

Location: _____

General

Common Present on Admission Diagnosis

- Present on Admission** Once, Routine
- Abdominal pain** Once, Routine
- Back pain** Once, Routine
- Chest pain** Once, Routine
- Cough** Once, Routine
- COVID - 19** Once, Routine
- Dizziness** Once, Routine
- Fall** Once, Routine
- Fever** Once, Routine
- Headache** Once, Routine
- Hypertension** Once, Routine
- Nausea** Once, Routine
- Shortness of breath** Once, Routine
- Vomiting** Once, Routine
- Weakness-generalized** Once, Routine

Admission or Observation (Required)

- Admit to inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

- Admit to IP- University Teaching Service** Once, Routine

Admitting Physician:

Resident Physician:

Resident team assignment:

Level of Care:

Patient Condition:

Bed request comments:

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

- Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

- UTS - Outpatient observation services under general supervision** Once, Routine

Admitting Physician:

Resident Physician:

Resident team assignment:

Patient Condition:

Bed request comments:

- Outpatient in a bed - extended recovery** Once, Routine

Admitting Physician:

Bed request comments:

Admission or Observation

Patient has active status order on file

Sign: _____

Printed Name: _____

Date/Time: _____

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.

Admit to IP- University Teaching Service Once, Routine

Admitting Physician:

Resident Physician:

Resident team assignment:

Level of Care:

Patient Condition:

Bed request comments:

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

Outpatient observation services under general supervision Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

UTS - Outpatient observation services under general supervision Once, Routine

Admitting Physician:

Resident Physician:

Resident team assignment:

Patient Condition:

Bed request comments:

Outpatient in a bed - extended recovery Once, Routine

Admitting Physician:

Bed request comments:

Admission

Patient has active status order on file.

Admit to inpatient Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Code Status

@CERMSGREFRESHOPT(674511:21703,,1)@

Full code Continuous, Routine

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Continuous, Routine

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

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

Does patient have decision-making capacity?

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

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Sign: _____ Printed Name: _____

Date/Time: _____

Consult to Social Work Once, Routine

Reason for Consult:

Reason for Consult?

Modified Code Continuous, Routine

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until

Signed by the Responsible Attending Physician.:

Code Status decision reached by:

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

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Isolation

Airborne isolation status

Airborne isolation status Continuous, Routine

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

Contact isolation status Continuous, Routine

Droplet isolation status Continuous, Routine

Enteric isolation status Continuous, Routine

Precautions

Aspiration precautions Continuous, Routine

Fall precautions Continuous, Routine

Increased observation level needed:

Latex precautions Continuous, Routine

Seizure precautions Continuous, Routine

Increased observation level needed:

Nursing

Vital Signs

Vital Signs Every hour, Routine, For Temp, check every 4 hours.

Vital Signs

Vital Signs Every hour, Routine, Aligned with neurological assessments.

Activity

Strict bed rest Until discontinued, Routine

Elevate Head of bed 30 degrees Until discontinued, Routine

Head of bed: 30 degrees

Ambulate with assistance 3 times daily, Routine

Specify: with assistance

Nursing

Intake and output Every shift, Routine

Hold PO including oral meds if Patient fails dysphagia screening Until discontinued, Routine, Hold PO including oral meds if Patient fails dysphagia screening.

Dysphagia screen Once, Routine, On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

Bladder scan Every 4 hours, Routine, Straight cath if volume GREATER than*** mL.

Straight cath Conditional Frequency, 2, Occurrences, Routine, If unable to void, straight cath every 6 hours for two attempts.

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

- Insert Foley catheter** Conditional Frequency, 1, Occurrences, Routine, After two attempts with straight cath.

Type:

Size:

Urinometer needed:

Indication:

Foley catheter may be removed per nursing protocol.

- Neurological assessment** Every hour, Routine

Assessment to Perform:

- NIH Stroke Scale** Once, Routine, Perform on Admission.

- NIH Stroke Scale** Once, Routine, Perform every shift.

- NIH Stroke Scale** Once, Routine, On Discharge.

- Glasgow coma scale** Every shift, Routine

- Insert feeding tube weighted** Once, Routine

- Provide educational material** Once, Routine, Hemorrhagic stroke education.

- Place sequential compression device**

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

Side: Bilateral

Select Sleeve(s):

- Oral care** 2 times daily, Routine

Nursing

- Intake and output** Every shift, Routine

- Hold PO including oral meds if Patient fails dysphagia screening** Until discontinued, Routine, Hold PO including oral meds if Patient fails dysphagia screening.

