Location: _____

General

Admission (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.

Nursing

Nursing

☐ **Vital signs - T/P/R/BP - Per Unit Protocol** Per unit protocol, Post-op, Routine

☐ **Vital signs - T/P/R/BP** Every 15 min, Post-op, Routine, Every 15 mins x 4, then every 30 mins x 4, then every hour x 4, then every 4 hours.

☐ **Vital signs - T/P/R/BP - If Closure Device** Every 15 min, Post-op, Routine, If Closure Device Used - Every 15 mins x 2, then every 30 mins until discharge.

☑ **Peripheral vascular assessment** Every 15 min, Post-op, Routine, Every 15 minutes x 4, then every 30 minutes x 4, then every 1 hour x 4, then every 4 hours x 4, unless otherwise ordered by the physician. Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site

☑ **Neurological assessment** Once, Routine
Assessment to Perform: ○ Level of Consciousness ○ Glasgow Coma Scale ○ Pupils

☑ **ECG rhythm assessment** Every 8 hours, -1, Occurrences, Post-op, Routine

☐ **Verify pacemaker settings (mode and backup rate)** Once, Post-op, Routine, Upon admission, verify pacemaker settings (mode and backup rate)

☑ **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

☐ **Notify telemetry of presence of temporary/permanent pacemaker** Once, 1, Occurrences, Post-op, Routine

☐ **Maintain IV access** Until discontinued, Post-op, Routine

☐ **Discontinue IV** Once, Post-op, Routine

Radial - Sheath Removal

☐ **Radial Compression Device** (Required)

☑ **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal if systolic blood pressure is >160mmHg.

☑ **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.

☑ **The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

☑ **Place/Maintain Radial Compression Device** Continuous, Post-op, Routine, Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed.
Radial Band
Side: Bilateral
Select Sleeve(s):

☑ **Progressive cuff deflation** (Required)

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

○ **Diagnostic Procedures only** (Required)

☑ **30-60 minutes after Radial Compression Device applied** Until discontinued, Post-op, Routine, Begin deflating 1-3cc of air from cuff after 30-60 minutes from application. If no bleeding occurs from site, deflate 1-3cc of air from the Radial Compression Device every 5-15 minutes until all air is completely removed. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 15 minutes, then restart releasing 1-3cc of air every 5-15 minutes until all air is completely removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Monitor access site and extremity distal to puncture wound** Until discontinued, Post-op, Routine, every 15 minutes until Radial Compression Device is removed.

☑ **Assess for absence of ulnar pulse, caplilary refill greater than 3 seconds, cyanosis, numbness and/or pain in affected extremity.** Until discontinued, Post-op, Routine, If any of these are present, notify the procedural Cardiologist.

○ **Interventional Procedures only** (Required)

☑ **2 hours after Radial Compression Device applied deflate 3cc** Until discontinued, Post-op, Routine, if no bleeding at site, deflate 1-3cc every 10-15 minutes until all air removed from cuff. If bleeding occurs when 1-3cc of air is removed, re-inflate with 1-3cc of air. Wait 30 minutes then restart releasing 1-3cc of air every 10-15 minutes until all air has been removed. If site remains free of bleeding/hematoma after 5-15 minutes, remove TR band, apply dressing.

☑ **Evaluate access site for bleeding as follows:** Until discontinued, Post-op, Routine, every 15 minutes x 4; every 30 minutes x2; and every hour x2.

☑ **Patient Education Prior to Sheath Removal and Hospital Discharge**

☑ **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity
Specify: Patient education prior to post sheath removal.

☑ **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
Patient/Family: ○ Patient
Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
Specify: Patient education prior to discharge.

☑ **Pre-Sheath Removal**

☑ **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.

☑ **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.

☑ **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.

☐ **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.

☐ **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Radial Approach** (Required)

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Peripheral vascular assessment - Monitor access site** Every 15 min, Post-op, Routine, Monitor access site, extremity distal to puncture every 15 min until Radial approach cath band removed.

