COVID-19 Adult General Admission (4431)

Version: 24 Gen: 10/15/2025
Location:
General
Admission
Patient has active status order on file.
Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Admission or Observation (Required)
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments:
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments: Admission or Observation Patient has status order on file
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Admit to IP- University Teaching Service Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgement and the patient's condition as documentotes, 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 Seask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Te Clinical Staff" sections in the Summary\Overview tab of Epic. Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider: Patient Condition: Bed request comments: UTS - Outpatient observation services under general supervision Once, Routine Admitting Physician:	ervice at (713) 363-9648 and
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 Se ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Te Clinical Staff" sections in the Summary\Overview tab of Epic.	
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:	
Admission or Observation Patient has active status order on file	
Admit to inpatient Once, 1, Routine Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documente notes, I expect that the patient will need hospital services for two or more midnights.	ed in the HP and progress
O Admit to IP- University Teaching Service Once, Routine	
Admitting Physician: Resident Physician: Resident team assignment: Level of Care: Patient Condition: Bed request comments:	
Certification: I certify that based on my best clinical judgement and the patient's condition as documen 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 Se ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Te Clinical Staff" sections in the Summary\Overview tab of Epic.	ervice at (713) 363-9648 and
Outpatient observation services under general supervision Once, Routine Admitting Physician: Attending Provider:	
Patient Condition: Bed request comments:	

Printed Name:

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COVID-19 Adult General Admission (4431)

Version: 24 Gen: 10/15/2025
Outpatient observation services under general supervision Once, Routine Admitting Physician: Resident Physician: Resident team assignment: Patient Condition: Bed request comments: To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.
Outpatient in a bed - extended recovery Once, Routine Admitting Physician: Bed request comments:
Code Status @CERMSGREFRESHOPT(674511:21703,,,1)@
✓ Code Status DNR and Modified Code orders should be placed by the responsible physician.
○ Full code Continuous, Routine Code Status decision reached by:
O DNR (Do Not Resuscitate) (Required)
DNR (Do Not Resuscitate) Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.: Code Status decision reached by:
☐ Consult to Palliative Care Service
Consult to Palliative Care Service Once, Routine Priority: Reason for Consult? Order? Name of referring provider: Enter call back number: Reason for Consult? Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.
Consult to Social Work Once, Routine Reason for Consult: Reason for Consult?
 Modified Code Continuous, Routine Did the patient/surrogate require the use of an interpreter? Did the patient/surrogate require the use of an interpreter? Does patient have decision-making capacity? Modified Code restrictions: I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.: Code Status decision reached by:

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COVID-19 Adult General Admission (4431) Version: 24 Gen: 10/15/2025 ☐ Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest)) Continuous - Treatment Restrictions. Routine I understand that if the patient is NOT in a cardiopulmonary arrest, the selected treatments will NOT be provided. I understand that all other unselected medically indicated treatments will be provided.: Treatment Restriction decision reached by: Specify Treatment Restrictions: Code Status decision reached by: Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations. The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: Guidance for Code Status & Treatment Restrictions Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient. If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician. **Isolation** (Required) Airborne plus Contact isolation is recommended for all Confirmed or Suspected COVID-19 patients. Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance. Airborne Isolation Airborne isolation status Continuous, Routine, Include eye protection Contact Isolation Contact isolation status Continuous, Routine, Include eye protection **Precautions** ☐ **Aspiration precautions** Continuous, Routine ☐ Fall precautions Continuous, Routine Increased observation level needed: Latex precautions Continuous, Routine ☐ Seizure precautions Continuous, Routine Increased observation level needed: Nursing Vital Signs (Required) Vital signs with link to algorithm of Stepwise management of Hypoxemia ✓ Vital signs - T/P/R/BP Per unit protocol, -1, Days, Routine Pulse oximetry continuous Continuous, -1, Days, Routine Current FIO2 or Room Air: **Activity** (Required) Strict bed rest Until discontinued, Routine ☐ Bed rest with bathroom privileges Until discontinued, Routine Bathroom Privileges: o with bathroom privileges Up with assistance Until discontinued, Routine Specify: o Up with assistance Activity as tolerated Until discontinued, Routine Specify: o Activity as tolerated **HM IP COVID-19 NURSING ADM** Limit repeated entry to room Until discontinued, -1, Occurrences, Routine, Batch all care and work with pharmacy and providers to limit repeated entry to patient care room. Intake and output every shift Every shift, Routine Incentive spirometry instructions Once, Routine Frequency of use:

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

	☐ Telemetry
	▼ Telemetry monitoring Continuous, 3, Days, Routine Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Can be off of Telemetry for baths? Yes Can be off for transport and tests? Yes Reason for telemetry: Reason?
	Telemetry Additional Setup Information Continuous, 3, Days, Routine High Heart Rate (BPM): ○ 120 ○ 120.000 Low Heart Rate(BPM): ○ 50 ○ 50.000 High PVC's (per minute): ○ 10 ○ 10.000 High SBP(mmHg): ○ 175 ○ 175.000 Low SBP(mmHg): ○ 100 ○ 100.000 High DBP(mmHg): ○ 95 ○ 100.000 Low DBP(mmHg): ○ 40 ○ 95.000 Low Mean BP: ○ 60 ○ 60.000 High Mean BP: ○ 120 ○ 120.000 Low SPO2(%): ○ 94 ○ 94.000
LIBA	Daily weights Daily, Routine
HIV	I IP NOTIFY COVID-19 ADMISSION Notify Physician for vitals: Until discontinued, Routine
	MAP less than: o 65 o 60.000 Heart rate greater than (BPM): o 120 o 100 Heart rate less than (BPM): 60 SpO2 less than: 92 Temperature greater than: 100.5 Temperature less than: Systolic BP greater than: 160 Systolic BP less than: 90 Diastolic BP greater than: 100 Diastolic BP less than: 50 Respiratory rate greater than: 25 Respiratory rate less than: 8
Die	✓ Notify Physician for any acute changes in patient conditions (mental status, RR, O2 requirement, or other vital sign changes) Until discontinued, -1, Days, Routine, For critical values. et (Required)
	NPO Diet effective now, Routine NPO: Pre-Operative fasting options: An NPO order without explicit exceptions means nothing can be given orally to the patient. NPO after midnight Diet effective midnight, Routine NPO: Pre-Operative fasting options:
	An NPO order without explicit exceptions means nothing can be given orally to the patient. Diet-Regular Diet effective now, Routine Diet(s): Regular Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

