

Location: \_\_\_\_\_

**General****Admission or Observation (Required)** **Admit to Inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

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

Admitting Physician:

Bed request comments:

**Transfer** **Transfer patient** Once, Routine

Level of Care:

Bed request comments:

**Code Status**

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

 **Code Status**

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

 **Full code** Continuous, Routine

Code Status decision reached by:

 **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?

 **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:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**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:

#### 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

##### Femoral - Sheath Removal

**Closure Devices**

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

**Activity** (Required)

**Patient was treated with a closure device.** Until discontinued, Post-op, Routine, Bedrest required minimum of \*\*\* hours. Keep affected leg straight.

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

**Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.  
Patient/Family:  Patient

Education for:  Other (specify)  Activity  
Specify: Patient education prior to post sheath removal.

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling  
Specify: Patient education prior to discharge.

**Post-Sheath Removal**

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

**Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

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

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

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

**Manual Pressure**

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- Remove sheath** Once, 1, Occurrences, Post-op, Routine, when ACT less than 160 or within physician specified parameters. Sheath may be removed 2 hours after discontinuation of Angiomax (Bivalirudin) infusion unless otherwise specified by physician order.
- The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.
- Activity Post Sheath Removal-Femoral Approach (Required)**
- Bed rest times following Procedure using femoral artery access are: (Must Select One) (Required)**
- Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
- Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
- Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.
- Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of \*\*\* hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of \*\*\* hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.
- Patient Education Prior to Sheath Removal and Hospital Discharge**
- Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site. Patient/Family:  Patient Education for:  Other (specify)  Activity Specify: Patient education prior to post sheath removal.
- Patient education prior to discharge** Prior to discharge, S, Post-op, Routine, Provide discharge instruction on emergent physician contact/symptom reporting due to bleeding/hematoma/swelling/pain/tenderness/numbness/tingling, Activity and Limitations and site care. Activity including Limiting movement in affected arm 6 hrs post procedure and keep wrist straight, refrain from lifting or pushing with the affected arm for 48 hrs., and site care. Patient/Family:  Patient Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling Specify: Patient education prior to discharge.
- Pre-Sheath Removal**
- Vital signs prior to sheath removal** Every 15 min, Post-op, Routine, Vital signs prior to sheath removal - Obtain base line vital signs, include verified ACT results of less than 160 or within parameters ordered by physician, unless otherwise ordered by the physician. For Temp, check every 4 hours.
- Assist patient to void** Once, 1, Occurrences, Post-op, Routine, Assist patient to void prior to sheath removal.
- Assess pre-sheath cath site** Once, 1, Occurrences, Post-op, Routine, Assess for signs and symptoms of hematoma or other vascular compromise distal to site on arrival unless otherwise ordered by the physician. If hematoma is present, mark on skin surface and complete hematoma documentation.
- Patient transferred with sheaths left in place** Until discontinued, Post-op, Routine, Patient transferred with Sheaths left in place.
- Apply hemostatic patch after assessment for hematoma, distal pulses.** Until discontinued, Post-op, Routine, Apply pressure proximal to site, place patch over site, slowly remove sheath, allow blood to moisten patch. Apply direct pressure to site/proximal pressure for ½ allotted time. Slowly release proximal pressure, continue direct pressure over the site for a minimum of 20 minutes for PCI/10 minutes for diagnostic cath.
- Antegrade sheaths present** Until discontinued, Post-op, Routine, Antegrade sheath must be pulled by Physicians or appropriately trained staff in the Cath Lab setting.
- Post-Sheath Removal**
- Vital signs after sheath removal** Every 15 min, -1, Post-op, Routine, Assess/document vital signs Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.
- Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

Site:  catheter site

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

Pulses to assess:  Distal

Side:

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

Assessment to Perform:

**Compression Systems**

**C-clamp** (Required)

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

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

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

**Activity Post Sheath Removal-Femoral Approach** (Required)

**Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

**Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

**Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

**Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

**Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of \*\*\* hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of \*\*\* hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

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

**Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.

Patient/Family:  Patient

Education for:  Other (specify)  Activity

Specify: Patient education prior to post sheath removal.

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling

Specify: Patient education prior to discharge.

