

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

**General**

**Common Present on Admission Diagnosis**

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

**Elective Outpatient, Observation, or Admission**

- Elective outpatient procedure: Discharge following routine recovery** Continuous, PACU & Post-op, Routine
- Outpatient observation services under general supervision** Once, PACU & Post-op, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

- Outpatient in a bed - extended recovery** Once, PACU & Post-op, Routine

Admitting Physician:

Bed request comments:

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

**Admit to Inpatient** Once, 1, PACU & Post-op, 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.

#### Admission or Observation

**Patient has active outpatient status order on file**

**Admit to Inpatient** Once, 1, PACU & Post-op, 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, PACU & Post-op, Routine

Admitting Physician:

Attending Provider:

Patient Condition:

Bed request comments:

**Outpatient in a bed - extended recovery** Once, PACU & Post-op, Routine

Admitting Physician:

Bed request comments:

**Transfer patient** Once, Scheduling/ADT, Routine

Level of Care:

Bed request comments:

**Return to previous bed** Until discontinued, Scheduling/ADT, Routine

#### Admission

**Patient has active status order on file**

**Admit to inpatient** Once, 1, PACU & Post-op, 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.

**Transfer patient** Once, Scheduling/ADT, Routine

Level of Care:

Bed request comments:

**Return to previous bed** Until discontinued, Scheduling/ADT, Routine

#### Transfer

**Patient has active inpatient status order on file**

**Transfer patient** Once, Scheduling/ADT, Routine

Level of Care:

Bed request comments:

**Return to previous bed** Until discontinued, Scheduling/ADT, Routine

#### 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)

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

**DNR (Do Not Resuscitate)** Continuous, Routine

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

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

Does patient have decision-making capacity?

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

Code Status decision reached by:

**Consult to Palliative Care Service**

**Consult to Palliative Care Service** Once, Routine

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

**Consult to Social Work** Once, Routine

Reason for Consult:

Reason for Consult?

**Modified Code** Continuous, Routine

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

Restrictions, Post-op, 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, Post-op, Routine

**Droplet isolation status** Continuous, Post-op, Routine

**Enteric isolation status** Continuous, Post-op, Routine

**Precautions**

**Aspiration precautions** Continuous, Post-op, Routine

**Fall precautions** Continuous, Post-op, Routine

Increased observation level needed:

**Latex precautions** Continuous, Post-op, Routine

**Seizure precautions** Continuous, Post-op, Routine

Increased observation level needed:

**Nursing**

**Vital Signs**

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

**Measure blood pressure** Post-op, Routine, If patient does NOT have an arterial line in the ICU, please obtain blood pressure with a manual cuff and doppler unit

**CVP monitoring** Continuous, Post-op, Routine, Monitor CVP continuously for VAD patients. DO NOT use CVP port for infusions.

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

- PAP monitoring** Continuous, Post-op, Routine
- Hemodynamic Monitoring** Continuous, Post-op, Routine

Measure:

- Pulse oximetry** Continuous, Post-op, Routine  
Current FIO2 or Room Air:

**Activity**

- Strict bed rest** Until discontinued, Post-op, Routine
- Up in cardiac chair** Every 12 hours, Post-op, Routine, Advance as tolerated to out of bed to chair  
Specify:  Up in chair  
Additional modifier: in cardiac chair
- Out of bed** Every 12 hours, Post-op, Routine, To chair as tolerated  
Specify:  Out of bed

