

Location: _____

General

Common Present on Admission Diagnosis

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

Admission or Observation (Required)

- Admit to Inpatient** Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

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

Outpatient in a bed - extended recovery Once, Routine

Admitting Physician:

Bed request comments:

Admission or Observation

Patient has active status order on file

Admit to Inpatient Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Outpatient observation services under general supervision Once, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

Outpatient in a bed - extended recovery Once, Routine

Admitting Physician:

Bed request comments:

Admission

Patient has active status order on file.

Admit to inpatient Once, 1, Routine

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

Code Status

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

Code Status

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

Full code Continuous, Routine

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

DNR (Do Not Resuscitate) Continuous, Routine

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

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

Does patient have decision-making capacity?

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

Active until Signed by the Responsible Attending Physician.:

Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Consult to Social Work Once, Routine

Reason for Consult:

Reason for Consult?

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

Modified Code Continuous, Routine

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Isolation

Airborne isolation status

Airborne isolation status Continuous, Routine

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

Contact isolation status Continuous, Routine

Droplet isolation status Continuous, Routine

Enteric isolation status Continuous, Routine

Precautions

Aspiration precautions Continuous, Routine

Fall precautions Continuous, Routine

Increased observation level needed:

Latex precautions Continuous, Routine

Seizure precautions Continuous, Routine

Increased observation level needed:

Nursing

Vital Signs

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

Vital signs - T/P/R/BP Per unit protocol, Routine, By Doppler only if Ventricular Assist Device: check blood pressure by manual cuff and Doppler. Check for palpable pulse.

Activity

Activity as tolerated Until discontinued, Routine

Specify: Activity as tolerated

Ambulate 3 times daily, Routine, As tolerated

Specify:

Nursing

Intake and output Every shift, Routine

Daily weights Daily, Routine

Bedside glucose 4 times daily before meals and at bedtime, Routine, Blood

Driveline stabilization device Until discontinued, Routine, With anchor at all times

Place/Maintain sequential compression device continuous Continuous, Routine, While in bed

Side: Bilateral

Select Sleeve(s):

Place antiembolic stockings Once, Routine

Side: Bilateral

Hose length: Thigh-high

All orders to be cleared by Ventricular Assist Device Team. Until discontinued, Routine

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

Ventricular Assist Device: Perfusion to assist with all transports Until discontinued, Routine, Stabilization belt or binder in place at all times, Ensure controller is connected to emergency power outlet (red outlet) and backup battery source at all times, Device requirements: a) HeartMate II: Secondary controller, b) DuraHeart: Secondary controller, Hematocrit must be updated daily for flow calculations, c) HeartWare: Secondary controller, d) Syncardia: None

ACLS protocol/Defibrillation Until discontinued, Routine, For emergencies per device recommendation as follows: HeartMate II: No need to disconnect controller, Duraheart: Ensure console in "Safe Mode", HeartWare: No need to disconnect controller, Syncardia: No chest compressions, defibrillation or cardioversion.

VAD Speed Order Once, Routine

Device Type:

LVAD Motor Speed (rpms):

Rationale:

Device Care

Document Ventricular Assist Device parameters Every 4 hours, S, Routine

Duraheart instructions Daily, Routine, Device must be updated daily with correct hematocrit for flow calculations

Vascular access device care Every 12 hours, Routine, Left Ventricular Access Device implant to cannulation or percutaneous line exit site. Utilizing aseptic technique per protocol with 4% Chlorohexidine solution unless contraindicated.

Vascular access device care Every 12 hours, Routine, Total Artificial Heart Implant to cannulation or percutaneous line exit site. Utilizing sterile technique per protocol with hydrogen peroxide and betadine solution.

VAD Change dressing - Daily Daily, Routine

VAD Change dressing- Maintenance As needed, Routine, Maintenance: twice weekly and as needed for draining or soiling

Notify

Notify ventricular assist device team Once, Routine, Notify for any of the following: LVAD Flows LESS than *** or GREATER than *** Hear rate LESS than 60 or GREATER than 120 Systolic blood pressure LESS than *** or GREATER than *** Respiratory rate GREATER than 30 a minute Pulse oximetry less than 92% Temperature greater than 100.5 F Urine output less than *** in an 8 hour period

Notify Physician (Specify) Until discontinued, Routine, With all questions regarding device function

Diet

Diet Diet effective now, Routine

Diet(s): o Regular

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Diet - Diabetic Diet effective now, Routine

Diet(s): o Consistent Carbohydrate

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Tube feeding Diet effective now, Routine

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Formula:

Tube Feeding Schedule:

Tube Feeding Schedule:

Dietitian to manage Tube Feed?

