $\bigcirc$  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 53
Sign:	Printed Name:	Date/Time:
	Administer by deep subcutaneous injection into the left and ri abdominal wall. Alternate injection site with each administration	-
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):	
$\circ$	ENOXAPARIN SQ DAILY	
	abdominal wall. Alternate injection site with each administration	-
	Indication(s): Administer by deep subcutaneous injection into the left and ri	ight anterolateral or posterolateral
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous	s, daily at 1700, S+1
$\circ$	ENOXAPARIN 30 MG DAILY	
		Hours
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
	ODE ATED THAN 1. FOLIAL 4. 440km	hours
		30mg every 12
	100 to 139kg	enoxaparin
	LESS THAN 100kg	enoxaparin 40mg daily
	Weight	Dose
	nts with CrCl GREATER than or EQUAL to 30mL/min, en recommended doses by weight:	
	parin for Prophylactic Anticoagulation Nonsurgical (Requiredenal status: @CRCL@	1)
	<b>lindications exist for pharmacologic prophylaxis</b> Once, Routin cologic VTE prophylaxis due to the following contraindication(s):	ne
_	narmacological Prophylaxis - Non-Surgical Patient (Required)	
High ri	sk of VTE Once, Routine	
✓ High Risk (R	dequired)	
O HIGH Risk of VT	E - Non-Surgical (Required)	
<ul><li>Place/I</li><li>Side: Bilate</li><li>Select Slee</li></ul>		ous, Routine
	<b>indications exist for mechanical prophylaxis</b> Once, Routine ical VTE prophylaxis due to the following contraindication(s):	
☐ Mechanical	Prophylaxis (Required)	
	Indication:	
	✓ Pharmacy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
	Medications	
Indic	cation: e Selection Guidance:	
	WITHOUT pharmacy consult 1 , oral, daily at 1700	
○ warfar	in (COUMADIN)	ledus, every o flours scrieduled
	<ul> <li>Wt &gt; 100 kg 7500 Onlis, subcutaneous, every 8 nours st</li> <li>Wt LESS than or equal to 100 kg 5000 Units, subcutan</li> </ul>	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours so	shadulad

O heparin High Risk Bleeding C	naracteristics	
Age <u>&gt;</u> 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	У	
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemo	rrhage	
Prior ischemic stroke		
	nt requiring admission and/or transfusion	
Chronic use of NSAIDs	/steroids	
Active GI ulcer		
	uency is appropriate for most high bleedin nts also have high clotting risk in which eve	
Please weight the	risks/benefits of bleeding and clotting whe	n selecting the dosing frequency
	(porcine) injection - Q12 Hours 5000 Units, ev	·
○ HEParir	(porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high bleed	isk	
○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours scl	heduled
	6 than or equal to 100 kg 5000 Units, subcutane	ous, every 8 hours scheduled
○ warfarin (COUMADIN)		
<ul><li>WITHOUT phare Indication:</li><li>Dose Selection Guida</li></ul>	nacy consult 1 , oral, daily at 1700 nnce:	
O Medications		
Pharma Indication:	cy consult to manage warfarin (COUMADIN) ∪	Intil discontinued, Routine
Indication:	(COUMADIN) tablet 1 , oral on Guidance:	
Mechanical Prophylaxis (Re	ruired)	
	. ,	
No mechanical VTE prophyl	t for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	
Place/Maintain sequer Side: Bilateral Select Sleeve(s):	tial compression device continuous Continuou	us, Routine
H Risk of VTE - Surgical (Hip	/Knee) (Required)	
High Risk (Required)	, , , ,	
	Doubling	
✓ High risk of VTE Once,		
High Risk Pharmacological	Prophylaxis - Hip or Knee (Arthroplasty) Surgi	ical Patient (Required)
Ciar:	Printed Name:	Date/Time:

O Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
Apixaban and Pharmacy Consult (Required)	
☑ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
Indications:   VTE prophylaxis	
Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will a following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg
	every 12 hours
<ul> <li>ENOXAPARIN 30 MG DAILY</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolateral or pos     </li> </ul>	
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 medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min	
O heparin	