**Nursing Care**

- Height and weight** Once, Post-op, Routine
- Strict intake and output** Every hour, Post-op, Routine
- Apply warming blanket (bair hugger)** Once, Post-op, Routine, To achieve body temperature of 98.6 F
- Foley catheter care** 2 times daily, Post-op, Routine  
Orders:  Maintain  to gravity
- Nasogastric tube maintenance (to low intermittent suction)** Until discontinued, Post-op, Routine  
Tube Care Orders:  To Low Intermittent Suction
- Nasogastric tube maintenance (remove NGT after extubation)** Once, 1, Occurrences, Post-op, Routine, Remove NGT after extubation  
Tube Care Orders:
- Chest tube to continuous suction** Until discontinued, Post-op, Routine  
Level of suction: 20 cm H2O
- Head of bed 35 degrees** Until discontinued, Post-op, Routine  
Head of bed:  other degrees (specify)  
Specify: 35
- Reinforce dressing** As needed, Post-op, Routine, Incision dressings  
Reinforce with:
- Change dressing (to LVAD)** Daily, Post-op, Routine, To LVAD dressing site. Daily and PRN to cannulation or percutaneous line exit site utilizing aseptic technique per protocol with 4 % Chlorhexidine solution, unless contraindicated.
- VAD Change dressing - Daily** Daily, Routine
- VAD Change dressing - Maintenance** As needed, Routine, Maintenance: twice weekly and as needed for draining or soiling
- VAD Speed Order** Once, Routine  
Device Type:  
LVAD Motor Speed (rpms):  
Rationale:
- Change dressing (to TAH)** Every morning, Post-op, Routine, To TAH dressing site daily and PRN to cannulation or percutaneous line exit site utilizing sterile technique per protocol with hydrogen peroxide and betadine solution.
- Driveline stabilization device** Until discontinued, Post-op, Routine, At all times to stabilize and support driveline
- All orders to be cleared by VAD Team** Until discontinued, Post-op, Routine
- Contact perfusion with all questions regarding device function** Until discontinued, Post-op, Routine
- Ensure PBU/Battery charger is connected to emergency power outlet (red outlet) and backup batteries should be kept/placed in battery charger when not in use.** Until discontinued, Post-op, Routine
- Device Requirements** Until discontinued, Post-op, Routine, A) HeartMate II : Secondary controller B) DuraHeart : Secondary controller, Hematocrit must be updated daily for flow calculations C) HeartWare : Secondary controller D) Syncardia : None
- Perfusion to assist with all transports** Until discontinued, Post-op, Routine
- Stabilization device: anchor, belt or binder in place at all times** Until discontinued, Post-op, Routine
- Document VAD parameters upon arrival to unit and every 1 hour** Until discontinued, Post-op, Routine

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

- Interrogate AICD/PPM upon patient arrival to FICU** Until discontinued, Post-op, Routine
- Wean ventilator per CVICU protocol** Until discontinued, Post-op, Routine
- Temporary pacer settings** Until discontinued, Post-op, Routine, Patients with no ischemic disease and no AICD: Pacer wires attached to generator and on with setting rate of >80 BPM temporary pacer settings will be A-V with delayed A-V pacing to permit native ventricular capture or atrial pacing only if intact AV node conduction to maintain a heart rate >80 BPM first 48 hours pacer wires should be connected to generator in standby mode
- Emergencies per ACLS protocol / Defibrillation per device recommendations** Until discontinued, Post-op, Routine, Device recommendations as follows: A) HeartMate II : No need to disconnect controller B) DuraHeart : Ensure console in "Safe Mode" C) HeartWare : No need to disconnect controller D) Syncardia : No chest compressions, defibrillation or cardioversion

**Notify**

- Notify VAD Team (LVAD flows)** Until discontinued, Post-op, Routine, If LVAD flows less than \*\*\* or greater than \*\*\*
- Notify VAD Team (heart rate)** Until discontinued, Post-op, Routine, If heart rate less than 60 or greater than 120.
- Notify VAD Team (Systolic BP)** Until discontinued, Post-op, Routine, If systolic blood pressure less than \*\*\* or greater than \*\*\*
- Notify VAD Team (CVP)** Until discontinued, Post-op, Routine, If CVP less than \*\*\* or greater than \*\*\*.
- Notify VAD Team (Resp Rate)** Until discontinued, Post-op, Routine, If respiratory rate less than \*\*\* or greater than \*\*\*
- Notify VAD Team (SaO2)** Until discontinued, Post-op, Routine, If SaO2 less than \*\*\*
- Notify VAD Team (temp)** Until discontinued, Post-op, Routine, If temperature greater than 100.5F
- Notify VAD Team (urine output)** Until discontinued, Post-op, Routine, If urine output less than \*\*\*
- Notify Clinical VAD Coordinator upon arrival from OR to ICU** Until discontinued, Post-op, Routine
- Notify Consultants of patient's transfer location** Until discontinued, Post-op, Routine
- Notify Transplant Cardiology Service of patient transfer location** Until discontinued, Post-op, Routine