IV Fluids

IV Fluid

- sodium chloride 0.9 % infusion** 75 mL/hr, intravenous, continuous
- lactated Ringer's infusion** 75 mL/hr, intravenous, continuous
- dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 75 mL/hr, intravenous, continuous
- sodium chloride 0.45 % infusion** 75 mL/hr, intravenous, continuous
- sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** 75 mL/hr, intravenous, continuous

Medications

Pharmacy Consults

Pharmacy consult to manage dose adjustments for renal function Until discontinued, -1, Days, STAT

Adjust dose for:

Please assess for hemodialysis, peritoneal dialysis, or continuous renal replacement therapy (CRRT) orders in addition to creatine clearance when making dose adjustments.

Medications

furosemide (LASIX) tablet 40 mg, oral, 2 times daily at 0900, 1700

potassium chloride (K-DUR) CR tablet 20 mEq, oral, 2 times daily

Hold Paramaters:

pantoprazole (PROTONIX) EC tablet 40 mg, oral, daily at 0600

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

metoclopramide (REGLAN) tablet 5 mg, oral, every 6 hours scheduled

multivitamin with minerals tablet 1 tablet, oral, daily

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

Antihypertensives

lisinopril (PRINIVIL,ZESTRIL) tablet 5 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

hydrALAZINE (APRESOLINE) tablet 25 mg, oral, every 6 hours scheduled

BP HOLD parameters for this order:

Contact Physician if:

carvedilol (COREG) tablet 3.125 mg, oral, 2 times daily

BP & HR HOLD parameters for this order:

Contact Physician if:

amLODIPine (NORVASC) tablet 5 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

Dietary Supplements

ascorbic acid (VITAMIN C) tablet 500 mg, oral, 2 times daily

folic acid (FOLVITE) tablet 1 mg, oral, daily

cyanocobalamin tablet 1000 mcg, oral, daily

ferrous sulfate tablet 325 mg, oral, 2 times daily with meals

Each 325 mg tablet contains 65 mg of elemental iron

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

Antithrombotic Management

- Pharmacy consult to manage heparin: LVAD patient** Until discontinued, -1, Days, STAT

Heparin Indication: LVAD

Monitoring: aPTT

- Pharmacy consult to manage warfarin - LVAD** Until discontinued, -1, Days, STAT

Indication: o LVAD (Specify Target INR)

- aspirin (ECOTRIN) enteric coated tablet** 81 , oral, daily at 1700

- dipyridamole (PERSANTINE) tablet** 25 , oral, 3 times daily

- pentoxifylline (TRENtal) CR tablet** 400 mg, oral, 3 times daily with meals

Do NOT crush

Oral Antibiotics

- ciprofloxacin HCl (CIPRO) tablet** 500 mg, oral, 2 times daily at 0600, 1600

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

May cause QTc prolongation. Tablets may be crushed if needed to be administered via a feeding tube route.

If administering with tube feeds, mix with water to avoid interaction with tube feed.

- levofloxacin (LEVAQUIN) tablet** 500 mg, oral, daily at 0600 (TIME CRITICAL)

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

If administering with tube feeds, mix with water to avoid interaction with tube feed

May cause QTc prolongation. Separate by 2 hours from any milk product, antacid, or iron.

- metronIDAZOLE (FLAGYL) tablet** 500 mg, oral, 3 times daily

Indication:

IV Antibiotics

- metronidazole (FLAGYL)** 500 mg, intravenous, STAT

Reason for Therapy: Bacterial Infection Suspected

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

- levofloxacin (LEVAQUIN) IV solution** intravenous, every 24 hours, STAT

Reason for Therapy: Bacterial Infection Suspected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

May cause QTc prolongation.

- piperacillin-tazobactam (ZOSYN) IV** intravenous, every 8 hours, STAT

Reason for Therapy: Bacterial Infection Suspected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

****EXTENDED INFUSION**** Administer over 4 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

- Pharmacy consult to manage vancomycin** Until discontinued, Routine

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

- cefepime (MAXIPIME) IV** intravenous, every 12 hours, STAT

Reason for Therapy: Bacterial Infection Suspected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

****EXTENDED INFUSION**** Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

- meropenem (MERREM) IV** 500 mg, intravenous, every 6 hours, STAT

Reason for Therapy: Bacterial Infection Suspected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Indication:

****EXTENDED INFUSION**** Administer over 3 hours via a dedicated line when possible. Following completion of infusion, flush line with 20 mL of NS or hang as a secondary with flush provided by the maintenance fluid.

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

- fluconazole (DIFLUCAN) IV** intravenous, every 24 hours, STAT

Reason for Therapy: Fungal Infection Suspected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.:

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

Indication:

May cause QTc prolongation.

GI PRN Medications

- ondansetron (ZOFTRAN) IV** 4 mg, intravenous, every 8 hours PRN

May cause QTc prolongation.