\_\_ Date/Time:\_\_\_ Page 27 of 53 Printed Name: Sign:\_\_\_\_

High Rick	Bleeding Characteristics	
Age ≥ 75	Dieeding Onaracteristics	
Weight < 5	) ka	
Unstable H		
Renal impa	<u> </u>	
Plt count <		
Dual antiple	atelet therapy	
Active cand	er	
Cirrhosis/h	epatic failure	
	cranial hemorrhage	
Prior ische		
	leeding event requiring admission and/or transfusion	
	e of NSAIDs/steroids	
Active GI u	cer	
Every bleedi	gh Bleed Risk 12 hour frequency is appropriate for most high bleeding risk patien ng risk patients also have high clotting risk in which every 8 hour fro lly appropriate.	
Please	e weight the risks/benefits of bleeding and clotting when selecting t	he dosing frequency.
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours s	
	HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours sch	
O No	t high bleed risk	
0	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 h	nours scheduled
O Rivaroxa	pan and Pharmacy Consult (Required)	
daily at Indicati For Xa absorp <b>☑ Ph</b>	aroxaban (XARELTO) tablet for hip or knee arthroplasty planned during 10600 (TIME CRITICAL) ons: o VTE prophylaxis relto 15 mg and 20 mg, give with food or follow administration with enteral feetion. Do not administer via post-pyloric routes. armacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinons: VTE prophylaxis	ding to increase medication
Indicati		
warfarin	COUMADIN)	
	THOUT pharmacy consult 1 , oral, daily at 1700	
Indicati		
	election Guidance:	
∪ IVI€	dications	
	✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinue Indication:	ed, Routine
	warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:	
Mechanical Pro	pphylaxis (Required)	
	dications exist for mechanical prophylaxis Once, Routine  I VTE prophylaxis due to the following contraindication(s):	
_	intain sequential compression device continuous Continuous, Routine	
Sian:	Printed Name:	Date/Time:
Sigii	FIIILEU NAIIIE	Page 28 of 53
		J = = = 1

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	

		∣tnerapy	
		Moderate or	
		major surgery	
		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guide for COVID pati Anticoagulation Guideline - 8.20.2021v1  Patient currently has an active ord (Required)	· •		
O Moderate Risk - Patient curre	ntly has an active order for therapeutic an	nticoagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 29 of 53

Sign:	Printed Name:	Date/Time: Page 30 of 53
` . ,		_
✓ Moderate Risk (Required)	(i vedalied)	
prophylaxis is needed. Will Moderate Risk of VTE - Surgical		
Low risk of VTE Once Low risk: o Due to low risk,	no VTE prophylaxis is needed. Will encourgae early a	ambulation ○ Due to low risk, no VTE
✓ Low Risk (Required)		
Select Sleeve(s):  LOW Risk of VTE (Required)		
Side: Bilateral	sequential compression device continuous Conti	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	e
Place sequential comp	pression device	
	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
High risk of VTE Once		
	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
_	prophylaxis due to the following contraindication(s): sequential compression device continuous Continuous	nuous, Routine
○ Contraindication	ns exist for mechanical prophylaxis Once, Routing	е
Therapy for the following:  Place sequential comp	pression device	
No pharmacologic VTE prop	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
✓ High risk of VTE Once		
O High Risk - Patient currently	has an active order for therapeutic anticoagular	nt or VTE prophylaxis (Required)
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	sequential compression device continuous Continuous	nuous, Routine
No mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
✓ Place sequential com		
No pharmacologic VTE prop Therapy for the following:	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
✓ Moderate risk of VTE		,
Select Sleeve(s):  Moderate Risk - Patient cur	ently has an active order for therapeutic anticoag	gulant or VTE prophylaxis (Required)
	sequential compression device continuous Continuous	nuous, Routine
	ns exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	е
✓ Place sequential com	pression device	
✓ Patient currently has a	n active order for therapeutic anticoagulant or V hylaxis because: patient is already on therapeutic ar	
Moderate risk of VTE	Once. Routine	

 $\bigcirc$ 

 $\bigcirc$ 

_	
✓ 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):	
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 possible depiction and complete the control of the contr	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 of or suspected case of Heparin-Induced Thrombocytopenia (his medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 30 mL/min.	HIT) do NOT order or CrCl LESS than
O heparin	

\_ Date/Time:\_ Page 31 of 53 **Printed Name:** 

High Risk	
	R Bleeding Characteristics
Age ≥ 75	
Weight <	
Unstable	
Renal imp	
	< 100 K/uL
	latelet therapy
Active car	
	nepatic failure
	-cranial hemorrhage emic stroke
	bleeding event requiring admission and/or transfusion se of NSAIDs/steroids
	·
Active GI	uicer
Ever bleed	igh Bleed Risk y 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig ling risk patients also have high clotting risk in which every 8 hour frequency may be ally appropriate.
Pleas	se 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
$\bigcirc$ N	ot high bleed risk
O N	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O warfarin	(COUMADIN)
$\bigcirc$ v	/ITHOUT pharmacy consult 1 , oral, daily at 1700
Indica	
	Selection Guidance:
$\bigcirc$ N	ledications
O IV	_
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
<b>Mechanical P</b>	rophylaxis (Required)
	ndications exist for mechanical prophylaxis Once, Routine ral VTE prophylaxis due to the following contraindication(s):
<ul><li>Place/M</li><li>Side: Bilatera</li><li>Select Sleev</li></ul>	
derate Risk of	VTE - Non-Surgical (Required)
Moderate Ris	(Required)
_	e risk of VTE Once, Routine
	k Pharmacological Prophylaxis - Non-Surgical Patient (Required)
	ndications exist for pharmacologic prophylaxis - Order Sequential compression device
( ) [ Ontroll	idioations exist for pharmacologic prophylaxis - Order sequential complession device
_	ontraindications exist for pharmacologic prophylaxis Once, Routine