- Dysphagia screen** Once, Routine, On admission. Hold PO including Oral Meds if patient Fails Dysphagia Screening.

- Bladder scan** Every 4 hours, Routine, Straight cath if volume GREATER than*** mL.

- Straight cath** Conditional Frequency, 2, Occurrences, Routine, If unable to void, straight cath every 6 hours for two attempts.

- Insert Foley catheter** Conditional Frequency, 1, Occurrences, Routine, After two attempts with straight cath.

Type:

Size:

Urinometer needed:

Indication:

Foley catheter may be removed per nursing protocol.

- Neurological assessment** Every hour, Routine

Assessment to Perform: Level of Consciousness Pupils Motor exam

Assessment to Perform:

- NIH Stroke Scale** Once, Routine, Perform on Admission.

- NIH Stroke Scale** Once, Routine, Perform every shift.

- NIH Stroke Scale** Once, Routine, On Discharge.

- Glasgow coma scale** Every shift, Routine

- Insert feeding tube weighted** Once, Routine

- Provide educational material** Once, Routine, Hemorrhagic stroke education.

- Place sequential compression device**

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

Side: Bilateral

Select Sleeve(s):

- Oral care** 2 times daily, Routine

Diet

- NPO** Diet effective now, Routine, Until dysphagia assessment/bedside swallow study completed successfully.

NPO:

Pre-Operative fasting options:

Notify

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

Notify Physician Until discontinued, Routine, If unable to void on third attempt and foley inserted

Notify Physician if Systolic BP greater than 160 mmHg Until discontinued, Routine

Systolic BP greater than: 160

Temperature greater than: 100.5

Temperature less than:

Systolic BP less than: 90

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

Heart rate greater than (BPM): 100

Heart rate less than (BPM): 60

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 92

Notify Physician for temperature GREATER than or EQUAL to 100.4 F (38 C) Until discontinued, Routine, For temperature GREATER than or EQUAL to 100.4 F (38 C)

Notify Physician if O2 Sat is less than 95% Until discontinued, Routine, Notify Physician if O2 Sat is less than 95%

Stroke Coordinator Tracking

Stroke coordinator tracking Until discontinued, Routine, This order serves to populate patient on the Stroke Coordinators' patient list. Discontinuation of this order will remove patient from the list. No action is needed by nursing.

IV Fluids

IV Fluids

sodium chloride 0.9 % infusion .9 , intravenous, continuous

sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion 20 , intravenous, continuous

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Once, Routine

sodium chloride 0.9 % flush 10 mL, every 12 hours scheduled, line care

sodium chloride 0.9 % flush 10 mL, intravenous, PRN, line care

Medications

Hypertensive Urgency - Once Orders

labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM 10 mg, intravenous, once, 1, Occurrences, Systolic Blood Pressure GREATER than 160 mmHg
Systolic Blood Pressure GREATER than 160 mmHg. Administer at 2
Mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM

hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) 10 mg, intravenous, once, 1, Occurrences, Systolic Blood Pressure GREATER than 160 mmHg
BP HOLD parameters for this order:

Contact Physician if:

Systolic Blood Pressure GREATER than 160 mmHg. Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

Hypertensive Urgency - PRN Orders

labetalol (NORMODYNE,TRANDATE) injection - Select an alternative agent if heart rate is LESS than 55 BPM 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 160 mmHg, high blood pressure
Administer at 2 mg/minute. Select an alternative agent if heart rate is LESS than 55 BPM.

hydrALAZINE (APRESOLINE) injection - Use alternative therapy if patient is tachycardic (GREATER than 100 BPM) 10 mg, intravenous, every 6 hours PRN, Systolic Blood Pressure GREATER than 160 mmHg, high blood pressure
BP HOLD parameters for this order:

Contact Physician if:

Use alternative therapy if patient is tachycardic (GREATER than 100 BPM)

niCARDipine (CARDENE) IV infusion titrated

ondansetron (ZOFTRAN) oral or IV

ondansetron ODT (ZOFTRAN-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.

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

- ondansetron (ZOFTRAN) 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.

