

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 or Observation

Patient has 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:

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:

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

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

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

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

Does patient have decision-making capacity?

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

Code Status decision reached by:

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

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

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

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

Reason for Consult:

Reason for Consult?

☐ **Modified Code** Continuous, Routine

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

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

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

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

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**

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

☐ **Aspiration precautions** Continuous, Routine☐ **Fall precautions** Continuous, Routine

Increased observation level needed:

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

Increased observation level needed:

Common Present on Admission Diagnosis☐ **Acidosis** Once, Routine☐ **Acute Post-Hemorrhagic Anemia** Once, Routine☐ **Acute Renal Failure** Once, Routine☐ **Acute Respiratory Failure** Once, Routine☐ **Acute Thromboembolism of Deep Veins of Lower Extremities** Once, Routine☐ **Anemia** Once, Routine☐ **Bacteremia** Once, Routine☐ **Bipolar disorder, unspecified** Once, Routine☐ **Cardiac Arrest** Once, Routine☐ **Cardiac Dysrhythmia** Once, Routine☐ **Cardiogenic Shock** Once, Routine☐ **Decubitus Ulcer** Once, Routine☐ **Dementia in Conditions Classified Elsewhere** Once, Routine☐ **Disorder of Liver** Once, Routine☐ **Electrolyte and Fluid Disorder** Once, Routine☐ **Intestinal Infection due to Clostridium Difficile** Once, Routine☐ **Methicillin Resistant Staphylococcus Aureus Infection** Once, Routine☐ **Obstructive Chronic Bronchitis with Exacerbation** Once, Routine☐ **Other Alteration of Consciousness** Once, Routine☐ **Other and Unspecified Coagulation Defects** Once, Routine☐ **Other Pulmonary Embolism and Infarction** Once, Routine☐ **Phlebitis and Thrombophlebitis** Once, Routine☐ **Protein-calorie Malnutrition** Once, Routine☐ **Psychosis, unspecified psychosis type** Once, Routine☐ **Schizophrenia Disorder** Once, Routine☐ **Sepsis** Once, Routine☐ **Septic Shock** Once, Routine☐ **Septicemia** Once, Routine☐ **Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled** Once, Routine☐ **Urinary Tract Infection, Site Not Specified** Once, Routine**Nursing****Vital Signs**☒ **Vital signs - T/P/R/BP** Per unit protocol, Routine**Activity**☒ **Strict bed rest** Until discontinued, Routine☐ **Bed rest with bedside commode** Until discontinued, Routine

Bathroom Privileges: ○ with commode

Nursing Care

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

☒ **Telemetry**☒ **Telemetry monitoring** Continuous, 48, Hours, Routine

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

☒ **Telemetry additional setup information** Continuous, 48, Hours, Routine

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

☐ **Daily weights** Daily, Routine☐ **Intake and Output** Every shift, Routine☐ **Neurological assessment** Once, Routine, Notify physician for any change in neurological status

Assessment to Perform:

☐ **Saline lock IV** Continuous, Routine☐ **Previous Cardiac Catheterization:** Until discontinued, Routine, Patient had Cardiac Catheterization on ***. Please obtain old cardiac surgery/cath/Echo/ECG reports from *** Hospital.☐ **Tobacco cessation education** Once, Routine**Diet**☐ **NPO effective midnight** Diet effective midnight, Routine

NPO: ◦ Except meds ◦ Except Ice chips

Pre-Operative fasting options:

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

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

NPO: ◦ Except Ice chips ◦ Except meds

Pre-Operative fasting options:

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

☐ **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:

☐ **Diet- Clear liquids** Diet effective now, Routine

Diet(s): ◦ Clear Liquids

Cultural/Special:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

☐ **Diet- 2000 Calorie, low fat, low cholesterol** Diet effective now, Routine

Diet(s): ◦ Low Fat, Low Cholesterol ◦ 2000 Kcal/255 gm Carbohydrate

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- Renal diet** Diet effective now, Routine
 Diet(s): ☐ Renal (80GM Pro, 2-3GM Na, 2-3GM K)
 Cultural/Special:
 Other Options:
 Advance Diet as Tolerated?
 IDDSI Liquid Consistency:
 Fluid Restriction:
 Foods to Avoid:
 Foods to Avoid:

☒ **No caffeine** Until discontinued, Routine
 Reason for "No" order:

Notify

- ☐ **Notify Attending absent or diminished pulse of extremity used for access** Until discontinued, Routine
☐ **Notify Attending for chest pain unrelieved by 3 sublingual nitroglycerin tablets** Until discontinued, Routine
☐ **Notify Attending of patient's location upon arrival to unit** Until discontinued, Routine
☐ **Notify Physician (Specify)** Until discontinued, Routine