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	Version: 24 Gen: 10/15/2025	,
☐ Diet- Clear Liquid Diet effective now, Diet(s): ○ Clear Liquids Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:	Routine	
Diet- Heart Healthy Diet effective now Diet(s): ○ Heart Healthy Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:	w, Routine	
IV Fluids-IV fluids for COVID-19 should be mi		
Insert and Maintain IV / Central Line Acces ✓ Insert and Maintain IV	s	
✓ Insert peripheral IV Once, 1, Oc	COURTENAGE 1 STAT	
Saline lock IV Once, 1, Occurrer	, ,	
sodium chloride 0.9 % flush 10		
Consult for Venous Access Once, R Access: Reason for Consult?		is less than 45.
Medications General COVID-19 Treatment		
Neither Azithromycin, Hydroxychloroqui COVID-19.	` •	,
Use of these agents for the treatment o	f COVID-19 at HM shall be limited on	ly to within the context of a clinical trial.
Contact local Clinical Pharmacy with an	ny questions.	
	this drug with certain criteria base v the following criteria for your pati	
Documented symptom ons REQUIRING SUPPLEMENT	AL OXYGEN to maintain SpO2 GRE on Room Air without improvement	EATER than 94% or an SpO2 LESS
Patients may not benefit from rem	ndesivir treatment if they are beyon	d 10 days from symptom onset
remdesivir IV Loading and Main	ntenance Doses - HMH Only	
remdesivir in sodium chlor Hold for ALT greater than 500	oride 0.9% 100 mL infusion 50 , intraveno	ous, once, 1, Occurrences, 30.000 Minutes
30.000 Minutes	oride 0.9% 100 mL infusion 100 mg, intravoco complete a full course of Remdesivir prior	
✓ remdesivir IV Loading and Mai	·	-
_	oride 0.9% 100 mL infusion 200 mg, intrav	venous, once, 1, Occurrences, 30.000
Sign:	Printed Name:	Date/Time:

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✓ remdesivir in sodium chloride 0.9%	100 mL infusion	100 mg	intravenous,	every 24 hours	, 4, Occurrences
30.000 Minutes					

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMB Only
 - ✓ remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

✓ remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1500, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMTW Only
 - remdesivir in sodium chloride 0.9% 100 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 100 mL infusion 100 mg, intravenous, daily at 1100, 4, Occurrences, 60.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMCL Only
 - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

✓ remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMWB Only
 - ✓ remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 100 mL infusion 100 mg, intravenous, nightly, 4, Occurrences, 60.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMW Only
 - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

- remdesivir IV Loading and Maintenance Doses HMCCH Only
 - remdesivir in sodium chloride 0.9% 250 mL infusion 200 mg, intravenous, once, 1, Occurrences, 30.000 Minutes

Hold for ALT greater than 500

✓ remdesivir in sodium chloride 0.9% 250 mL infusion 100 mg, intravenous, daily at 1000, 4, Occurrences, 30.000 Minutes

NOTE: Patients do NOT need to complete a full course of Remdesivir prior to discharge.

()	B # :	1.4	COV		\mathbf{a}
\ /	IVII	ın	$\mathbf{L} \cdot \mathbf{L} \cdot $	11 1-1	м

Houston Methodist has approved the use of a 3 day course of remdesivir in patients with mild COVID-19 not admitted to the hospital for COVID related symptoms

Please review the following criteria for your patient:

• Patient was NOT hospitalized BECAUSE OF COVID-19 diagnosis and/or symptoms
Patient is currently NOT REQUIRING OXYGEN (or increase in baseline oxygen requirement)
Patient has not received remdesivir in last 90 days

Patient is immunocompromised - OR - > 65 with at least one comorbid condition conferring high risk to progression

Sign:	Printed Name:	Date/Time:
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✓ Mild - HMB Only

If patient was hospitalized	BECAUSE OF COVID	-19 AND REQUIRING	OXYGEN, pleas	e see "Moderate to
Severe COVID-19"				

	Sign:	Printed Name:	Date/Time: Page 8 of 45
Dexametha	sone PO or IV hasone should only be	upsule 200 mg, oral, every 8 hours PRN, cough used in COVID-19 patients (a) requiring ox	sygen supplementation or (b) requiring
		hr tablet 1200 mg, oral, every 12 hours PRN, cou	ıgh
Antitussive	es	ablet 500 mg, oral, every 4 hours PRN, Fever GF	,
_	Hold for ALT greater that bhen (TYLENOL) tablet		
	Hold for ALT greater tha		
	Mild - HMTW Only	200 introvenses 4.0	000 Minutes
	Hold for ALT greater tha	n 100 mg, intravenous, daily at 1000, 2, Occurren n 500	ices, S+1
	Hold for ALT greater tha		
✓	Mild - HMCCH Only		
	remdesivir infusio Hold for ALT greater that	n 100 mg, intravenous, daily at 1300, 2, Occurren n 500	ces, S+1
	✓ remdesivir infusio Hold for ALT greater that	n 200 mg, intravenous, once, 1, Occurrences n 500	
✓	Mild - HMCL Only		
	remdesivir infusio Hold for ALT greater tha	n 100 mg, intravenous, every 24 hours, 2, Occurrent 500	ences, S+1
	remdesivir infusio Hold for ALT greater tha	n 200 mg, intravenous, once, 1, Occurrences n 500	
✓	Mild - HMSL Only		
	remdesivir infusio Hold for ALT greater tha	n 100 mg, intravenous, nightly, 2, Occurrences n 500	
	remdesivir infusio Hold for ALT greater tha	n 200 mg, intravenous, once, 1, Occurrences n 500	
✓	Mild - HMWB Only		
	_	n 100 mg, intravenous, daily at 1500, 2, Occurren	ces, S+1
_	_	n 200 mg, intravenous, once, 1, Occurrences n 500	
✓	Mild - HMW Only	11 300	
	_	n 100 mg, intravenous, daily at 1100, 2, Occurren	ces, S+1
	_	n 200 mg, intravenous, once, 1, Occurrences n 500	
✓	Hold for ALT greater that Mild - HMH Only	n 500	
	remdesivir infusio	n 100 mg, intravenous, daily at 1500, 2, Occurren	ces, S+1
	remdesivir infusio Hold for ALT greater tha	n 200 mg, intravenous, once, 1, Occurrences	

