DVT Admission (1278)

	Version: 8 Gen: 10/15/2025	
Location:		
General	n.	
Admission or Observation (Required		
	outine my best clinical judgment and the patient's conc need hospital services for two or more midnights	
Outpatient observation servi Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	ces under general supervision Once, Routine	
Outpatient in a bed - extende Admitting Physician: Bed request comments:	ed recovery Once, Routine	
Admission or Observation Patient has active status order on	ı file	
O Admit to Inpatient Once, 1, R		
	my best clinical judgment and the patient's conc need hospital services for two or more midnights	
Outpatient observation servi Admitting Physician: Attending Provider: Patient Condition: Bed request comments:	ces under general supervision Once, Routine	
Outpatient in a bed - extended Admitting Physician: Bed request comments:	ed recovery Once, Routine	
Admission Patient has active status order	on file.	
	my best clinical judgment and the patient's conc need hospital services for two or more midnights	
✓ Code Status	hould be placed by the responsible physician.	
○ Full code Continuous, Ro Code Status decision reached	putine	•
ONR (Do Not Resuscitat		
DNR (Do Not Resust Did the patient/surrogate Did the patient/surrogate Does patient have decist I acknowledge that I have	scitate) Continuous, Routine e require the use of an interpreter? e require the use of an interpreter? ion-making capacity? re communicated with the patient/surrogate/repre e Responsible Attending Physician.:	esentative that the Code Status order is NOT
Sign:	Printed Name:	Date/Time: Page 1 of 42

Sign:	Printed Name:	Date/Time: Page 2 of 42
□ Seizure precautions Continuous, Increased observation level needed: Nursing	Kouline	
Latex precautions Continuous, Ro		
☐ Fall precautions Continuous, Rou Increased observation level needed:		
☐ Aspiration precautions Continuous		
Precautions		
☐ Enteric isolation status Continuo		
☐ Droplet isolation status Continue		
Once, Routine Contact isolation status Continue	ous. Routine	
	s by PCR - If you suspect Tuberculosis, please o	rder this test for rapid diagnostics.
Airborne isolation status Co	ntinuous, Routine	
☐ Airborne isolation status		
	nysician, consider ordering a Biomedical Ethics Con cond sign the order when the Legal Surrogate is the	
Examples of Code Status are Full Code transfusion in a Jehovah's Witness pati	e, DNR, or Modified Code. An example of a Treatme ent.	ent Restriction is avoidance of blood
The Code Status and Treatment Restri the link below: Guidance for Code Stat	ctions are two SEPARATE sets of physician's orders us & Treatment Restrictions	s. For further guidance, please click on
Specify Treatment Restrictions: Code Status decision reached by: Treatment Restrictions is NOT a Code Cardiopulmonary situations.	Status order. It is NOT a Modified Code order. It is s	strictly intended for Non
Restrictions, Routine I understand that if the patient is NOT i that all other unselected medically indic Treatment Restriction decision reached		•
until Signed by the Responsible At Code Status decision reached by:	· ,	cost)) Continuous Treatment
	ne use of an interpreter? ne use of an interpreter? g capacity? nicated with the patient/surrogate/representative tha	it the Code Status order is NOT Active
Consult to Social Worl Reason for Consult: Reason for Consult?	COnce, Routine	
Consult to Pallia Priority:	ative Care Service Once, Routine	
☐ Consult to Palliative C	are Service	

Vital Signs
☐ Vital signs - T/P/R/BP every 4 hours Every 4 hours, Routine
☐ Vital signs - T/P/R/BP per unit protocol Per unit protocol, Routine
Activity
☐ Ambulate 3 times daily, Routine Specify:
☐ Ambulate as tolerated 3 times daily, Routine Specify:
Strict bed rest Until discontinued, Routine, May elevate Head of Bed 30 degrees.
Nursing
☐ 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
☐ Place TED hose Once, Routine Side: Bilateral Hose length: Thigh-high
Collect initial labs before starting anticoagulation. Once, 1, Occurrences, Routine
✓ Height and weight Once, 1, Occurrences, Routine, On Admission. Notify
☐ Notify Physician of following vitals Until discontinued, Routine, Systolic BP GREATER than 180 mmHg Systolic BP LES than 80 mmHg Heart rate GREATER than 120 bpm Heart rate LESS than 55 bpm SpO2 LESS than 90
Diet
☐ Diet - Regular Diet effective now, Routine, Low Vitamin K
Diet(s): ○ Regular ○ Other Potass/Phos Potassium/Phosphorus: 2 GM Potassium Cultural/Special: Other Options: Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid: Foods to Avoid:

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Si	an:	Printed Name:	Date/Time:
Partial th	romboplastin time, activated blood from the arm that has he	d Once, Routine, Blood, 3 parin infusion. Do not draw from	heparin flushed lines. If there is no other access 20 ml of blood to waste prior to drawing a
	0.6-1 units/mL nbin time with INR Once, Rou	utine, Blood, 3	
Indication(s): Reason for co	onsult:	eutic enoxaparin (LOVENOX) ∪	Intil discontinued, Routine
every 24 Indicatio Adminis	4 hours scheduled on(s):	ection into the left and right anter	olateral or posterolateral abdominal wall.
Indicatio Adminis Alternat	ster by deep subcutaneous inje te injection site with each admi	ection into the left and right anteroinistration.	olateral or posterolateral abdominal wall.
O For	r CrCl GREATER than or EQU		(LOVENOX) 1 mg/kg every 12 hours 1 mg/kg,
GREATER THA	T or EQUAL to 75 years).	•	THAN 150kg), pregnancy, or elderly (age
			ovenox) in patients with CrCl LESS THAN
Anti-coagulants		ime to surgical procedure is	GREATER THAN 24 hours and renal
Sodium chlor Medications	ride 0.9 % infusion .9 , intrave	enous, continuous	
	ide 0.45 % infusion 0.45 , intr		
IV Fluids			
IV Fluids			
Cultural/Special: Other Options: Advance Diet as To IDDSI Liquid Cons Fluid Restriction: Foods to Avoid: Foods to Avoid:			
Diet(s):	ctive now, Routine		
Cultural/Special: Other Options: Advance Diet as To IDDSI Liquid Cons Fluid Restriction: Foods to Avoid: Foods to Avoid:			
☐ Diet - Heart h e Diet(s): ○ Heart He	ealthy Diet effective now, Rou ealthy	tine	
	al/225 gm Carbohydrate olerated?	e now, Routine	
☐ Diet - 2000 Kg	cal/225 gm Carb Diet effective	e now Routine	

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	☐ Anti Xa, low molecular Heparin Name: ○ Lovenox Draw specimen 4 hours after	weight heparin Once, Routine, Blood, subcutaneous injection	3	
\bigcirc	Heparin	•		
	heparin consult or hep	arin IV infusion		
	Pharmacy Consumer Heparin Indication: ○ Description: Specify: Specify: Monitoring: Standard Dose Protocome		ose protocol (DVT/PE) Until o	discontinued, Routine
	 Consider in patients a Initial Infusion (18 unitial) 	Bolus (80 units/kg) with no maximum. at risk for recurrent embolization. ts/kg/hr) with no maximum. tion with additional bolus and increase i	n heparin for sub-therapeutic	monitoring levels.
	See protocol for detai	s		
	 → HEParin 25,000 u Indication: ○ Deep veir Therapeutic Monitoring 		ontinuous	
	$\ \square$ Prothrombin time with	INR Once, Routine, Blood, 3		
	Do not draw blood from the a	time, activated Once, Routine, Blood, arm that has heparin infusion. Do not dranen stop the heparin, flush the line, and	aw from heparin flushed lines	
		Once, Routine, Blood, 3 arm that has heparin infusion. Do not dra nen stop the heparin, flush the line, and		
\bigcirc	Direct Xa Inhibitors			
	O rivaroxaban (XARELTO) initial therapy and maintenance		
	rivaroxaban (XAF	RELTO) tablet		
	Occurrences Indications: ○ D For Xarelto 15 i	n (XARELTO) tablet 15 mg, oral, 2 time eep vein thrombosis / Pulmonary emborning and 20 mg, give with food or follow anot administer via post-pyloric routes.	lism	,
	✓ rivaroxaba Indications: ○ D For Xarelto 15 i	n (XARELTO) tablet 20 mg, oral, daily eep vein thrombosis / Pulmonary embong and 20 mg, give with food or follow anot administer via post-pyloric routes.	lism	eding to increase medication
		t to monitor rivaroxaban (XARELTO) thrombosis / Pulmonary embolism	therapy Until discontinued, S	STAT
	O apixaban (ELIQUIS) ini	tial therapy and maintenance		
	apixaban (ELIQU)	S) tablet		
		ELIQUIS) tablet 10 mg, oral, 2 times da eep vein thrombosis / Pulmonary embo		
		ELIQUIS) tablet 5 mg, oral, 2 times dai eep vein thrombosis / Pulmonary embo		
	Indications: Deep vein	t to monitor apixaban (ELIQUIS) ther thrombosis / Pulmonary embolism		
	O dabigatran (PRADAXA) therapy - after 5 days of parenteral	anticoagulation	
	Sign:	Printed Name:_		_ Date/Time: Page 5 of 42
				Faye 5 01 42