**Printed Name:** 

Date/Time: Page 32 of 53

✓ 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 following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparir 40mg daily
100 to 139kg	enoxaparir 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparir 40mg every 12 hours
<ul> <li>○ ENOXAPARIN 30 MG DAILY</li> <li>✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):</li> <li>Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.</li> </ul>	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 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (His medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 30 mL/min	
O heparin	

\_\_ Date/Time:\_\_\_\_ Page 33 of 53 Printed Name:

Renal impairment Plt count < 100 K/uL					
Dual antiplatelet therapy  Active cancer					
Cirrhosis/hepatic failure					
Prior intra-cranial hemo					
Prior ischemic stroke					
History of bleeding eve	nt requiring admission and/or transfusion				
Chronic use of NSAIDs					
Active GI ulcer					
bleeding risk patie	uency is appropriate for most high bleedii nts also have high clotting risk in which ev	ng risk patients. However, some high very 8 hour frequency may be			
clinically appropria	te.				
Please weight the	risks/benefits of bleeding and clotting whe	en selecting the dosing frequency.			
O HEParir	(porcine) injection - Q12 Hours 5000 Units, e	very 12 hours scheduled			
O HEParir	(porcine) injection - Q8 Hours 5000 Units, ev	ery 8 hours scheduled			
O Not high bleed	risk				
○ Wt > 10	kg 7500 Units, subcutaneous, every 8 hours so	cheduled			
	6 than or equal to 100 kg 5000 Units, subcutan				
○ warfarin (COUMADIN)	S than of equal to 100 kg 5000 Offics, subcutant	leous, every o nours scrieduled			
O WITHOUT phare Indication:  Dose Selection Guida	nacy consult 1 , oral, daily at 1700 ance:				
	cy consult to manage warfarin (COUMADIN)	Until discontinued, Routine			
Indication:  warfarin Indication:	(COUMADIN) tablet 1 , oral				
Dose Selecti	on Guidance:				
Mechanical Prophylaxis (Re	quired)				
	t for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):				
<ul> <li>Place/Maintain sequer</li> <li>Side: Bilateral</li> <li>Select Sleeve(s):</li> </ul>	tial compression device continuous Continuo	ous, Routine			
n Risk of VTE - Surgical (Req	uired) cal prophylaxis by ordering from Pharmacological and	d Mechanical Prophylaxis.			
High Risk (Required)					
✓ High risk of VTE Once.	Routine				
	Prophylaxis - Surgical Patient (Required)				
O Contraindications exis	t for pharmacologic prophylaxis Once, Routir hylaxis due to the following contraindication(s):	ne			
	() for Prophylactic Anticoagulation (Required)	)			

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):			
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			
medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min.	CI LESS than 30		
O heparin			
High Risk Bleeding Characteristics			
$Age \ge 75$			
Weight < 50 kg			
Unstable Hgb			
Renal impairment Plt count < 100 K/uL			
Dual antiplatelet therapy Active cancer			
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage			
Prior ischemic stroke			
History of bleeding event requiring admission and/or transfusion  Chronic use of NSAIDs/steroids			
Active GI ulcer			
O High Bleed Risk			
Every 12 hour frequency is appropriate for most high bleeding risk patients. How			
bleeding risk patients also have high clotting risk in which every 8 hour frequence	у шау ве		
clinically appropriate.			
Please weight the risks/benefits of bleeding and clotting when selecting the dosi	ing frequency		

Please weight t	he risks/benefits of bleeding and clotting when	selecting the dosing frequency
O HEP	arin (porcine) injection - Q12 Hours 5000 Units, eve	ery 12 hours scheduled
	arin (porcine) injection - Q8 Hours 5000 Units, ever	y 8 hours scheduled
O Not high ble	ed risk	
Sign:	Printed Name:	Date/Time:

		○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled			
		Wt > 100 kg 7500 offits, subcutarieous, every 8 flours scrieduled     Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours sc	h a dula d		
		•	neduled		
	O warfarin (C				
	Indication				
		ection Guidance:			
		ications			
		Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Rout ndication:	tine		
		warfarin (COUMADIN) tablet 1 , oral ndication:			
		Oose Selection Guidance:			
_		on-Surgical (Required)			
_	-	and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis			
	gh Risk (Require	,			
_	•	f VTE Once, Routine			
✓ Hi	gh Risk Pharm	acological Prophylaxis - Non-Surgical Patient (Required)			
1		cations exist for pharmacologic prophylaxis Once, Routine gic VTE prophylaxis due to the following contraindication(s):			
		n for Prophylactic Anticoagulation Nonsurgical (Required) status: @CRCL@			
		rith CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will mmended 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 ENO	XAPARIN 30 MG DAILY			
		enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1			
		ndication(s):	.tanalatanal		
		Administer by deep subcutaneous injection into the left and right anterolateral or posablominal wall. Alternate injection site with each administration.	sterolateral		
	_	XAPARIN SQ DAILY			
		enoxaparin (LOVENOX) injection subcutaneous, S+1			
		ndication(s):			
	Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.				
t	If the patient doe	ux (ARIXTRA) injection 2.5 mg, subcutaneous, daily es not have a history of or suspected case of Heparin-Induced Thrombocytopenia (ECONTRAIN CONTRAIN PROPERTY IN			
	O heparin				
	Sign:	Printed Name: Date	Time:		
	<b>J</b>		Page 36 of 53		