**Pre-Sheath Removal**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

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

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

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

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

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

**Post-Sheath Removal**

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

**Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

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

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

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

**Femostop**

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

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

**The physician must be notified for any signs of complications.** Until discontinued, Post-op, Routine, capillary refill > 3 seconds, cyanosis, numbness and/or pain in affected extremity, bleeding, hematoma formation, or signs of complication.

**Follow Femostop manufacturer's guidelines in package insert.** Until discontinued, Post-op, Routine

**Activity Post Sheath Removal-Femoral Approach** (Required)

**Bed rest times following Procedure using femoral artery access are: (Must Select One)** (Required)

**Patient was treated with a 4 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 2 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

**Patient was treated with a 5 French catheter. Minimum 15 minutes of pressure at site/Bedrest required minimum of 3 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Patient was treated with a 6 French catheter. Minimum 20 minutes for PCI/15 minutes of pressure at site for Diagnostic/Bedrest required minimum of 4 hours.** Until discontinued, Post-op, Routine, Patient may bend unaffected leg. Use urinal or bedpan as needed.

**Patient was treated with a 7 French or greater catheter. Minimum 25 minutes of pressure at site/Bedrest required minimum of \*\*\* hours.** Until discontinued, Post-op, Routine, Bedrest required minimum of \*\*\* hours. Keep affected leg straight. Patient may bend unaffected leg. Use urinal or bedpan as needed.

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

**Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.

Patient/Family:  Patient

Education for:  Other (specify)  Activity

Specify: Patient education prior to post sheath removal.

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling

Specify: Patient education prior to discharge.

**Pre-Sheath Removal**

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

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

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

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

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

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

**Post-Sheath Removal**

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

**Assess post-sheath cath site** Every 15 min, -1, Post-op, Routine, Assess site for signs and symptoms of a hematoma or other vascular compromise distal to site Q 15 min x4, Q 30 min x4, Q 1 hour x4, and Q4 x4 unless otherwise ordered by the physician.

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

Site:  catheter site

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

Pulses to assess:  Distal

Side:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

Assessment to Perform:

### Radial - Sheath Removal

**Radial Compression Device** (Required)

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

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

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

**Place/Maintain Radial Compression Device** Continuous, Post-op, Routine, Follow manufacturer insert/instructions for use, physician orders, or Progressive Cuff Deflation instruction specific to Diagnostic or Interventional Procedure performed.

Radial Band

Side: Bilateral

Select Sleeve(s):

**Progressive cuff deflation** (Required)

**Diagnostic Procedures only** (Required)

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

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

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

**Interventional Procedures only** (Required)

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

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

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

**Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.

Patient/Family:  Patient

Education for:  Other (specify)  Activity

Specify: Patient education prior to post sheath removal.

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling

Specify: Patient education prior to discharge.

**Pre-Sheath Removal**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

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

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

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

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

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

**Radial Approach (Required)**

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

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

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

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

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

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

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

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

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

**Manual Pressure - without Radial Compression Device**

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

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

**Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

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

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling

Specify: Patient education prior to discharge.

**Pre-Sheath Removal**

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

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

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

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

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

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

**Post-Sheath Removal**

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

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

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

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

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

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

Other: Patient may ambulate 30 minutes after arrival in recovery area.

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

Pulses to assess:  Distal

Side:

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

**Manual Pressure - without Radial Compression Device**

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

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

**Notify physician - for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.** Until discontinued, Post-op, Routine, for abnormal vital signs, uncontrolled pain, absence of pulses/limb discoloration, bleeding, hematoma formation, or signs of complications.

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Patient education prior to post-sheath removal** Once, 1, Occurrences, S, Post-op, Routine, Provide patient post-sheath removal instructions to include reports of warmth, moistness, swelling, numbness or pain at insertion site.

Patient/Family:  Patient

Education for:  Other (specify)  Activity

Specify: Patient education prior to post sheath removal.

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

Patient/Family:  Patient

Education for:  Other (specify)  Activity  Discharge  Smoking cessation counseling

Specify: Patient education prior to discharge.

**Pre-Sheath Removal**

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

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

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

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

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

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

**Post-Sheath Removal**

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

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

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

Site:  catheter site

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

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

**Patient may ambulate 30 minutes after arrival in recovery area.** Until discontinued, Post-op, Routine

Specify:  Other activity (specify)

Other: Patient may ambulate 30 minutes after arrival in recovery area.