Indications: DVT/PE Indications: Swallow capsules whole; do not chew, break, or empty the contents of the capsule
✓ Pharmacy consult to monitor dabigatran (PRADAXA) therapy Until discontinued, STAT
Monitor Electolyte and Drug Interactions. Provide Patient Education.
O Vitamin K Antagonists
O warfarin (COUMADIN) with consult and labs
warfarin (COUMADIN) tablet 1, oral, once, 1, Occurrences Indication: Dose Selection Guidance:
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR AM Draw AM draw, 1, Occurrences, S+1, Routine, Blood, 3
Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
O warfarin (COUMADIN) with consult and labs
warfarin (COUMADIN) tablet 1, oral, once, 1, Occurrences Indication: Dose Selection Guidance:
Pharmacy consult to manage warfarin (COUMADIN) Until discontinued, Routine Indication:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
O warfarin (COUMADIN) with labs
warfarin (COUMADIN) tablet 1 , oral, daily at 1700 Indication: Dose Selection Guidance:
✓ Prothrombin Time/INR STAT STAT, 1, Occurrences, S, Routine, Blood, 3
✓ Prothrombin Time/INR AM Draw AM draw, 1, Occurrences, S+1, Routine, Blood, 3
☐ Prothrombin Time/INR every 72 hours Every 72 hours, S+1, Routine, Blood, 3
Analgesics
acetaminophen (TYLENOL) oral/rectal
acetaminophen (TYLENOL) tablet 325 mg, oral, every 4 hours PRN, fever Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
acetaminophen (TYLENOL) suppository 325 mg, rectal, every 4 hours PRN, fever For rectal use only. Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
☐ sodium chloride 0.9% bag for line care
sodium chloride 0.9 % bag for line care .9 , PRN, line care For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the sam infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.
VTE

Printed Name:

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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 7 of 42

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	Sign:	Printed Name:	Date/Time:
✓ Mode	erate Risk (Required)		
O MODERA	TE Risk of VTE - Surgical (Re	equired)	
Low	Low risk of VTE Once, Routi risk: ○ Due to low risk, no VTI phylaxis is needed. Will encour	E prophylaxis is needed. Will encourgae early	ambulation ○ Due to low risk, no VTE
✓ Low i	Risk (Required)		
O LOW Risk	of VTE (Required)		
	Place/Maintain seque Side: Bilateral Select Sleeve(s):	ential compression device continuous Cont	inuous, Routine
		ist for mechanical prophylaxis Once, Routinglaxis due to the following contraindication(s):	ne
Y	Place sequential compressi		
The	rapy for the following:		Thicoagulation for other indication.
		ive order for therapeutic anticoagulant or V is because: patient is already on therapeutic a	
✓	High risk of VTE Once, Rout	ine	
O High	Risk - Patient currently has	an active order for therapeutic anticoagula	nt or VTE prophylaxis (Required)
	Side: Bilateral Select Sleeve(s):	ential compression device continuous Cont	inuous, Routine
	No mechanical VTE prophy	ist for mechanical prophylaxis Once, Routing ylaxis due to the following contraindication(s):	
The	rapy for the following: Place sequential compressi		Thicoagulation for other indication.
		ive order for therapeutic anticoagulant or V is because: patient is already on therapeutic a	
✓	High risk of VTE Once, Rout	ine	
\bigcirc High	Risk - Patient currently has	an active order for therapeutic anticoagula	nt or VTE prophylaxis (Required)
	Side: Bilateral Select Sleeve(s):	ential compression device continuous Cont	inuous, Routine
		ylaxis due to the following contraindication(s): ential compression device continuous Cont	inuous Poutine
		ist for mechanical prophylaxis Once, Routir	ne
✓	Place sequential compressi	on device	
Noı		ive order for therapeutic anticoagulant or V is because: patient is already on therapeutic a	
_	Moderate risk of VTE Once,	·	gananio di la la propri James (i lo qui e a
○ Mode	Select Sleeve(s): erate Risk - Patient currently	has an active order for therapeutic anticoa	qulant or VTE prophylaxis (Required
	Place/Maintain seque Side: Bilateral	ential compression device continuous Cont	inuous, Routine
		ist for mechanical prophylaxis Once, Routing ylaxis due to the following contraindication(s):	ne
✓	Place sequential compressi	on device	
The	rapy for the following:	is because: patient is already on therapeutic a	nticoagulation for other indication.
Noı		ive order for therapeutic anticoagulant or V	

✓ 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	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):	ata malata mal
Administer by deep subcutaneous injection into the left and right anterolateral or po- abdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

Printed Name:

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High Rick Blood	ing Characteristics	
Age <u>></u> 75	ing onaraciensucs	
Weight < 50 kg		
Unstable Hgb		
Renal impairmer	t	
Plt count < 100 k	/uL	
Dual antiplatelet	therapy	
Active cancer		
Cirrhosis/hepatic		
Prior intra-crania		
Prior ischemic st		
Chronic use of N	ng event requiring admission and/or transfusion	
Active GI ulcer	SAIDS/SteroidS	_
Active Gi dicei		
O High Ble	ad Biak	
9	ur frequency is appropriate for most high bleeding r	risk patients. However, some high
	c patients also have high clotting risk in which every	
clinically ap		
DI :		
	ht the risks/benefits of bleeding and clotting when s	
\circ	EParin (porcine) injection - Q12 Hours 5000 Units, every	/ 12 hours scheduled
\circ	EParin (porcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled
O Not high	bleed risk	
\bigcirc \bigcirc	√t > 100 kg 7500 Units, subcutaneous, every 8 hours sched	fuled
_		
_	Vt LESS than or equal to 100 kg 5000 Units, subcutaneou	s, every 8 nours scheduled
O warfarin (COUN	•	
	Γ pharmacy consult 1 , oral, daily at 1700	
Indication: Dose Selection	n Cuidanaa	
O Medicati		
✓ F Indica	harmacy consult to manage warfarin (COUMADIN) Until tion:	discontinued, Routine
□ v	rarfarin (COUMADIN) tablet 1 , oral	
Indica		
Dose	Selection Guidance:	
	kis (Required)	
ContraindicationNo mechanical VTE	ns exist for mechanical prophylaxis Once, Routine prophylaxis due to the following contraindication(s):	
Side: Bilateral	sequential compression device continuous Continuous,	Routine
Select Sleeve(s):		
	Non-Surgical (Required)	
_	acological Prophylaxis - Non-Surgical Patient (Required	1)
Moderate Risk (Required)	
✓ Moderate	risk of VTE Once, Routine	
✓ Moderate Risk	Pharmacological Prophylaxis - Non-Surgical Patient (Re	equired)
_	dications exist for pharmacologic prophylaxis - Order S	·
	ontraindications exist for pharmacologic prophylaxis Charmacologic VTE prophylaxis due to the following contraince	
Sign:	Printed Name:	Date/Time:
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✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylax	kis
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ◯ 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. ○ 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. ○ 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 	eral or posterolatera eral or posterolatera penia (HIT), do NOT