Seizure Management

Benzodiazepines

- LORAZepam (ATIVAN) injection** 4 mg, intravenous, once, 1, Occurrences, STAT

Indication(s):

Repeat 4 mg x if not controlled within 5 min

- LORAZepam (ATIVAN) injection** 1 mg, intravenous, every 15 min PRN, seizures

Indication(s):

Immediate Treatment, One time dose

- fosphenytoin (CEREBYX) IV** 100 , intravenous, once, 1, Occurrences, STAT

fosphenytoin mg PE is the same as mg

- phenytoin (DILANTIN) IVPB** intravenous, once, 1, Occurrences

Use a 0.2 micron in-line filter for infusion.

To prevent crystallization, start administration IMMEDIATELY after preparation and complete within 1-2 hours. Infuse using a 0.2 micron in-line filter. DO NOT REFRIGERATE.

- levETIRAcetam (KEPPRA) IV** intravenous, once, 1, Occurrences, STAT

Notify Physician (Specify) Until discontinued, Routine, Notify physician for further seizure orders.

acetaminophen (TYLENOL) oral, tube, or suppository

- acetaminophen (TYLENOL) oral, tube, or suppository**

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

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

- acetaminophen (TYLENOL) tablet** 650 mg, feeding tube, every 6 hours PRN, mild pain (score 1-3)

Administer if patient has a feeding tube.

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

- acetaminophen (TYLENOL) suppository** 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)

Administer if patient is unable to tolerate oral tablet.

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

VTE

DVT Risk and Prophylaxis Tool (Required)

VTE/DVT Risk Definitions (<http://epic-nas.et0922.epichosted.com/static/OrderSets/VTEDVTRISKDEFINITIONS.pdf>)

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

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

- Moderate risk of VTE** Once, Routine

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

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

- Place sequential compression device**

- Contraindications exist for mechanical prophylaxis** Once, Routine

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

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

Side: Bilateral

Select Sleeve(s):

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

- Moderate risk of VTE** Once, Routine

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

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

High risk of VTE Once, Routine

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

High risk of VTE Once, Routine

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Once, Routine

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

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Once, Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

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

- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

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

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

- ENOXAPARIN 30 MG DAILY**
- enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- ENOXAPARIN SQ DAILY**
- enoxaparin (LOVENOX) injection** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1
If the patient does not have a history of or suspected case of Heparin-Induced Thrombocytopenia (HIT) do NOT order this medication. Contraindicated in patients LESS than 50kg, prior to surgery/invasive procedure, or CrCl LESS than 30 mL/min.
- heparin**

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

- High Bleed Risk**

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

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

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

- HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled
- Not high bleed risk**
- Wt > 100 kg** 7500 Units, subcutaneous, every 8 hours scheduled
- Wt LESS than or equal to 100 kg** 5000 Units, subcutaneous, every 8 hours scheduled
- warfarin (COUMADIN)**
- WITHOUT pharmacy consult** 1 , oral, daily at 1700
Indication:
Dose Selection Guidance:
- Medications**
- Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, Routine
Indication:
 warfarin (COUMADIN) tablet 1 , oral
Indication:
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):
- MODERATE Risk of VTE - Non-Surgical (Required)**
- Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**
- Moderate Risk (Required)**
- Moderate risk of VTE** Once, Routine
- Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**
- Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**
- Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):
- 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:

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

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

warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Once, Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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, S+1

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

- heparin**

High Risk Bleeding Characteristics
Age \geq 75
Weight < 50 kg
Unstable Hgb
Renal impairment
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History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

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

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

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

- Not high bleed risk**

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

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

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- Mechanical Prophylaxis (Required)**

- Contraindications exist for mechanical prophylaxis** Once, Routine

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

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

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** Once, Routine

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

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

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)
Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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.

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

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)**
 - Contraindications exist for pharmacologic prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 - aspirin chewable tablet** 162 mg, daily, S+1
 - aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
 - Apixaban and Pharmacy Consult (Required)**
 - apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: VTE prophylaxis
 - Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis
 - Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**
Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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

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

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):

DVT Risk and Prophylaxis Tool (Required)**VTE/DVT Risk Definitions** ([\\epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf](http://epic-nas.et0922.epichosted.com/static/OrderSets/VTEDVTRISKDEFINITIONS.pdf)) **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification** (Required) **Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)** **Moderate risk of VTE** Once, Routine **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following: **Place sequential compression device** **Contraindications exist for mechanical prophylaxis** Once, Routine

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

 Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required) **Moderate risk of VTE** Once, Routine **Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following: **Place sequential compression device** **Contraindications exist for mechanical prophylaxis** Once, Routine