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

Pulses to assess:  Distal

Side:

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

Assessment to Perform:

**Diet**

**NPO** Diet effective now, Routine

NPO:

Pre-Operative fasting options:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Diet** Diet effective now, Routine

Diet(s):

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

#### 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
- lactated Ringer's infusion** intravenous, continuous
- sodium chloride with femoral sheath** .9 , intravenous, continuous  
Give with femoral sheath(s)

#### Medications

**Anti-emetics**

**ondansetron (ZOFRAN) Oral or IV**

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

Give if patient is able to tolerate oral medication.

May cause QTc prolongation.

**ondansetron (ZOFRAN) IV** 4 mg, intravenous, every 8 hours PRN, nausea vomiting

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

May cause QTc prolongation.

**promethazine (PHENERGAN) Oral or IV or Rectal**

**promethazine (PHENERGAN) tablet** 12.5 mg, oral, once, 1, Occurrences, Give if ondansetron (ZOFRAN) is ineffective and patient is able to tolerate oral medication., nausea vomiting

**promethazine (PHENERGAN) suppository** 12.5 mg, rectal, once, 1, Occurrences, Give if ondansetron (ZOFRAN) is ineffective and patient is UNable to tolerate oral medication., nausea vomiting

**promethazine (PHENERGAN) injection** 12.5 mg, intravenous, once, 1, Occurrences

#### Insomnia: For Patients LESS than 70 years old

**zolpidem (AMBIEN) or ramelteon (ROZEREM) tablet nightly PRN sleep**

**zolpidem (AMBIEN) tablet** 5 mg, oral, nightly PRN, sleep

**ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

#### Sleeping Aid: For Patients GREATER than 70 years old

**ramelteon (ROZEREM) tablet** 8 mg, oral, nightly PRN, sleep

#### Medications

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

Heparin Indication:

Specify:

Monitoring: Anti-Xa

**heparin infusion 50 units/mL** intravenous

Indication:

Therapeutic Monitoring Target:

**aspirin (ECOTRIN) enteric coated tablet** 81 mg, oral, daily

**aspirin (ECOTRIN) enteric coated tablet** 325 mg, oral, daily

**clopidogrel (PLAVIX) tablet** 75 mg, oral, daily

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**ticagrelor (BRILINTA) tablet** 90 mg, oral, 2 times daily

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

**eptifibatide (INTEGRILIN) infusion with loading dose**

**eptifibatide (INTEGRILIN) infusion 2 mg/mL** 180 mcg/kg, intravenous, once, 1, Occurrences

**eptifibatide (INTEGRILIN) infusion** 1 mcg/kg/min, intravenous, continuous

**HMH PANEL IP MEDICATIONS - IR NEURO VASCULAR LESION EMBOLIZATION - DEXAMETHASONE**

**dexamethasone (DECADRON) IV** 6 mg, intravenous, every 6 hours scheduled

**dexamethasone (DECADRON) tablet** 6 mg, oral, every 6 hours scheduled

**famotidine (PEPCID) injection** 20 mg, intravenous, 2 times daily

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:  
Indication(s) for H2 Receptor Antagonist (H2RA) Therapy:

**sennosides-docusate sodium (SEKOT-S) 8.6-50 mg per tablet** 1 tablet, 2 times daily

For narcotic induced constipation

**Pain Medications**

Check Prescription Drug Monitoring Program.

Prior to initiation of opioid therapy, it is recommended to check the prescription monitoring program (PMP) database to assess patient's opioid tolerance status. A summarized version of the PMP report may be accessed by clicking on the NaRx Score on the patient's Storyboard. You may access the full version of the Texas PMP here." (<https://texas.pmpaware.net/login>)

**Texas PMP**

Due to risk of accumulation of toxic metabolite, the use of morphine in patients with renal dysfunction is not recommended. An alternative opioid should be utilized, if possible.

**Scheduled Pain Medications**

**Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Do not order both scheduled and PRN NSAIDs/APAP simultaneously.**

**acetaminophen (TYLENOL) 500 mg tablet or liquid**

**acetaminophen (TYLENOL) tablet** 500 mg, oral, every 6 hours scheduled

**acetaminophen (TYLENOL) liquid** 500 mg, oral, every 6 hours scheduled

**acetaminophen (TYLENOL) 650 mg tablet or liquid**

**acetaminophen (TYLENOL) tablet** 650 mg, oral, every 6 hours scheduled

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

**acetaminophen (TYLENOL) liquid** 650 mg, oral, every 6 hours scheduled

**NSAIDs: For Patients LESS than 65 years old**

**ibuprofen (ADVIL, MOTRIN) tablet or oral suspension**

**ibuprofen (ADVIL, MOTRIN) tablet** 600 mg, oral, every 6 hours PRN

Give if patient is able to tolerate oral medication.

