

Location: _____

General

Admission or Observation (Required)

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

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

☐ **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 active status order on file

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

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

☐ **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

Patient has active status order on file.

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

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Code Status

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

☒ **Code Status**

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

☐ **Full code** Continuous, Routine

Code Status decision reached by:

☐ **DNR (Do Not Resuscitate)** (Required)

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

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

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

Does patient have decision-making capacity?

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

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

☐ **Consult to Palliative Care Service**☒ **Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

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

Reason for Consult:

Reason for Consult?

☐ **Modified Code** Continuous, Routine

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

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

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

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

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

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

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

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

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

☐ **Contact isolation status** Continuous, Routine☐ **Droplet isolation status** Continuous, Routine☐ **Enteric isolation status** Continuous, Routine**Precautions**☐ **Aspiration precautions** Continuous, Routine☐ **Fall precautions** Continuous, Routine

Increased observation level needed:

☐ **Latex precautions** Continuous, Routine☐ **Seizure precautions** Continuous, Routine

Increased observation level needed:

Nursing

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

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 ☐ 120.000Low Heart Rate(BPM): ☐ 50 ☐ 50.000High PVC's (per minute): ☐ 10 ☐ 10.000High SBP(mmHg): ☐ 175 ☐ 175.000Low SBP(mmHg): ☐ 100 ☐ 100.000High DBP(mmHg): ☐ 95 ☐ 100.000Low DBP(mmHg): ☐ 40 ☐ 95.000Low Mean BP: ☐ 60 ☐ 60.000High Mean BP: ☐ 120 ☐ 120.000Low 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 LESS than 80 mmHg Heart rate GREATER than 120 bpm Heart rate LESS than 55 bpm SpO2 LESS than 90

Diet

- ☐ **NPO** Diet effective now, Routine

NPO:

Pre-Operative fasting options:

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

- ☐ **Diet - 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:

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

☐ **Diet - 2000 Kcal/225 gm Carb** Diet effective now, Routine

Diet(s): ○ 2000 Kcal/225 gm Carbohydrate

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet - Heart healthy** Diet effective now, Routine

Diet(s): ○ Heart Healthy

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet** Diet effective now, Routine

Diet(s):

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids

IV Fluids

☐ **sodium chloride 0.45 % infusion** 0.45 , intravenous, continuous

☐ **sodium chloride 0.9 % infusion** .9 , intravenous, continuous

Medications

Anti-coagulants

Patients may be eligible for enoxaparin if the time to surgical procedure is GREATER THAN 24 hours and renal function is STABLE.

☐ **Enoxaparin**

Pharmacy consult is available for anti-Xa monitoring for enoxaparin (Lovenox) in patients with CrCl LESS THAN 30 mL/min, extremes of body weight (LESS THAN 45kg or GREATER THAN 150kg), pregnancy, or elderly (age GREATER THAN or EQUAL to 75 years).

☒ **enoxaparin (LOVENOX) subcutaneous injection (dosing based on CrCl)**

☐ **For CrCl GREATER than or EQUAL to 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 12 hours** 1 mg/kg, subcutaneous, every 12 hours scheduled

Indication(s):

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall.

Alternate injection site with each administration.

☐ **For CrCl LESS than 30 mL/min - enoxaparin (LOVENOX) 1 mg/kg every 24 hours** 1 mg/kg, subcutaneous, every 24 hours scheduled

Indication(s):

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall.

Alternate injection site with each administration.

☐ **Pharmacy consult to manage therapeutic enoxaparin (LOVENOX)** Until discontinued, Routine

Indication(s):

Reason for consult:

Anti-Xa goal: 0.6-1 units/mL

☐ **Prothrombin time with INR** Once, Routine, Blood, 3

☐ **Partial thromboplastin time, activated** Once, 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 than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

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

☐ **Anti Xa, low molecular weight heparin** Once, Routine, Blood, 3

Heparin Name: ☐ Lovenox

Draw specimen 4 hours after subcutaneous injection

☐ **Heparin**

☒ **heparin consult or heparin IV infusion**

☒ **Pharmacy Consult to Manage Heparin: STANDARD dose protocol (DVT/PE)** Until discontinued, Routine

Heparin Indication: ☐ DVT

Specify:

Specify:

Monitoring:

Standard Dose Protocol

- IF ORDERED, Initial Bolus (80 units/kg) with no maximum.