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	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable Ho	<u> </u>	
Renal impai		
Pit count <		
Active canc	atelet therapy	
	er epatic failure	
	ranial hemorrhage	
Prior ischen	<u> </u>	
	leeding event requiring admission and/or trans	sfusion
	e of NSAIDs/steroids	Sidolo!!
Active GI ul		
Every some	igh Bleed Risk 12 hour frequency is appropriate for most hig high bleeding risk patients also have high clot ency may be clinically appropriate.	
Pleas freque	e weight the risks/benefits of bleeding and clo ency.	tting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 50	00 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 500	0 Units, every 8 hours scheduled
O No	ot high bleed risk	
	○ Wt > 100 kg 7500 Units, subcutaneous, every	, O bours askeduled
	O Wt LESS than or equal to 100 kg 5000 Units	s, subcutaneous, every 8 hours scheduled
O warfarin (COUMADIN)	
Indicat		
Dose S	Selection Guidance:	
○ ме	edications	
	Pharmacy consult to manage warfarin (CO Indication:	UMADIN) Until discontinued, Routine
	warfarin (COUMADIN) tablet 1 , oral	
	Indication: Dose Selection Guidance:	
Markania I Burnhadan		
	is (Required) is exist for mechanical prophylaxis Once, Routine	
No mechanical VTE p	rophylaxis due to the following contraindication(s):	D . "
Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	Jous, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ High Risk (Required)		
High risk of VTE	Once, Routine	
✓ High Risk Pharmacolo	ogical Prophylaxis - Surgical Patient (Required)	
	ns exist for pharmacologic prophylaxis Once, Rout E prophylaxis due to the following contraindication(s):	
	/ENOX) for Prophylactic Anticoagulation (Required	
Sign:	Printed Name:	Date/Time:

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

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

C	GREATER THAN or EQUAL to 140kg		enoxaparin
	•		40mg
			every 12
			hours
O ENOXAPARIN 30 N	IG DAILY		
<pre>enoxaparir Indication(s):</pre>	n (LOVENOX) injection 30 mg, subcutaneous, d	laily at 1700, S+1	
	eep subcutaneous injection into the left and right Alternate injection site with each administration.		sterolateral
O ENOXAPARIN SQ	DAILY		
enoxaparir	(LOVENOX) injection subcutaneous, S+1		
Indication(s):			
	eep subcutaneous injection into the left and right Alternate injection site with each administration.		sterolateral
O fondaparinux (ARIXTRA)	injection 2.5 mg, subcutaneous, daily, S+1		
f the patient does not have a h	istory or suspected case of Heparin-Induced Thropatients LESS than 50kg, prior to surgery/invasi		
Oheparin			
High Risk Bleeding Cha	racteristics		
Age <u>></u> 75			
Weight < 50 kg			
Unstable Hgb			
Renal impairment			
Plt count < 100 K/uL			
Dual antiplatelet therapy			
Active cancer			
Cirrhosis/hepatic failure Prior intra-cranial hemorrh	2200		
Prior intra-cramar nemorn	lage .		
	requiring admission and/or transfusion		
Chronic use of NSAIDs/st			
Active GI ulcer			
O High Bleed Risk			
	ency is appropriate for most high bleeding	risk patients. Hov	vever, some high
	s also have high clotting risk in which ever	y 8 hour frequenc	y may be
clinically appropriate			
Please weight the ris	ks/benefits of bleeding and clotting when	selecting the dosi	ing frequency.
O HEParin (p	orcine) injection - Q12 Hours 5000 Units, ever	y 12 hours schedule	ed
O HEParin (p	orcine) injection - Q8 Hours 5000 Units, every	8 hours scheduled	
O Not high bleed risk	(
Sign:	Printed Name:	Date	/Time:
<u> </u>			Page 13 of 4

Sign:	Printed Name:	Date/Time:
	enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and abdominal wall. Alternate injection site with each administration	right anterolateral or posterolateral
O ENG	OXAPARIN SQ DAILY	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneo Indication(s): Administer by deep subcutaneous injection into the left and abdominal wall. Alternate injection site with each administration	right anterolateral or posterolateral
\circ end	OXAPARIN 30 MG DAILY	
		hours
	GREATER THAN or EQUAL to 140kg	enoxapar 40mg every 12
	C	30mg every 12 hours
	LESS THAN 100kg 100 to 139kg	enoxapar 40mg dai enoxapar
following reco	ommended doses by weight: Weight	Dose
Patient renal For patients v	n for Prophylactic Anticoagulation Nonsurgical (Require I status: @CRCL@ with CrCl GREATER than or EQUAL to 30mL/min, e	,
No pharmacolo	gic VTE prophylaxis due to the following contraindication(s)	
	nacological Prophylaxis - Non-Surgical Patient (Requiredications exist for pharmacologic prophylaxis Once, Rou	,
_	of VTE Once, Routine	
✓ High Risk (Requ	ired)	
_	Non-Surgical (Required)	
Place/MairSide: BilateralSelect Sleeve(s	ntain sequential compression device continuous Continuous	uous, Routine
	ications exist for mechanical prophylaxis Once, Routine VTE prophylaxis due to the following contraindication(s):	
☐ Mechanical Prop	phylaxis (Required)	
	warfarin (COUMADIN) tablet 1 , oral Indication: Dose Selection Guidance:	
	✓ Pharmacy consult to manage warfarin (COUMADIN) Indication:	Until discontinued, Routine
	dications	
Indicatio	THOUT pharmacy consult 1 , oral, daily at 1700 on: election Guidance:	
O warfarin (C	COUMADIN)	
	○ Wt LESS than or equal to 100 kg 5000 Units, subcuta	
	○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours	scheduled

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O fondaparinux (ARIX	(TRA) injection 2.5 mg, subcutaneous, daily ve a history of or suspected case of Heparin-Induced	Thrombocytopenia (HIT) do NOT order
	idicated in patients LESS than 50kg, prior to surgery/ir	
O heparin		
High Risk Bleeding	Characteristics	
Age ≥ 75		
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet the	ару	
Active cancer		
Cirrhosis/hepatic fai		
Prior intra-cranial he	<u> </u>	
Prior ischemic stroke	•	
History of bleeding	vent requiring admission and/or transfusion	
Chronic use of NSA		
Active GI ulcer		
7101170 01 01001		
O High Bleed F		
	requency is appropriate for most high bleeding	
	tients also have high clotting risk in which ever	ry 8 hour frequency may be
clinically appro	oriate.	
Please weight t	he risks/benefits of bleeding and clotting when	selecting the dosing frequency.
O HEP	arin (porcine) injection - Q12 Hours 5000 Units, evel	rv 12 hours scheduled
		•
○ HEP	arin (porcine) injection - Q8 Hours 5000 Units, every	y 8 hours scheduled
O Not high ble	ed risk	
○ Wt >	100 kg 7500 Units, subcutaneous, every 8 hours sche	eduled
○ Wt L	ESS than or equal to 100 kg 5000 Units, subcutaneo	ous, every 8 hours scheduled
warfarin (COUMAD	N)	
O WITHOUT pl Indication:	parmacy consult 1 , oral, daily at 1700	
Dose Selection G	uidance:	
 Medications 		
<u> </u>	macy consult to manage warfarin (COUMADIN) Uni	til discentinued. Pourtine
	•	ui discontinued, Routine
Indication		
☐ warfa	arin (COUMADIN) tablet 1 , oral	
Indication	:	
Dose Sel	ection Guidance:	
Mechanical Prophylaxis	Required)	
	exist for mechanical prophylaxis Once, Routine hylaxis due to the following contraindication(s):	
Place/Maintain seq Side: Bilateral Select Sleeve(s):	uential compression device continuous Continuous	s, Routine
H Risk of VTE - Surgical (Hin/Knee) (Required)	
High Risk (Required)	inprinted/ (integrated)	
_ ` . ,	-	
High risk of VTE Or	ce, Routine	
High Risk Pharmacologic	al Prophylaxis - Hip or Knee (Arthroplasty) Surgic	cal Patient (Required)
Sign:	Printed Name:	Date/Time:
		Page 15 of 42

O Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
aspirin chewable tablet 162 mg, daily, S+1	
aspirin (ECOTRIN) enteric coated tablet 162 mg, daily, S+1	
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
 ○ 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 possabdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY ✓ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or possabdominal wall. Alternate injection site with each administration. ○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (HIT medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CromL/min ○ heparin 	sterolateral -) do NOT order this

_ Date/Time:_ Page 16 of 42 Sign:____ Printed Name:

High Risk Bleeding Cha	racteristics	
Age ≥ 75	i acteriotico	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy		
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemorrh	nage	
Prior ischemic stroke		
	requiring admission and/or transfusion	
Chronic use of NSAIDs/st	eroids	
Active GI ulcer		
O High Bleed Risk		
	ency is appropriate for most high bleedi	ng risk patients. However, some high
	s also have high clotting risk in which e	
clinically appropriate		
Please weight the ris	ks/benefits of bleeding and clotting who	on selecting the desing frequency
	oorcine) injection - Q12 Hours 5000 Units, e	
○ HEParin (p	orcine) injection - Q8 Hours 5000 Units, ev	very 8 hours scheduled
O Not high bleed ris	<	
○ Wt > 100 k	g 7500 Units, subcutaneous, every 8 hours s	cheduled
	han or equal to 100 kg 5000 Units, subcutar	
Rivaroxaban and Pharma		icous, every o nours scrieduled
_		
	ELTO) tablet for hip or knee arthroplasty pl	lanned during this admission 10 mg,
daily at 0600 (TIME CR Indications: ○ VTE prop		
	20 mg, give with food or follow administration	with enteral feeding to increase medication
	nister via post-pyloric routes.	with efficial leeding to inorease medication
·	to monitor rivaroxaban (XARELTO) therap	Lintil discontinued STAT
Indications: VTE prophy		by Ontil discontinued, STAT
Indication:	Idalo	
warfarin (COUMADIN)		
Indication:	cy consult 1 , oral, daily at 1700	
Dose Selection Guidance	e:	
O Medications	· ·	
Indication:	consult to manage warfarin (COUMADIN)	Until discontinued, Routine
🗆 warfarin (C	COUMADIN) tablet 1 , oral	
Indication:		
Dose Selection	Guidance:	
Mechanical Prophylaxis (Requi	red)	
	or mechanical prophylaxis Once, Routine s due to the following contraindication(s):	
Place/Maintain sequential Side: Bilateral Select Sleeve(s):	Il compression device continuous Continuo	ous, Routine
Sign:	Printed Name:	Date/Time:
		Page 17 of 42

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

Anticoagulation Guide for COVID patients (https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf) O Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required) O Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) _____ **Date/Time:**_____ Page 18 of 42 Sign: Printed Name:

✓ Moderate Risk of VTE - Surgic✓ Moderate Risk (Required)	Printed Name:	Date/Time:
_		
nandavete High of VTE Cureia	al (Required)	
prophylaxis is needed. Wil	encourage early ambulation	
Low risk of VTE Onc Low risk: ○ Due to low risk	, no VTE prophylaxis is needed. Will encourgae early	y ambulation ○ Due to low risk, no VTE
Low Risk (Required)		
Select Sleeve(s): LOW Risk of VTE (Required)		
Side: Bilateral	n sequential compression device continuous Con	ntinuous, Routine
	ions exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	
Place sequential cor	npression device	
	an active order for therapeutic anticoagulant or ophylaxis because: patient is already on therapeutic a	
High risk of VTE Ond	e, Routine	
O High Risk - Patient curren	lly has an active order for therapeutic anticoagula	ant or VTE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		•
	Eprophylaxis due to the following contraindication(s): a sequential compression device continuous Con	
○ Contraindicat	ions exist for mechanical prophylaxis Once, Routi	
Therapy for the following: Place sequential cor		arnicoaguiation for other indication.
	an active order for therapeutic anticoagulant or hophylaxis because: patient is already on therapeutic a	
High risk of VTE Ond		
<u>-</u>	lly has an active order for therapeutic anticoagula	ant or VTE prophylaxis (Required)
Place/Maintai Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Con	itinuous, Routine
No mechanical VTI	ions exist for mechanical prophylaxis Once, Routing prophylaxis due to the following contraindication(s):	:
✓ Place sequential cor	•	
No pharmacologic VTE pr Therapy for the following:	an active order for therapeutic anticoagulant or ophylaxis because: patient is already on therapeutic a	
Moderate risk of VTE	Once, Routine	
O Moderate Risk - Patient cu	rrently has an active order for therapeutic antico	agulant or VTE prophylaxis (Required)
Place/Maintai Side: Bilateral Select Sleeve(s):	n sequential compression device continuous Con	itinuous, Routine
	ions exist for mechanical prophylaxis Once, Routi Eprophylaxis due to the following contraindication(s):	
Place sequential cor	npression device	
Therapy for the following:	phylaxis because, patient is already on therapeutic a	annocagaianon for outer incloanem
No pharmacologic VTE pr	an active order for therapeutic anticoagulant or hophylaxis because: patient is already on therapeutic a	

Madagata state of VTE On an Double o	
Moderate risk of VTE Once, Routine	
oderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	al a vella a
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	enoxapar 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1 If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (I this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, c 30 mL/min.	
O heparin	

__ Date/Time:___ Page 20 of 42 **Printed Name:**

	VOISION: 0 SON: 10/10/2020
High Risk Bleeding Ch	naracteristics
Age <u>></u> 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therap	У
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemo	rrhage
Prior ischemic stroke	
Chronic use of NSAIDs	nt requiring admission and/or transfusion
Active GI ulcer	steroids
Active Gi ulcer	
	uency is appropriate for most high bleeding risk patients. However, some hig nts also have high clotting risk in which every 8 hour frequency may be
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 r	
	kg 7500 Units, subcutaneous, every 8 hours scheduled
	6 than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
warfarin (COUMADIN)	
O WITHOUT pharm Indication: Dose Selection Guida	nacy consult 1, oral, daily at 1700
O Medications	
_	cy consult to manage warfarin (COUMADIN) Until discontinued, Routine
☐ warfarin	(COUMADIN) tablet 1 , oral
Indication:	(
Dose Selection	on Guidance:
Mechanical Prophylaxis (Red	ruired)
O Contraindications exis	t for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):
Place/Maintain sequen Side: Bilateral Select Sleeve(s):	tial compression device continuous Continuous, Routine
loderate Risk of VTE - Non-Surg	gical (Required)
Moderate Risk (Required)	
✓ Moderate risk of VTE C	Ince Routine
_	ical Prophylaxis - Non-Surgical Patient (Required)
	ns exist for pharmacologic prophylaxis Once, Routine E prophylaxis due to the following contraindication(s):
Contraindication	t for pharmacologic prophylaxis - Order Sequential compression device as exist for pharmacologic prophylaxis Once, Routine E prophylaxis due to the following contraindication(s):

Date/Time:______Page 21 of 42 **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
 ○ ENOXAPARIN 30 MG DAILY ☑ enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration. ○ ENOXAPARIN SQ DAILY ☑ enoxaparin (LOVENOX) injection subcutaneous, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or pos abdominal wall. Alternate injection site with each administration. ○ fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (His medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or 30 mL/min ○ heparin 	sterolateral HIT), do NOT ordel

_ Date/Time:_ Page 22 of 42 Printed Name: Sign:____

High Risk Bleeding C	paractoristics	
Age > 75	iaracteristics	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therap	M	
Active cancer	у	
Cirrhosis/hepatic failure		
Prior intra-cranial hemo		
Prior ischemic stroke	iiiage	
	nt requiring admission and/or transfusion	
Chronic use of NSAIDs		
Active Gl ulcer	31010103	
7 totive of dieer		
O High Bleed Risk		
	uency is appropriate for most high bleedir	ng risk nationts. However, some high
	nts also have high clotting risk in which ev	
clinically appropria		cry o nour nequency may be
omnouny approprie		
Please weight the	risks/benefits of bleeding and clotting whe	en selecting the dosing frequency.
○ HEParin	(porcine) injection - Q12 Hours 5000 Units, ev	very 12 hours scheduled
		•
	(porcine) injection - Q8 Hours 5000 Units, even	ery 8 nours scheduled
O Not high bleed	isk	
○ Wt > 100	kg 7500 Units, subcutaneous, every 8 hours so	cheduled
O Wt LES	than or equal to 100 kg 5000 Units, subcutant	eous every 8 hours scheduled
o warfarin (COUMADIN)	than or equal to roo kg cood office, capeatain	obab, every e means semeatica
O WITHOUT phare Indication:	nacy consult 1 , oral, daily at 1700	
Dose Selection Guida	ince:	
Medications		
Pharma Indication:	cy consult to manage warfarin (COUMADIN)	Intil discontinued, Routine
Indication:	(COUMADIN) tablet 1 , oral	
Dose Selecti	on Guidance:	
llechanical Prophylaxis (Re	quired)	
	t for mechanical prophylaxis Once, Routine axis due to the following contraindication(s):	
Side: Bilateral	tial compression device continuous Continuo	us, Routine
Select Sleeve(s):		
Risk of VTE - Surgical (Req oth pharmacologic and mechanic	uired) al prophylaxis by ordering from Pharmacological and	l Mechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE Once,	Routine	
ligh Risk Pharmacological	Prophylaxis - Surgical Patient (Required)	
	t for pharmacologic prophylaxis Once, Routin hylaxis due to the following contraindication(s):	e
	() for Prophylactic Anticoagulation (Required)	
O Enoxaparin (LOVENO) Patient renal status: @		
Patient renal status: @		