**Diet**

- NPO** Diet effective now, Post-op, Routine, Until extubated

NPO:

Pre-Operative fasting options:

- Diet- Clear Liquid** Diet effective now, Post-op, Routine

Diet(s): o Clear Liquids

Advance Diet as Tolerated? o Yes

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

- Diet (Regular)** Diet effective now, Post-op, 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, Post-op, Routine

Diet(s):  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:

#### IV Fluids

##### IV Bolus

**lactated ringers bolus 1000 mL** 1000 mL, intravenous, once, 1, Occurrences, Post-op

Not to be infused through CVP port

##### IV FLUIDS

**dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous,

Post-op

Not to be infused through CVP port

**dextrose 5 % and sodium chloride 0.2 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous, Post-

op

Not to be infused through CVP port

**sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** 20 , intravenous, continuous, Post-op

Not to be infused through CVP port

**lactated Ringer's infusion** intravenous, continuous, Post-op

Not to be infused through CVP port

#### Medications

##### Pharmacy consult

**Pharmacy consult to manage dose adjustments for renal function** Until discontinued, Post-op, 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.

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

Heparin Indication: LVAD

Monitoring: aPTT

**Pharmacy consult to manage warfarin (COUMADIN)** Until discontinued, -1, Days, Post-op, STAT

Indication:  LVAD (Specify Target INR)

##### Anticoagulation: Renal Dosing

Use in patients with eGFR LESS THAN 30 mL/min.

**enoxaparin (LOVENOX) injection** 30 mg, subcutaneous, daily at 1700, Post-op

Indication(s):

Start POD#1

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

##### Postop Antibiotics

**cefTRIAxone + vancomycin**

**cefTRIAxone (ROCEPHIN) IV** 2 g, intravenous, once, 1, Occurrences, Post-op, STAT

Indication:  Surgical Prophylaxis

On call to the operating room. Administer one hour prior to the opening incision.

Avoid infusion of ceftriaxone with calcium-containing solutions (such as Lactated Ringer's) as precipitation may occur

**vancomycin (VANCOCIN) IV** 15 mg/kg, intravenous, once, 1, Occurrences, Post-op, STAT

Indication:  Surgical Prophylaxis

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

On call to the operating room. Administer one hour prior to the opening incision.

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

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

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

**Proton Pump Inhibitor** **Pantoprazole (PROTONIX) - Oral or IV**

**pantoprazole (PROTONIX) EC tablet** 40 mg, oral, daily before breakfast, Post-op

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

Once extubated. Please give if patient can tolerate oral.

**pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9 % 10 mL injection** 40 mg, intravenous, daily before breakfast, Post-op

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

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

Give if patient cannot tolerate oral medications

**Pain Management**

**fentaNYL (SUBLIMAZE) injection** 25 mcg, intravenous, every 30 min PRN, Post-op, moderate pain (score 4-6)  
ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10

**morphine injection** 2 mg, intravenous, every 1 hour prn, Post-op, moderate pain (score 4-6)  
ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10

**HYDROMORPHONE (DILAUDID) injection** intravenous, Post-op, moderate pain (score 4-6)  
ONCE EXTUBATED TO ACHIEVE PAIN SCORE LESS THAN 4 OF 10

**Bowel Management**

**sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 2 tablet, oral, 2 times daily, Post-op, constipation

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

VTE

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

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

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

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

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

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

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

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

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

High Risk Bleeding Characteristics
Age $\geq$ 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):

- 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, PACU & Post-op, Routine  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

