

General

Common Present on Admission Diagnosis

- ☐ Acidosis
- ☐ Acute Post-Hemorrhagic Anemia
- ☐ Acute Renal Failure
- ☐ Acute Respiratory Failure
- ☐ Acute Thromboembolism of Deep Veins of Lower Extremities
- ☐ Anemia
- ☐ Bacteremia
- ☐ Bipolar disorder, unspecified
- ☐ Cardiac Arrest
- ☐ Cardiac Dysrhythmia
- ☐ Cardiogenic Shock
- ☐ Decubitus Ulcer
- ☐ Dementia in Conditions Classified Elsewhere
- ☐ Disorder of Liver
- ☐ Electrolyte and Fluid Disorder
- ☐ Intestinal Infection due to Clostridium Difficile
- ☐ Methicillin Resistant Staphylococcus Aureus Infection
- ☐ Obstructive Chronic Bronchitis with Exacerbation
- ☐ Other Alteration of Consciousness
- ☐ Other and Unspecified Coagulation Defects
- ☐ Other Pulmonary Embolism and Infarction
- ☐ Phlebitis and Thrombophlebitis
- ☐ Protein-calorie Malnutrition
- ☐ Psychosis, unspecified psychosis type
- ☐ Schizophrenia Disorder
- ☐ Sepsis
- ☐ Septic Shock
- ☐ Septicemia
- ☐ Type II or Unspecified Type Diabetes Mellitus with Mention of Complication, Not Stated as Uncontrolled
- ☐ Urinary Tract Infection, Site Not Specified

Admission or Observation (Selection Required) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER HMH ONLY**

- ☐ Admit to inpatient
- ☐ Admit to IP- University Teaching Service
- ☐ Outpatient observation services under general supervision
- ☐ UTS - Outpatient observation services under general supervision
- ☐ Outpatient in a bed - extended recovery

Admission or Observation Only Appears If: **SB HM IP ADMIT/OBS ORDERS NOT REQUIRED HMH**

Patient has active status order on file

- ☐ Admit to inpatient
- ☐ Admit to IP- University Teaching Service
- ☐ Outpatient observation services under general supervision
- ☐ UTS - Outpatient observation services under general supervision
- ☐ Outpatient in a bed - extended recovery

Admission Only Appears If: **SB HM IP ADMIT ORDER ONLY**

Patient has active status order on file.

- ☐ Admit to inpatient

Admission or Observation (Selection Required) Only Appears If: **SB ACTIVE OR COMPLETED ADMIT ORDER NOT HMH**

- ☐ Admit to inpatient
- ☐ Outpatient observation services under general supervision
- ☐ Outpatient in a bed - extended recovery

Admission or Observation Only Appears If: **SB HM IP ADMIT/OBS NOT REQUIRED NOT HMH**

Patient has status order on file

☐ Admit to inpatient

☐ Outpatient observation services under general supervision

☐ Outpatient in a bed - extended recovery

Code Status Only Appears If: **SB PHYSICIAN INCLUDING RESIDENTS OR FELLOWS**

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

☒ Code Status

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

☐ Full code

☐ DNR (Do Not Resuscitate) (Selection Required)

☒ DNR (Do Not Resuscitate)

☐ Consult to Palliative Care Service (Selection Required) Only Appears If: **SB IP ORDERSET NOT HMSTC**

☒ Consult to Palliative Care Service

☐ Consult to Social Work

☐ Modified Code

☐ Treatment Restrictions ((For use when a patient is NOT in a cardiopulmonary arrest))

Isolation - TB Precautions

☐ Airborne isolation status

Precautions

☐ Aspiration precautions

☐ Fall precautions

☐ Latex precautions

☐ Seizure precautions

Nursing

Vital Signs

☒ Vital Signs-Per unit Protocol

☐ Telemetry (Selection Required)

Telemetry monitoring

And

Telemetry additional setup information

Activity

☒ Activity (specify)

Nursing

☐ Intake and output

☒ Pneumococcal and influenza vaccine

☐ Tobacco cessation education

Diet

☐ NPO

☒ Diet -

IV Fluids

Medications

All doses are for patients with normal renal function.

PPD Skin Test

☐ tuberculin injection

Antipyretics

☐ acetaminophen (TYLENOL) tablet

Respiratory

☐ albuterol (PROVENTIL) nebulizer solution

☐ ipratropium (ATROVENT) 0.02 % nebulizer solution

Antitussives

☐ guaifenesin (MUCINEX) 12 hr tablet

☐ benzonatate (TESSALON) capsule

sodium chloride 0.9% bag for line care

☒ sodium chloride 0.9 % bag for line care

Antibacterials

All doses are for patients with normal renal function.