High Risk Bleeding Ch	aracteristics	
Age ≥ 75	uradionotio	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy	,	
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemor	rhage	
Prior ischemic stroke		
	t requiring admission and/or transfusion	
Chronic use of NSAIDs/s	sterolas	
Active GI ulcer		
O		
O High Bleed Risk	uency is appropriate for most high bleedin	a rick nationts. However, some high
	its also have high clotting risk in which evo	
clinically appropriate		ory o nour frequency may be
Please weight the ri	isks/benefits of bleeding and clotting whe	n selecting the dosing frequency.
_	(porcine) injection - Q12 Hours 5000 Units, ev	
		•
	(porcine) injection - Q8 Hours 5000 Units, eve	ery 8 nours scheduled
O Not high bleed ris	sk	
○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours sc	heduled
O Wt LESS	than or equal to 100 kg 5000 Units, subcutane	eous, every 8 hours scheduled
O warfarin (COUMADIN)		
	acy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection Guidar	nce:	
○ Medications		
Pharmacy Indication:	y consult to manage warfarin (COUMADIN) U	ntil discontinued, Routine
☐ warfarin ( Indication:	(COUMADIN) tablet 1 , oral	
Dose Selection	n Guidance:	
h Risk of VTE - Surgical (Hip/K		
<del>-</del>	al prophylaxis by ordering from Pharmacological and	Mechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE Once, F	Routine	
		ical Patient (Pequired)
	rophylaxis - Hip or Knee (Arthroplasty) Surg	` ' '
No pharmacologic VTE proph	for pharmacologic prophylaxis Once, Routine ylaxis due to the following contraindication(s):	e
<ul> <li>aspirin chewable tablet</li> </ul>	162 mg, daily, S+1	
<ul><li>aspirin (ECOTRIN) enter</li></ul>	ric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmac	y Consult (Required)	
· ·	IS) tablet 2.5 mg, 2 times daily, S+1	
_	It to monitor apixaban (ELIQUIS) therapy Unt	il discontinued, STAT
Sign:	Printed Name:	Date/Time:

\_ Date/Time:\_ Page 37 of 53

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

	nmended doses by weight:  Weight	Dose
	LESS THAN 100kg	enoxapari
		40mg dail
	100 to 139kg	enoxapari
		30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxapari
	CITE TIME OF EQUITE TO 140Kg	40mg
		every 12
		hours
$\bigcirc$ ENOX	APARIN 30 MG DAILY	
V	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700	0, S+1
	dication(s):	
Ac	dminister by deep subcutaneous injection into the left and right anterolate	ral or posterolateral
ab	dominal wall. Alternate injection site with each administration.	
○ ENOX	APARIN SQ DAILY	
V	enoxaparin (LOVENOX) injection subcutaneous, S+1	
	dication(s):	
	dminister by deep subcutaneous injection into the left and right anterolate	ral or posterolateral
	odominal wall. Alternate injection site with each administration.	•
$\overline{}$		
.) fondaparinu	x (ARIXTRA) injection 2.5 mg, subcutaneous, daily S+1	
	x (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 s not have a history or suspected case of Heparin-Induced Thrombocytop	enia (HIT) do NOT order t
the patient does	x (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 s not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive procedu	enia (HIT) do NOT order t ire, or CrCl LESS than 30
the patient does nedication. Cont	not have a history or suspected case of Heparin-Induced Thrombocytop	enia (HIT) do NOT order t ire, or CrCl LESS than 30
the patient does nedication. Cont nL/min heparin	s not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive procedu	enia (HIT) do NOT order t ıre, or CrCl LESS than 30
the patient does nedication. Cont nL/min heparin High Risk Ble	not have a history or suspected case of Heparin-Induced Thrombocytop	enia (HIT) do NOT order t Ire, or CrCl LESS than 30
the patient does nedication. Cont nL/min heparin High Risk Bla Age ≥ 75	s not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive procedu	enia (HIT) do NOT order t ire, or CrCl LESS than 30
the patient does nedication. Contuction Cont	s not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive procedu	enia (HIT) do NOT order t ıre, or CrCl LESS than 30
the patient does nedication. Control Miles in the parin helps in the p	s not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive proceduceding Characteristics	enia (HIT) do NOT order t ıre, or CrCl LESS than 30
the patient does nedication. Cont nL/min heparin High Risk Ble Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairm	e not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive proceduceding Characteristics  general	enia (HIT) do NOT order t ire, or CrCl LESS than 30
the patient does dedication. Control National Properties  The parin High Risk Block Age ≥ 75  Weight < 50 kg  Unstable Hgb  Renal impairm  Plt count < 10	e not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive proceduceding Characteristics  g nent 0 K/uL	ire, or CrĆl LESS than 30
the patient does nedication. Control Miles in the parin i	e not have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive proceduceding Characteristics  g nent 0 K/uL	ire, or CrĆl LESS than 30
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the patient does redication. Control InL/min  heparin  High Risk Bleach September 1988  Height < 50 kg  Height < 50 kg  Height < 50 kg  Height < 10 kg  Heigh	enot have a history or suspected case of Heparin-Induced Thrombocytop raindicated in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LESS than 50kg, prior to surgery/invasive proceduced in patients LE	ire, or CrĆl LESS than 30
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COPD Admission (712)