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

Indication(s):

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

**fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis** (Required)

- Contraindications exist for mechanical prophylaxis** Once, Routine

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk** (Required)

- High risk of VTE** Once, Routine

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

- Contraindications exist for pharmacologic prophylaxis** Once, Routine

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

**Patient renal status:** @CRCL@

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

- heparin**

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

- High Bleed Risk**

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

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

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

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

- Not high bleed risk**

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

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

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** Once, Routine

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

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

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

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

**aspirin chewable tablet** 162 mg, daily, S+1, PACU & Post-op

**aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1, PACU & Post-op

**Apixaban and Pharmacy Consult** (Required)

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

**fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op

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

**heparin**

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

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

**High Bleed Risk**

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

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

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

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

**Not high bleed risk**

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

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

**Rivaroxaban and Pharmacy Consult (Required)**

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

Indications:  VTE prophylaxis

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

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

Indications: VTE prophylaxis

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

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

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

VTE Risk and Prophylaxis Tool

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

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

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

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

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

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

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

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

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

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

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

High Risk Bleeding Characteristics
Age $\geq$ 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**

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, PACU & Post-op, Routine  
No pharmacologic VTE prophylaxis due to the following contraindication(s):

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

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

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

Indication(s):

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

ENOXAPARIN SQ DAILY

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

Indication(s):

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

**fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op

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

heparin

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

High Bleed Risk

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

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

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

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

Not high bleed risk

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

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

**warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

**Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis** (Required)

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

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

Side: Bilateral

Select Sleeve(s):

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

**High Risk** (Required)

- High risk of VTE** Once, Routine

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

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical** (Required)

**Patient renal status:** @CRCL@

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

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

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

- heparin**

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

- High Bleed Risk**

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

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

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

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

- Not high bleed risk**

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

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

- warfarin (COUMADIN)**

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

Indication:

Dose Selection Guidance:

- Medications**

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

Indication:

- warfarin (COUMADIN) tablet** 1 , oral

Indication:

Dose Selection Guidance:

- Mechanical Prophylaxis (Required)**

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

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

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** Once, Routine

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

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

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

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

- aspirin chewable tablet** 162 mg, daily, S+1, PACU & Post-op
- aspirin (ECOTRIN) enteric coated tablet** 162 mg, daily, S+1, PACU & Post-op
- Apixaban and Pharmacy Consult** (Required)

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

Indications: ○ VTE prophylaxis

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

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

Indication(s):

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

**ENOXAPARIN SQ DAILY**

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

Indication(s):

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

**fondaparinux (ARIXTRA) injection** 2.5 mg, subcutaneous, daily, S+1, PACU & Post-op

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

**heparin**

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

High Risk Bleeding Characteristics
Age $\geq$ 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**

Labs Today (upon arrival to unit)

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

- CBC with platelet and differential** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit
- Basic metabolic panel** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit
- Magnesium level** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit
- Phosphorus level** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit
- Prothrombin time with INR** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit
- Partial thromboplastin time** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit

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.

- Ionized calcium** Once, 1, Occurrences, Post-op, Routine, Blood, 3, Upon arrival to unit

Deliver specimen immediately to the Core Laboratory.

#### Labs Every Morning x 3

- CBC with platelet and differential** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Basic metabolic panel** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Magnesium level** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Phosphorus level** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Prothrombin time with INR** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Partial thromboplastin time** AM draw repeats, 3, Occurrences, Post-op, 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.