Community Acquired Pneumonia (CAP) Antibiotics

Select based on patient's admission location

☐ Medical Floor Admission for Community Acquired Pneumonia - Antibiotic Treatment (Selection Required)

☒ Beta Lactam/Atypical (choose one option) (Selection Required)

☒ Beta Lactam/Atypical (NO MDR Risk Factors) (Selection Required)

☒ Beta Lactam - ampicillin/sulbactam (preferred) or ceftriaxone (penicillin allergy) (Selection Required)

☒ ampicillin-sulbactam (UNASYN) IV

☐ (Penicillin allergy) ceftriaxone (ROCEPHIN) IV

☒ Atypical - doxycycline (preferred) or azithromycin (Selection Required)

☒ doxycycline 100 mg IVPB x 1 dose followed by 100 mg capsule twice daily x 2 days (Selection Required)

doxycycline (VIBRAMYCIN) 100 mg in sodium chloride 0.9% 100 mL IVPB

Followed by

doxycycline (VIBRAMYCIN) capsule

☐ azithromycin 500 mg IVPB on day 1, followed by 500 mg tablet daily x 2 days (Selection Required)

azithromycin (ZITHROMAX)

Followed by

azithromycin (ZITHROMAX) tablet

☐ Beta Lactam/Atypical (Pseudomonas or MDR Risk Factors) (Selection Required)

☐ Cefepime IV and Atypical - doxycycline (preferred) or azithromycin (Selection Required)

☒ cefepime (MAXIPIME) IV

☒ Atypical - doxycycline (preferred) or azithromycin (Selection Required)

☒ doxycycline 100 mg IVPB x 1 dose followed by 100 mg capsule twice daily x 2 days (Selection Required)

doxycycline (VIBRAMYCIN) 100 mg in sodium chloride 0.9% 100 mL IVPB

Followed by

doxycycline (VIBRAMYCIN) capsule

☐ azithromycin 500 mg IVPB on day 1, followed by 500 mg tablet daily x 2 days (Selection Required)

azithromycin (ZITHROMAX)

Followed by

azithromycin (ZITHROMAX) tablet

☐ (Severe Penicillin Allergy) Meropenem IV and Atypical - doxycycline (preferred) or azithromycin (Selection Required)

☒ meropenem (MERREM) IV

☒ Atypical - doxycycline (preferred) or azithromycin (Selection Required)

☒ doxycycline 100 mg IVPB x 1 dose followed by 100 mg capsule twice daily x 2 days (Selection Required)

doxycycline (VIBRAMYCIN) 100 mg in sodium chloride 0.9% 100 mL IVPB

Followed by

doxycycline (VIBRAMYCIN) capsule

☐ azithromycin 500 mg IVPB on day 1, followed by 500 mg tablet daily x 2 days (Selection Required)

azithromycin (ZITHROMAX)

Followed by

azithromycin (ZITHROMAX) tablet

☐ MRSA Risk Factors (Selection Required)

☐ Vancomycin IV, Consult, and MRSA PCR (Selection Required)

☒ vancomycin (VANCOCIN) IVPB

☒ Pharmacy consult to manage vancomycin

☒ Methicillin-resistant staphylococcus aureus (MRSA), NAA

☐ (Vancomycin Allergy) Linezolid IV and MRSA PCR (Selection Required)

☒ linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB

☒ Methicillin-resistant staphylococcus aureus (MRSA), NAA

☐ ICU Admission for Community Acquired Pneumonia - Antibiotic Treatment (Selection Required)

☒ Beta Lactam/Atypical (choose one option) (Selection Required)

☒ Beta Lactam/Atypical (NO MDR Risk Factors) (Selection Required)

☒ Beta Lactam - ampicillin/sulbactam (preferred) or ceftriaxone (penicillin allergy) (Selection Required)

☒ ampicillin-sulbactam (UNASYN) IV

☐ (Penicillin allergy) cefTRIAXone (ROCEPHIN) IV

☒ Atypical - azithromycin (ZITHROMAX) IVPB

☐ Beta Lactam/Atypical (Pseudomonas or MDR Risk Factors) (Selection Required)

☐ Cefepime IV and Azithromycin IV (Selection Required)

☒ ceFEPime (MAXIPIME) IV

☒ azithromycin (ZITHROMAX)

☐ (Severe Penicillin Allergy) Meropenem IV and Azithromycin IV (Selection Required)