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

**ibuprofen (MOTRIN) 100 mg/5 mL suspension** 600 mg, oral, every 6 hours PRN

Use if patient cannot swallow tablet.

Not indicated for infants under 6 months of age. Not recommended in patients with eGFR LESS than 30 mL/min OR acute kidney injury.

**naproxen (NAPROSYN) tablet** 250 mg, oral, 2 times daily

Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- celecoxib (CeleBREX) capsule** 100 mg, oral, 2 times daily  
For age LESS than 65 yo and patients GREATER than 50kg. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
- ketorolac (TORADOL) injection** 30 mg, intravenous, every 6 hours scheduled, 5, Days  
For patients LESS THAN 65 years old. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.
- NSAIDs: For Patients GREATER than or EQUAL to 65 years old**
  - ibuprofen (ADVIL, MOTRIN) tablet or oral suspension**
    - ibuprofen (ADVIL, MOTRIN) tablet** 600 mg, oral, every 6 hours PRN  
Give if patient is able to tolerate oral medication.  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
    - ibuprofen (MOTRIN) 100 mg/5 mL suspension** 600 mg, oral, every 6 hours PRN  
Use if patient cannot swallow tablet.  
Not indicated for infants under 6 months of age. Not recommended in patients with eGFR LESS than 30 mL/min OR acute kidney injury.
  - naproxen (NAPROSYN) tablet** 250 mg, oral, 2 times daily  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
  - celecoxib (CeleBREX) capsule** 100 mg, oral, 2 times daily  
For age GREATER than or EQUAL to 65 yo and patients LESS than 50kg. Not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury.  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
  - ketorolac (TORADOL) injection** 15 mg, intravenous, every 6 hours scheduled, 5, Days

**PRN Pain Medications**

Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Monitor closely for response. Adjust dose for renal/liver function and age. Do not order both scheduled and PRN NSAIDs/APAP simultaneously. Order ONLY one short acting PO and short acting IV simultaneously. Oral option and IV options to be ordered simultaneously.

- PRN Medications for Mild Pain (Pain Score 1-3): For Patients LESS than 65 years old**

**Do not order both scheduled and PRN NSAIDs/APAP simultaneously.**

- aminophen (TYLENOL) tablet OR oral suspension OR rectal 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)  
Give if patient able to swallow tablet.  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
  - acetaminophen (TYLENOL)suspension** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)  
Use if patient cannot tolerate oral tablet.
  - acetaminophen (TYLENOL) suppository** 650 mg, rectal, every 6 hours PRN, mild pain (score 1-3)  
Use if patient cannot tolerate oral tablet OR oral solution.  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
- ibuprofen (ADVIL, MOTRIN) tablet or oral suspension**
  - ibuprofen (ADVIL, MOTRIN) tablet** 600 mg, oral, every 6 hours PRN  
Give if patient is able to tolerate oral medication.  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
  - ibuprofen (MOTRIN) 100 mg/5 mL suspension** 600 mg, oral, every 6 hours PRN  
Use if patient cannot swallow tablet.  
Not indicated for infants under 6 months of age. Not recommended in patients with eGFR LESS than 30 mL/min OR acute kidney injury.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- naproxen (NAPROSYN) tablet** 250 mg, oral, every 8 hours PRN, mild pain (score 1-3)  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
- celecoxib (CeleBREX) capsule** 100 mg, oral, 2 times daily PRN, mild pain (score 1-3)  
Not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury.
- ketorolac (TORADOL) injection** 15 mg, intravenous, every 6 hours PRN, mild pain (score 1-3)  
Give if patient unable to swallow tablet.

**PRN Oral Medications for Mild Pain (Pain Score 1-3): For Patients GREATER than or EQUAL to 65 years old**  
Consider scheduled option if pain source is present and patient unable to reliably communicate needs. Monitor closely for response. Adjust dose for renal/liver function and age. Do not order both scheduled and PRN NSAIDs/APAP simultaneously. Order ONLY one short acting PO and short acting IV simultaneously. Oral option and IV options to be ordered simultaneously.