<b>Version:</b> 9 <b>Gen:</b> 10/15/2025
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication
absorption. Do not administer via post-pyloric routes.
Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
O Medications
✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
warfarin (COUMADIN) tablet 1 , oral Indication:  Dose Selection Guidance:

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_\_Page 39 of 53

VTE Risk and Prophylaxis Tool		
Low Risk Definition		High Risk Definition
	Definition	Both pharmacologic
	Pharmacologic	AND mechanical
	prophylaxis	prophylaxis must be
	must be	addressed.
	addressed.	
	Mechanical	
	prophylaxis is	
	optional unless	
	pharmacologic	
	is	
	contraindicated.	
Age less than 60 years and NO other VTE risk factors		One or more of the
	the following	following medical
	<u>medical</u>	conditions:
	conditions:	
Patient already adequately anticoagulated	CHF, MI, lung	Thrombophilia (Factor
• • •	disease,	V Leiden, prothrombin
	pneumonia,	variant mutations,
	active	anticardiolipin antibody
	inflammation,	syndrome;
	dehydration,	antithrombin, protein C
	varicose veins,	or protein S deficiency;
	cancer, sepsis,	hyperhomocysteinemia;
	obesity,	myeloproliferative
	previous stroke,	disorders)
	rheumatologic	,
	disease, sickle	
	cell disease,	
	leg swelling,	
	ulcers, venous	
	stasis and	
	nephrotic	
	syndrome	
	Age 60 and	Severe fracture of hip,
	above	pelvis or leg
	Central line	Acute spinal cord injury
		with paresis
	History of DVT	Multiple major traumas
	or family history	
	of VTE	
	Anticipated	Abdominal or pelvic
	length of stay	surgery for CANCER
	GREATER than	
	48 hours	
	Less than fully	Acute ischemic stroke
	and	
	independently	
	ambulatory	
	Estrogen	History of PE
	therapy	
	Moderate or	
	major surgery	1
	(not for cancer)	
	Major surgery	
	within 3 months	
	of admission	
	UI autilissiuti	

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 40 of 53 **Printed Name:** 

Sign:	Printed Name:	<b>Date/Time:</b> Page 41 of 53
✓ Moderate Risk (Required)		
MODERATE Risk of VTE - Surgical	ai (Kequirea)	
Low risk: ○ Due to low risk, no prophylaxis is needed. Will er	o VTE prophylaxis is needed. Will encourgae ear ncourage early ambulation	rly ambulation ○ Due to low risk, no VTE
Low risk of VTE Once, F	Routine	
Low Risk (Required)		
Side: Bilateral Select Sleeve(s):  LOW Risk of VTE (Required)		
Place/Maintain s	equential compression device continuous Co	,
	s exist for mechanical prophylaxis Once, Rourophylaxis due to the following contraindication(s	
✓ Place sequential compr		
No pharmacologic VTE proph Therapy for the following:	n active order for therapeutic anticoagulant or nylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
O High Risk - Patient currently	has an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	oriunuous, Rouune
No mechanical VTE p	rophylaxis due to the following contraindication(s	s):
	ression device is exist for mechanical prophylaxis Once, Rou	ıtine
	n active order for therapeutic anticoagulant or hylaxis because: patient is already on therapeutic	
✓ High risk of VTE Once,		VTE prophylovia Once Deviine
	has an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	
No mechanical VTE p	rophylaxis due to the following contraindication(s	s):
✓ Place sequential compr	ession device is exist for mechanical prophylaxis Once, Rou	itina
No pharmacologic VTE proph Therapy for the following:	n active order for therapeutic anticoagulant or nylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE ○		
	ently has an active order for therapeutic antico	oagulant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	ntinuous, Routine
	es exist for mechanical prophylaxis Once, Rourophylaxis due to the following contraindication(s	
Place sequential compr	ression device	
Patient currently has ar	n active order for therapeutic anticoagulant or nylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE ○	nce, Routine	