☒ meropenem (MERREM) IV

☒ azithromycin (ZITHROMAX)

☐ MRSA Risk Factors (Selection Required)

☐ Vancomycin IV, Consult, and MRSA PCR (Selection Required)

☒ vancomycin (VANCOCIN) IVPB

☒ Pharmacy consult to manage vancomycin

☒ Methicillin-resistant staphylococcus aureus (MRSA), NAA

☐ (Vancomycin Allergy) Linezolid IV and MRSA PCR (Selection Required)

☒ linezolid in dextrose 5% (ZYVOX) 600 mg/300 mL IVPB

☒ Methicillin-resistant staphylococcus aureus (MRSA), NAA

If Influenza highly suspected:

☐ oseltamivir (TAMIFLU) capsule

VTE

DVT Risk and Prophylaxis Tool 1 (Testing) Only Appears If: **HM SB DVT RISK ORDERS PHYS NOT REQUIRED**

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VTE/DVT Risk Definitions - \\epic-nas.et0922.epichosted.com\\static\\OrderSets\\VTEDVTRISKDEFINITIONS.pdf

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

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☒ Low risk of VTE

☐ MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ MODERATE Risk of VTE - Non-Surgical (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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
☐ HEParin (porcine) injection - Q8 Hours
☐ Not high bleed risk (Selection Required)
☐ Wt > 100 kg
☐ Wt LESS than or equal to 100 kg
☐ warfarin (COUMADIN) (Selection Required)
☐ WITHOUT pharmacy consult
☐ WITH pharmacy consult (Selection Required)
☒ Pharmacy consult to manage warfarin (COUMADIN)
☒ warfarin (COUMADIN) tablet
☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**
☐ Contraindications exist for mechanical prophylaxis
☒ Place/Maintain sequential compression device continuous
☐ HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**
☒ High Risk (Selection Required)
☒ High risk of VTE
☒ High Risk Pharmacological Prophylaxis - Surgical Patient (Selection Required)
☐ Contraindications exist for pharmacologic prophylaxis
☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)
☒ enoxaparin (LOVENOX) injection
☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)
☒ enoxaparin (LOVENOX) injection
☐ fondaparinux (ARIXTRA) injection
☐ heparin (Selection Required)
 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 (Selection Required)
 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
☐ HEParin (porcine) injection - Q8 Hours
☐ Not high bleed risk (Selection Required)
☐ Wt > 100 kg
☐ Wt LESS than or equal to 100 kg
☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ aspirin chewable tablet

☐ aspirin (ECOTRIN) enteric coated tablet

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ Rivaroxaban and Pharmacy Consult (Selection Required)

☒ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

☒ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

VTE Risk and Prophylaxis Tool (Selection Required) Only Appears If: HM SB NO VTE RISK STRAT CAPTURED ON ENCOUNTER

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

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

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☒ Low risk of VTE

☐ MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

() Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

() enoxaparin (LOVENOX) injection (Selection 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

() For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

[X] enoxaparin (LOVENOX) injection

() For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

[X] enoxaparin (LOVENOX) injection

() fondaparinux (ARIXTRA) injection

() heparin (Selection Required)

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 (Selection Required)

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

() HEParin (porcine) injection - Q8 Hours

() Not high bleed risk (Selection Required)

() Wt > 100 kg

() Wt LESS than or equal to 100 kg

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

[X] warfarin (COUMADIN) tablet

[X] Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

() Contraindications exist for mechanical prophylaxis

[X] Place/Maintain sequential compression device continuous

() MODERATE Risk of VTE - Non-Surgical (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

[X] Moderate Risk (Selection Required)

[X] Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ aspirin chewable tablet

☐ aspirin (ECOTRIN) enteric coated tablet

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ Rivaroxaban and Pharmacy Consult (Selection Required)

☒ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

☒ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

VTE Risk and Prophylaxis Tool Only Appears If: HM SB VTE RISK STRAT CAPTURED ON ENCOUNTER

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE
Moderate or major surgery (not for cancer)
Major surgery within 3 months of admission

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

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

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ Moderate risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☒ Low risk of VTE

☐ MODERATE Risk of DVT - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ MODERATE Risk of DVT - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of DVT - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

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

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ HIGH Risk of DVT - Non-Surgical (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

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

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ HIGH Risk of DVT - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

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

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ aspirin chewable tablet

☐ aspirin (ECOTRIN) enteric coated tablet

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

() HEParin (porcine) injection - Q8 Hours

() Not high bleed risk (Selection Required)