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-Caution in using steroids early in COVID-19 disease (i.e. symptoms less than 7 days).	
O dexamethasone (DECADRON) tablet 6 mg, oral, daily, 10, Occurrences	
O dexamethasone (DECADRON) IV 6 mg, intravenous, daily, 10, Occurrences	
O dexamethasone 4 mg/mL oral suspension 6 mg, oral, daily, 10, Occurrences Note: Suspension is alcohol-free	
☐ Immunomodulatory Agents	
☐ Baricitinib (OLUMIANT) for COVID-19 (RESTRICTED)	
baricitinib (OLUMIANT) tablet (RESTRICTED) 4 mg, oral, daily at 1700, 14, Occurrences RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of oral through the patient has PCR-confirmed SARS-CoV-2/COVID and is requiring Humidified High-Flow Oxygen (Airvo) support or invasive or non-invasive ventilation.: Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? The patient has an ALC LESS than 200 or ANC LESS than 1000 or hemoglobin LESS than 8: Is this patient on renal replacement therapy? I am aware that baricitinib increases the risk for secondary bacterial and fungal infections.: May dissolve INTACT tablet in 20-30 mL of water for administration via feeding tube. DO NOT CRUSH.	ne'
QuantiFERON-TB Gold Plus, 4 tube AM draw, 1, Occurrences, Routine, Blood, 3	
Coccidioides antibody, IgG/IgM by ELISA AM draw, 1, Occurrences, Routine, Blood, 3 This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.	
☐ Histoplasma Abs AM draw, 1, Occurrences, Routine, Blood, 3 This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.	
Pharmacy consult to manage dose adjustments for renal function Until discontinued, Routine Adjust dose for: Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.	
□ tocilizumab (ACTEMRA) infusion for COVID (RESTRICTED) intravenous, once, 1, Occurrences, STAT RESTRICTED to infectious diseases, pulmonary, or critical care specialists. Are you a specialist or ordering on behalf of one? Is this a repeat dose? Does the patient have a history of TB? Does the patient have an active bacterial or fungal infection? Does the patient have chronic bowel disease – risk of GI perforation? I am aware that Tocilizumab increases the risk for secondary bacterial and/or fungal infections.:	
□ sodium chloride 0.9% bag for line care	
sodium chloride 0.9 % bag for line care .9 , intravenous, PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the sa infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.	me
Respiratory Inhalers	
☐ albuterol (PROAIR HFA) inhaler 2 puff, inhalation, every 4 hours PRN, wheezing MDI with spacer only	
ipratropium (ATROVENT HFA) inhaler 2 puff, inhalation, every 4 hours PRN, wheezing shortness of breath MDI with spacer only	
VTE	

Sign:______ Printed Name:______ Date/Time:______ Page 9 of 45

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) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) Sign:______Printed Name:______Date/Time:______Page 10 of 45

✓ Moderate risk of VTI	E Once, Routine	
✓ Patient currently has	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
✓ Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous	Continuous, Routine
O Moderate Risk - Patient co	urrently has an active order for therapeutic ant	ticoagulant or VTE prophylaxis (Required)
Moderate risk of VTI	E Once, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous	Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous	Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous	Continuous, Routine
LOW Risk of VTE (Required)		
✓ Low Risk (Required)		
	ce, Routine k, no VTE prophylaxis is needed. Will encourgae e ill encourage early ambulation	early ambulation ○ Due to low risk, no VTE
MODERATE Risk of VTE - Sur		
✓ Moderate Risk (Required)		
Sign:	Printed Name:	Date/Time:

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✓ Moderate risk of VTE Once, Routine	
industrial flower the energy reasons	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
O Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
 Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ 	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will ollowing recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ○ ENOXAPARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration. ○ 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. ✓ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 	

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COVID-19 Adult General Admission (4431)

	Version: 24 Gen: 10/15/2025	
High Risk Bleeding	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/ul		
Dual antiplatelet the Active cancer	erapy	
Cirrhosis/hepatic fai	lure	
Prior intra-cranial he		
Prior ischemic strok	e	
History of bleeding	event requiring admission and/or transfusion	
Chronic use of NSA	IDs/steroids	
Active GI ulcer		
O High Bleed		3-1
	frequency is appropriate for most high bleeding r atients also have high clotting risk in which every	
clinically appro		o flour frequency may be
omnoany appro	priore:	
Please weight	the risks/benefits of bleeding and clotting when s	selecting the dosing frequency.
О НЕР	Parin (porcine) injection - Q12 Hours 5000 Units, every	/ 12 hours scheduled
О нер	Parin (porcine) injection - Q8 Hours 5000 Units, every 8	8 hours scheduled
O Not high ble		
	▶ 100 kg 7500 Units, subcutaneous, every 8 hours sched	dulod
	LESS than or equal to 100 kg 5000 Units, subcutaneous	s, every 8 hours scheduled
O warfarin (COUMAD	•	
-	harmacy consult 1 , oral, daily at 1700	
Indication: Dose Selection G	Viidonaa	
_		
O Medications		
✓ Pha Indication	rmacy consult to manage warfarin (COUMADIN) Until n:	discontinued, Routine
	arin (COUMADIN) tablet 1 , oral	
Indication		
	lection Guidance:	
☐ Mechanical Prophylaxis		
	exist for mechanical prophylaxis Once, Routine phylaxis due to the following contraindication(s):	
Place/Maintain seq Side: Bilateral Select Sleeve(s):	quential compression device continuous Continuous,	Routine
MODERATE Risk of VTE - No	an Surgical (Paguirad)	
_		1)
_	ological Prophylaxis - Non-Surgical Patient (Required	1)
✓ Moderate Risk (Red	• •	
Moderate ris	sk of VTE Once, Routine	
Moderate Risk Pha	rmacological Prophylaxis - Non-Surgical Patient (Re	equired)
○ Contraindic	ations exist for pharmacologic prophylaxis - Order S	Sequential compression device
	traindications exist for pharmacologic prophylaxis C macologic VTE prophylaxis due to the following contraind	
Sign:	Printed Name:	Date/Time: Page 13 of 45
		Page 13 01 45

✓ Place/Maintain sequential compression device continuous Continuous, Ros Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophyla	xis
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin ordefollowing recommended doses by weight:	ers will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolatera
∪ nepaini	

_ Date/Time: Page 14 of 45 Printed Name:

	version. 24 Gen. 10/15/2025	
High Risk Blo	eeding Characteristics	
Age ≥ 75		
Weight < 50 k		
Unstable Hgb		
Renal impairn		
Plt count < 10		
Dual antiplate Active cancer		
Cirrhosis/hepa		
	nial hemorrhage	
Prior ischemic		
	eding event requiring admission and/or transfusion	1
	of NSAIDs/steroids	
Active GI ulce		
O High	n Bleed Risk	
	2 hour frequency is appropriate for most high blee	eding risk patients. However.
	igh bleeding risk patients also have high clotting ris	
	cy may be clinically appropriate.	•
Please s frequen	weight the risks/benefits of bleeding and clotting w	when selecting the dosing
подаоп	HEParin (porcine) injection - Q12 Hours 5000 Unit	ts every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000 Units	
		s, every o flours scrieduled
○ Not	high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hour	rs scheduled
	O Wt LESS than or equal to 100 kg 5000 Units, subco	utaneous, every 8 hours scheduled
○ warfarin (CC	DUMADIN)	
`	HOUT pharmacy consult 1 , oral, daily at 1700	
Indication		
	lection Guidance:	
O Mad	ications	
O Med	_	IND Hattle discontinued Destina
	✓ Pharmacy consult to manage warfarin (COUMADI Indication:	IN) 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, R	coutine
HIGH Risk of VTE - Surgical	(Required)	
✓ High Risk (Required)		
✓ High risk of VTE O	nce, Routine	
_	cal Prophylaxis - Surgical Patient (Required)	
	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
	NOX) for Prophylactic Anticoagulation (Required)	
Sian:	Printed Name:	Date/Time:
<u>-</u>		Page 15 of 45

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 17 Indication(s):	700, S+1
Administer by deep subcutaneous injection into the left and right anterola abdominal wall. Alternate injection site with each administration.	teral or posterolateral