- promethazine (PHENERGAN) injection** 12.5 mg, intravenous, every 6 hours PRN, nausea vomiting

- metoclopramide (REGLAN) injection** 5 mg, intravenous, every 6 hours PRN, nausea vomiting

Per Med Staff Policy, R.Ph. will automatically switch IV to equivalent PO dose when above approved criteria are satisfied:

- loperamide (IMODIUM) capsule** 2 mg, oral, 3 times daily PRN, diarrhea

Do NOT exceed 16mg per 24 hours

- bisacodyl (DULCOLAX) EC tablet** 5 mg, oral, nightly PRN, constipation

- bisacodyl (DULCOLAX) suppository** 10 mg, rectal, every 8 hours PRN, constipation

Pain Management

- acetaminophen (TYLENOL) tablet** 500 mg, oral, every 4 hours PRN, Fever GREATER than 100 F, mild pain (score 1-3) fever

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

- Moderate Pain**

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6)

Allowance for Patient Preference:

Give if patient can receive oral tablet/capsule.

- acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet** 1 tablet, oral, every 6 hours PRN, moderate pain (score 4-6)

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

Allowance for Patient Preference:

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

- sodium chloride 0.9% bag for line care**

- sodium chloride 0.9 % bag for line care** .9 , PRN, line care

For flushing of extension tubing sets after administration of intermittent infusions. Program sodium chloride bag to run at the same infusion rate as medication given for a total volume equal to contents of tubing sets used. Change bag every 24 hours.

VTE

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

VTE Risk and Prophylaxis Tool (Required)

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](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 CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

 Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

 Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Once, Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

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

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

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

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

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

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

ENOXAPARIN SQ DAILY

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

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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.

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Once, Routine

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

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

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

aspirin chewable tablet 162 mg, daily, S+1

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

Apixaban and Pharmacy Consult (Required)

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

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

High Risk Bleeding CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 Rivaroxaban and Pharmacy Consult (Required)

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

Indications: VTE prophylaxis

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

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

Indications: VTE prophylaxis

 warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

 Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

 Mechanical Prophylaxis (Required)

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

Sign: _____ Printed Name: _____

Date/Time: _____

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](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 CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

 Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

 Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 Moderate Risk of VTE - Non-Surgical (Required)

Moderate Risk (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 \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

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:

VTE Risk and Prophylaxis Tool

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

Anticoagulation Guide for COVID patients ([https://formweb.com/files/houstonmethodist/documents/COVID-19 Anticoagulation Guideline - 8.20.2021v15.pdf](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 CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

 Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

 Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

 MODERATE Risk of VTE - Non-Surgical (Required)

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

Moderate Risk (Required)

Moderate risk of VTE Once, Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

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

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

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

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

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

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

ENOXAPARIN SQ DAILY

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

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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.

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

fondaparinux (ARIXTRA) injection 2.5 mg, subcutaneous, daily

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

warfarin (COUMADIN)

WITHOUT pharmacy consult 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

Medications

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

Indication:

warfarin (COUMADIN) tablet 1 , oral

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Once, Routine

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

Place/Maintain sequential compression device continuous Continuous, Routine

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Once, Routine

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

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

Contraindications exist for pharmacologic prophylaxis Once, Routine

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

aspirin chewable tablet 162 mg, daily, S+1

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

Apixaban and Pharmacy Consult (Required)

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection subcutaneous, S+1

Indication(s):

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

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

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

heparin

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

High Risk Bleeding CharacteristicsAge \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

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

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

 Not high bleed risk

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

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

 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

Laboratory Upon Arrival

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

- CBC with platelet and differential** Once, Routine, Blood, 3
- Comprehensive metabolic panel** Once, Routine, Blood, 3
- LDH** Once, Routine, Blood, 3
- Prothrombin time with INR** Once, Routine, Blood, 3
- Partial thromboplastin time** Once, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

- Prealbumin** Once, Routine, Blood, 3
- Urinalysis screen and microscopy, with reflex to culture** Once, Routine, Urine

Specimen Source: Urine

Specimen Site:

Specimen must be received in the laboratory within 2 hours of collection.

- Sputum culture** Once, Routine, Sputum
- Blood culture, aerobic and anaerobic x 2**

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

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

Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Laboratory in AM

- CBC with platelet and differential** AM draw, 1, Occurrences, Routine, Blood, 3
- Basic metabolic panel** AM draw, 1, Occurrences, Routine, Blood, 3
- Prothrombin time with INR** AM draw, 1, Occurrences, Routine, Blood, 3
- Partial thromboplastin time** AM draw, 1, Occurrences, Routine, Blood, 3

Do not draw blood from the arm that has heparin infusion. Do not draw from heparin flushed lines. If there is no other access other than the heparin line, then stop the heparin, flush the line, and aspirate 20 ml of blood to waste prior to drawing a specimen.