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

 Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

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

High risk of VTE Once, Routine

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

High risk of VTE Once, Routine

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

Place sequential compression device

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Once, Routine

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

Moderate Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Once, Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

Contraindications exist for mechanical prophylaxis Once, Routine

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

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

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):

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

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

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

Indication(s):

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

- ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

- heparin**

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

- High Bleed Risk**

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

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

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

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

- Not high bleed risk**

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

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

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- Mechanical Prophylaxis (Required)**

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

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

High Risk of VTE - Surgical (Required)

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

High Risk (Required)

High risk of VTE Once, Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

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

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

High Bleed Risk

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

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

- HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

Not high bleed risk

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

warfarin (COUMADIN)

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

Indication:

Dose Selection Guidance:

Medications

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

High Risk of VTE - Non-Surgical (Required)

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

High Risk (Required)

- High risk of VTE** Once, Routine

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

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

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

warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

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

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

High Risk (Required)

High risk of VTE Once, Routine

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

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

aspirin chewable tablet 162 mg, daily, S+1

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

Apixaban and Pharmacy Consult (Required)

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

Indications: VTE prophylaxis

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

Indications: VTE prophylaxis

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.

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

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

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

- heparin**

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

- High Bleed Risk**

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

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

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

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

- Not high bleed risk**

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

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

- Rivaroxaban and Pharmacy Consult (Required)**

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

Indications: VTE prophylaxis

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

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

Indications: VTE prophylaxis

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

DVT Risk and Prophylaxis Tool

VTE/DVT Risk Definitions (<http://epic-nas.et0922.epichosted.com/static/OrderSets/VTEDVTRISKDEFINITIONS.pdf>)

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

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required)**
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
- Moderate risk of VTE** Once, Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
- Place sequential compression device**
- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
- Moderate risk of VTE** Once, Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
- Place sequential compression device**
- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
- High risk of VTE** Once, Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
- Place sequential compression device**
- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
- High risk of VTE** Once, Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Once, Routine
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:
- Place sequential compression device**
- Contraindications exist for mechanical prophylaxis** Once, Routine
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):
- LOW Risk of VTE (Required)**
- Low Risk (Required)**

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

Low risk of VTE Once, Routine

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

 MODERATE Risk of VTE - Surgical (Required) **Moderate Risk** (Required) **Moderate risk of VTE** Once, Routine **Moderate Risk Pharmacological Prophylaxis - Surgical Patient** (Required) **Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device** **Contraindications exist for pharmacologic prophylaxis** Once, Routine

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

 Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis **Contraindications exist for pharmacologic prophylaxis** Once, Routine

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

 Contraindications exist for mechanical prophylaxis Once, Routine

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

 Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

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

Indication(s):

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

 ENOXAPARIN SQ DAILY **enoxaparin (LOVENOX) injection** subcutaneous, S+1

Indication(s):

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

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

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

 heparin

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

High Risk Bleeding CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

 Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

 Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Once, Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

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

- Place/Maintain sequential compression device continuous** Continuous, Routine
Side: Bilateral
Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

- enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

ENOXAPARIN SQ DAILY

- enoxaparin (LOVENOX) injection** subcutaneous, S+1
Indication(s):
Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Once, Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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.

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

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

- heparin**

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

- High Bleed Risk**

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

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

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

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

- Not high bleed risk**

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

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

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- Mechanical Prophylaxis (Required)**

- Contraindications exist for mechanical prophylaxis** Once, Routine

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

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

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** Once, Routine

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

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

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

- aspirin chewable tablet** 162 mg, daily, S+1
- aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
- Apixaban and Pharmacy Consult** (Required)
- apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1
Indications: ○ VTE prophylaxis
- Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT
Indications: VTE prophylaxis
- Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

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

Indication(s):

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

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

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

heparin

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

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

High Bleed Risk

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

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

- HEParin (porcine) injection - Q12 Hours** 5000 Units, every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** 5000 Units, every 8 hours scheduled

Not high bleed risk

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

Rivaroxaban and Pharmacy Consult (Required)

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

Indications: VTE prophylaxis

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

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

Indications: VTE prophylaxis

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
Cardiology

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

Cardiology

Electrocardiogram, 12-lead Once, 1, Occurrences, 1, Routine, 6, On Admission

Clinical Indications: ○ Cardiac Arrhythmia

Interpreting Physician:

Imaging**CT**

CTA Head W Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

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

CTA Neck W Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

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

CT Head W Wo Contrast 1 time imaging, Routine, Perform 6 hours after ICU admission

Is the patient pregnant?