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

- [x] **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.
- [x] **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
  Site: ○ catheter site
- [x] **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.
- [x] **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.
- [x] **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, S, Post-op, Routine
  Specify: ○ Other activity (specify)
  Other: Patient may ambulate 30 minutes after arrival in recovery area.
- [ ] **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
  Pulses to assess: ○ Distal
  Side:
- [ ] **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
  Assessment to Perform:

- [ ] **Manual Pressure - without Radial Compression Device**
  - [x] **The physician must be notified prior to sheath removal of a systolic blood if pressure >160mmHg.** Until discontinued, Post-op, Routine, prior to sheath removal of a systolic blood if pressure >160mmHg.
  - [x] **Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.
  - [x] **Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.
  - [x] **Patient Education Prior to Sheath Removal and Hospital Discharge**
    - [x] **Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.
      Patient/Family: ○ Patient
      Education for: ○ Other (specify) ○ Activity
      Specify: Patient education prior to post sheath removal.
    - [x] **Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs., and site care.
      Patient/Family: ○ Patient
      Education for: ○ Other (specify) ○ Activity ○ Discharge ○ Smoking cessation counseling
      Specify: Patient education prior to discharge.
  - [x] **Pre-Sheath Removal**
    - [x] **Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.
    - [x] **Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.
    - [x] **Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.
    - [ ] **Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.
    - [ ] **Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.

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

☐ **Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.

☑ **Post-Sheath Removal**

☑ **Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

☑ **Notify physician of bleeding and/or loss of pulses.** Until discontinued, Post-op, Routine, Notify physician of bleeding and/or loss of pulses.

☑ **Site care** Once, Post-op, Routine, Ensure complete hemostasis at catheter site, palpate for hematoma, apply appropriate dressing. At a minimum, cover site with 2X2 gauze and transparent dressing.
Site: ○ catheter site

☑ **No blood pressure readings, lab draws, or IV access** Until discontinued, Post-op, Routine, No blood pressure readings, lab draws, or IV access in the affected arm for 24 hours.

☑ **Limit movement in affected arm 6 hrs post procedure** Until discontinued, Post-op, Routine, keep wrist straight , refrain from lifting or pushing with the affected arm for 48 hrs. If needed, place wrist on arm board to restrict movement.

☑ **Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, Post-op, Routine
Specify: ○ Other activity (specify)
Other: Patient may ambulate 30 minutes after arrival in recovery area.

☐ **Assess for pulse distal to assess site post-sheath removal** Every 15 min, -1, Post-op, Routine, Assess and document Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q 4 hours x4 unless otherwise ordered by physician.
Pulses to assess: ○ Distal
Side:

☐ **Neurological assessment after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document neurological assessment Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
Assessment to Perform:

Activity

☑ **Strict bed rest** Until discontinued, Post-op, Routine, Keep affected limb straight for 2 hours.

☑ **Ambulate** Daily, 4, Occurrences, Post-op, Routine, Ambulate patient after 2 hours. Okay to ambulate patient with internal jugular pacemaker.
Specify: ○ with assistance ○ in hall

☐ **Activity as tolerated - if closure device** Until discontinued, Post-op, Routine, If Closure Device Used - post sheath removal- begin progressive activity to ambulation
Specify: ○ Activity as tolerated

☐ **Activity as tolerated - radial approach** Until discontinued, Post-op, Routine, Radial approach: activity as tolerated after *** hours.
Specify:

Notify

☑ **Notify Physician if pulses absent or diminished.** Until discontinued, Post-op, Routine, Pulses absent or diminished.

☑ **Notify Physician if chest pain unrelieved with nitroglycerin.** Until discontinued, Post-op, Routine, Chest pain unrelieved with nitroglycerin.

☑ **Notify Physician if platelets less than 100,000** Until discontinued, Post-op, Routine, Platelets less than 100,000.

☑ **Notify Physician of complete heart block (on telemetry)** Until discontinued, -1, Occurrences, Post-op, Routine, Complete heart block (on telemetry).

☑ **Notify Physician if patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry)** Until discontinued, -1, Occurrences, Post-op, Routine, If patient has a temporary/permanent pacemaker with 'failure to capture' (on telemetry).

☑ **Notify Physician prior to discharge.** Until discontinued, Post-op, Routine, Prior to discharge.