() Wt > 100 kg

() Wt LESS than or equal to 100 kg

() Rivaroxaban and Pharmacy Consult (Selection Required)

[X] rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

[X] Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

() warfarin (COUMADIN) (Selection Required)

() WITHOUT pharmacy consult

() WITH pharmacy consult (Selection Required)

[X] Pharmacy consult to manage warfarin (COUMADIN)

[X] warfarin (COUMADIN) tablet

VTE Risk and Prophylaxis Tool Only Appears If: **HM SB DVT RISK TOOL NURSES**

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

Patient already adequately anticoagulated CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay GREATER than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

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

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

() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

[] Place sequential compression device (Selection Required)

() Contraindications exist for mechanical prophylaxis

(X) Place/Maintain sequential compression device continuous

() Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

[X] Moderate risk of VTE

[X] Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

[X] Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD**

SB NO ACTIVE SCD OR CONTRAINDICATION

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☒ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Selection Required) Only Appears If: **HM ORD**

SB SCD OR CONTRAINDICATION

☒ High risk of VTE

☒ Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis

☐ Place sequential compression device (Selection Required)

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ LOW Risk of VTE (Selection Required) Only Appears If: **HM IP SB DVT TOOL LOW RISK**

☒ Low Risk (Selection Required)

☒ Low risk of VTE

☐ MODERATE Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis BUT order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ MODERATE Risk of VTE - Non-Surgical (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Testing) (Selection Required) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**

☒ Moderate Risk (Selection Required)

☒ Moderate risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Place/Maintain sequential compression device continuous

☐ Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis (Selection Required)

Contraindications exist for pharmacologic prophylaxis

And

Contraindications exist for mechanical prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☐ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 \(Selection Required\)](#)

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](#)

[\(\) HEParin \(porcine\) injection - Q8 Hours](#)

[\(\) Not high bleed risk \(Selection Required\)](#)

[\(\) Wt > 100 kg](#)

[\(\) Wt LESS than or equal to 100 kg](#)

[\(\) warfarin \(COUMADIN\) \(Selection Required\)](#)

[\(\) WITHOUT pharmacy consult](#)

[\(\) WITH pharmacy consult \(Selection Required\)](#)

[\[X\] Pharmacy consult to manage warfarin \(COUMADIN\)](#)

[\[X\] warfarin \(COUMADIN\) tablet](#)

[\[X\] Mechanical Prophylaxis \(Selection Required\) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**](#)

[\(\) Contraindications exist for mechanical prophylaxis](#)

[\[X\] Place/Maintain sequential compression device continuous](#)

[\(\) HIGH Risk of VTE - Non-Surgical \(Selection Required\) Only Appears If: **HM SB NO SURGICAL LOG IN LAST 3 DAYS**](#)

[\[X\] High Risk \(Selection Required\)](#)

[\[X\] High risk of VTE](#)

[\[X\] High Risk Pharmacological Prophylaxis - Non-Surgical Patient \(Selection Required\)](#)

[\(\) Contraindications exist for pharmacologic prophylaxis](#)

[\(\) enoxaparin \(LOVENOX\) injection \(Selection Required\)](#)

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

[\(\) For CrCl LESS than 30mL/min - enoxaparin \(LOVENOX\) subcutaneous Daily at 1700 \(Selection Required\)](#)

[\[X\] enoxaparin \(LOVENOX\) injection](#)

[\(\) For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin \(LOVENOX\) subcutaneous \(Selection Required\)](#)

[\[X\] enoxaparin \(LOVENOX\) injection](#)

[\(\) fondaparinux \(ARIXTRA\) injection](#)

[\(\) heparin \(Selection Required\)](#)

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 \(Selection Required\)](#)

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](#)

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

☐ HIGH Risk of VTE - Surgical (Hip/Knee) (Selection Required) Only Appears If: **HM SB SURGICAL LOG LAST 3 DAYS**

☒ High Risk (Selection Required)

☒ High risk of VTE

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

☐ Contraindications exist for pharmacologic prophylaxis

☐ aspirin chewable tablet

☐ aspirin (ECOTRIN) enteric coated tablet

☐ Apixaban and Pharmacy Consult (Selection Required)

☒ apixaban (ELIQUIS) tablet

☒ Pharmacy consult to monitor apixaban (ELIQUIS) therapy

☐ enoxaparin (LOVENOX) injection (Selection 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

☐ For CrCl LESS than 30mL/min - enoxaparin (LOVENOX) subcutaneous Daily at 1700 (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ For CrCl GREATER than or EQUAL TO 30 mL/min - enoxaparin (LOVENOX) subcutaneous (Selection Required)