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

\_ Date/Time:\_ Page 42 of 53 **Printed Name:** 

	Sign:	Printed Name:	Date/Time:
		cologic VTE prophylaxis due to the following co	
	_	ndications exist for pharmacologic prophyl	·
		ons exist for pharmacologic prophylaxis - O	, , ,
<b>✓</b>		acological Prophylaxis - Non-Surgical Patie	ent (Required)
		of VTE Once, Routine	
	Moderate Risk (Requir		
✓ Mod	erate Risk Pharmacolog	gical Prophylaxis - Non-Surgical Patient (Re	equired)
O MODERA	ATE Risk of VTE - Non-S	Surgical (Required)	
Sid	Place/Maintain sequente: Bilateral lect Sleeve(s):	ntial compression device continuous Contin	nuous, Routine
	Contraindications exis	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	е
☐ Mec	hanical Prophylaxis (Re	equired)	
	Indication:	n (COUMADIN) tablet 1 , oral ion Guidance:	
	_	ncy consult to manage warfarin (COUMADIN	V) Until discontinued, Routine
	Medications		
	Indication: Dose Selection Guid		
	O WITHOUT phar	macy consult 1 , oral, daily at 1700	
C	warfarin (COUMADIN)		
	O Wt LES	S than or equal to 100 kg 5000 Units, subcut	taneous, every 8 hours scheduled
	○ Wt > 10	<b>0 kg</b> 7500 Units, subcutaneous, every 8 hours	s scheduled
	O Not high bleed	risk	
	O HEParii	n (porcine) injection - Q8 Hours 5000 Units,	every 8 hours scheduled
	O HEParii	n (porcine) injection - Q12 Hours 5000 Units	, every 12 hours scheduled
		risks/benefits of bleeding and clotting w	
	clinically appropria		
		quency is appropriate for most high blee	
A	ctive GI ulcer		
	Chronic use of NSAIDs		
F	listory of bleeding eve	ent requiring admission and/or transfusio	n
	rior ischemic stroke	omago	
	rior intra-cranial hemo		
	ctive cancer Cirrhosis/hepatic failure	Δ	
	oual antiplatelet therap	Dy	
	Plt count < 100 K/uL		
	Renal impairment		
	Instable Hgb		
	Veight < 50 kg		
	age ≥ 75	ilalacteristics	
	ligh Risk Bleeding C	baractariation	

\_ Date/Time:\_ Page 43 of 53

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
○ Contraindications exist for pharmacologic prophylaxis AND mechanical prophyla	vie
	AI3
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
<ul> <li>ENOXAPARIN 30 MG DAILY</li> <li>enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s):         Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.     </li> <li>ENOXAPARIN SQ DAILY</li> <li>enoxaparin (LOVENOX) injection subcutaneous, S+1</li> </ul>	
Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolateral
○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytop order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive LESS than 30 mL/min ○ heparin	, , ,

Printed Name: \_\_ Date/Time: Page 44 of 53 Sign:\_\_\_\_

	VOISION: 0 CON: 10/10/2020	
	Bleeding Characteristics	
Age <u>&gt;</u> 75		
Weight < 50		
Unstable Ho		
Renal impai		
	Itelet therapy	
Active cand		
	epatic failure	
	ranial hemorrhage	
Prior ischen		
History of bl	leeding event requiring admission and/or trans	sfusion
	e of NSAIDs/steroids	
Active GI ul	cer	
	gh Bleed Risk	
some	12 hour frequency is appropriate for most hig high bleeding risk patients also have high clot ency may be clinically appropriate.	
Pleas freque	e weight the risks/benefits of bleeding and clo	tting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	
	O HEParin (porcine) injection - Q8 Hours 500	0 Units, every 8 hours scheduled
	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	y 8 hours scheduled
	○ Wt LESS than or equal to 100 kg 5000 Units	
O westerin (	COUMADIN)	s, subcutancous, every o nours seneduled
	•	
Indicat		
	Selection Guidance:	
O Me	edications	
	Pharmacy consult to manage warfarin (CO Indication:	UMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication:	
	Dose Selection Guidance:	
☐ Mechanical Prophylax	is (Required)	
	as exist for mechanical prophylaxis Once, Routine rophylaxis due to the following contraindication(s):	
Place/Maintain services Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	uous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ <b>High Risk</b> (Required)	( )	
✓ High risk of VTE	Once Routine	
_	egical Prophylaxis - Surgical Patient (Required)	
		lin a
No pharmacologic VTI	as exist for pharmacologic prophylaxis Once, Rout E prophylaxis due to the following contraindication(s):	:
<ul><li>Enoxaparin (LOV Patient renal statu</li></ul>	/ENOX) for Prophylactic Anticoagulation (Requiredus: @CRCL@	d)
Sign:	Printed Name:	Date/Time:

Date/Time: Page 45 of 53

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

		hours
	GREATER THAN or EQUAL to 140kg	enoxaparin
		40mg
		every 12
		hours
O ENOXAPARII	N 30 MG DAILY	
enox	<b>aparin (LOVENOX) injection</b> 30 mg, subcutaneous, daily at 1700, S+1	
Administe	er by deep subcutaneous injection into the left and right anterolateral or p al wall. Alternate injection site with each administration.	osterolateral
O ENOXAPARII	•	
enox	aparin (LOVENOX) injection subcutaneous, S+1	
Administe	er by deep subcutaneous injection into the left and right anterolateral or pal wall. Alternate injection site with each administration.	osterolateral
f the patient does not have	(TRA) injection 2.5 mg, subcutaneous, daily, S+1 ve a history or suspected case of Heparin-Induced Thrombocytopenia (Fated in patients LESS than 50kg, prior to surgery/invasive procedure, or 0	
O heparin		
<b>High Risk Bleeding</b>	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet ther	ару	
Active cancer		
Cirrhosis/hepatic fail		
Prior intra-cranial he		
Prior ischemic stroke		
	event requiring admission and/or transfusion	
Chronic use of NSAI	Ds/steroids Ds/steroids	
Active GI ulcer		
	requency is appropriate for most high bleeding risk patients. Heatients also have high clotting risk in which every 8 hour frequen	
Please weight the	he risks/benefits of bleeding and clotting when selecting the do	sing frequency.
	arin (porcine) injection - Q12 Hours 5000 Units, every 12 hours schedu	uled
О НЕРа	arin (porcine) injection - Q8 Hours 5000 Units, every 8 hours schedule	d
O Not high blee	ed risk	
Sign:	Printed Name: Date	te/Time·
J.B.I.		Page 46 of 5