Pre-sheath(s) Removal Diet

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

☐ **Diet -** Diet effective now, Post-op, Routine, Until sheath(s) removed.
Diet(s): ○ Clear Liquids
Advance Diet as Tolerated? ○ Yes
Cultural/Special:
Other Options:
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Post-sheath(s) Removal Diet

○ **Diet - Clear Liquids** Diet effective now, Post-op, 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 - 1800 Kcal/202 gm Carbohydrate** Diet effective now, Post-op, Routine
Diet(s): ○ Other Diabetic/Cal
Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

◉ **Diet - Heart Healthy** Diet effective now, Post-op, Routine
Diet(s): ○ Heart Healthy
Cultural/Special:
Other Options:
Advance Diet as Tolerated?
IDDSI Liquid Consistency:
Fluid Restriction:
Foods to Avoid:
Foods to Avoid:

Education

☑ **Tobacco cessation education** Once, Post-op, Routine

☑ **Patient education (specify)** Once, Post-op, Routine
Patient/Family: ○ Patient
Education for: ○ Other (specify)
Specify: Inform nurse of numbness/tingling in extremity, chest pain, Shortness Of Breath or any discomfort or bleeding at the site

IV Fluids

IV Fluids

☐ **sodium chloride 0.9 % bolus** 500 mL, intravenous, once, Post-op, low blood pressure
For systolic BP less than 100 and/or increase in heart rate of 20 BPM or
decrease in SBP of 20 mmHG.

☐ **sodium chloride 0.45 % infusion** 1000 mL, intravenous, continuous, Post-op, 150.000 mL/hr, 10.000 Hours

☐ **sodium chloride 0.9 % infusion** 1000 mL, intravenous, continuous, Post-op, 150.000 mL/hr, 10.000 Hours

☐ **dextrose 5%-0.45% sodium chloride infusion** intravenous, continuous, Post-op, 150.000 mL/hr, 10.000 Hours

☐ **dextrose 5%-0.9% sodium chloride infusion** intravenous, continuous, Post-op, 150.000 mL/hr, 10.000 Hours

Medications

Mild Pain (Pain Score 1-3)

☐ **acetaminophen (TYLENOL) tablet** 650 mg, oral, every 4 hours PRN, Post-op, mild pain (score 1-3)
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Moderate Pain (Pain Score 4-6)

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

○ **acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet** 1 tablet, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:
Allowance for Patient Preference:

○ **HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet** 1 tablet, oral, every 4 hours PRN, Post-op, moderate pain (score 4-6)
Allowance for Patient Preference:
Give if patient can receive oral tablet/capsule.

Severe Pain (Pain Score 7-10)

○ **morphine 2 mg/mL injection** 2 mg, intravenous, every 2 hour PRN, Post-op, severe pain (score 7-10)

○ **fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 2 hour PRN, Post-op, severe pain (score 7-10)

Beta-Blockers

○ **metoprolol tartrate (LOPRESSOR) tablet** 25 mg, oral, 2 times daily at 0600, 1800, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:

○ **metoprolol succinate XL (TOPROL-XL) 24 hr tablet** 25 mg, oral, daily, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:
Do not crush or chew.

○ **carvedilol (COREG) tablet** 3.125 mg, oral, 2 times daily at 0600, 1800, Post-op
BP & HR HOLD parameters for this order:
Contact Physician if:

Nitrates

☐ **nitroglycerin infusion** intravenous, continuous, Post-op

☐ **isosorbide mononitrate (ISMO,MONOKET) tablet** 20 mg, oral, 2 times daily at 0900, 1600, Post-op
BP HOLD parameters for this order:
Contact Physician if:
Post-Op

☐ **isosorbide mononitrate (IMDUR) 24 hr tablet** 30 , oral, daily, Post-op
BP HOLD parameters for this order:
Contact Physician if:
Post-Op
Do not crush or chew.

☐ **nitroglycerin (NITRODUR) 24 hr patch** transdermal, daily, 12, Hours, Post-op
Post-Op

☐ **nitroglycerin (NITROSTAT) 2% ointment** 1 inch, Topical, every 6 hours scheduled, Post-op
Post-Op, Apply to chest wall

☐ **nitroglycerin (NITROSTAT) SL tablet** 0.4 mg, sublingual, every 5 min PRN, 3, Occurrences, Post-op, chest pain
Post-Op. Call provider after third dose.

Anti-Platelet Agents

☐ **ticagrelor (BRILINTA) tablet** 90 mg, oral, 2 times 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 (ECOTRIN) enteric coated tablet 81 mg** 81 mg, oral, daily, Post-op

☐ **aspirin (ECOTRIN) enteric coated tablet 325 mg** 325 mg, oral, daily, Post-op

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

☐ **clopidogrel (PLAVIX) tablet 300 mg** 300 mg, oral, once, 1, Occurrences, S, Post-op

☐ **clopidogrel (PLAVIX) tablet 600 mg** 600 mg, oral, once, 1, Occurrences, Post-op

☐ **Patient will be kept on oral anticoagulant monotherapy (to be ordered separately)** Once, 1, Occurrences, Routine

Medications for Sheath Pulls ONLY - PRN As Indicated

☑ **atropine injection** 0.5 mg, intravenous, once PRN, Post-op, for heart rate LESS than 55 beats per minute.