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

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

LESS THAN TOOKS	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):	oto roloto rol
Administer by deep subcutaneous injection into the left and right anterolateral or posabdominal wall. Alternate injection site with each administration.	sterolateral
O ENOXAPARIN SQ DAILY	
enoxaparin (LOVENOX) injection subcutaneous, S+1	
Indication(s):	
Administer by deep subcutaneous injection into the left and right anterolateral or pos	sterolateral
abdominal wall. Alternate injection site with each administration.	
ofondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily, S+1	
If the patient does not have a history or suspected case of Heparin-Induced Thrombocytopenia (H⊟ medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or Cr) do NOT order this
medication. Contraindicated in patients EESS than Soky, prior to surgery/invasive procedure, or GranL/min.	CI LESS (Hall 50
Oheparin	
High Risk Bleeding Characteristics	
Age ≥ 75	
Weight < 50 kg	
Unstable Hgb	
Renal impairment	
Plt count < 100 K/uL	
Dual antiplatelet therapy	
Active cancer	
Cirrhosis/hepatic failure	
Prior intra-cranial hemorrhage	
Prior ischemic stroke	
History of bleeding event requiring admission and/or transfusion	
Chronic use of NSAIDs/steroids	
Active GI ulcer	
O High Bleed Risk	
Every 12 hour frequency is appropriate for most high bleeding risk patients. How	vever, some high
bleeding risk patients also have high clotting risk in which every 8 hour frequence	cy may be
clinically appropriate.	

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

O HEParir	n (porcine) injection - Q12 Hours 5000 Units, ev	ery 12 hours scheduled
O HEParir	n (porcine) injection - Q8 Hours 5000 Units, eve	ry 8 hours scheduled
O Not high bleed	risk	
Sign:	Printed Name:	Date/Time: Page 24 of 42

Sign:	Printed Name:	Date/Time: Page 25 of 42
0:	Duinted News	Data/Times
O heparin		
If the patient does r	not have a history of or suspected case of Heparin-Induced Thrombo ontraindicated in patients LESS than 50kg, prior to surgery/invasive p	
_	ominal wall. Alternate injection site with each administration. (ARIXTRA) injection 2.5 mg, subcutaneous, daily	
Adn	cation(s): ninister by deep subcutaneous injection into the left and right anterol prince well. Alternate injection eits with each administration	lateral or posterolateral
	enoxaparin (LOVENOX) injection subcutaneous, S+1	
O ENOXA	PARIN SQ DAILY	
Indi Adn	cation(s): ninister by deep subcutaneous injection into the left and right anterol ominal wall. Alternate injection site with each administration.	
	enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1	1700, S+1
○ ENOVA	PARIN 30 MG DAILY	
		40mg every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparin
		every 12 hours
	100 to 139kg	enoxaparin 30mg
	LESS THAN 100kg	enoxaparin 40mg daily
	Weight	Dose
	CrCl GREATER than or EQUAL to 30mL/min, enoxaparin nended doses by weight:	orders will apply the
O Enoxaparin fo Patient renal sta	r Prophylactic Anticoagulation Nonsurgical (Required) atus: @CRCL@	
	ons exist for pharmacologic prophylaxis Once, Routine /TE prophylaxis due to the following contraindication(s):	
	ological Prophylaxis - Non-Surgical Patient (Required)	
✓ High risk of V	TE Once, Routine	
✓ High Risk (Required		
 High Risk of VTE - Non- Address both pharmacologic and 	Surgical (Required) I mechanical prophylaxis by ordering from Pharmacological and Mechanica	al Prophylaxis.
Indi Dos	cation: e Selection Guidance:	
Indi	cation: warfarin (COUMADIN) tablet 1 , oral	
	Pharmacy consult to manage warfarin (COUMADIN) Until discon	ntinued, Routine
Dose Select Medica	ion Guidance:	
Indication:	UT pharmacy consult 1 , oral, daily at 1700	
○ warfarin (COU		
	Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, ever	y 8 hours scheduled
\circ	Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled	

High Risk Bleeding Cha	ractoristics	
Age ≥ 75	racteristics	
Weight < 50 kg		
Unstable Hgb		
Renal impairment		
Plt count < 100 K/uL		
Dual antiplatelet therapy		
Active cancer		
Cirrhosis/hepatic failure		
Prior intra-cranial hemori	hage	
Prior ischemic stroke	90	
History of bleeding event	requiring admission and/or transfusion	
Chronic use of NSAIDs/s		
Active GI ulcer		
	ency is appropriate for most high bleeding s also have high clotting risk in which ever	
Please weight the ri	sks/benefits of bleeding and clotting when	selecting the dosing frequency
	porcine) injection - Q12 Hours 5000 Units, ever	
•	porcine) injection - Q8 Hours 5000 Units, every	•
O Not high bleed ris		o nouro concurred
	rg 7500 Units, subcutaneous, every 8 hours sche	eduled
	han or equal to 100 kg 5000 Units, subcutaneou	us, every 8 nours scheduled
O warfarin (COUMADIN)		
WITHOUT pharmaIndication:Dose Selection Guidan	cy consult 1 , oral, daily at 1700	
 Medications 		
Pharmacy Indication:	consult to manage warfarin (COUMADIN) Unti	il discontinued, Routine
Indication:	COUMADIN) tablet 1 , oral	
Dose Selection	Guidance:	
Risk of VTE - Surgical (Hip/K oth pharmacologic and mechanica	nee) (Required) prophylaxis by ordering from Pharmacological and M	lechanical Prophylaxis.
High Risk (Required)		
✓ High risk of VTE Once, F	outine	
High Risk Pharmacological P	ophylaxis - Hip or Knee (Arthroplasty) Surgica	al Patient (Required)
O Contraindications exist No pharmacologic VTE prophy	or pharmacologic prophylaxis Once, Routine laxis due to the following contraindication(s):	
O aspirin chewable tablet	62 mg, daily, S+1	
aspirin (ECOTRIN) enter	c coated tablet 162 mg, daily, S+1	
O Apixaban and Pharmacy	Consult (Required)	
✓ apixaban (ELIQUI Indications: ○ VTE pro	S) tablet 2.5 mg, 2 times daily, S+1 hylaxis	
✓ Pharmacy consul Indications: VTE proph	to monitor apixaban (ELIQUIS) therapy Until o laxis	discontinued, STAT
Sign:	Printed Name:	Date/Time:

ollowing recommende	GREATER than or EQUAL to 30mL/min, enoxapa	rin orders will apply the
		Thir orders will apply the
	Weight	Dose
	LESS THAN 100kg	enoxaparii 40mg daily
	100 to 139kg	enoxaparii 30mg
		every 12 hours
	GREATER THAN or EQUAL to 140kg	enoxaparii 40mg every 12 hours
O ENOXAPARIN	N 30 MG DAILY	
		ot 1700 C 11
Indication(aparin (LOVENOX) injection 30 mg, subcutaneous, daily	at 1700, 5+1
Administer	r by deep subcutaneous injection into the left and right ant I wall. Alternate injection site with each administration.	erolateral or posterolateral
O ENOXAPARIN	N SQ DAILY	
enoxa Indication(aparin (LOVENOX) injection subcutaneous, S+1	
Administer	r by deep subcutaneous injection into the left and right ant I wall. Alternate injection site with each administration.	erolateral or posterolateral
nedication. Contraindicat		
mL/min	ted in patients 2200 than song, phor to surgery/invasive p	ocytopenia (HIT) do NOT order th procedure, or CrCl LESS than 30
nL/min nL/min <a ###="" base)="" bleeding="" commi<="" commission="" high="" href="https://nchmiss.org/nchmiss/beautiful) <td></td><td></td>		
nL/min ○ heparin High Risk Bleeding Age ≥ 75		
nL/min ○ heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg		
heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb		procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment	Characteristics	procedure, or CrCl LESS than 30
nL/min ○ heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL	Characteristics	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera	Characteristics	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer	Characteristics apy	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu	Characteristics apy ure	procedure, or CrCl LESS than 30
nL/min	Characteristics apy ure morrhage	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu Prior intra-cranial hen Prior ischemic stroke	Characteristics apy ure morrhage	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu Prior intra-cranial her Prior ischemic stroke History of bleeding ev	Characteristics apy ure morrhage event requiring admission and/or transfusion	procedure, or CrCl LESS than 30
nL/min ○ heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu Prior intra-cranial hen Prior ischemic stroke History of bleeding ev Chronic use of NSAIE	Characteristics apy ure morrhage event requiring admission and/or transfusion	procedure, or CrCl LESS than 30
nL/min heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu Prior intra-cranial her Prior ischemic stroke History of bleeding ev	Characteristics apy ure morrhage event requiring admission and/or transfusion	procedure, or CrCI LESS than 30
heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therated Active cancer Cirrhosis/hepatic failut Prior intra-cranial here Prior ischemic stroke History of bleeding external common commo	characteristics apy ure morrhage vent requiring admission and/or transfusion Ds/steroids isk requency is appropriate for most high bleeding risk tients also have high clotting risk in which every 8	a patients. However, some hi
heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet thera Active cancer Cirrhosis/hepatic failu Prior intra-cranial hen Prior ischemic stroke History of bleeding ev Chronic use of NSAIE Active GI ulcer High Bleed Ri Every 12 hour frobleeding risk pat clinically appropri	Characteristics apy apy ure morrhage vent requiring admission and/or transfusion Ds/steroids isk requency is appropriate for most high bleeding risk tients also have high clotting risk in which every 8 priate.	patients. However, some highour frequency may be
heparin High Risk Bleeding Age ≥ 75 Weight < 50 kg Unstable Hgb Renal impairment Plt count < 100 K/uL Dual antiplatelet therated Active cancer Cirrhosis/hepatic failute Prior intra-cranial herated Prior ischemic stroke History of bleeding extended Chronic use of NSAID Active GI ulcer High Bleed Rielery 12 hour frobleeding risk pataclinically appropri	characteristics apy ure morrhage vent requiring admission and/or transfusion Ds/steroids isk requency is appropriate for most high bleeding risk tients also have high clotting risk in which every 8	patients. However, some highour frequency may be ecting the dosing frequency.

DVT Admission (1278)

Version: 8 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 , oralIndication:Dose Selection Guidance:

Sign:______ Printed Name:______ Date/Time:______ Page 28 of 42

VTE Risk and Prophylaxis Tool	
Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.
Age less than 60 years and NO other VTE risk factors	One or more of the 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 Severe fracture of hip, above pelvis or leg Central line 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
	Less than fully ambulatory Acute ischemic stroke and independently
	Estrogen History of PE therapy Moderate or major surgery (not for cancer)
	Major surgery within 3 months of admission

		(not for cancer)	
		Major surgery	
		within 3 months	
		of admission	
Anticoagulation Guide for COVID par Anticoagulation Guideline - 8.20.2021v	tients (https://formweb.com/files/houstonme 15.pdf)	thodist/documen	nts/COVID-19
O Patient currently has an active or (Required)	rder for therapeutic anticoagulant or VTE prop	hylaxis with Risl	k Stratification
O Moderate Risk - Patient curre	ently has an active order for therapeutic antic	oagulant or VTE	prophylaxis (Required)
Sign:	Printed Name:	D	ate/Time: Page 29 of 42

prophylaxis is needed. Will e MODERATE Risk of VTE - Surgic Moderate Risk (Required)	•	Date/Time:
Low risk: ○ Due to low risk, n prophylaxis is needed. Will e MODERATE Risk of VTE - Surgic	•	
Low risk: ○ Due to low risk, n prophylaxis is needed. Will e	•	
Low risk: ○ Due to low risk, n	ncourage early ambulation	
, , ,	Routine o VTE prophylaxis is needed. Will encourgae earl	ly ambulation ○ Due to low risk, no VTE
Low Risk (Required)		
O LOW Risk of VTE (Required)		
Place/Maintain s Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	ntinuous, Routine
	ns exist for mechanical prophylaxis Once, Rourophylaxis due to the following contraindication(s)	
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or nylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
	has an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
Select Sleeve(s):		
	equential compression device continuous Co	,
○ Contraindication	ns exist for mechanical prophylaxis Once, Rourophylaxis due to the following contraindication(s)	
✓ Place sequential comp	ression device	
	n active order for therapeutic anticoagulant or nylaxis because: patient is already on therapeutic	
High risk of VTE Once,		
<u> </u>	has an active order for therapeutic anticoagu	lant or VTE prophylaxis (Required)
Place/Maintain s Side: Bilateral Select Sleeve(s):	equential compression device continuous Co	ntinuous, Routine
No mechanical VTE p	rophylaxis due to the following contraindication(s)):
_ ' '	ns exist for mechanical prophylaxis Once, Rou	tine
	nylaxis because: patient is already on therapeutic	
✓ Moderate risk of VTE C	nce, Routine n active order for therapeutic anticoagulant or	VTE prophylavis Once Pouting
_	ently has an active order for therapeutic antico	oagulant or VIE prophylaxis (Required)
Side: Bilateral Select Sleeve(s):		
No mechanical VTE p	rophylaxis due to the following contraindication(s) equential compression device continuous Con):
	ns exist for mechanical prophylaxis Once, Rou	tine
✓ Place sequential comp	ression device	
	nylaxis because: patient is already on therapeutic	anticoagulation for other indication.
	n active order for therapeutic anticoagulant or	VTE prophylaxis Once, Routine

✓ Moderate risk of VTE Once, Routine	
Ioderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)	
Contraindications exist for pharmacologic prophylaxis - Order Sequential compression	device
Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):	
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	enoxapar 40mg every 12 hours
O ENOXAPARIN 30 MG DAILY	
enoxaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 1700, S+1 Indication(s): Administer by deep subcutaneous injection into the left and right anterolateral or 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 (hthis medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, of 30 mL/min.	
O heparin	

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

High Dist	Planding Charactaristics	
	Bleeding Characteristics	
Age ≥ 75 Weight < ∜	50 kg	
Unstable I		
Renal imp		
	< 100 K/uL	
	latelet therapy	
Active car		
Cirrhosis/h	nepatic failure	
	-cranial hemorrhage	
	emic stroke	
History of	bleeding event requiring admission and/or transfusion	
	se of NSAIDs/steroids	
Active GI	licer	
O 11	igh Bleed Risk	
	ign bleed Risk / 12 hour frequency is appropriate for most high bleeding risk patie	ents However some high
	ling risk patients also have high clotting risk in which every 8 hour	
	ally appropriate.	,,
Diese	no weight the right/honofite of blooding and platting when a lasting	the decine frequency
Pieas	se weight the risks/benefits of bleeding and clotting when selecting	. ,
	O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours	
	O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours so	cheduled
\circ N	ot 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	R hours scheduled
O	(COUMADIN)	Tiours scrieduled
○ v Indica	//ITHOUT pharmacy consult 1 , oral, daily at 1700 tion:	
	Selection Guidance:	
\cup N	edications	
	Pharmacy consult to manage warfarin (COUMADIN) Until discontin Indication:	nued, Routine
	warfarin (COUMADIN) tablet 1 , oral Indication:	
	Dose Selection Guidance:	
_	rophylaxis (Required)	
O Contrair No mechanic	adications exist for mechanical prophylaxis Once, Routine al VTE prophylaxis due to the following contraindication(s):	
Place/Mace/Mace/Mace/Mace/Mace/Mace/Mace/M		
	of VTE - Non-Surgical (Required)	
	R Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
_	e Risk (Required)	
	oderate risk of VTE Once, Routine	
_	·	
_	e Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)	
\circ c	ontraindications exist for pharmacologic prophylaxis - Order Sequentia	al compression device
	✓ Contraindications exist for pharmacologic prophylaxis Once, Rou No pharmacologic VTE prophylaxis due to the following contraindication(s)	
Sign:	Printed Name:	Date/Time:
2.3		Page 32 of 42