Duraheart Daily Times 3

- Hematocrit** AM draw repeats, 3, Occurrences, Routine, Blood, 3

Lab Fever / Infection / GI

- Blood culture, aerobic and anaerobic x 2**

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

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

Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

Blood culture, aerobic & anaerobic Once, Routine, Blood, Collect before antibiotics given. Blood cultures should be drawn from a peripheral site. If unable to draw both sets from a peripheral site, please call the lab for assistance; an IV line should NEVER be used.

- Sputum culture** Conditional Frequency, 1, Occurrences, Routine, Sputum, If temperature greater than 100.5 F

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

- Urinalysis screen and microscopy, with reflex to culture** Conditional Frequency, 1, Occurrences, Routine, Urine, If temperature greater than 100.5 F
Specimen Source: Urine
Specimen Site:
Specimen must be received in the laboratory within 2 hours of collection.

Ova & parasites, concentrated examination Daily, 3, Occurrences, Routine

Fecal lactoferrin, qualitative Daily, 3, Occurrences, Routine, Stool

Cardiology

Imaging

Diagnostic CT

CT Chest W Wo Contrast 1 time imaging, Routine, High resolution

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CT Chest Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

CT Chest W Contrast 1 time imaging, Routine

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

CT Abdomen and Pelvis with IV and PO Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

CT Abdomen Pelvis W Contrast 1 time imaging, Routine

Is the patient pregnant?

Can the Creatinine labs be waived prior to performing the exam? No, all labs must be obtained prior to performing this exam.
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300 , once

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Abdomen and Pelvis without IV Contrast (oral only - Omnipaque)

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300 , once

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

CT Abdomen and Pelvis without IV Contrast (oral only - Read-Cat)

Ordered as secondary option for those with iodine allergies.

CT Abdomen Pelvis Wo Contrast 1 time imaging, Routine

Is the patient pregnant?

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

barium (READI-CAT 2) 2.1 % (w/v), 2.0 % (w/w) suspension 2 , once in imaging

CT Abdomen W/WO Pelvis W/WO Contrast (Omnipaque)

For those with iodine allergies, please order the panel with Read-Cat (barium sulfate).

CT Abdomen W Wo Contrast Pelvis W Wo Contrast 1 time imaging, Routine

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

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

iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution 300 , once

FOR CT SCAN ONLY: Mix Iohexol 30 mL in 32 ounces of water, may add one packet of Crystal Light flavored to taste.

Diagnostic X-Ray

Chest Pa Lateral W Fluoroscopy 1 time imaging, STAT

Is the patient pregnant?

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

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

Chest 1 Vw Portable 1 time imaging, STAT

Is the patient pregnant?

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

Other Studies

Other Diagnostic Studies

Echocardiogram stress Doppler with contrast 3d if needed 1 time imaging, STAT

Does this exam need Diastolic Stress?

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Echocardiogram stress w continuous ecg 1 time imaging, Routine

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Echocardiogram complete w contrast and 3D if needed 1 time imaging, Routine, Speed change echo

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

ECG 12 lead Once, STAT, 6

Clinical Indications:

Interpreting Physician:

Respiratory

Respiratory

Oxygen therapy Continuous, Routine, Wean to room air

Titrate FiO2 to keep O2 Sat Above: 92%

Initial Device:

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

@CERMSG(661071:25704)@

Incentive spirometry instructions Once, 1, Occurrences, Routine

Frequency of use: ○ Every hour while awake

Encourage deep breathing and coughing As needed, Routine

Rehab

Consults

For Physician Consult orders use sidebar

Ancillary Consults

Consult to Case Management Once, Routine

Consult Reason:

Reason for Consult?

Consult to Social Work Once, Routine

Reason for Consult:

Reason for Consult?

Consult PT eval and treat Once, Routine

Reasons for referral to Physical Therapy (mark all applicable):

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

Sign: _____ Printed Name: _____

Date/Time: _____

Consult to PT Wound Care Eval and Treat Once, Routine

Special Instructions:
Location of Wound?
Reason for PT?

Consult OT eval and treat Once, Routine

Reason for referral to Occupational Therapy (mark all that apply):
Are there any restrictions for positioning or mobility?
Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal):
Weight Bearing Status:
Reason for OT?

Consult to Nutrition Services Once, Routine

Reason For Consult?
Purpose/Topic:
Reason for Consult?

Consult to Spiritual Care Once, Routine

Reason for consult?
Reason for Consult?

Consult to Speech Language Pathology Once, Routine

Reason for consult:
Reason for SLP?

Consult to Wound Ostomy Care nurse Once, Routine

Reason for consult:
Reason for consult:
Reason for consult:
Reason for consult:
Consult for NPWT:
Reason for consult:
Reason for consult:
Reason for Consult?

Consult to Respiratory Therapy Once, Routine

Reason for Consult?
Reason for Consult?

Additional Orders