- Consider in patients at risk for recurrent embolization.

- Initial Infusion (18 units/kg/hr) with no maximum.

- More aggressive titration with additional bolus and increase in heparin for sub-therapeutic monitoring levels.

See protocol for details

☐ **HEParin 25,000 unit/500 mL (50 unit/mL)** intravenous, continuous

Indication: ☐ Deep vein thrombosis

Therapeutic Monitoring Target:

☐ **Prothrombin time with INR** Once, Routine, Blood, 3

☐ **Partial thromboplastin time, activated** Once, 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 than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Anti Xa, unfractionated** Once, 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 than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Direct Xa Inhibitors**

☐ **rivaroxaban (XARELTO) initial therapy and maintenance**

☒ **rivaroxaban (XARELTO) tablet**

☒ **rivaroxaban (XARELTO) tablet** 15 mg, oral, 2 times daily at 0900, 1700 (TIME CRITICAL), 42,

Occurrences

Indications: ☐ Deep vein thrombosis / Pulmonary embolism

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.

☒ **rivaroxaban (XARELTO) tablet** 20 mg, oral, daily at 1700

Indications: ☐ Deep vein thrombosis / Pulmonary embolism

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: Deep vein thrombosis / Pulmonary embolism

Indication:

☐ **apixaban (ELIQUIS) initial therapy and maintenance**

☒ **apixaban (ELIQUIS) tablet**

☒ **apixaban (ELIQUIS) tablet** 10 mg, oral, 2 times daily, 14, Occurrences

Indications: ☐ Deep vein thrombosis / Pulmonary embolism

☒ **apixaban (ELIQUIS) tablet** 5 mg, oral, 2 times daily

Indications: ☐ Deep vein thrombosis / Pulmonary embolism

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

Indications: Deep vein thrombosis / Pulmonary embolism

☐ **dabigatran (PRADAXA) therapy - after 5 days of parenteral anticoagulation**

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

- ☒ **dabigatran etexilate (PRADAXA) capsule** 150 mg, oral, 2 times daily

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 Electrolyte and Drug Interactions. Provide Patient Education.

☐ **Vitamin K Antagonists**

☐ **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

☐ **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

☐ **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 same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 96 hours.

VTE

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

VTE Risk and Prophylaxis Tool (Required)

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%20-%208.20.2021v15.pdf))

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

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

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

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

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

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

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

☒ **Moderate Risk** (Required)

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- ☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

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

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

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

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk** (Required)

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

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

- ☐ **heparin**

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

- ☐ **High Bleed Risk**

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

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

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

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

- ☐ **Not high bleed risk**

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

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

- ☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- ☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

- ☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

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

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

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

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

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

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

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

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

Indications: ☐ VTE prophylaxis

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

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

Indications: VTE prophylaxis

Indication:

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%20-%208.20.2021v15.pdf))

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

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

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

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

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

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

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

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

☒ **Moderate Risk** (Required)

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **Moderate Risk (Required)**

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

- ☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

- ☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

- ☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

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

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

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

Indication:

Dose Selection Guidance:

- ☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

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

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

- ☒ **High Risk** (Required)

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

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

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

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

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

Patient renal status: @CRCL@

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

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

- ☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

- ☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

- ☐ **heparin**

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

High Risk Bleeding CharacteristicsAge $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

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

Indication:

Dose Selection Guidance:

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

Indication:

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

Indication:

Dose Selection Guidance:

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

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

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

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

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

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

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

Indications: VTE prophylaxis

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

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

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](https://formweb.com/files/houstonmethodist/documents/COVID-19%20Anticoagulation%20Guideline%20-%208.20.2021v15.pdf))

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

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

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

☒ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

☒ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

☒ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High risk of VTE** Once, Routine

☒ **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

☒ **Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

☐ **LOW Risk of VTE** (Required)

☒ **Low Risk** (Required)

☒ **Low risk of VTE** Once, Routine

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

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

☒ **Moderate Risk** (Required)

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

☒ **Moderate Risk (Required)**

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

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

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

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

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

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

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

Side: Bilateral

Select Sleeve(s):

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

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

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

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

Patient renal status: @CRCL@

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

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

High Risk Bleeding Characteristics

Age $\geq$ 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- ☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis** (Required)

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

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

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

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk** (Required)

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

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

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

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

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

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

- ☐ **heparin**

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

- ☐ **High Bleed Risk**

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

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

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

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

- ☐ **Not high bleed risk**

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

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

- ☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- ☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

- ☐ **Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

- ☒ **High Risk (Required)**

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

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

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

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

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

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

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

Patient renal status: @CRCL@

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

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

☐ **ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

☐ **ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

☐ **heparin**

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

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

☐ **High Bleed Risk**

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

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

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

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

☐ **Not high bleed risk**

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

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

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

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

Indications: ☐ VTE prophylaxis

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

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

Indications: VTE prophylaxis

Indication:

☐ **warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

☐ **Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

☐ **Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

Labs

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

Labs 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 than 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

☐ **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 dRVVC will be reflexed.

☐ **Protein C activity** STAT, 1, Occurrences, Routine, Blood, 3

☐ **Protein S activity** STAT, 1, Occurrences, Routine, Blood, 3

If 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.):

Labs 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 than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

☐ **Comprehensive metabolic panel** AM draw, 1, Occurrences, Routine, Blood, 3

Labs 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 than 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

Cardiology**Imaging****CT**

☐ **CT Angiogram Pe Chest** 1 time imaging, Routine, PE Protocol

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.

Is the patient pregnant?

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

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

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.

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

X-Ray

☐ **Chest 1 Vw Portable** 1 time imaging, 1, Occurrences, Routine

Is the patient pregnant?

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

☐ **Chest 2 Vw** 1 time imaging, 1, Occurrences, Routine

Is the patient pregnant?

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

US for DVT Diagnosis

☐ **PV duplex venous lower extremity bilat** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

Laterality:

☐ **PV duplex venous lower extremity left** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

☐ **PV duplex venous lower extremity right** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

☐ **PV duplex venous upper extremity bilat** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

Laterality:

☐ **PV duplex venous upper extremity left** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

☐ **PV duplex venous upper extremity right** 1 time imaging, Routine

Reason for exam: Deep Vein Thrombosis

US

☐ **USPV Venous Lower Extremity Bilateral** 1 time imaging, Routine

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

☐ **USPV Venous Lower Extremity Left** 1 time imaging, Routine

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

☐ **USPV Venous Lower Extremity Right** 1 time imaging, Routine

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

☐ **USPV Venous Upper Extremity Bilat** 1 time imaging, Routine

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

☐ **USPV Venous Upper Extremity Left** 1 time imaging, Routine

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

☐ **USPV Venous Upper Extremity Right** 1 time imaging, Routine

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

Nuclear

☐ **NM Lung Ventilation Perfusion** 1 time imaging, Routine

Reason for Exam: Shortness of breath

Is the patient pregnant?

Decision Support Exception:

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

Observe standard radiation precautions if patient is taking radiating isotopes:

- Pregnant women should notify Department prior to scheduling exam.
- Breast feeding patients should pump and discard for 12-24 hours post exam.
- Patients should contact Department if there is any allergies to medications.
- Patients should stay well hydrated before and after exam.

Other Studies**Respiratory****Rehab****Consults**

For Physician Consult orders use sidebar

Ancillary Consults

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

Consult Reason:

Reason for Consult?

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

☐ **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?

Additional Orders