✓ Place/Maintain sequential compression device continuous Continuous, Rou Side: Bilateral Select Sleeve(s):	utine
O Contraindications exist for pharmacologic prophylaxis AND mechanical prophylax	kis
✓ Contraindications exist for pharmacologic prophylaxis Once, Routine No pharmacologic VTE prophylaxis due to the following contraindication(s):	
✓ Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):	
○ Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required) Patient renal status: @CRCL@	
For patients with CrCl GREATER than or EQUAL to 30mL/min, enoxaparin orde following recommended doses by weight:	rs will apply the
Weight	Dose
LESS THAN 100kg	enoxaparin 40mg daily
100 to 139kg	enoxaparin 30mg every 12 hours
GREATER THAN or EQUAL to 140kg	enoxaparin 40mg every 12 hours
 ◯ 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. ○ 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. ○ 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 	eral or posterolatera eral or posterolatera penia (HIT), do NOT

_ Date/Time:_ Page 33 of 42 Printed Name: Sign:____

	Bleeding Characteristics	
Age ≥ 75		
Weight < 50		
Unstable H	<u> </u>	
Renal impa		
Plt count <		
Active cand	atelet therapy	
	epatic failure	
	ranial hemorrhage	
Prior ischer	<u>v</u>	
	leeding event requiring admission and/or trans	efusion
	e of NSAIDs/steroids	nuololi
Active GI ul		
7101170 01 01	001	
Every some freque	igh Bleed Risk 12 hour frequency is appropriate for most high high bleeding risk patients also have high clotency may be clinically appropriate.	ting risk in which every 8 hour
Pleas freque	e weight the risks/benefits of bleeding and clot ency.	tting when selecting the dosing
	O HEParin (porcine) injection - Q12 Hours 500	00 Units, every 12 hours scheduled
	O HEParin (porcine) injection - Q8 Hours 5000	0 Units, every 8 hours scheduled
ON	ot high bleed risk	, , ,
	○ Wt > 100 kg 7500 Units, subcutaneous, every	8 hours scheduled
	O Wt LESS than or equal to 100 kg 5000 Units	s, subcutaneous, every 8 hours scheduled
O warfarin (COUMADIN)	
○ w Indicat	ITHOUT pharmacy consult 1 , oral, daily at 1700 tion:	
	Selection Guidance:	
○ M	edications	
O IN	Pharmacy consult to manage warfarin (COU)	UMADIN) Until discontinued. Routine
	Indication:	on the critical discontinuous, require
O		
	ris (Required) as exist for mechanical prophylaxis Once, Routine	
No mechanical VTE p	rophylaxis due to the following contraindication(s):	D (
Side: Bilateral Select Sleeve(s):	equential compression device continuous Continu	ious, Routine
O HIGH Risk of VTE - Surgica	al (Required)	
✓ High Risk (Required)		
High risk of VTE	Once, Routine	
✓ High Risk Pharmacolo	ogical Prophylaxis - Surgical Patient (Required)	
	ns exist for pharmacologic prophylaxis Once, Routi E prophylaxis due to the following contraindication(s):	
	VENOX) for Prophylactic Anticoagulation (Required	
Sign:	Printed Name:	Date/Time:

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

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

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

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

	© ENOXAPAF ✓ eno Indicatio Adminis abdomin ○ ENOXAPAF ✓ eno Indicatio Adminis abdomin abdomin	ster by deep subcutaneous injection into the left and right anterolate nal wall. Alternate injection site with each administration. RIN SQ DAILY exaparin (LOVENOX) injection subcutaneous, S+1	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	© ENOXAPAR ✓ eno Indicatio Adminis abdomin ○ ENOXAPAR ✓ eno Indicatio Adminis	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg RIN 30 MG DAILY Exaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cn(s): Ster by deep subcutaneous injection into the left and right anterolate and wall. Alternate injection site with each administration. RIN SQ DAILY Exaparin (LOVENOX) injection subcutaneous, S+1 cn(s): Ster by deep subcutaneous injection into the left and right anterolate and sight and sight and sight anterolate and sight	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	○ ENOXAPAF ✓ eno Indicatio Adminis abdomin	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg RIN 30 MG DAILY Exaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cn(s): Ster by deep subcutaneous injection into the left and right anterolate and wall. Alternate injection site with each administration. RIN SQ DAILY	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	© ENOXAPAF ✓ eno Indicatic Adminis abdomin	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg RIN 30 MG DAILY exaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cn(s): ster by deep subcutaneous injection into the left and right anterolate anal wall. Alternate injection site with each administration.	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	© ENOXAPAF ✓ eno Indicatio Adminis	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg RIN 30 MG DAILY exaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170 cn(s): ster by deep subcutaneous injection into the left and right anterolated	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	○ ENOXAPAR	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg RIN 30 MG DAILY exaparin (LOVENOX) injection 30 mg, subcutaneous, daily at 170	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	© ENOXAPAR	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12 hours
	following recommen	Weight LESS THAN 100kg 100 to 139kg GREATER THAN or EQUAL to 140kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12
		Weight LESS THAN 100kg 100 to 139kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12
		Weight LESS THAN 100kg 100 to 139kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin 40mg every 12
		Weight LESS THAN 100kg 100 to 139kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours enoxaparin
		Weight LESS THAN 100kg 100 to 139kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12 hours
		ded doses by weight: Weight LESS THAN 100kg	Dose enoxaparin 40mg daily enoxaparin 30mg every 12
		ded doses by weight: Weight LESS THAN 100kg	Dose enoxaparin 40mg daily enoxaparin 30mg
		ded doses by weight: Weight LESS THAN 100kg	Dose enoxaparin 40mg daily enoxaparin
		ded doses by weight: Weight	Dose enoxaparin
		ded doses by weight: Weight	Dose
		ded doses by weight:	,
	Enoxaparin for PrPatient renal status	rophylactic Anticoagulation Nonsurgical (Required) s: @CRCL@	
		prophylaxis due to the following contraindication(s):	
	_	s exist for pharmacologic prophylaxis Once, Routine	
.		gical Prophylaxis - Non-Surgical Patient (Required)	
	High Risk (Required) High risk of VTE (Once Poutine	
_	1 Risk of VIE - Non-Sur High Risk (Required)	gical (ixequired)	
) HIGL	Select Sleeve(s): H Risk of VTE - Non-Sur	raical (Required)	
	Side: Bilateral	quential compression device continuous Continuous, Routine	
	O Contraindications No mechanical VTE pro	s exist for mechanical prophylaxis Once, Routine ophylaxis due to the following contraindication(s):	
	Mechanical Prophylaxis	s (Required)	
	Indication Dose Se	on: election Guidance:	
		rfarin (COUMADIN) tablet 1 , oral	
	Indication		ided, Nodiffe
		armacy consult to manage warfarin (COUMADIN) Until discontin	used Routine
	Dose Selection (
	Indication:		
	,	pharmacy consult 1 , oral, daily at 1700	
		DIN)	, riodio soricadica
	O warfarin (COUMA	LLOG than or equal to rooky 3000 office, subcutaneous, every c	
	○ wt	> 100 kg 7500 Units, subcutaneous, every 8 hours scheduled LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8	hours schoduled

Dual antiplatelet ther Active cancer Cirrhagia/hapatia fail		
Cirrhosis/hepatic fail		
Prior intra-cranial he		
Prior ischemic stroke		
History of bleeding e	vent requiring admission and/or transfusion	
Chronic use of NSAI		
Active GI ulcer	·	
	equency is appropriate for most high bleedin tients also have high clotting risk in which evo	
Please weight t	ne risks/benefits of bleeding and clotting whe	n selecting the dosing frequency.
	rin (porcine) injection - Q12 Hours 5000 Units, ev	
		•
○ HEPa	rin (porcine) injection - Q8 Hours 5000 Units, eve	ery 8 hours scheduled
O Not high blee	d risk	
○ Wt >	100 kg 7500 Units, subcutaneous, every 8 hours sc	heduled
	SS than or equal to 100 kg 5000 Units, subcutane	eous, every 8 nours scheduled
warfarin (COUMADI	N)	
WITHOUT phIndication:Dose Selection Go	armacy consult 1 , oral, daily at 1700 idance:	
Medications		
Phare Indication	nacy consult to manage warfarin (COUMADIN) U	Intil discontinued, Routine
Indication	rin (COUMADIN) tablet 1 , oral	
Mechanical Prophylaxis (Paguirad\	
	. ,	
No mechanical VTE prop	xist for mechanical prophylaxis Once, Routine nylaxis due to the following contraindication(s):	
Place/Maintain sequence Side: Bilateral Select Sleeve(s):	ential compression device continuous Continuou	us, Routine
H Risk of VTE - Surgical (I	lin/Knee) (Required)	
	inpriction (required)	
High Risk (Required)		
High risk of VTE On	ce, Routine	
High Risk Pharmacologic	al Prophylaxis - Hip or Knee (Arthroplasty) Surg	ical Patient (Required)
	Printed Name:	Data/Tima-
Sian:	Fillieu Naille	Date/ Liwe.