IV Fluids**Peripheral IV Access**

- ☐ **Initiate and maintain IV**
☒ **Insert peripheral IV** Once, Routine
☒ **sodium chloride 0.9 % flush** 10 mL, every 12 hours scheduled, line care
☒ **sodium chloride 0.9 % flush** 10 mL, intravenous, PRN, line care

Maintenance IV Fluids

- ☐ **dextrose 5% in water** 5 , intravenous, continuous
☐ **dextrose 5 % and sodium chloride 0.45 % infusion** intravenous, continuous
☐ **dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous
☐ **dextrose 5 % and sodium chloride 0.9 % infusion** intravenous, continuous
☐ **dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous
☐ **sodium chloride 0.45 % infusion** 0.45 , intravenous, continuous
☐ **sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous

Medications**Aspirin**

Core Measure - must be given 24 hours before or within 24 hours of hospital arrival

- ☐ **aspirin 325 mg tablet x 1 STAT** 325 mg, oral, once, 1, Occurrences, STAT
☐ **aspirin 325 mg tablet daily** 325 mg, oral, daily
 Recommended for patients not previously on aspirin.
☐ **aspirin chewable tablet** 81 mg, oral, daily
 Recommended for patients not previously on aspirin.

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.

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

☐ **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.

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

Heparin Name: ☐ Lovenox

Draw specimen 4 hours after subcutaneous injection

☐ **Heparin**

☒ **Pharmacy consult to manage Heparin: LOW Dose protocol(ACS/Stroke/Afib)- withOUT titration boluses** Until discontinued, Routine

Heparin Indication: ☐ ACS

Specify:

Monitoring: Anti-Xa

Low Dose Heparin Protocol

- IF ORDERED, Initial bolus (60 units/kg) up to a max of 5,000 units.

- Consider in patients at risk for bleeding.

- Initial infusion (12 units/kg/hr) up to a max of 1,000 units/hr initially.

- More conservative titration.

See protocol for details

☐ **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.

Beta-Blockers

☐ **metoprolol (LOPRESSOR) injection** 5 mg, intravenous, every 15 min

BP & HR HOLD parameters for this order:

Contact Physician if:

HOLD if systolic blood pressure is LESS THAN 120 millimeters of mercury OR if heart rate is EQUAL TO OR LESS THAN 70 beats per minute.

☐ **metoprolol tartrate (LOPRESSOR) tablet** 25 mg, oral, 2 times daily

BP & HR HOLD parameters for this order:

Contact Physician if:

Start 15 minutes after last IV dose if given. Hold for systolic blood pressure less than 100 millimeters of mercury and heart rate less than 60 beats per minute

☐ **carvedilol (COREG) tablet** 3.125 mg, oral, 2 times daily

BP & HR HOLD parameters for this order:

Contact Physician if:

Antiplatelet Agents

☐ **Antiplatelet Agents - Loading**

☐ **clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin chewable 81 mg tablet**

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

☒ **clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet**

☒ **clopidogrel (PLAVIX) Loading and Maintenance doses**

☒ **Loading Dose - clopidogrel (PLAVIX) tablet** 300 mg, oral, once, 1, Occurrences, Post-op Loading Dose

☒ **Maintenance Dose - clopidogrel (PLAVIX) tablet** 75 mg, oral, daily, S+1, Post-op Maintenance Dose

☒ **aspirin chewable tablet** 81 mg, oral, daily, S+1, Post-op

☐ **ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet**

☒ **ticagrelor (BRILINTA) Oral Loading and Maintenance Doses**

☒ **ticagrelor (BRILINTA) tablet** 180 mg, oral, once, 1, Occurrences, Pre-op

Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
Is the patient receiving maintenance aspirin dose greater than 100 mg/day?

☒ **ticagrelor (BRILINTA) tablet** 90 mg, oral, 2 times daily, Pre-op

Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
Is the patient receiving maintenance aspirin dose greater than 100 mg/day?

☒ **aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily, S+1, Post-op

☐ **Maintenance Doses**

☐ **clopidogrel (PLAVIX) tablet + aspirin chewable tablet**

☒ **clopidogrel (PLAVIX) tablet** 75 mg, oral, daily, Post-op

☒ **aspirin chewable tablet** 81 mg, oral, daily, S+1, Post-op

☐ **ticagrelor (BRILINTA) tablet + aspirin chewable tablet**

☒ **ticagrelor (BRILINTA) tablet** 90 mg, oral, daily, Post-op

Does the patient have active or a history of pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)?
Is the patient receiving maintenance aspirin dose greater than 100 mg/day?

☒ **aspirin chewable tablet** 81 mg, oral, daily, S+1, Post-op

☐ **Anti-Platelet Contraindicated** Until discontinued, Routine

Nitrates

Avoid nitrates if sildenafil (VIAGRA), sildenafil citrate (REVATIO), or vardenafil (LEVITRA) used within 24 hours or tadalafil (CIALIS / ADCIRCA) within 48 hours.

☐ **nitroglycerin infusion** 5 mcg/min, intravenous, continuous

Adjust 5 mcg/minutes every 3 minutes to keep MAP less than 85 and patient chest pain free. Range 0 to 100 mcg/min. Wean to minimum required dose.

☐ **nitroglycerin (NITROSTAT) SL tablet** 0.4 mg, sublingual, every 5 min PRN, 3, Occurrences, STAT, chest pain

Contact physician if given. Hold if systolic blood pressure less than 100 millimeters of mercury.

☐ **nitroglycerin (NITROSTAT) 2 % ointment** 2 , Topical, every 6 hours scheduled

Apply to chest wall, hold for systolic blood pressure less than 100 millimeters of mercury

Anti-hyperlipidemic Agents

☐ **Moderate Intensity**

☐ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op

☐ **atorvastatin (LIPITOR) tablet - Moderate Intensity** 20 mg, oral, nightly, Post-op

☐ **rosuvastatin (CRESTOR) tablet - Moderate Intensity** 10 mg, oral, nightly, Post-op

☐ **High Intensity**

☐ **atorvastatin (LIPITOR) tablet - High Intensity** 40 mg, oral, nightly, Post-op

☐ **atorvastatin (LIPITOR) tablet - High Intensity** 80 mg, oral, nightly, Post-op

☐ **rosuvastatin (CRESTOR) tablet - High Intensity** 10 mg, oral, nightly, Post-op

Pain Management

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

- ☐ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours PRN

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Antiemetics

- ☒ **ondansetron (ZOFRAN) IV or Oral (Required)**

☒ **ondansetron ODT (ZOFRAN-ODT) disintegrating tablet** 4 mg, oral, every 8 hours PRN, nausea vomiting

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

☒ **ondansetron (ZOFRAN) 4 mg/2 mL injection** 4 mg, intravenous, every 8 hours PRN, nausea vomiting

Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.

May cause QTc prolongation.

- ☐ **promethazine (PHENERGAN) IVPB or Oral or Rectal**

☒ **promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB** 12.5 mg, intravenous, every 6 hours PRN, 30.000 Minutes, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

☒ **promethazine (PHENERGAN) tablet** 12.5 mg, oral, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication.

☒ **promethazine (PHENERGAN) suppository** 12.5 mg, rectal, every 6 hours PRN, nausea vomiting

Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

PRN Medications

- ☐ **famotidine (PEPCID) tablet** 20 mg, oral, daily PRN, heartburn

- ☐ **lorazepam (ATIVAN) 0.5 mg Oral OR alprazolam (XANAX) 0.25 mg Oral**

☐ **LORazepam (ATIVAN) tablet** 0.5 mg, oral, every 8 hours PRN, anxiety

Indication(s): ◦ Anxiety

☐ **ALPRAZolam (XANAX) tablet** 0.25 mg, oral, 2 times daily PRN, anxiety

Indication(s): ◦ Anxiety

- ☐ **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, PACU & Post-op

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)**

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

☐ **Contraindications exist for pharmacologic prophylaxis** Once, PACU & Post-op, 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, PACU & Post-op

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, PACU & Post-op
- ☐ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1, PACU & Post-op
- ☐ **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, PACU & Post-op

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 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

☐ **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

☐ **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, PACU & Post-op

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)**

☒ **High Risk (Required)**

☒ **High risk of VTE** Once, Routine

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

☐ **Contraindications exist for pharmacologic prophylaxis** Once, PACU & Post-op, 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, PACU & Post-op

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, PACU & Post-op
- ☐ **aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1, PACU & Post-op
- ☐ **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, PACU & Post-op

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

☐ **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

If not done within past 24 hours, obtain baseline PT/PTT and CBC hemogram prior to starting Heparin

☐ **CBC hemogram** Once, Routine, Blood, 3

CBC only; Does not include a differential

☐ **Partial thromboplastin time** 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.