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

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

CT Stroke Brain Wo Contrast 1 time imaging, STAT

Physican phone number:

Last Known Normal (LKN):

Is the patient pregnant?

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

CT

CTA Head W Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

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

CTA Neck W Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

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

CT Head W Wo Contrast 1 time imaging, Routine, Perform 6 hours after ICU admission

Is the patient pregnant?

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

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

CT Stroke Brain Wo Contrast 1 time imaging, STAT

Physican phone number:

Last Known Normal (LKN):

Is the patient pregnant?

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

CT Stroke Brain Wo Contrast 1 time imaging, Routine, Perform 6-24 hours after INITIAL Brain Imaging.

Physican phone number:

Last Known Normal (LKN):

Is the patient pregnant?

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

Diagnostic MRI/MRA

MRI Brain W Wo Contrast 1 time imaging, Routine

Special Brain protocol requested?

What are the patient's sedation requirements?

Is the patient pregnant?

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

MRI Brain Venogram 1 time imaging, Routine

What are the patient's sedation requirements?

Is the patient pregnant?

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

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

MRI Stroke Brain Wo Contrast 1 time imaging, Routine

What are the patient's sedation requirements?

Is the patient pregnant?

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

MRA Head Wo Contrast 1 time imaging, Routine

What are the patient's sedation requirements?

Is the patient pregnant?

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

MRA Neck Wo Contrast 1 time imaging, Routine

What are the patient's sedation requirements?

Is the patient pregnant?

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

X-Ray

Chest 2 Vw 1 time imaging, Routine

Is the patient pregnant?

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

Chest 1 Vw Portable 1 time imaging, Routine

Is the patient pregnant?

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

Other Studies

Respiratory

Respiratory Therapy

Oxygen therapy Continuous, Routine

Initial Device: Nasal Cannula

SpO2 Goal: Other (Specify)

Specify: 95% and above

Indications for O2 therapy: Respiratory distress

Device:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Pulse oximetry check Daily, Routine

Current FIO2 or Room Air:

Rehab

Consults

For Physician Consult orders use sidebar

Physician Consults

Consult Physical Medicine Rehab Once, Routine

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult Neurology Once, Routine

Provider Group:

Reason for Consult?

Reason for Consult:

Patient/Clinical information communicated?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Estimated Discharge Date: ***

Time in OBS:

Last known normal: ***

Focal Deficit: ***

Consults

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

Consult to Social Work Once, RoutineReason for Consult: Discharge Planning

Reason for Consult?

 Consult to PT eval and treat Once, Routine, Pre-morbid mRS and mRS at dischargeReasons for referral to Physical Therapy (mark all applicable): New functional deficits, not expected to spontaneously recover with medical modalities Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

 Consult to OT eval and treat Once, RoutineReason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for OT?

 Consult to Case Management Once, RoutineConsult Reason: Discharge Planning

Reason for Consult?

 Consult to Speech Language Pathology Once, Routine

Consult Reason: Other specify

Specify: Post Hemorrhagic Stroke

Reason for consult:

Reason for SLP?

 Consult to Spiritual Care Once, Routine

Reason for consult?

Reason for Consult?

 Consult to Nutrition Services Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Consults **Consult to Social Work** Once, RoutineReason for Consult: Discharge Planning

Reason for Consult?

 Consult to PT eval and treat Once, Routine, Pre-morbid mRS and mRS at dischargeReasons for referral to Physical Therapy (mark all applicable): New functional deficits, not expected to spontaneously recover with medical modalities Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for PT?

 Consult to OT eval and treat Once, RoutineReason for referral to Occupational Therapy (mark all that apply): Decline in Activities of Daily Living performance from baseline (bathing, dressing, toileting, grooming) Other

Specify: Stroke

Are there any restrictions for positioning or mobility?

Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):

Weight Bearing Status:

Reason for OT?

 Consult to Case Management Once, RoutineConsult Reason: Discharge Planning

Reason for Consult?

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

Consult to Speech Language Pathology Once, Routine

Consult Reason: Other specify

Specify: Post Hemorrhagic Stroke

Reason for consult:

Reason for SLP?

Consult to Spiritual Care Once, Routine

Reason for consult?

Reason for Consult?

Music Therapy/Art therapy consult - eval & treat Once, Routine

Request Date: TODAY

Therapy Requested:

Please Indicate REASON FOR REFERRAL (check all that apply):

Consult to Nutrition Services Once, Routine

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Additional Orders