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

_ Date/Time:_ Page 38 of 42 Sign:____ Printed Name:

High Risk Bleeding Characteristics
Age ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer
A COLVE OF GIOCI
O High Bleed Risk Every 12 hour frequency is appropriate for most high bleeding risk patients. However, some high bleeding risk patients also have high clotting risk in which every 8 hour frequency may be clinically appropriate.
Please weight the risks/benefits of bleeding and clotting when selecting the dosing frequency.
O HEParin (porcine) injection - Q12 Hours 5000 Units, every 12 hours scheduled
O HEParin (porcine) injection - Q8 Hours 5000 Units, every 8 hours scheduled
O Not high bleed risk
○ Wt > 100 kg 7500 Units, subcutaneous, every 8 hours scheduled
○ Wt LESS than or equal to 100 kg 5000 Units, subcutaneous, every 8 hours scheduled
O Rivaroxaban and Pharmacy Consult (Required)
✓ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission 10 mg, daily at 0600 (TIME CRITICAL) Indications: ○ VTE prophylaxis For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption. Do not administer via post-pyloric routes.
✓ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Until discontinued, STAT Indications: VTE prophylaxis Indication:
O warfarin (COUMADIN)
 ○ 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)
O Contraindications exist for mechanical prophylaxis Once, Routine No mechanical VTE prophylaxis due to the following contraindication(s):
Place/Maintain sequential compression device continuous Continuous, Routine Side: Bilateral Select Sleeve(s):

Labs

Labs	s STAT
	CBC and differential STAT, 1, Occurrences, Routine, Blood, 3
	Partial thromboplastin time STAT, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other han the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
	☐ POC occult blood stool and Notify (Required)
	POC occult blood stool Once, STAT, Stool
	✓ Notify Physician If occult stool is positive. Until discontinued, Routine
	Antithrombin III STAT, 1, Occurrences, Routine, Blood, 3
	Cardiolipin antibody STAT, 1, Occurrences, Routine, Blood, 3
	☐ Factor V assay STAT, 1, Occurrences, Routine, Blood, 3
F	Factor V leiden STAT, 1, Occurrences, Routine, Blood, 3 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
	☐ Homocysteine, plasma STAT, 1, Occurrences, Routine, Blood, 3
	Lupus anticoagulant STAT, 1, Occurrences, Routine, Blood, 3 Reflex testing: if the PTT LA is positive, an order for Hexagonal Phospholipid will be reflexed. If the dRVVT is positive, an order for BVVC will be reflexed.
	Protein C activity STAT, 1, Occurrences, Routine, Blood, 3
l:	Protein S activity STAT, 1, Occurrences, Routine, Blood, 3 f the functional protein S result is below normal limits, a free and total antigenic level will be performed for protein S.
	☐ Prothrombin gene mutation STAT, 1, Occurrences, Routine, Blood, 3 Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.): s Tomorrow
	CBC and differential AM draw, 1, Occurrences, Routine, Blood, 3
	Partial thromboplastin time AM draw, 1, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other han the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
Labs	Comprehensive metabolic panel AM draw, 1, Occurrences, Routine, Blood, 3 s AM Repeat
	CBC and differential AM draw repeats, 3, Occurrences, Routine, Blood, 3
	Partial thromboplastin time AM draw repeats, 3, Occurrences, Routine, Blood, 3 Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other han the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.
	☐ Prothrombin time with INR AM draw repeats, 3, Occurrences, Routine, Blood, 3
Cardio Imagir CT	••
	CT Angiogram Pe Chest 1 time imaging, Routine, PE Protocol
C I: F	Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam. s the patient pregnant? Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):
F	Patients with a known lodine contrast allergy will require review by the radiologist.
F	Fasting for this test is not required.
F	Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.
F	Patients taking metformin may be asked to hold their metformin following their procedure.
	Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.
	Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

Printed Name:

Sign:__

X-R	av.		
X-K	Ghest 1 Vw Portable 1 time imaging, 1, Occuri	rences Routine	
	s the patient pregnant?	·	
l		s selected, result will auto release 5 days from finaliza	ation.):
	Chest 2 Vw 1 time imaging, 1, Occurrences, Rolls the patient pregnant?		
	Release to patient (Note: If manual release option is for DVT Diagnosis	s selected, result will auto release 5 days from finaliza	ation.):
03	PV duplex venous lower extremity bilat 1 times	e imaging Routine	
	Reason for exam: Deep Vein Thrombosis Laterality:	e imaging, Noutine	
	PV duplex venous lower extremity left 1 time Reason for exam: Deep Vein Thrombosis	imaging, Routine	
ı	PV duplex venous lower extremity right 1 tim Reason for exam: Deep Vein Thrombosis	ne imaging, Routine	
	PV duplex venous upper extremity bilat 1 time Reason for exam: Deep Vein Thrombosis Laterality:	ne imaging, Routine	
I	PV duplex venous upper extremity left 1 time Reason for exam: Deep Vein Thrombosis	e imaging, Routine	
	PV duplex venous upper extremity right 1 tin Reason for exam: Deep Vein Thrombosis	ne imaging, Routine	
US			
I	. ,	s selected, result will auto release 5 days from finaliza	ation.):
I		s selected, result will auto release 5 days from finaliza	ation.):
ı		s selected, result will auto release 5 days from finaliza	ation.):
I	USPV Venous Upper Extremity Bilat 1 time in Release to patient (Note: If manual release option is	naging, Routine s selected, result will auto release 5 days from finaliza	ation.):
I	☐ USPV Venous Upper Extremity Left 1 time im Release to patient (Note: If manual release option is	aging, Routine s selected, result will auto release 5 days from finaliza	ation.):
	USPV Venous Upper Extremity Right 1 time i Release to patient (Note: If manual release option is clear	maging, Routine s selected, result will auto release 5 days from finaliza	ation.):
	☐ NM Lung Ventilation Perfusion 1 time imaging	g, Routine	
	Reason for Exam: Shortness of breath ls the patient pregnant?		
1	Decision Support Exception:	a calcated recent will out a valore E days from finaliz	ation).
	Release to patient (Note: If manual release option is Observe standard radiation precautions if patient is	s selected, result will auto release 5 days from finalizataking radiating isotopes:	ation.):
	- Pregnant women should notify Department prior to	scheduling exam.	
	- Breast feeding patients should pump and discard f - Patients should contact Department if there is any - Patients should stay well hydrated before and afte	or 12-24 hours post exam. allergies to medications.	
	Studies		
Respi Rehak			
Consu			
	hysician Consult orders use sidebar cillary Consults		
	Consult to Case Management Once, Routine		
	Consult Reason: Reason for Consult?		
	Sign:	Printed Name:	Page 41 of 42

	☐ Consult to Social Work Once, Routine
	Reason for Consult: Reason for Consult?
	Consult to PT eval and treat Once, Routine Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason for PT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy
	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy
	Consult to OT eval and treat Once, Routine Reason for referral to Occupational Therapy (mark all that apply): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status: Reason for OT? If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy
	If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.
	Consult to Nutrition Services Once, Routine Reason For Consult? ○ Other (Specify) Specify: Low vitamin K diet 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 Respiratory Therapy Once, Routine Reason for Consult? Reason for Consult?
Addi	tional Orders

Sign:_____ Printed Name:____