

Location: _____

General

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

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:

Sign: _____

Printed Name: _____

Date/Time: _____

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:

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?

Sign: _____

Printed Name: _____ Date/Time: _____

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

Vital Signs

Vital signs - T/P/R/BP Per unit protocol, Routine

Activity

Bed rest with commode Until discontinued, Routine

Bathroom Privileges: with bedside commode

Strict bed rest Until discontinued, Routine

Nursing Care

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

Tobacco cessation education Once, Routine

Diet

NPO - except meds Diet effective now, Routine

NPO: Except meds

Pre-Operative fasting options:

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

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

Medications

Aspirin

aspirin chewable tablet 81 mg, oral, daily

Recommended for patients not previously on aspirin.

aspirin tablet 325 mg, oral, daily

Recommended for patients not previously on aspirin.

Beta-Blockers

metoprolol (LOPRESSOR) injection 5 mg, intravenous, every 15 min, 3, Occurrences

BP & HR HOLD parameters for this order:

Contact Physician if:

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

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

BP & HR HOLD parameters for this order:

Contact Physician if:

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

metoprolol succinate XL (TOPROL-XL) 24 hr tablet 25 , oral, daily

BP & HR HOLD parameters for this order:

Contact Physician if:

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

Do not crush or chew.

carvedilol (COREG) tablet 6.25 mg, oral, 2 times daily

BP & HR HOLD parameters for this order:

Contact Physician if:

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

Sign: _____

Printed Name: _____

Date/Time: _____

ARB/ACE Inhibitors

- captopril (CAPOTEN) tablet** 6.25 mg, oral, 3 times daily
BP HOLD parameters for this order:
Contact Physician if:
Hold for systolic blood pressure less than 90 millimeters of mercury
- enalapril (VASOTEC) tablet** 2.5 mg, oral, 2 times daily
BP HOLD parameters for this order:
Contact Physician if:
Hold for systolic blood pressure less than 90 millimeters of mercury
- enalaprilat (VASOTEC) injection** 2.5 mg, intravenous
BP HOLD parameters for this order:
Contact Physician if:
 lisinopril (PRINIVIL,ZESTRIL) tablet 5 mg, oral, daily
BP HOLD parameters for this order:
Contact Physician if:
Hold for systolic blood pressure less than 90 millimeters of mercury
- valsartan (DIOVAN) tablet** 160 mg, oral, 2 times daily
BP HOLD parameters for this order:
Contact Physician if:
 losartan (COZAAR) tablet 25 mg, oral, daily
BP HOLD parameters for this order:
Contact Physician if:
Hold for systolic blood pressure less than 90 millimeters of mercury

Nitrates

- nitroglycerin (NITROSTAT) SL tablet** 0.4 mg, sublingual, every 5 min PRN, 3, Occurrences, chest pain
Contact physician if given.
- isosorbide mononitrate (MONOKET) tablet** 20 , oral, 2 times daily at 0900, 1600
BP HOLD parameters for this order:
Contact Physician if:
 nitroglycerin (NITROSTAT) 2 % ointment 0.5 inch, Topical, every 6 hours scheduled
- isosorbide mononitrate (IMDUR) 24 hr tablet** 60 mg, oral, daily
BP HOLD parameters for this order:
Contact Physician if:
Do not crush or chew.
- isosorbide dinitrate (ISORDIL) tablet** 20 mg, oral, 3 times daily at 0900, 1300, 1700
BP HOLD parameters for this order:
Contact Physician if:
 nitroglycerin (TRIDIL) 2 mcg/mL in sodium chloride 0.9 % 250 mL infusion 5 mcg/min, continuous
HOLD if systolic blood pressure is LESS THAN *** millimeters of mercury OR heart rate is LESS than *** beats per minute.

Loop Diuretics

- furosemide (LASIX) 20 mg injection** 20 mg, intravenous, 2 times daily at 0900, 1700
- furosemide (LASIX) infusion** intravenous, continuous
- bumetanide (BUMEX) 0.5 mg injection** 0.5 mg, intravenous, 2 times daily at 0900, 1700
Max dose 10 mg/day

Non-Loop Diuretics

- spironolactone (ALDACTONE) tablet** 25 mg, oral, daily
BP HOLD parameters for this order:
Contact Physician if:
Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.
- eplerenone (INSPRA) tablet** 25 mg, oral, daily
Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.
- metolazone (ZAROXOLYN) tablet** 5 mg, oral, daily

Antihyperlipidemic 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

Antiplatelet Agents - Maintenance

- 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

- prasugrel (EFFIENT) tablet + aspirin chewable tablet**

- prasugrel (EFFIENT) tablet** 10 mg, oral, daily, Post-op

Does this patient have a history of transient ischemic attack (TIA) or stroke?