- Hepatic function panel** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Fibrinogen** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- D-dimer** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- C-reactive protein** AM draw repeats, 3, Occurrences, Post-op, Routine, Blood, 3
- Hemoglobin** AM draw repeats, 3, Occurrences, S, Post-op, Routine, Blood, 3, Plasma free
- Hematocrit** AM draw repeats, 3, Occurrences, S, Post-op, Routine, Blood, 3, DuraHeart: device must be updated daily with correct hematocrit for flow calculations

- Thromboelastograph** AM draw repeats, S, Post-op, Routine, Blood, 3

Fax Number (For TEG Graph Result): ○ 713-791-5198

Anticoagulant Therapy:

Diagnosis:

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

- Platelet mapping** AM draw repeats, 3, Occurrences, S, Post-op, Routine, Blood, 3

Fax Number (For TEG Graph Result): ○ 713-791-5198

Anticoagulant Therapy:

Diagnosis:

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

#### Laboratory

- Platelet mapping** AM draw, 1, Occurrences, S+1, Post-op, Routine, Blood, 3, Post op day #1

Anticoagulant Therapy:

Diagnosis:

Fax Number (For TEG Graph Result):

Specimen cannot be transported through the P-tube; hand carry specimen to the Core Laboratory.

- Ionized calcium (every 4 hours)** Now then every 4 hours, 3, Occurrences, Post-op, Routine, Blood, 3, While in ICU

Deliver specimen immediately to the Core Laboratory.

- Blood gas, arterial (for 1st 24 hours)** Now then every 4 hours, 24, Hours, Post-op, Routine, Blood, 3, Upon arrival to unit and every 4 hours while in ICU "for the first 24 hours"

- Blood gas, arterial (Q4 hours x3)** Every 4 hours, 3, Occurrences, Post-op, Routine, Blood, 3, Every 4 hours x 3 while in the ICU

- Blood gas, arterial** Once, Post-op, Routine, Blood, 3

- Blood gas, arterial** Conditional Frequency, Post-op, Routine, Blood, 3, PRN unexplained dyspnea

#### Cardiology

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

**Cardiology**

**ECG 12 lead** Once, Post-op, Routine, 6, Post operative

Clinical Indications:  Post-Op Surgery

Interpreting Physician:

**ECG 12 lead** Daily, 3, Occurrences, Post-op, Routine, 6

Clinical Indications:  Post-Op Surgery

Interpreting Physician:

**Imaging****Diagnostic X-Ray**

**Chest 1 Vw Portable** 1 time imaging, Post-op, Routine

Is the patient pregnant?

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

**Chest 1 Vw Portable (Daily)** Daily imaging, 3, Occurrences, Post-op, Routine

Is the patient pregnant?

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

**Chest 1 Vw Portable(after chest tube removal)** Conditional Frequency, 1, Occurrences, Post-op, Routine, After chest tube removal

Is the patient pregnant?

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

**Other Studies****Respiratory****Respiratory Therapy**

**Oxygen therapy** Continuous, Post-op, Routine

Initial Device:  Nasal Cannula

Initial Rate in liters per minute: 6 Lpm

Titrate FiO2 to keep O2 Sat Above: 95%

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, Post-op, Routine

Frequency of use:  Every hour. Start once extubated.

**Mechanical ventilation** Continuous, Post-op, Routine

Mechanical Ventilation:

Vent Management Strategies: Adult Respiratory Ventilator Protocol

**Rehab****Consults**

For Physician Consult orders use sidebar

**Ancillary Consults**

**Consult to Social Work** Once, Post-op, Routine

Reason for Consult:  Discharge Planning

Reason for Consult?

**Consult to Nutrition Services** Once, Post-op, Routine

Reason For Consult?  Other (Specify)

Specify: initiate inpatient VAD nutrition protocol by Registered Dietician

Purpose/Topic:

Reason for Consult?

**Consult to PT eval and treat** Once, Post-op, Routine

Special Instructions: evaluate and treat for ambulation and muscle strengthening

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 Case Management** Once, Post-op, Routine

Consult Reason:  Discharge Planning

Reason for Consult?

**Consult to Respiratory Therapy** Once, Post-op, Routine

Reason for Consult?

Reason for Consult?

**Consult to Spiritual Care** Once, Post-op, Routine

Reason for consult?

Reason for Consult?

**Consult to Transplant Social Work** Once, Post-op, Routine

Reason for Consult?  Transplant Psychosocial Evaluation

Organ Transplant:  Heart

Reason for Consult?

**Additional Orders**

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