- acetaminophen (TYLENOL) tablet OR oral suspension**

**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)suspension** 650 mg, oral, every 6 hours PRN, mild pain (score 1-3)  
Use if patient cannot tolerate oral tablet.

**PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old**

- acetaminophen-codeine (TYLENOL #3) tablet OR elixir**

- acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet** 1 tablet, oral, every 6 hours PRN

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

Allowance for Patient Preference:

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

- acetaminophen-codeine 300 mg-30 mg /12.5 mL solution** 12.5 mL, oral, every 6 hours PRN

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

Allowance for Patient Preference:

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

- HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir**

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

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

- HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** 10 mL, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient unable to swallow tablet.

- oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

Allowance for Patient Preference:

Tablets may be crushed. Give if patient able to swallow tablet

Give if patient can receive oral tablet/capsule.

- traMADoL (ULTRAM) tablet** 50 mg, oral, every 6 hours PRN

Allowance for Patient Preference:

Max daily dose 200 mg/day in patients with CrCl < 30 ml/min. Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

**PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**acetaminophen-codeine (TYLENOL #3) tablet OR elixir**

- acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet** 1 tablet, oral, every 6 hours PRN

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

Allowance for Patient Preference:

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources). Give if patient is able to tolerate oral medication.

- acetaminophen-codeine 300 mg-30 mg /12.5 mL solution** 12.5 mL, oral, every 6 hours PRN

The use of codeine-containing products is contraindicated in patients LESS THAN 12 years of age. Is this patient OVER 12 years of age? Y/N:

Allowance for Patient Preference:

Maximum of 4 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) Use if patient cannot swallow tablet.

**HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir**

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

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

- HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** 10 mL, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient unable to swallow tablet.

**oxyCODONE (ROXICODONE) immediate release tablet** 2.5 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

Allowance for Patient Preference:

Tablets may be crushed. Give if patient able to swallow tablet

Give if patient can receive oral tablet/capsule.

**traMADoL (ULTRAM) tablet** 25 mg, oral, every 6 hours PRN, moderate pain (score 4-6)

Allowance for Patient Preference:

Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min.

Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

**PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication.**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.**

**morPHINE injection** 2 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

**hydromorPHONE (DILAUDID) injection** 0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

**ketorolac (TORADOL) IV**

**Do NOT use in patients with eGFR LESS than 30 mL/min.**

**WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.**

- For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection** 30 mg, intravenous, every 6 hours PRN, 5, Days, moderate pain (score 4-6)

Use if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**PRN IV Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication.**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized. (adjust dose for renal/liver function and age)**

**morPHINE injection** 1 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

**hydromorPHONE (DILAUDID) injection** 0.25 mg, intravenous, every 4 hours PRN, moderate pain (score 4-6)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications

**PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.**

**HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir**

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

**HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet** 1 tablet, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient able to swallow tablet.

**HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** 20 mL, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient unable to swallow tablet.

**morPHINE immediate-release tablet** 15 mg, oral, every 6 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Tablets may be crushed. Give if patient able to swallow tablet

Give if patient can receive oral tablet/capsule.

**oxyCODONE (ROXICODONE) immediate release tablet** 10 mg, oral, every 6 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Tablets may be crushed. Give if patient able to swallow tablet

Give if patient can receive oral tablet/capsule.

**PRN Oral Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.**

**oxyCODONE (ROXICODONE) immediate release tablet** 5 mg, oral, every 6 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Oral tablets may be crushed. Give if patient able to swallow tablet

Give if patient can receive oral tablet/capsule.

**morPHINE immediate-release tablet** 7.5 mg, oral, every 6 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Oral tablets may be crushed. Give if patient able to swallow tablets.

Give if patient can receive oral tablet/capsule.

**HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir**

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

**HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** 1 tablet, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** 10 mL, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient unable to swallow tablet.

- HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir**

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

- HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet** 1 tablet, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient able to swallow tablet.

- HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** 20 mL, oral, every 6 hours PRN

Allowance for Patient Preference:

Give if patient unable to swallow tablet.