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

☐ **Basic metabolic panel** Once, Routine, Blood, 3

☐ **NT-proBNP** Once, Routine, Blood, 3

☒ **Lipid panel** AM draw, 1, Occurrences, Routine, Blood, 3

☒ **Magnesium** Once, Routine, Blood, 3

☐ **Troponin T** Once, 1, Occurrences, Routine, Blood, 3

☐ **Urine drugs of abuse screen** Once, Routine, Urine

Repeating Labs

☒ **Troponin T** Now then every 3 hours, 3, Occurrences, Routine, Blood, 3

☐ **Basic metabolic panel** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

☐ **CBC hemogram** AM draw repeats, 3, Occurrences, S+1, Routine, Blood, 3

CBC only; Does not include a differential

Cardiology Imaging**Cardiology Imaging**

☒ **ECG 12 lead** Once, 1, Occurrences, S+1, Routine, 6, In AM

Clinical Indications: ○ Chest Pain

Interpreting Physician:

☒ **ECG 12 lead** Conditional Frequency, 6, Occurrences, S, S+14, Routine, 6, Conditional Order: Release as needed if Chest Pain. Notify Attending.

Clinical Indications: ○ Chest Pain

Interpreting Physician:

☐ **ECG 12 lead** Every 4 hours, 2, Occurrences, Routine, 6

Clinical Indications:

Interpreting Physician:

☐ **Echocardiogram complete w contrast and 3D if needed** 1 time imaging, Routine

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Respiratory**Respiratory**

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

☒ **Oxygen therapy** Continuous, Routine

Device: ○ Nasal Cannula

Rate in liters per minute: 2 Lpm

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy: ○ Acute MI

Device:

Consults**Cardiac Rehabilitation Phase I HMH HMWB****Please unselect if patient does not meet requirements for Cardiac Rehab Phase I**☒ **Consult to Cardiac Rehab Phase 1** Once, Post-op, Routine

Clinical Indications: ○ PCI

Patient's Phone Number:

Referral to Cardiac Rehabilitation Phase II (Required)**Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).**☐ **Referral to Cardiac Rehab Phase 2** Once, Scheduling/ADT

I am referring my patient to outpatient Cardiac Rehabilitation for: ○ Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation.

Medical justification required: s/p MI (last 12 months)

Patient's Phone Number:

Physicians:

Please attach the following information to the referral, if available. This will assist us with patient care, Insurance reimbursement and patient outcomes.

1. Hospital discharge summary, H&P or office note summarizing patient status.

2. Resting 12 lead EKG.

3. Lipid Profile and other lab reports.

4. Recent graded exercise test (within 3 months).

5. Hearth catheterization report.

6. Echocardiogram report.

7. Current Medication List.

Cardiac Rehabilitation Phase II: is the early outpatient phase of Cardiac Rehabilitation and uses exercise training and lifestyle changes to optimize your physical, psychological and social functioning.

Cardiac Rehabilitation benefits may include:

1. Personalized and monitored exercise program proven to increase life expectancy by five years

2. Nutritional counseling

3. Medication review

4. Reduce fear, anxiety and stress

5. Improve your confidence, well being, stamina and strength so that you can return to your usual activities

Houston Methodist Cardiac Rehabilitation Locations:

1. Houston Methodist DeBakey Heart & Vascular Center, Outpatient Center 16th floor, 6445 Main St., Houston, TX 77030 713.441.5575

2. Houston Methodist Baytown Hospital 4201 Garth Road Plaza 1 Suite 290, Baytown TX 77521 281-420-8878

3. Houston Methodist Clear Lake Hospital, MOB 4, 18123 Upper Bay Dr., Suite 110, Houston, TX 77058 281.523.2121

4. Houston Methodist Continuing Care Hospital 701 S. Fry Rd. Suite 215, Katy, TX 77450 832.522.2273

5. Houston Methodist The Woodlands Hospital 7990 State Highway 242, The Woodlands, TX 77385 936.270.3571

6. Houston Methodist Willowbrook Hospital 13802 Centerfield Drive, Suite 200, Houston, TX 77375 281.737.8742

7. Houston Methodist Sugar Land 16605 SW Freeway, Suite 210, Sugar Land, TX 77479 346.874.2050 Fax: 346.874.2051

8. Houston Methodist Cypress 24518 Northwest Fwy. Medical Office Building 2, Suite 105 Cypress, TX 77429 Phone: 346.356.4444 Fax: 713.799.9635

☐ **The patient will not be referred to cardiac rehab due to:** Once, Scheduling/ADT, Routine

The patient will not be referred to cardiac rehab due to:

Ancillary Consults☐ **CV pacemaker or ICD interrogation** Once, Routine☐ **Consult to Nutrition Services** Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Additional Orders

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