☒ enoxaparin (LOVENOX) injection

☐ fondaparinux (ARIXTRA) injection

☐ heparin (Selection Required)

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 (Selection Required)

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

☐ HEParin (porcine) injection - Q8 Hours

☐ Not high bleed risk (Selection Required)

☐ Wt > 100 kg

☐ Wt LESS than or equal to 100 kg

☐ Rivaroxaban and Pharmacy Consult (Selection Required)

☒ rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission

☒ Pharmacy consult to monitor rivaroxaban (XARELTO) therapy

☐ warfarin (COUMADIN) (Selection Required)

☐ WITHOUT pharmacy consult

☐ WITH pharmacy consult (Selection Required)

☒ Pharmacy consult to manage warfarin (COUMADIN)

☒ warfarin (COUMADIN) tablet

☒ Mechanical Prophylaxis (Selection Required) Only Appears If: **HM ORD SB NO ACTIVE SCD OR CONTRAINDICATION**

☐ Contraindications exist for mechanical prophylaxis

☒ Place/Maintain sequential compression device continuous

Labs

Hematology/Coagulation

☐ CBC with differential - STAT

☐ CBC with differential

☐ Prothrombin time with INR

☐ D-dimer, quantitative

Chemistry

☐ Basic metabolic panel

☐ Comprehensive metabolic panel - STAT

☐ Comprehensive metabolic panel

☐ Influenza A and B, nucleic acid amplification (Selection Required)

Influenza A and B, nucleic acid amplification

And

Droplet isolation status

☐ Blood gas, arterial - STAT

☐ HIV 1/2 antigen/antibody, fourth generation, with reflexes

☐ Cardiac Labs with Repeat

☐ Troponin T - STAT

☐ Troponin T - Q8hrs x 2

☐ Troponin T - Q8hrs x 3

☐ Troponin T - Q6hrs x 2

☐ Troponin T - Q6hrs x 3

☐ Troponin T - Q4hrs x 2

☐ Troponin T - Q4hrs x 3

Microbiology

☐ Blood culture x 2

☒ Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

Blood Culture Best Practices - <https://formweb.com/files/houstonmethodist/documents/blood-culture-stewardship.pdf>

Blood culture, aerobic & anaerobic

And

Blood culture, aerobic & anaerobic

☒ Sputum culture

☐ AFB stain

☐ AFB Culture (Selection Required)

☐ AFB Culture to rule out TB (respiratory specimen) (Selection Required)

☐ AFB Culture X 3 (for sputum and tracheal aspirate)

AFB culture

And

Mycobacterium tuberculosis by PCR

And

Airborne isolation status

☐ AFB Culture (for BAL, bronchial brushing and bronchial washing)

AFB culture

And

Mycobacterium tuberculosis by PCR

And

Airborne isolation status

☐ AFB Culture

☒ AFB culture

☐ Respiratory Pathogen Panel with COVID-19 (Selection Required)

☒ Respiratory pathogen panel with COVID-19 RT-PCR

Isolation (Selection Required) Only Appears If: **SB COVID ISOLATION REQ**

Airborne plus Contact isolation is recommended for all Confirmed or Suspect COVID-19 patients regardless of aerosol generating procedure requirements in response to the OSHA standard published June 2021.

Please refer to the Confirmed COVID or PUI section in the Clinical Resource Guide for PPE guidance.

☒ Airborne Isolation (Selection Required) Only Appears If: **HM ORD SB NO AIRBORNE ISOLATION**

☒ Airborne isolation status

☒ Contact Isolation (Selection Required) Only Appears If: **HM ORD SB NO CONTACT ISOLATION**

☒ Contact isolation status

☐ Streptococcus pneumoniae urinary antigen

☐ Legionella urinary antigen

Cardiology

12-Lead ECG

☐ ECG 12 lead

Imaging

Diagnostic CT

☐ CT Chest Wo Contrast

Diagnostic X-Ray

☐ Chest 1 Vw Portable

☐ Chest 2 Vw

Other Studies

Respiratory

Consults

For Physician Consult orders use sidebar

Ancillary Consults

☐ Consult to Case Management

☐ Consult to Social Work

☐ Consult PT eval and treat

☐ Consult to PT Wound Care Eval and Treat

☐ Consult OT eval and treat

☐ Consult to Nutrition Services

☐ Consult to Spiritual Care

☐ Consult to Speech Language Pathology

☐ Consult to Wound Ostomy Care nurse

☐ Consult to Respiratory Therapy

Additional Orders