- traMADoL (ULTRAM) tablet** 50 mg, oral, every 6 hours PRN, severe pain (score 7-10)

Allowance for Patient Preference:

Max daily dose 300mg in patients age GREATER THAN 75 years or 200 mg/day in patients with CrCl < 30 ml/min.

Give if patient able to swallow tablet.

Give if patient can receive oral tablet/capsule.

- PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients LESS than 65 years old if unable to tolerate Oral Pain Medication.**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.**

- fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

- morPHINE injection** 4 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

- hydromorPHONE (DILAUDID) injection** 0.5 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

- PRN IV Medications for Severe Pain (Pain Score 7-10): For Patients GREATER than or EQUAL to 65 years old if unable to tolerate Oral Pain Medication.**

**Due to risk of toxicity, the use of morphine products in patients with renal dysfunction, particularly in ESRD, is not recommended. An alternative opioid should be utilized.**

- fentaNYL (SUBLIMAZE) injection** 12.5 mcg, intravenous, every 3 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

- morPHINE injection** 2 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain unrelieved 60 minutes after giving oral pain medications.

- hydromorPHONE (DILAUDID) injection** 0.25 mg, intravenous, every 4 hours PRN, severe pain (score 7-10)

Give if patient is NPO, unable to swallow oral medication, or if pain 60 minutes after giving oral pain medications.

VTE

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

VTE Risk and Prophylaxis Tool (Required)

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	<b>One or more</b> of the following <b>medical conditions</b> :	<b>One or more</b> of the following <b>medical conditions</b> :
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

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

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE** (Required)

**Low Risk** (Required)

**Low risk of VTE** Once, Routine

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

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

**Moderate Risk** (Required)

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

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

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

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

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

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

**Patient renal status:** @CRCL@

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

**heparin**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**Moderate Risk 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**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

**High risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis** Once, 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 ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

**High risk of VTE** Once, Routine

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

- aspirin chewable tablet** 162 mg, daily, S+1
- aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
- Apixaban and Pharmacy Consult** (Required)
  - apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1  
 Indications: ○ VTE prophylaxis
  - Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT  
 Indications: VTE prophylaxis

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

**heparin**

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**Rivaroxaban and Pharmacy Consult (Required)**

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

Indications:  VTE prophylaxis

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

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

Indications: VTE prophylaxis

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

VTE Risk and Prophylaxis Tool

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	<b>One or more</b> of the following <b>medical conditions</b> :	<b>One or more</b> of the following <b>medical conditions</b> :
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

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

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE** (Required)

**Low Risk** (Required)

**Low risk of VTE** Once, Routine

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

**Moderate Risk of VTE - Surgical** (Required)

**Moderate Risk** (Required)

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

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

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

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

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

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

**Patient renal status:** @CRCL@

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

**heparin**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**Moderate Risk (Required)**

**Moderate risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- Place/Maintain sequential compression device continuous** Continuous, Routine  
Side: Bilateral  
Select Sleeve(s):
- Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**
  - Contraindications exist for pharmacologic prophylaxis** Once, Routine  
No pharmacologic VTE prophylaxis due to the following contraindication(s):
  - Contraindications exist for mechanical prophylaxis** Once, Routine  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)  
**Patient renal status: @CRCL@**

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

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

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

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

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

Side: Bilateral

Select Sleeve(s):

**High Risk of VTE - Surgical (Required)**

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

**High Risk (Required)**

**High risk of VTE** Once, Routine

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

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

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

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**

**Patient renal status: @CRCL@**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

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

Indication(s):

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

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

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

heparin

High Risk Bleeding Characteristics
Age ≥ 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:

**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**

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 - Surgical (Hip/Knee) (Required)**

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

**High Risk (Required)**

**High risk of VTE** Once, Routine

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

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

**aspirin chewable tablet** 162 mg, daily, S+1

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

**Apixaban and Pharmacy Consult (Required)**

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

Indications:  VTE prophylaxis

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

Indications: VTE prophylaxis

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

**Patient renal status:** @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

**High Risk Bleeding Characteristics**

Age ≥ 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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- 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:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

VTE Risk and Prophylaxis Tool

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	<b>One or more</b> of the following <b>medical conditions</b> :	<b>One or more</b> of the following <b>medical conditions</b> :
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

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

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**Moderate risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High risk of VTE** Once, Routine

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

**Place sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE** (Required)

**Low Risk** (Required)

**Low risk of VTE** Once, Routine

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

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

**Moderate Risk** (Required)

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Moderate risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**