\bigcirc	ENOXAPARIN	SQ DAILY
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enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

heparin

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

\bigcirc	High	Bleed	Rick
\cup	myn	Dieeu	LISK

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 ble	ed risk		
Sian:	Printed Name:	Date/Time:	

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Olg	I inited Name Date	Page 17 of 45
Sign:	Printed Name: Date	/Time:
Ad	dminister by deep subcutaneous injection into the left and right anterolateral or posedominal wall. Alternate injection site with each administration.	sterolateral
	enoxaparin (LOVENOX) injection subcutaneous, S+1 dication(s):	
_	APARIN SQ DAILY	
ab	odominal wall. Alternate injection site with each administration.	
	dication(s): dminister by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
\bigcirc ENOX	(APARIN 30 MG DAILY	
		110010
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
		30mg every 12 hours
	100 to 139kg	enoxaparin
	LESS THAN 100kg	enoxaparin 40mg daily
	Weight	Dose
	th CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will mended doses by weight:	apply the
	status: @CRCL@	
	for Prophylactic Anticoagulation Nonsurgical (Required)	
O Contraindica	ations exist for pharmacologic prophylaxis Once, Routine CVTE prophylaxis due to the following contraindication(s):	
High Risk Pharma	cological Prophylaxis - Non-Surgical Patient (Required)	
✓ High risk of '	VTE Once, Routine	
✓ High Risk (Require		
O HIGH Risk of VTE - No	n-Surgical (Required)	
Place/MaintaSide: BilateralSelect Sleeve(s):	ain sequential compression device continuous Continuous, Routine	
O Contraindica No mechanical V	ations exist for mechanical prophylaxis Once, Routine TE prophylaxis due to the following contraindication(s):	
☐ Mechanical Proph		
	J warfarin (COUMADIN) tablet 1 , oral dication: ose Selection Guidance:	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Rou dication:	une
	Pharmany concult to manage werferin (COLIMADIN) Listil disceptioned. Bou	tino
	ction Guidance:	
○ WITH Indication:	OUT pharmacy consult 1 , oral, daily at 1700	
O warfarin (CO	•	
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours so	heduled
	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	
_		

If the patient does not hav	TRA) injection 2.5 mg, subcutaneous, daily re a history of or suspected case of Heparin-Induced dicated in patients LESS than 50kg, prior to surge	ed Thrombocytopenia (HIT) do NOT order ry/invasive procedure, or 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 there	ару	
Active cancer		
Cirrhosis/hepatic failu		
Prior intra-cranial her		
Prior ischemic stroke		
	vent requiring admission and/or transfusion	
Chronic use of NSAII	Ds/steroids	
Active GI ulcer		
	equency is appropriate for most high bleedi tients also have high clotting risk in which e	
Please weight th	ne risks/benefits of bleeding and clotting wh	en selecting the dosing frequency.
O HEPa	rin (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
	rin (porcine) injection - Q8 Hours 5000 Units, ev	
O Not high blee		,
	100 kg 7500 Units, subcutaneous, every 8 hours s	scheduled
	ESS than or equal to 100 kg 5000 Units, subcutar	
O warfarin (COUMADII		•
•	armacy consult 1 , oral, daily at 1700	
○ Medications		
Pharn Indication:	nacy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
Indication:	rin (COUMADIN) tablet 1 , oral ection Guidance:	
☐ Mechanical Prophylaxis (F	Required)	
	xist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain sequ Side: Bilateral Select Sleeve(s):	nential compression device continuous Continue	ous, Routine
O HIGH Risk of VTE - Surgical (F	Hip/Knee) (Required)	
✓ High Risk (Required)		
✓ High risk of VTE One	ce, Routine	
_	al Prophylaxis - Hip or Knee (Arthroplasty) Sur	gical Patient (Required)
Sign:	Printed Name:	Date/Time:

_ Date/Time: Page 18 of 45

VOISION: 24 SON: 10/10/2020	
○ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
O aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmacy Consult (Required)	
☑ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
✓ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
○ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin
	30mg every 12
	hours
GREATER THAN or EQUAL to 140kg	enoxaparin
	40mg every 12
	hours
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 po- abdominal wall. Alternate injection site with each administration.	sterolateral
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr mL/min	
O heparin	

Date/Time: Page 19 of 45 Sign:____ **Printed Name:**

High Risk Bleeding Characteristics Age 2 75 Weight < 50 kg Unstable 1gb Renal impairment Pit 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 Gl ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled 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: o'TE prophylaxis For Xaretio 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: Wr HEPATIN (COUMADIN) Wr HOUT pharmacy consult 1, oral, daily at 1700 Indication: Warfarin (COUMADIN) Warfarin (COUMADIN) tablet 1, oral indication:
Weight < 50 kg
Unstable Hgb Renal impairment Pit count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 6000 (TIME CRITICAL) Indications: VTE prophylaxis For Xareto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: Warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Medications Warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Contraindications exist for mechanical prophylaxis Once, Routine
Renal impairment Pit 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 Gl ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o VTE prophylaxis For Xareflot 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Warfarin (COUMADIN) tablet 1, oral, daily at 1700 Indication: warfarin (COUMADIN) tablet 1, oral, daily at 1700 Indication: Dose Selection Guidance: Wechanical Prophylaxis (Required) Contraindications selection Guidance: Wechanical Prophylaxis (Required)
Pit count is 100 K/uL
Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban AXRELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o'TTE prophylaxis For Xarelio 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: Warfarin (COUMADIN) WITHOUT pharmacy consult 1 , oral, daily at 1700 Indications: Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance: Medication: Ose Selection Guidance: Medication: Ose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routline
Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o 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: WiTHOUT pharmacy consult 1, oral, daily at 1700 Indication: Pharmacy consult to manage warfarin (COUMADIN) WiTHOUT pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Wedications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine Court indications Pharmacy exist for mechanical prophylaxis Once, Routine Court indications Pharmacy consult to manage warfar
Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Warfarin (COUMADIN) tablet 1, oral Indication:
Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: VTE prophylexis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WithOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Cechanical Prophylaxis (Required)
Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wit > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wit LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Medication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt + 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Medication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
Chronic use of NSAIDs/steroids Active GI ulcer High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: Warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medication: Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance:
High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: ○ VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required)
Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: Warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Wearfarin (COUMADIN) WITHOUT pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: Warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: marfarin (COUMADIN) tablet 1, oral Indication: marfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
 Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL)
 Not high bleed risk Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL)
 Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
 ✓ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled ✓ Rivaroxaban and Pharmacy Consult (Required) ✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ∘ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. ✓ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: ✓ warfarin (COUMADIN) ✓ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: ✓ warfarin (COUMADIN) tablet 1, oral Indication: ✓ pose Selection Guidance: ✓ warfarin (COUMADIN) tablet 1, oral Indication:
Rivaroxaban and Pharmacy Consult (Required) ✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. ✓ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: ○ warfarin (COUMADIN) ○ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: ○ Medications ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: □ warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) ○ Contraindications exist for mechanical prophylaxis Once, Routine
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Indications: VTE prophylaxis Indication: ✓ warfarin (COUMADIN) ✓ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: ✓ Medications ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: ☐ warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: Mechanical Prophylaxis (Required) ✓ Contraindications exist for mechanical prophylaxis Once, Routine
 ✓ WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance: ✓ Medications ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: lechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance: lechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
Indication: warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance: lechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
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Indication: Dose Selection Guidance: lechanical Prophylaxis (Required) Contraindications exist for mechanical prophylaxis Once, Routine
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Contraindications exist for mechanical prophylaxis Once, Routine
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Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Printed Name:

Date/Time: Page 20 of 45

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

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) _____ Date/Time:_____ Page 21 of 45 **Printed Name:**

✓ Moderate risk of VT	Ē Once, Routine	
✓ Patient currently has	s an active order for therapeutic anticoagulant ophylaxis because: patient is already on therapeu	
✓ Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous	Continuous, Routine
O Moderate Risk - Patient co	urrently has an active order for therapeutic ant	ticoagulant or VTE prophylaxis (Required)
Moderate risk of VTB	E Once, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous (Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous (Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, R E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous (Continuous, Routine
LOW Risk of VTE (Required)		
✓ Low Risk (Required)		
	ce, Routine k, no VTE prophylaxis is needed. Will encourgae e ll encourage early ambulation	early ambulation ○ Due to low risk, no VTE
Moderate Risk of VTE - Surgic	al (Required)	
✓ Moderate Risk (Required)		
Sign:	Printed Name:	Date/Time:

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 \bigcirc

__ Date/Time:___ Page 22 of 45

✓ 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):	
○ 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	enoxapar 40mg dai
100 to 139kg	enoxapar
	30mg
	every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari
	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
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 (It this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

_ Date/Time:_ Page 23 of 45 Printed Name:

COVID-19 Adult General Admission (4431)

Version: 24 Gen: 10/15/2025	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some holeeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.	ng
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	
O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled	
O warfarin (COUMADIN)	
WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:	
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:	
warfarin (COUMADIN) tablet 1 , oralIndication:Dose Selection Guidance:	
☐ Mechanical Prophylaxis (Required)	
Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
O Moderate Risk of VTE - Non-Surgical (Required)	
✓ Moderate Risk (Required)	
✓ Moderate risk of VTE Once, Routine	
✓ Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device	
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	

Date/Time: Page 24 of 45 **Printed Name:**

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

_ Date/Time: Page 25 of 45 Printed Name:

High Biok Blooding	haraatariatioa	
High Risk Bleeding Age ≥ 75	HIATACTERISTICS	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet thera	OV	
Active cancer	-)	
Cirrhosis/hepatic failu	e	
Prior intra-cranial hen	orrhage	
Prior ischemic stroke		
	ent requiring admission and/or transfusion	
Chronic use of NSAID	s/steroids	
Active GI ulcer		
O High Bleed Ri Every 12 hour from bleeding risk pat clinically appropri	quency is appropriate for most high bleeding ents also have high clotting risk in which every	risk patients. However, some high y 8 hour frequency may be
Please weight th	risks/benefits of bleeding and clotting when	selecting the dosing frequency.
O HEPai	n (porcine) injection - Q12 Hours 5000 Units, ever	ry 12 hours scheduled
O HEPai	n (porcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
O Not high bleed		
	10 kg 7500 Units, subcutaneous, every 8 hours sche	duled
_	S than or equal to 100 kg 5000 Units, subcutaneou	
○ warfarin (COUMADIN	_	us, every o flours scrieduled
	macy consult 1 , oral, daily at 1700	
O Medications		
Pharm Indication:	ncy consult to manage warfarin (COUMADIN) Unti	il discontinued, Routine
warfar Indication:	n (COUMADIN) tablet 1 , oral	
	ion Guidance:	
Mechanical Prophylaxis (F	equired)	
	st for mechanical prophylaxis Once, Routine laxis due to the following contraindication(s):	
 Place/Maintain sequence Side: Bilateral Select Sleeve(s): 	ntial compression device continuous Continuous,	, Routine
n Risk of VTE - Surgical (Re	quired) ical prophylaxis by ordering from Pharmacological and Me	echanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE Once	, Routine	
High Risk Pharmacologica	Prophylaxis - Surgical Patient (Required)	
O Contraindications ex	st for pharmacologic prophylaxis Once, Routine ohylaxis due to the following contraindication(s):	
	X) for Prophylactic Anticoagulation (Required)	
Sign:	Printed Name:	Date/Time: Page 26 of 45

Weight	Dose
LESS THAN 100kg	enoxapari 40mg dail
100 to 139kg	enoxapari 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 17 Indication(s):	700, S+1
Administer by deep subcutaneous injection into the left and right anterola abdominal wall. Alternate injection site with each administration.	ateral or posterolateral

,	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	

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

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

heparin

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

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.

Sign:	Printed Name:	Date/Time:
O Not high bleed r	(porcine) injection - Q8 Hours 5000 Units, evenisk	ery 8 hours scheduled
		•
O HEParin	(porcine) injection - Q12 Hours 5000 Units, e	very 12 hours scheduled
i icase weight the	isks/benefits of bleeding and dotting wife	or selecting the desing heque

	Sign:	Printed Name: Date	te/Time:
(○ heparin		
th 3	the patient does nis medication. (60 mL/min.	IX (ARIXTRA) injection 2.5 mg, subcutaneous, daily so not have a history of or suspected case of Heparin-Induced Thrombocytopenia Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure,	
	A	dication(s). dminister by deep subcutaneous injection into the left and right anterolateral or p odominal wall. Alternate injection site with each administration.	osterolateral
		enoxaparin (LOVENOX) injection subcutaneous, S+1 dication(s):	
	O ENOX	(APARIN SQ DAILY	
	In Ad	dication(s): displacements of high subcutaneous injection into the left and right anterolateral or prodominal wall. Alternate injection site with each administration.	osterolateral
	_	⟨APARIN 30 MG DAILY ✓ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1	
	O ENO	VADADIN OO MO DAILY	
			every 12 hours
		GREATER THAN or EQUAL to 140kg	enoxaparin 40mg
			30mg every 12 hours
		100 to 139kg	40mg daily enoxaparin
_		LESS THAN 100kg	enoxaparin
		th CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders w nmended doses by weight: Weight	ill apply the Dose
P	Patient renal s	status: @CRCL@	
	lo pharmacologi	c VTE prophylaxis due to the following contraindication(s): for Prophylactic Anticoagulation Nonsurgical (Required)	
nić		ations exist for pharmacologic prophylaxis Once, Routine	
_		VTE Once, Routine cological Prophylaxis - Non-Surgical Patient (Required)	
	gh Risk (Require	,	
Address both	n pharmacologic a	n-Surgical (Required) and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophyla:	xis.
O High D	D	warfarin (COUMADIN) tablet 1 , oral dication: ose Selection Guidance:	
		Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Rodication:	outine
	O Medic	cations	
	Indication:	OUT pharmacy consult 1 , oral, daily at 1700 ection Guidance:	
(O warfarin (CC	DUMADIN)	
	(Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours	scheduled
	(○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

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	VOISION: 24 CON. 10/10/2020	
High Risk Bleeding	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet the Active cancer	гару	
Cirrhosis/hepatic fail	luro	
Prior intra-cranial he		
Prior ischemic stroke		
	event requiring admission and/or transfusion	
Chronic use of NSA		
Active GI ulcer		
O High Bleed F	Risk	
	frequency is appropriate for most high bleed	ing risk patients. However, some high
	atients also have high clotting risk in which e	
Please weight t	the risks/benefits of bleeding and clotting wh	en selecting the dosing frequency.
O HEP	arin (porcine) injection - Q12 Hours 5000 Units, e	every 12 hours scheduled
	arin (porcine) injection - Q8 Hours 5000 Units, ev	
O Not high ble		vory o modro demodalida
_		
○ Wt >	• 100 kg 7500 Units, subcutaneous, every 8 hours s	scheduled
○ Wt L	.ESS than or equal to 100 kg 5000 Units, subcutar	neous, every 8 hours scheduled
O warfarin (COUMAD	IN)	
	harmacy consult 1 , oral, daily at 1700	
Indication:		
Dose Selection G	uidance:	
O Medications		
Phar Indication	rmacy consult to manage warfarin (COUMADIN)	Until discontinued, Routine
☐ warf a	arin (COUMADIN) tablet 1 , oral	
Dose Sel	lection Guidance:	
○ High Risk of VTE - Surgical (I	Hip/Knee) (Required)	
Address both pharmacologic and mech	hanical prophylaxis by ordering from Pharmacological ar	nd Mechanical Prophylaxis.
✓ High Risk (Required)		
✓ High risk of VTE Or	ace Routine	
_		revised Betievet (Described)
	cal Prophylaxis - Hip or Knee (Arthroplasty) Sur	• • • • • • • • • • • • • • • • • • • •
No pharmacologic VTE p	exist for pharmacologic prophylaxis Once, Roution or ophylaxis due to the following contraindication(s):	ine
o aspirin chewable ta	ablet 162 mg, daily, S+1	
○ aspirin (ECOTRIN)	enteric coated tablet 162 mg, daily, S+1	
O Apixaban and Phar	rmacy Consult (Required)	
✓ apixaban (EL Indications: ○ VTE	LIQUIS) tablet 2.5 mg, 2 times daily, S+1 E prophylaxis	
_	onsult to monitor apixaban (ELIQUIS) therapy U	ntil discontinued, STAT
Sign:	Printed Name:	Date/Time:

Date/Time: Page 29 of 45

LESS THAN 100kg enox 40mg 100 to 139kg enox 30 ever ho GREATER THAN or EQUAL to 140kg enox 40 ever	
LESS THAN 100kg	
LESS THAN 100kg enox 40mg 100 to 139kg enox 300 ever how GREATER THAN or EQUAL to 140kg GREATER THAN or EQUAL to 140kg enox 40 ever how	se
## Commonstrated in the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT or medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than Megint 1 S0 kg Unstable Hgb Renal impairment High Risk Bleeding Characteristics 100 to 139kg	aparin
GREATER THAN or EQUAL to 140kg enox. 40 ever ho 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 o medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than L/min heparin high Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Pit count < 100 K/uL Dual antiplatelet therapy	aparin mg ry 12
v 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 v 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 of medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than L/min heparin high Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	aparin mg ry 12 urs
 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 o medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than L/min heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy 	
Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration. of 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 of medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than mL/min heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT o medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than mL/min heparin High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy	
Plt count < 100 K/uL Dual antiplatelet therapy	
Dual antiplatelet therapy	
Active cancer	
Cimple a sig/le and tip failure	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, som bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.	e high
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequen	1CY.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled	<i>y</i> -
Sign: Printed Name: Date/Time:	

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COVID-19 Adult General Admission (4431)

version: 24 Gen: 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:
○ Medications
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral Indication: Dose Selection Guidance:

Printed Name: _____ Date/Time: ____ Page 31 of 45

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	

		major surgery	
		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guideline - 8.20.2021v1	ents (https://formweb.com/files/houstonm 5.pdf) der for therapeutic anticoagulant or VTE pro		
(Required)	ior to the appeal of anti-oraginal to the pro-		
O Moderate Risk - Patient currer	ntly has an active order for therapeutic anti	coagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 32 of 45

✓ Moderate risk of VTI	E Once, Routine	
✓ Patient currently has	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
✓ Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous (Continuous, Routine
O Moderate Risk - Patient co	urrently has an active order for therapeutic ant	ticoagulant or VTE prophylaxis (Required)
Moderate risk of VTI	E Once, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous (Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, ReE prophylaxis due to the following contraindication	
Place/MaintaiSide: BilateralSelect Sleeve(s):	in sequential compression device continuous (Continuous, Routine
O High Risk - Patient curren	ntly has an active order for therapeutic anticoa	gulant or VTE prophylaxis (Required)
High risk of VTE One	ce, Routine	
	s an active order for therapeutic anticoagulant rophylaxis because: patient is already on therapeu	
Place sequential cor	mpression device	
	tions exist for mechanical prophylaxis Once, Re E prophylaxis due to the following contraindication	
Place/Maintai Side: Bilateral Select Sleeve(s):	in sequential compression device continuous (Continuous, Routine
LOW Risk of VTE (Required)		
✓ Low Risk (Required)		
	ce, Routine k, no VTE prophylaxis is needed. Will encourgae e ill encourage early ambulation	early ambulation ○ Due to low risk, no VTE
MODERATE Risk of VTE - Sur		
✓ Moderate Risk (Required)		
Sign:	Printed Name:	Date/Time:

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__ Date/Time:___ Page 33 of 45

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression devi Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will approphylacy in the prophylacy of the prophylacy o	ce
 ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): ✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): ✓ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis ✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): ✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): ✓ Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will appropriate the prophylactic and the prophylacti	се
No pharmacologic VTE prophylaxis due to the following contraindication(s): Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s): Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will approphylaction (Required) Weight LESS THAN 100kg	
Side: Bilateral Select Sleeve(s): Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will appropriate than the prophylactic Anticoagulation (Required) Weight LESS THAN 100kg	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will appropriate to the following recommended doses by weight: Weight LESS THAN 100kg	
No pharmacologic VTE prophylaxis due to the following contraindication(s): Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will appropriate to the following recommended doses by weight: Weight LESS THAN 100kg	
No mechanical VTE prophylaxis due to the following contraindication(s): Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will appropriate to the following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg	
Patient renal status: @CRCL@ For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will application following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg	
following recommended doses by weight: Weight LESS THAN 100kg 100 to 139kg	
LESS THAN 100kg 100 to 139kg	oly the
100 to 139kg	Dose
	enoxaparin 40mg daily
GREATER THAN or EQUAL to 140kg	enoxaparin 30mg every 12 hours
	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 postero abdominal wall. Alternate injection site with each administration.	olateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or postero	
abdominal wall. Alternate injection site with each administration.	Jatoral
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 (HIT) this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr 30 mL/min.	olateral
○ heparin	do NOT order

_ Date/Time: Page 34 of 45 Printed Name:

	70701011. 24 0011. 10/10/2020
	sk Bleeding Characteristics
Age <u>></u> 7	
Weight	
Unstabl	
	mpairment
	nt < 100 K/uL
	tiplatelet therapy
Active of	s/hepatic failure
	ra-cranial hemorrhage
	chemic stroke
	of bleeding event requiring admission and/or transfusion
	use of NSAIDs/steroids
Active C	
7101170	71 diedi
Ev ble	High Bleed Risk ery 12 hour frequency is appropriate for most high bleeding risk patients. However, some high eding risk patients also have high clotting risk in which every 8 hour frequency may be nically appropriate.
Ple	ease 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
\circ	
O	
	○ 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 warfa	rin (COUMADIN)
Ind	WITHOUT pharmacy consult 1 , oral, daily at 1700 ication: se Selection Guidance:
D0:	
O	Medications
	Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
	warfarin (COUMADIN) tablet 1 , oral
	Indication:
	Dose Selection Guidance:
Mechanical	Prophylaxis (Required)
	aindications exist for mechanical prophylaxis Once, Routine nical VTE prophylaxis due to the following contraindication(s):
PlaceSide: BilatSelect Sle	
ODERATE Ris	k of VTE - Non-Surgical (Required)
	isk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
_	rate Risk (Required)
_	Moderate risk of VTE Once, Routine
Mode	rate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)
\circ	Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device
	✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):

Printed Name:

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✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	ıtine
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):	
○ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolate abdominal wall. Alternate injection site with each administration.	eral or posterolatera
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	

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	Version. 24 Gen. 10/15/2025		
	eeding Characteristics		
Age ≥ 75			
Weight < 50 k	g		
Unstable Hgb			
Renal impairm			
Plt count < 10			
Active cancer	Dual antiplatelet therapy		
Cirrhosis/hepa	atic failure		
	nial hemorrhage		
Prior ischemic			
	eding event requiring admission and/or transfusion	1	
	f NSAIDs/steroids		
Active GI ulce			
7 to 11 to 1 to 10	•		
○ High	Bleed Risk		
	2 hour frequency is appropriate for most high blee	eding risk patients. However	
	gh bleeding risk patients also have high clotting ri		
	cy may be clinically appropriate.		
•			
Please v frequence	weight the risks/benefits of bleeding and clotting w cy.	when selecting the dosing	
•	O HEParin (porcine) injection - Q12 Hours 5000 Unit	ts every 12 hours scheduled	
	, ,		
	O HEParin (porcine) injection - Q8 Hours 5000 Units	s, every 8 nours scheduled	
○ Not I	nigh bleed risk		
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hou	rs scheduled	
	O Wt LESS than or equal to 100 kg 5000 Units, subc	utaneous, every 8 hours scheduled	
O warfarin (CO	•	,	
,	•		
Indication	HOUT pharmacy consult 1 , oral, daily at 1700		
	ection Guidance:		
○ Iviedi	cations		
	✓ Pharmacy consult to manage warfarin (COUMAD Indication:	IN) Until discontinued, Routine	
	warfarin (COUMADIN) tablet 1, oral		
	Indication:		
	Dose Selection Guidance:		
Mechanical Prophylaxis	(Required)		
	exist for mechanical prophylaxis Once, Routine only by laxis due to the following contraindication(s):		
	uential compression device continuous Continuous, R	Coutine	
Side: Bilateral Select Sleeve(s):	uential compression device continuous continuous, ix	Outille	
O HIGH Risk of VTE - Surgical (Required)		
✓ High Risk (Required)	,		
	Double of		
✓ High risk of VTE Or			
High Risk Pharmacologic	cal Prophylaxis - Surgical Patient (Required)		
	exist for pharmacologic prophylaxis Once, Routine prophylaxis due to the following contraindication(s):		
O Enoxaparin (LOVEI Patient renal status:	NOX) for Prophylactic Anticoagulation (Required) @CRCL@		
Sian:	Printed Name:	Date/Time:	
olyn	FIIILEU Name	Page 37 of 45	

Weight	Dose
LESS THAN 100kg	enoxapari 40mg dail
100 to 139kg	enoxapari 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxapari 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 17 Indication(s): Administer by deep subcutaneous injection into the left and right anterola abdominal wall. Alternate injection site with each administration.	

	enoxaparin (LOVENOX) injection subcutaneous, 5+1
	Indication(s):
	Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral
	abdominal wall. Alternate injection site with each administration.
_	

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

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

O High Bleed Risk

Active GI ulcer

heparin

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

Sign:______ Date/Time:____

	○ 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 warfari	n (COUMADIN)	
Indic	WITHOUT pharmacy consult 1 , oral, daily at 1700 ation: e Selection Guidance:	
0 1	Medications	
	 ✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Roundication: ☐ warfarin (COUMADIN) tablet 1, oral 	outine
	Indication: Dose Selection Guidance:	
☐ Mechanical F	Prophylaxis (Required)	
○ Contra i No mechani	indications exist for mechanical prophylaxis Once, Routine cal VTE prophylaxis due to the following contraindication(s):	
Place/N Side: Bilater Select Sleev		
	E - Non-Surgical (Required)	
✓ High Risk (Re		
High ris	sk of VTE Once, Routine	
_	armacological Prophylaxis - Non-Surgical Patient (Required)	
○ Contrai	indications exist for pharmacologic prophylaxis Once, Routine cologic VTE prophylaxis due to the following contraindication(s):	
	parin for Prophylactic Anticoagulation Nonsurgical (Required) nal status: @CRCL@	
	ts with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders wecommended doses by weight:	ill 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
\cap	ENOXAPARIN 30 MG DAILY	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or p	osterolateral
\bigcirc 1	abdominal wall. Alternate injection site with each administration. ENOXAPARIN SQ DAILY	
○ I	enoxaparin (LOVENOX) injection subcutaneous, S+1	
	Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or p abdominal wall. Alternate injection site with each administration.	osterolateral
Sign:_	Printed Name: Date	te/Time: Page 39 of 45

of fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order
this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
Oheparin
High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some hig 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
○ warfarin (COUMADIN)
 WITHOUT pharmacy consult 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
○ Medications
_
✓ Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
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):
O HIGH Risk of VTE - Surgical (Hip/Knee) (Required)
✓ High Risk (Required)
✓ High risk of VTE Once, Routine
✓ High Risk Pharmacological Prophylaxis - Hip or Knee (Arthroplasty) Surgical Patient (Required)

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VOI OTOTTI. 2-7 OTTI. 10/10/2020	
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
O aspirin chewable tablet 162 mg, daily, S+1	
O aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmacy Consult (Required)	
☑ apixaban (ELIQUIS) tablet 2.5 mg, 2 times daily, S+1 Indications: ○ VTE prophylaxis	
✓ Pharmacy consult to monitor apixaban (ELIQUIS) therapy Until discontinued, STAT Indications: VTE prophylaxis	
Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orders will following recommended doses by weight:	apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
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
O fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 lf the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HI™ medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrmL/min	
Oheparin	