- <b>J</b>		Page 47 of 53
Sign:	Printed Name:	Date/Time:
Adm	pailon(s).  Ininister by deep subcutaneous injection into the left and right antercomminal wall. Alternate injection site with each administration.	olateral or posterolateral
	enoxaparin (LOVENOX) injection subcutaneous, S+1 cation(s):	
_	PARIN SQ DAILY	
abdo	ominal wall. Alternate injection site with each administration.	natoral of posterolatoral
Indic	cation(s): ninister by deep subcutaneous injection into the left and right anterc	
	PARIN 30 MG DAILY enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at	1700 S+1
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
	100 to 139kg	enoxaparin 30mg every 12 hours
		40mg daily
	LESS THAN 100kg	enoxaparin
following recomm	nended doses by weight:  Weight	Dose
Patient renal sta	atus: @CRCL@  CrCl GREATER than or EQUAL to 30mL/min, enoxaparin	orders will apply the
-	/TE prophylaxis due to the following contraindication(s):  r Prophylactic Anticoagulation Nonsurgical (Required)	
O Contraindication	ons exist for pharmacologic prophylaxis Once, Routine	
	ological Prophylaxis - Non-Surgical Patient (Required)	
✓ High risk of VT		
✓ High Risk (Required)		
O HIGH Risk of VTE - Non-	Surgical (Required)	
<ul><li>Place/Maintain</li><li>Side: Bilateral</li><li>Select Sleeve(s):</li></ul>	n sequential compression device continuous Continuous, Routin	ne
	ons exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
☐ Mechanical Prophyla		
Indic	warfarin (COUMADIN) tablet 1 , oral cation: e Selection Guidance:	
Indic	cation:	Hunded, Reduite
	Pharmacy consult to manage warfarin (COUMADIN) Until disco	intinued Routine
Dose Selecti	ion Guidance:	
Indication:	JT pharmacy consult 1 , oral, daily at 1700	
○ warfarin (COU	•	
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, eve	ry 8 hours scheduled
	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

ection 2.5 mg, subcutaneous, daily v of or suspected case of Heparin-Inc	duced Thrombocytopenia (HIT) do NOT order
	rgery/invasive procedure, or CrCl LESS than
teristics	
9	
	ion
ids	
	eding risk patients. However, some high
so have high clotting risk in which	h every 8 hour frequency may be
penefits of bleeding and clotting	when selecting the dosing frequency.
ine) injection - Q12 Hours 5000 Unit	ts, every 12 hours scheduled
ine) injection - Q8 Hours 5000 Units	s every 8 hours scheduled
mo, mjourem Qo meane eees eme	, every emeane companies
500 Units, subcutaneous, every 8 hou	rs scheduled
or equal to 100 kg 5000 Units, subc	utaneous, every 8 hours scheduled
consult 1 , oral, daily at 1700	
sult to manage warfarin (COUMAD	IN) Until discontinued, Routine
MADIN) tablet 1 , oral	
nechanical prophylaxis Once, Routing to the following contraindication(s):	ne
mpression device continuous Cont	tinuous, Routine
(Required)	
20	
ylaxis - Hip or Knee (Arthroplasty) \$	Surgical Patient (Required)
Printed Name:	<b>Date/Time:</b> Page 48 of 53
	ry of or suspected case of Heparin-Incorported patients LESS than 50kg, prior to substitute the patients LESS than 50kg, prior to substitute the patients LESS than 50kg, prior to substitute the patients of bleeding and clotting indication - Q12 Hours 5000 Units indication - Q12 Hours 5000 Units indication - Q8 Hours 5000 Units indication - Q8 Hours 5000 Units, subcutaneous, every 8 hours or equal to 100 kg 5000 Units, subcompatients of the patients of the pa