Antiemetics - HMSL and HMWB Only

☑ **ondansetron (ZOFRAN) IV or Oral** (Required)

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

◉ **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) IV or Oral or Rectal**

◉ **promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, 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.

Antiemetics - HMH, HMSJ, HMW, HMSTC Only

☑ **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)**

◉ **promethazine (PHENERGAN) 12.5 mg IV** 12.5 mg, intravenous, every 6 hours PRN, 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 UNable 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.

◉ **promethazine (PHENERGAN) intraMUSCULAR injection** 12.5 mg, intramuscular, every 6 hours PRN, nausea vomiting
Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics - HMSTJ Only

☑ **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.

Other Medications

☐ **docusate sodium (COLACE) capsule** 100 mg, oral, 2 times daily PRN, Post-op, constipation

☐ **magnesium hydroxide suspension** 30 mL, 4 times daily PRN, Post-op, indigestion

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)

○ **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:**_____

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **Low Risk** (Required)
  - ◉ **Low risk of VTE** Once, Routine
    Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

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

- [x] **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 ≥ 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 ≥ 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 ≥ 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 ≥ 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 ≥ 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)

○ **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:**_____

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **Moderate risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **High risk of VTE** Once, Routine
- [x] **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:
- [x] **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)

- [x] **Low Risk** (Required)
  - ◉ **Low risk of VTE** Once, Routine
    Low risk: ○ Due to low risk, no VTE prophylaxis is needed. Will encourgae early ambulation ○ Due to low risk, no VTE prophylaxis is needed. Will encourage early ambulation

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

- [x] **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 ≥ 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 ≥ 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 ≥ 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 ≥ 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 ≥ 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 in 4 hours

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

- [ ] **Basic metabolic panel** Once, Post-op, Routine, Blood, 3, In 4 hr.
- [ ] **Troponin T** Now then every 3 hours, 3, Occurrences, Post-op, Routine, Blood, 3, In 4 hr.
- [ ] **Prothrombin time with INR** Once, Post-op, Routine, Blood, 3, In 4 hr.
- [ ] **CBC with differential** Once, Post-op, Routine, Blood, 3, In 4 hr.

Labs Tomorrow

- [x] **Basic metabolic panel** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [x] **CBC with differential** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [x] **NT-proBNP** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [ ] **Lipid panel** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [ ] **Troponin T** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3
- [ ] **Prothrombin time with INR** AM draw, 1, Occurrences, Post-op, Routine, Blood, 3

Other Studies

Diagnostic Studies

- [x] **Transthoracic Echocardiogram Complete, (w contrast, Strain and 3D if needed)** 1 time imaging, 1, Occurrences, S, Post-op, 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] **XR Chest 1 Vw Portable** Conditional Frequency, 1, Occurrences, S, S+1, Post-op, Routine, Perform same day if temporary pacing wire is inserted
  Is the patient pregnant?
  Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

- [x] **ECG Pre/Post Op (PRN)** As needed, 3, Occurrences, S, S+15, Post-op, Routine, 6, Ordering cardiologist to interpret EKG
  Clinical Indications: ○ Chest Pain
  Interpreting Physician:

- [x] **ECG Pre/Post Op TIMED at 0400 For 3 Occurrences** Once, 3, Occurrences, 0400, Post-op, Timed, 6, In AM, ordering cardiologist to interpret EKG.
  Clinical Indications: ○ Post-Op Surgery
  Interpreting Physician:

- [ ] **ECG Pre/Post Op (STAT)** Once, Post-op, STAT, 6, Ordering cardiologist to interpret EKG
  Clinical Indications: ○ Post-Op Surgery
  Interpreting Physician:

- [ ] **ECG 12 lead (on arrival to unit)** Once, 1, Occurrences, Post-op, Routine, 6, Ordering cardiologist to interpret EKG
  Clinical Indications:
  Interpreting Physician:

Consults

Consults

- [x] **Consult to Cardiac Rehab Phase 1** Once, Post-op, Routine
  Clinical Indications: ○ PCI
  Patient's Phone Number:

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

Consult 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

I am referring my patient to outpatient Cardiac Rehabilitation for: ○ Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation.
Medical justification required: s/p AVR/MVR/TAVR
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, Routine

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

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