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High Risk Bleeding Characteristics Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therapy Active cancer Cirrhosis/hepatic failure Prior intra-cranial hemorrhage Prior ischemic stroke History of bleeding event requiring admission and/or transfusion Chronic use of NSAIDs/steroids Active GI ulcer O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate. Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency. 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 O Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled Rivaroxaban and Pharmacy Consult (Required) rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: o VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes. Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication: warfarin (COUMADIN) ○ WITHOUT pharmacy consult 1, oral, daily at 1700 Indication: Dose Selection Guidance: Medications Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication: warfarin (COUMADIN) tablet 1, oral 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

Sign:	Printed Name:	Date/Time: Page 43 of 45
Respiratory Avoid BiPAP and CPAP to avoid ae	rosolization of virus	
✓ Type and screen STAT, 1, Occur Respiratory	rrences, Koutine, Blood	
Laboratory-Type and Screen	manage Deutine Bland	
•	ats, 3, Occurrences, S+1, Routine, Blood, 3	
✓ LDH AM draw repeats, 3, Oo	ccurrences, S+1, Routine, Blood, 3	
D-dimer AM draw repeats, 3	3, Occurrences, S+1, Routine, Blood, 3	
	s, 3, Occurrences, S+1, Routine, Blood, 3	
	Critical Illness/Clinical Deterioration Critical Illness/Clinical Deterioration	
	el AM draw repeats, 3, Occurrences, Routine, Blood, 3	3
	ial AM draw repeats, 3, Occurrences, Routine, Blood,	
HM IP COVID-19 REPEAT ADMISSION		0
	eat 2x every 3 hours Now and repeat 2x every 3 hour	rs, 3, Occurrences, Routine, Blood, 3
Fibrinogen Once, Routine, Blood		
LDH Once, Routine, Blood, 3		
D-dimer Once, Routine, Blood, 3		
Ferritin level Once, Routine, Blo	,	
Interleukin 6 Once, Routine, Blo		
C-reactive protein Once, Routin		
Release to patient (Note: If manual re Laboratory-COVID-19 Inflammatory bu	elease option is selected, result will auto release 5 days undle	s from finalization.):
be drawn from a periphera IV line should NEVER be u	ic & anaerobic Once, Routine, Blood, Collect before a I site. If unable to draw both sets from a peripheral site used. STAT, 1, Occurrences, Routine, Urine	
be drawn from a periphera IV line should NEVER be ເ		, please call the lab for assistance; an
stewardship.pdf)		
	es (https://formweb.com/files/houstonmethodist/do	ocuments/blood-culture-
@LASTPROCRESULT(LAB	·	
✓ Blood culture, aerobic and Most recent Blood Culture re		
☐ Blood culture, aerobic and ana	erobic x 2	
✓ Creatine kinase, total (CPK) ST.	AT, 1, Occurrences, Routine, Blood, 3	
Procalcitonin STAT, 1, Occurren	ices, Routine, Blood, 3	
✓ NT-proBNP STAT, 1, Occurrence		
Troponin T STAT, 1, Occurrence:		isto prior to drawing a specimen.
Do not draw blood from the arm that h	tivated (PTT) STAT, 1, Occurrences, Routine, Blood, 3 has heparin infusion. Do not draw from heparin flushed eparin, flush the line, and aspirate 20 ml of blood to wa	I lines. If there is no other access other
✓ Prothrombin time with INR STA	T, 1, Occurrences, Routine, Blood, 3	
☐ Comprehensive metabolic pane	el STAT, 1, Occurrences, Routine, Blood, 3	
☐ CBC with platelet and different	ial STAT, 1, Occurrences, Routine, Blood, 3	
HM IP COVID-19 GENERAL ADMISSION	N LABS	

	nere for COVID-19 Oxygen therapy algorithm (\\epic-nas.et0922.epichosted.com\static\OrderSets\COVID19 emia Algorithm.pdf)
Devi Titra Devi	Oxygen therapy Continuous, Routine, Keep HFNC flow under 30L/min ice: O High Flow Nasal Cannula (HFNC) te to keep O2 Sat Above: 92% ice: Cations for O2 therapy:
Cardiolog	
HM IP C	COVID CARDIOLOGY ORDERS n admission to ICU for baseline QTc and daily if on multiple agents that prolong QTc.
Clini	ECG 12 lead STAT, 1, Occurrences, Routine, 6 ical Indications: ○ Rate/Rhythm rpreting Physician:
Clini	ECG 12 lead Daily, 3, Occurrences, Routine, 6 ical Indications: rpreting Physician:
Doe: Call Whe Doe: Prefe	Transthoracic Echocardiogram Complete, (w Contrast, Strain and 3D if needed) 1 time imaging, Routine s this study require a chemo toxicity strain protocol? s this exam need a strain protocol? back number for Critical Findings: ere should test be performed? s this exam need a bubble study? erred interpreting Cardiologist or group: s patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report neeleft. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.
atter	STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo nding can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'
Othe	er Indications should be ordered for TODAY or Routine.
	Discharge or Observation patient, please choose TODAY as Priority.
Imaging Imaging	g g
Is th	XR Chest 1 Vw Portable 1 time imaging, 1, Occurrences, STAT e patient pregnant? ease to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
Age Is th	Daily XR Chest 1 Vw Portable Daily imaging, -1, Occurrences, S+1, Routine, Consider daily CXR for the following patients: > 70, BMI > 40, or Increasing O2 requirements on the floor. e patient pregnant?
	ease to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): a Consults
Physici	an Consults
Consid	ler using these consults to assist with management of the COVID-19 positive patient.
Reas Pation Pation To P	Consult Infectious Diseases for moderate to severe COVID-19 patient Once, Routine son for Consult? Once, Routine son for Cons
Reas Pation Pation To P	Consult Pulmonary/Crit Care for respiratory insufficiency Once, Routine son for Consult? Management of COVID-19 positive patient with respiratory insufficiency ent/Clinical information communicated? ent/clinical information communicated? Provider: yider Group:

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Consult Nephrology/Hyperten Once, Routine Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? To Provider: Provider Group: Ancillary Consults
Pharmacy Consults
☐ Pharmacy consult to change IV medications to concentrate fluids maximally Until discontinued, Routine
 Pharmacy consult to manage dose adjustments for renal function Until discontinued, Routine Adjust dose for: Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments. COVID-19 CONSULTS
☐ 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 Nutrition Services Once, Routine Reason For Consult? Purpose/Topic: Reason for Consult?
Consult to Spiritual Care Once, Routine Reason for consult? Reason for Consult? For requests after hours, call the house operator.
Consult to Social Work Once, Routine Reason for Consult: Reason for Consult?
Consult to Case Management Once, Routine Consult Reason: Reason for Consult?

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