40mg daily 100 to 139kg enoxaparir 30mg every 12 hours		
aspirin chewable tablet 162 mg, daily, S+1 aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1 Apixaban and Pharmacy Consult (Required)  ✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: o VTE prophylaxis ✓ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis  ○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@  For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will apply the following recommended doses by weight:  ■ 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.  ○ 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 (ARXTRA) 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min		
O 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:  ───────────────────────────────────		
Apixaban and Pharmacy Consult (Required)  ✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ∨TE prophylaxis  ✓ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: ∨TE 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 30 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCI LESS than 30 mL/min		
■ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ∨TE prophylaxis  ■ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: ∨TE 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 daily 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 3Q 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgerylinvasive procedure, or CrCl LESS than 30 mL/mini		
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  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.  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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min	✓ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1	
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  LESS THAN 100kg  Prophylactic Anticoagulation (Required)  Report And 100 to 139kg  ENOXAPARIN 30 MG DAILY  Prophylactic Anticoagulation (All States and All States and A	_	
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  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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min	Indications: VTE prophylaxis	
Following recommended doses by weight:  Weight  LESS THAN 100kg  Benoxaparin  100 to 139kg  100 to 139kg  Benoxaparin  30mg  90 every 12  100 hours  GREATER THAN or EQUAL to 140kg  Benoxaparin  40mg  90 every 12  90 hours  ENOXAPARIN 30 MG DAILY  Penoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1  Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  ENOXAPARIN SQ DAILY  Penoxaparin (LOVENOX) injection subcutaneous, S+1  Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection 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 the medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min		
LESS THAN 100kg enoxaparir 40mg daily  100 to 139kg enoxaparir 30mg every 12 hours  GREATER THAN or EQUAL to 140kg enoxaparir 40mg every 12 hours  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 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min		apply the
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 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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min		Dose
GREATER THAN or EQUAL to 140kg  GREATER THAN or EQUAL to 140kg  enoxaparin 40mg every 12 hours  ENOXAPARIN 30 MG DAILY  enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  ENOXAPARIN SQ DAILY  enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s):  Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.  fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1  If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min	LESS THAN 100kg	enoxaparin 40mg daily
## 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 the medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min	100 to 139kg	every 12
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 th medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min	GREATER THAN or EQUAL to 140kg	every 12
	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 possabdominal 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 possabdominal 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 medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrimL/min	sterolateral 「) do NOT order thi

Sign:\_\_\_\_ Printed Name: \_\_ Date/Time: Page 49 of 53

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
A COLVE OF GIOCI
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
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)
O Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Labs

Labs	
	Basic metabolic panel Once, Routine, Blood, 3
	Comprehensive metabolic panel Once, Routine, Blood, 3
	Magnesium Once, Routine, Blood, 3
	Phosphorus Once, Routine, Blood, 3
	CBC and differential Once, Routine, Blood, 3
	NT-proBNP Once, Routine, Blood, 3
	Blood gas, arterial Once, Routine, Blood, 3
	Troponin T Once, Routine, Blood, 3
	Urinalysis Once, Routine, Urine
Microbi	iology
	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; 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.
	Sputum culture Once, Routine, Sputum
	Gram stain Once, Routine
	Respiratory pathogen panel with COVID-19 RT-PCR Once, Routine, Nasopharyngeal
Cardiolog	
Diagnosti X-Ray	c Imaging
_	Chest 2 Vw 1 time imaging, Routine
Is th	e patient pregnant?  ease to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
	Chest 1 Vw Portable 1 time imaging, Routine
Rele	e patient pregnant? ease to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): gnostic Studies
Cardiol	ogy
Clini	ECG 12 lead Once, Routine, 6 ical Indications: repreting Physician:
Respirato	
Respira	·
	BIPAP Once, Routine ructions for As Directed: le:

\_\_ Date/Time:\_\_\_ Page 51 of 53 Printed Name:

	Sign:	Printed Name:	<b>Date/Time:</b> Page 52 of 53
	Consult to Respiratory Therapy Consult? Reason for Consult? Reason for Consult?	Once, Routine	
	Consult to Nutrition Once, Routine Reason For Consult? Purpose/Topic: Reason for Consult?		
	If the patient currently has an order for b	ed rest, please consider revising the activity order	to accommodate therapy.
	therapy	stable for therapy, please obtain the necessary clea	
	Weight Bearing Status:		
	Consult to PT Wound Care Eval a Special Instructions: Location of Wound? Reason for PT?	nd Treat Once, Routine	
	If the patient currently has an order for b	ed rest, please consider revising the activity order	to accommodate therapy
	Weight Bearing Status: Reason for PT?		arance prior to consulting physical
	Reason for Consult:   Discharge Planning Reason for Consult?  PT eval and treat Once, Routine		
	Consult to case management One Consult Reason: Reason for Consult? Consult to social work for dischar		
	Consult to Pulmonary Rehab Onc Pulmonary Rehab Services: Pulmonary Rehab Interventions: Reason for Consult?		
Ar	icillary Consults (For Physician Consu	,	
Cons			
Reha	•	e, Routine, With Incentive Spirometry	
	Incentive spirometry instructions Frequency of use: • Every 2 hours while	e awake with Acapella	
	Oxygen therapy Continuous, Routi Titrate to keep O2 Sat Above: 92% Device: Device: Indications for O2 therapy:	ne	
	CPAP (cm H2O): O2 Bleed In (L/min): FiO2: Titrate to keep O2 Sat Above:		
	CPAP RT - At bedtime, Routine Instructions for As Directed: Bubble CPAP: Mode: Spontaneous		

Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.
☐ Consult to Speech Langauge 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.

**Additional Orders** 

Sign:\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_Date/Time:\_\_\_\_\_\_Page 53 of 53