Is the patient's age 75 years or older?

Is the patient's weight less than 60 kilograms?

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

- Anti-Platelet Contraindicated** Until discontinued, Post-op, Routine

Miscellaneous Medications

- hydralazine (APRESOLINE) IV or Oral Scheduled Doses**

- hydralazine (APRESOLINE) injection** 10 mg, intravenous, every 6 hours scheduled

BP HOLD parameters for this order:

Contact Physician if:

Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg. Give if patient cannot swallow or tolerate oral medication.

- hydralazine (APRESOLINE) tablet** 25 mg, oral, every 6 hours scheduled

BP HOLD parameters for this order:

Contact Physician if:

Hold if systolic blood pressure is LESS than or EQUAL to 100 mmHg.

- hydralazine (APRESOLINE) injection** 10 mg, intravenous, every 6 hours PRN, SBP GREATER than 180 mmHg, high blood pressure

BP HOLD parameters for this order:

Contact Physician if:

May be given IN ADDITION TO scheduled doses if needed.

- 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

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:
	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 less 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	

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	<u>One or more</u> of the following <u>medical conditions</u> :	<u>One or more</u> of the following <u>medical conditions</u> :
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>)

- 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)

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)

- 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**

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

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

- 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

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):

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	<u>One or more</u> of the following <u>medical conditions</u> :	<u>One or more</u> of the following <u>medical conditions</u> :
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>)

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)

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)

- 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**

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

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

- 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**

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:

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

- 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:

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	<u>One or more</u> of the following <u>medical conditions</u> :	<u>One or more</u> of the following <u>medical conditions</u> :
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>)

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)

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)

- 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**

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

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

- 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

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

Labs Tomorrow

Sign: _____

Printed Name: _____

Date/Time: _____

- CBC hemogram** AM draw, 1, Occurrences, Routine, Blood, 3
CBC only; Does not include a differential
- Basic metabolic panel** AM draw, 1, Occurrences, Routine, Blood, 3
- Lipid panel** AM draw, 1, Occurrences, Routine, Blood, 3
- Troponin T** AM draw, 1, Occurrences, Routine, Blood, 3

Repeating Labs

- 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
- Troponin T** Now then every 4 hours, 2, Occurrences, Routine, Blood, 3
- Troponin T** Every 8 hours, 3, Occurrences, S, Routine, Blood, 3

Cardiology Imaging

Cardiology Imaging

- ECG 12 lead on arrival** Once, Routine, 6, On Arrival

Clinical Indications: Myocardial Infarction

Interpreting Physician:

- ECG 12 lead daily** Daily, 3, Days, Routine, 6

Clinical Indications: Myocardial Infarction

Interpreting Physician:

- ECG 12 lead** Conditional Frequency, 3, Occurrences, S, S+7, Routine, 6, Conditional Order: Release as needed if Chest Pain. Notify Attending.

Clinical Indications: Myocardial Infarction

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.

X-Ray

- Chest 1 Vw Portable** 1 time imaging, S+1, 0600, Routine, At 6 AM

Is the patient pregnant?

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

Respiratory

Respiratory

- Oxygen therapy** Continuous, Routine

Device: Nasal Cannula

Titrate to keep O2 Sat Above: 92%

Indications for O2 therapy: Acute MI

Device:

CPAP RT - At bedtime, Routine

Instructions for As Directed:

Bubble CPAP:

Mode: Spontaneous

CPAP (cm H2O):

O2 Bleed In (L/min):

FiO2:

Titrate to keep O2 Sat Above:

BIPAP Once, Routine

Instructions for As Directed:

Mode:

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. Heart 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:

Consults

CV pacemaker or icd interrogation Once, Routine

Sign: _____

Printed Name: _____

Date/Time: _____

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Consult to Nutrition Services Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Additional Orders