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

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

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

Side: Bilateral

Select Sleeve(s):

**Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

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

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

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

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

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

**Patient renal status:** @CRCL@

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

**heparin**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**High Risk Bleeding Characteristics**Age  $\geq$  75

Weight &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 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**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

**High risk of VTE** Once, Routine

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

**Contraindications exist for pharmacologic prophylaxis** Once, 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 ≥ 75
Weight < 50 kg
Unstable Hgb
Renal impairment
Plt count < 100 K/uL
Dual antiplatelet therapy
Active cancer
Cirrhosis/hepatic failure
Prior intra-cranial hemorrhage
Prior ischemic stroke
History of bleeding event requiring admission and/or transfusion
Chronic use of NSAIDs/steroids
Active GI ulcer

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

**warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis** (Required)

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

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk** (Required)

**High risk of VTE** Once, Routine

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

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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

- aspirin chewable tablet** 162 mg, daily, S+1
- aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1
- Apixaban and Pharmacy Consult** (Required)
  - apixaban (ELIQUIS) tablet** 2.5 mg, 2 times daily, S+1  
 Indications: ○ VTE prophylaxis
  - Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Until discontinued, STAT  
 Indications: VTE prophylaxis

**Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

**heparin**

**High Risk Bleeding Characteristics**Age  $\geq$  75

Weight &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 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: \_\_\_\_\_

**Diagnostic Imaging****Other Diagnostic Studies****Respiratory****Respiratory** **Oxygen therapy** Continuous, Routine

Initial Device: ○ Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 92%

Device:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

 **Oxygen therapy** Continuous, Routine

Initial Device: ○ Non-rebreather mask

Titrate FiO2 to keep O2 Sat Above: 92%

Device:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Rehab****Consults****Additional Orders****Discharge****Discharge Order** **Discharge patient when criteria met** Once, Scheduling/ADT, Routine

Discharge Criteria:

Clearing specialty:

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

**Discontinue tubes/drains** **Remove Foley catheter** Once, Scheduling/ADT, Routine **Discharge home with Foley catheter** Once, Scheduling/ADT, Routine **Discontinue IV** Once, 1, Occurrences, 1, Scheduling/ADT, Routine **Deaccess port** **Deaccess Port-a-cath** Once, Routine **HEParin, porcine injection 100 units/mL flush** once**Discharge Activity** **Activity as tolerated** Until discontinued, 1, Scheduling/ADT, Routine **Lifting restrictions** Until discontinued, 1, Scheduling/ADT, Routine, No lifting over 10 pounds. **Shower instructions:** Until discontinued, Scheduling/ADT, Routine, May remove large dressing and shower the day after procedure/do not remove Steri-strips. \*\*\* **Discharge activity** Until discontinued, Scheduling/ADT, Routine **Other restrictions (specify):** Until discontinued, 1, Scheduling/ADT, Routine, \*\*\***Wound/Incision Care** **Discharge wound care** Once, Scheduling/ADT, Routine, May remove large dressing the day after procedure/do not remove Steri-strips. \*\*\***Discharge Diet - REQUIRED**

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Discharge Diet** Diet effective now, Scheduling/ADT, Routine

Discharge Diet:

**Patient to notify physician**

**Call physician for:** Until discontinued, Scheduling/ADT, Routine, Temperature greater than 100.5

**Call physician for: Persistent nausea or vomiting** Until discontinued, Scheduling/ADT, Routine

**Call physician for: severe uncontrolled pain** Until discontinued, Scheduling/ADT, Routine

**Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)** Until discontinued, Scheduling/ADT, Routine

**Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness** Until discontinued, Scheduling/ADT, Routine

**Discharge Education**

**Nurse to provide discharge education** Once, Scheduling/ADT, Routine

Patient/Family:  Both

Education for:  Other (specify)

Specify: Nurse to provide patient education

**Discharge Instructions**

**Additional discharge instructions for Patient** Once, Scheduling/ADT, Routine, \*\*\*

**Discharge instructions for Nursing- Will not show on AVS** Once, Scheduling/ADT, Routine, \*\*\*

**Place Follow-Up Order**

**Follow-up with me** Until discontinued, Scheduling/ADT, Routine

Follow up with me:

Clinic Contact:

Follow up in:

On date:

Appointment Time: