

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

**General**

**Common Present on Admission Diagnosis**

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

**Admission or Observation (Required)**

- Admit to inpatient** Frequency: Once Ordering Quantity: 1 Priority: Routine

**Question(s):**

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.

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

**Admit to IP- University Teaching Service** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Resident Physician:  
Resident team assignment:  
Level of Care:  
Patient Condition:

Bed request comments:

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

**Process Instructions:**

To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

**Outpatient observation services under general supervision** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Attending Provider:  
Patient Condition:

Bed request comments:

**UTS - Outpatient observation services under general supervision** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Resident Physician:  
Resident team assignment:  
Patient Condition:

Bed request comments:

**Process Instructions:**

To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

**Outpatient in a bed - extended recovery** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Bed request comments:

**Admission or Observation**

**Patient has active status order on file**

**Admit to inpatient** Frequency: Once Ordering Quantity: 1 Priority: Routine

**Question(s):**

Admitting Physician:  
Level of Care:  
Patient Condition:

Bed request comments:

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

**Admit to IP- University Teaching Service** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Resident Physician:  
Resident team assignment:  
Level of Care:  
Patient Condition:

Bed request comments:

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

**Process Instructions:**

To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

**Outpatient observation services under general supervision** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Attending Provider:  
Patient Condition:  
Bed request comments:

**UTS - Outpatient observation services under general supervision** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Resident Physician:  
Resident team assignment:  
Patient Condition:  
Bed request comments:

**Process Instructions:**

To reach the team taking care of this patient please call the University Teaching Service Answering Service at (713) 363-9648 and ask for the team taking care of the patient to be paged. The team name is listed in both "Treatment Teams" and "Notes from Clinical Staff" sections in the Summary\Overview tab of Epic.

**Outpatient in a bed - extended recovery** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Bed request comments:

**Admission**

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

**Admit to inpatient** Frequency: Once Ordering Quantity: 1 Priority: Routine

**Question(s):**

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 (Required)**

**Admit to inpatient** Frequency: Once Ordering Quantity: 1 Priority: Routine

**Question(s):**

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** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Attending Provider:  
Patient Condition:  
Bed request comments:

**Outpatient in a bed - extended recovery** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Bed request comments:

**Admission or Observation**

**Patient has status order on file**

**Admit to inpatient** Frequency: Once Ordering Quantity: 1 Priority: Routine

**Question(s):**

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** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Attending Provider:  
Patient Condition:  
Bed request comments:

**Outpatient in a bed - extended recovery** Frequency: Once Priority: Routine

**Question(s):**

Admitting Physician:  
Bed request comments:

**Code Status**

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

**Code Status**

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

**Full code** Frequency: Continuous Priority: Routine

**Question(s):**

Code Status decision reached by:

**DNR (Do Not Resuscitate)** (Required)

**DNR (Do Not Resuscitate)** Frequency: Continuous Priority: Routine

**Question(s):**

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** Frequency: Once Priority: Routine

**Question(s):**

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

**Process Instructions:**

Note: Please call Palliative care office 832-522-8391. Due to current resource constraints, consultation orders received after 2:00 pm M-F will be seen the following business day. Consults placed over weekend will be seen on Monday.

**Consult to Social Work** Frequency: Once Priority: Routine

**Question(s):**

Reason for Consult:

Reason for Consult?

**Modified Code** Frequency: Continuous Priority: Routine

**Question(s):**

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

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

Treatment Restrictions **Priority:** Routine

**Question(s):**

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:

**Process Instructions:**

Treatment Restrictions is NOT a Code Status order. It is NOT a Modified Code order. It is strictly intended for Non Cardiopulmonary situations.

The Code Status and Treatment Restrictions are two SEPARATE sets of physician's orders. For further guidance, please click on the link below: [Guidance for Code Status & Treatment Restrictions](#)

Examples of Code Status are Full Code, DNR, or Modified Code. An example of a Treatment Restriction is avoidance of blood transfusion in a Jehovah's Witness patient.

If the Legal Surrogate is the Primary Physician, consider ordering a Biomedical Ethics Consult PRIOR to placing this order. A Concurring Physician is required to second sign the order when the Legal Surrogate is the Primary Physician.

**Isolation**

**Airborne isolation status**

**Airborne isolation status** Frequency: Continuous **Priority:** Routine

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

**Contact isolation status** Frequency: Continuous **Priority:** Routine

**Droplet isolation status** Frequency: Continuous **Priority:** Routine

**Enteric isolation status** Frequency: Continuous **Priority:** Routine

**Precautions**

**Aspiration precautions** Frequency: Continuous **Priority:** Routine

**Fall precautions** Frequency: Continuous **Priority:** Routine

**Question(s):**

Increased observation level needed:

**Latex precautions** Frequency: Continuous **Priority:** Routine

**Seizure precautions** Frequency: Continuous **Priority:** Routine

**Question(s):**

Increased observation level needed:

**Nursing**

**Activity**

**Strict bed rest** Frequency: Until discontinued **Priority:** Routine

**Bed rest with bathroom privileges** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Bathroom Privileges:  with bathroom privileges

**Ambulate with assistance** Frequency: 3 times daily **Priority:** Routine

**Question(s):**

Specify:  with assistance

**Activity as tolerated** Frequency: Until discontinued **Priority:** Routine

**Question(s):**

Specify:  Activity as tolerated

**Nursing Care**

**Daily weights** Frequency: Daily **Priority:** Routine

**Intake and Output** Frequency: Every shift **Priority:** Routine

**Strict intake and output** Frequency: Every hour **Priority:** Routine

**Measure central venous pressure** Frequency: Once **Priority:** Routine

**Insert and maintain Foley**

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

**Insert Foley catheter** Frequency: Once Priority: Routine

Question(s):

Type:

Size:

Urinometer needed:

Indication:

**Primary Ordering Comments:**

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Frequency: Until discontinued Priority: Routine

Question(s):

Orders: Maintain

**Insert and Maintain Temperature Sensing Foley**

**Insert Foley catheter** Frequency: Once Priority: Routine

Question(s):

Type:  Temperature Sensing

Size:

Urinometer needed:

Indication:

**Primary Ordering Comments:**

Foley catheter may be removed per nursing protocol.

**Foley Catheter Care** Frequency: Until discontinued Priority: Routine

Question(s):

Orders: Maintain

**Nasogastric tube insert and maintain**

**Nasogastric tube insertion** Frequency: Once Priority: Routine

Question(s):

Type:

**Nasogastric tube maintenance** Frequency: Until discontinued Priority: Routine

Question(s):

Tube Care Orders:

**Oral care** Frequency: Every 4 hours Priority: Routine Comments: For intubated patients

**Oral care** Frequency: Every shift Priority: Routine Comments: For non intubated patients

**Assist with feeding patient** Frequency: Until discontinued Priority: Routine

Question(s):

Modifier:

**Peripheral vascular assessment** Frequency: Once Priority: Routine

#### Diet

**NPO** Frequency: Diet effective now Priority: Routine

Question(s):

NPO:

Pre-Operative fasting options:

**Process Instructions:**

An NPO order without explicit exceptions means nothing can be given orally to the patient.

**Diet - Fluid restriction 500mL** Frequency: Diet effective now Priority: Routine

Question(s):

Fluid Restriction:  Fluid Restriction 500 ml

Diet(s):

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Foods to Avoid:

Foods to Avoid:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**Diet - Fluid restriction 1000 mL** Frequency: Diet effective now **Priority:** Routine

**Question(s):**

Fluid Restriction:  Fluid Restriction 1000 ml

Diet(s):

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Foods to Avoid:

Foods to Avoid:

**Diet - 2 gm sodium** Frequency: Diet effective now **Priority:** Routine

**Question(s):**

Diet(s):  Other Chol/Fat/Sodium

Chol/Fat/Sodium: 2 GM Sodium

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet - 1800 Kcal/202 gm carbohydrate** Frequency: Diet effective now **Priority:** Routine

**Question(s):**

Diet(s):  Consistent Carbohydrate

Consistent Carbohydrate: 1800 Kcal/202 gm Carbohydrate

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet - Renal (80 mg Pro, 2-3gm Na, 2-3 gm K)** Frequency: Diet effective now **Priority:** Routine

**Question(s):**

Diet(s):  Renal (80GM Pro, 2-3GM Na, 2-3GM K)

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Diet - Clear Liquids** Frequency: Diet effective now **Priority:** Routine

**Question(s):**

Diet(s):  Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_  
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**Diet - Full Liquids** Frequency: Diet effective now **Priority:** Routine

**Question(s):**Diet(s):  Full Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

**Notify**

**Notify Physician(vitals,output,pulse ox)** Frequency: Until discontinued **Priority:** Routine **Comments:** Notify ICU on-call

**Question(s):**

Heart rate greater than (BPM): 100

Heart rate less than (BPM):  50  60

Temperature greater than: 100.5

Temperature less than:

Systolic BP greater than: 160

Systolic BP less than: 90

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

Respiratory rate greater than: 25

Respiratory rate less than: 8

SpO2 less than: 92

**IV Fluids****Peripheral IV Access**

**Initiate and maintain IV**

**Insert peripheral IV** Frequency: Once **Priority:** Routine

**sodium chloride 0.9 % flush** Dose: 10 mL Frequency: every 12 hours scheduled **PRN Reasons:** line care

**sodium chloride 0.9 % flush** Dose: 10 mL Route: intravenous Frequency: PRN **PRN Reasons:** line care

**IV Bolus**

**electrolyte-A (PLASMA-LYTE A) bolus** Dose: 500 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**electrolyte-A (PLASMA-LYTE A) bolus** Dose: 1000 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

**albumin human 5 % bottle** Dose: 12.5 g Route: intravenous Frequency: once Minimum Infusion Duration: 15.000 Minutes

**Question(s):**

Indication:

**albumin human 5 % bottle** Dose: 25 g Route: intravenous Frequency: once Minimum Infusion Duration: 30.000 Minutes

**Question(s):**

Indication:

**sodium chloride 0.9 % bolus 500 mL** Dose: 500 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 15.000 Minutes

**sodium chloride 0.9 % bolus 1000 mL** Dose: 1000 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 30.000 Minutes

**lactated ringer's bolus 500 mL** Dose: 500 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 15.000 Minutes

**lactated ringers bolus 1000 mL** Dose: 1000 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 30.000 Minutes

**Maintenance IV Fluids**

**sodium chloride 0.9 % infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

**lactated ringer's infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

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

**dextrose 5 % and sodium chloride 0.45 % with potassium chloride 20 mEq/L infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

**sodium chloride 0.45 % infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

**sodium chloride 0.45 % 1,000 mL with sodium bicarbonate 75 mEq/L infusion** Dose: 75 mL/hr Route: intravenous Frequency: continuous

#### IV Fluids with Potassium

**dextrose 5 % and sodium chloride 0.45 % with KCl 20 mEq/L infusion** Dose: 20 Route: intravenous Frequency: continuous

**dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L infusion** Dose: 20 Route: intravenous Frequency: continuous

**dextrose 5 % and sodium chloride 0.9 % with potassium chloride 20 mEq/L infusion** Dose: 20 Frequency: continuous

#### Medications

##### Pharmacy Consults

**Pharmacy consult to change IV medications to concentrate fluids maximally** Frequency: Until discontinued Priority: Routine

**Pharmacy consult to manage dose adjustments for renal function** Frequency: Until discontinued Priority: Routine

**Question(s):**

Adjust dose for:

**Primary Ordering Comments:**

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 change all IV fluids to dextrose 5% (EXCLUDES HEPARIN INFUSIONS)** Frequency: Until discontinued Priority: Routine

**Pharmacy consult to change all IV fluids to normal saline (EXCLUDES HEPARIN INFUSIONS)** Frequency: Until discontinued Priority: Routine

#### Ascites

**furosemide (LASIX) injection** Dose: 10 Route: intravenous Frequency: daily at 0900 Priority: STAT

**Admin Instructions:**

Inject each 20 mg of furosemide slowly IV over 1 to 2 minutes

**furosemide (LASIX) 40 mg/5 mL solution** Dose: 40 mg/5 mL Route: oral Frequency: daily at 0900 Priority: STAT

**spironolactone (ALDACTONE) tablet** Dose: 100 mg Route: oral Frequency: 2 times daily at 0900, 1700 Priority: STAT

**Question(s):**

BP HOLD parameters for this order:

Contact Physician if:

**Admin Instructions:**

Monitor potassium levels. Avoid salt substitutes unless approved by MD.

#### Spont. Bacterial Peritonitis

**ceftriaxone (ROCEPHIN) IV** Dose: 2 g Route: intravenous Frequency: every 24 hours Priority: STAT

**Question(s):**

Indication:

**Product Admin Instructions:**

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

**piperacillin-tazobactam (ZOSYN) IV** Dose: 3.375 g Route: intravenous Frequency: every 6 hours Priority: STAT

**Question(s):**

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

Indication:

**Admin Instructions:**

**\*\*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.

**ciprofloxacin (CIPRO) IV** Dose: 400 mg Route: intravenous Frequency: every 12 hours Priority: STAT

**Question(s):**

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

Indication:

**Product Admin Instructions:**

May cause QTc prolongation.

#### Encephalopathy

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

**lactulose solution** Dose: 20 g Route: oral Frequency: every 1 hour

**Admin Instructions:**

Stop after first bowel movement and go to three times daily dosing.

**lactulose solution** Dose: 20 g Route: oral Frequency: every 8 hours

**rifaximin (XIFAXAN) tablet** Dose: 550 mg Route: oral Frequency: every 12 hours

**Question(s):**

Indication:

**neomycin (MYCIFRADIN) tablet** Dose: 1000 mg Route: oral Frequency: every 6 hours

**Question(s):**

Indication:

**lactulose solution for rectal enema** Dose: 200 g Route: rectal Frequency: once Frequency Limit: 1 Occurrences

**Admin Instructions:**

Mix 300 mL of lactulose with 700 mL of water or normal saline and administer rectally via enema. Patient should retain for 30 to 60 minutes.

**Hepatorenal**

**midodrine (PROAMATINE) tablet** Dose: 10 mg Route: oral Frequency: 3 times daily at 0900, 1300, 1700

**Question(s):**

HOLD parameters for this order:

**Admin Instructions:**

Hold for systolic blood pressure greater than 130 mmHg.

**octreotide (SANDOSTATIN) injection** Dose: 100 mcg Route: subcutaneous Frequency: every 8 hours

**albumin human 25 % bottle** Dose: 25 g Route: intravenous Frequency: every 8 hours Frequency Limit: 2 Days

**Question(s):**

Indication: ○ Hepatorenal Syndrome

**GI Bleeding/Prophylaxis**

**propranolol (INDERAL) tablet** Dose: 20 mg Route: oral Frequency: 2 times daily

**Question(s):**

BP & HR HOLD parameters for this order:

Contact Physician if:

**Admin Instructions:**

Hold for HR less than 50 or SBP less than 90

**phytonadione (AQUA-MEPHYTON) injection** Dose: 10 mg Route: intravenous Frequency: every 24 hours Frequency Limit: 3 Days

**Question(s):**

Indication:

**Product Admin Instructions:**

Subcutaneous absorption variable. Consider IVPB use.

**pantoprazole (PROTONIX) EC tablet** Dose: 40 mg Route: oral Frequency: every 24 hours

**Question(s):**

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

**omeprazole (PriLOSEC) 5 mg/mL suspension** Dose: 40 mg Route: oral Frequency: every 24 hours

**pantoprazole (PROTONIX) IV** Dose: 40 mg Route: intravenous Frequency: daily before breakfast

**Question(s):**

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:

**pantoprazole (PROTONIX) IV** Dose: 80 mg Frequency: once Frequency Limit: 1 Occurrences

**Question(s):**

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:

**Admin Instructions:**

LOADING DOSE

**GI Bleeding IV Infusion**

**pantoprazole (PROTONIX) 80 mg in sodium chloride 0.9 % 100 mL infusion** Dose: 8 mg/hr Route: intravenous Frequency: continuous

**Question(s):**

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

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

**octreotide (SandoSTATIN) in sodium chloride 0.9 % 100 mL infusion** Dose: 1000 mcg/hr **Route:** intravenous **Frequency:** continuous

**Admin Instructions:**

May cause Q-T interval prolongation

**sodium chloride 0.9% bag for line care**

**sodium chloride 0.9 % bag for line care** Dose: .9 **Frequency:** PRN **PRN Reasons:** line care

**Admin Instructions:**

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	<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** Frequency: Once Priority: Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
- Question(s):  
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** Frequency: Once Priority: Routine
  - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
  - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
  - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - Moderate risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine
    - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
    - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
    - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - High risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine
    - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
    - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
    - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - High risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE (Required)**

**Low Risk (Required)**

**Low risk of VTE** Frequency: Once Priority: Routine

**Question(s):**

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

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

**Moderate Risk (Required)**

**Moderate risk of VTE** Frequency: Once Priority: Routine

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

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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**

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

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1  
Admin Instructions:

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** Dose: 5000 Units Frequency: every 12 hours scheduled

**HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled

**Not high bleed risk**

**Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

**Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

**warfarin (COUMADIN)**

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

**Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority: Routine

Question(s):

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

Question(s):

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** Frequency: Once Priority: Routine

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

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

Question(s):

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 Dose: 30 mg Route: subcutaneous Frequency: daily at 1700 Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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 Route: subcutaneous Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily

**Admin Instructions:**

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** Dose: 5000 Units Frequency: every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled
- Not high bleed risk**
  - Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled
  - Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled
- warfarin (COUMADIN)**
  - WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700
  - Question(s):  
Indication:  
Dose Selection Guidance:
  - Medications**
    - Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued  
Priority: Routine  
Question(s):  
Indication:
    - warfarin (COUMADIN) tablet** Dose: 1 Route: oral  
Question(s):  
Indication:  
Dose Selection Guidance:

**Mechanical Prophylaxis** (Required)

- Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine  
Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine  
Question(s):  
Side: Bilateral  
Select Sleeve(s):

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

- High Risk** (Required)
  - High risk of VTE** Frequency: Once Priority: Routine
- High Risk Pharmacological Prophylaxis - Surgical Patient** (Required)
  - Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine  
Question(s):  
No pharmacologic VTE prophylaxis due to the following contraindication(s):
  - Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)  
**Patient renal status: @CRCL@**

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

Admin Instructions:

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.

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

- HEParin (porcine) injection - Q12 Hours** Dose: 5000 Units Frequency: every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled
- Not high bleed risk**
  - Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled
  - Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

**warfarin (COUMADIN)**

- WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

- Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority:

Routine

**Question(s):**

Indication:

- warfarin (COUMADIN) tablet** Dose: 1 Route: oral

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

- Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

- Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** Frequency: Once Priority: Routine

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

- Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

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

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection Dose: 30 mg Route: subcutaneous Frequency: daily at 1700  
Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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 Route: subcutaneous Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

fondaparinux (ARIXTRA) injection Dose: 2.5 mg Route: subcutaneous Frequency: daily

**Admin Instructions:**

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 Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

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

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

**Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority:

Routine

**Question(s):**

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

**High risk of VTE** Frequency: Once Priority: Routine

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1

**aspirin (ECOTRIN) enteric coated tablet** Dose: 162 mg Frequency: daily Start Date: S+1

**Apixaban and Pharmacy Consult (Required)**

**apixaban (ELIQUIS) tablet** Dose: 2.5 mg Frequency: 2 times daily Start Date: S+1

**Question(s):**

Indications:  VTE prophylaxis

**Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Frequency: Until discontinued Priority:

STAT

**Question(s):**

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

**Admin Instructions:**

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.

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

- HEParin (porcine) injection - Q12 Hours Dose:** 5000 Units **Frequency:** every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled
- Not high bleed risk**
- Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Rivaroxaban and Pharmacy Consult (Required)**
- rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose:** 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)
- Question(s):**  
Indications:  VTE prophylaxis
- Admin Instructions:**  
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 Frequency:** Until discontinued **Priority:** STAT
- Question(s):**  
Indications: VTE prophylaxis
- warfarin (COUMADIN)**
- WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Medications**
- Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine
- Routine
- Question(s):**  
Indication:
- warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine
- Question(s):**  
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** Frequency: Once Priority: Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
- Question(s):  
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** Frequency: Once Priority: Routine
  - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
  - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
  - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - Moderate risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine
    - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
    - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
    - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - High risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine
    - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
    - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
    - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
  - High risk of VTE** Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
  - Question(s):  
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** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE (Required)**

**Low Risk (Required)**

**Low risk of VTE** Frequency: Once Priority: Routine

**Question(s):**

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

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

**Moderate Risk (Required)**

**Moderate risk of VTE** Frequency: Once Priority: Routine

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

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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**

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

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1  
Admin Instructions:

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** Dose: 5000 Units Frequency: every 12 hours scheduled

**HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled

**Not high bleed risk**

**Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

**Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

**warfarin (COUMADIN)**

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued Priority:

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Moderate Risk of VTE - Non-Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700  
Start Date: S+1

Question(s):  
Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

Question(s):  
Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily

**Admin Instructions:**

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** Dose: 5000 Units Frequency: every 12 hours scheduled

**HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled

**Not high bleed risk**

**Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

**Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

**warfarin (COUMADIN)**

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

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

**Medications**

**Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority:

Routine

Question(s):

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

Question(s):

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** Frequency: Once Priority: Routine

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

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

**Patient renal status: @CRCL@**

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

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

**ENOXAPARIN 30 MG DAILY**

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

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700  
**Start Date:** S+1  
**Question(s):**  
 Indication(s):  
**Product Admin Instructions:**  
 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** Route: subcutaneous **Start Date:** S+1  
**Question(s):**  
 Indication(s):  
**Product Admin Instructions:**  
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily **Start Date:** S+1  
**Admin Instructions:**

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** Dose: 5000 Units Frequency: every 12 hours scheduled

**HEPArin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled

**Not high bleed risk**

**Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

**Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

**warfarin (COUMADIN)**

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

Medications

**Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority: Routine

Routine

Question(s):

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

Question(s):

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 Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily

Admin Instructions:

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.

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

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 Dose: 5000 Units Frequency: every 12 hours scheduled

HEParin (porcine) injection - Q8 Hours Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

Wt > 100 kg Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

Wt LESS than or equal to 100 kg Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

WITHOUT pharmacy consult Dose: 1 Route: oral Frequency: daily at 1700

Question(s):

Indication:

Dose Selection Guidance:

Medications

Pharmacy consult to manage warfarin (COUMADIN) Frequency: Until discontinued Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

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 Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine  
Question(s):

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

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

- aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1
- aspirin (ECOTRIN) enteric coated tablet** Dose: 162 mg Frequency: daily Start Date: S+1
- Apixaban and Pharmacy Consult** (Required)
  - apixaban (ELIQUIS) tablet** Dose: 2.5 mg Frequency: 2 times daily Start Date: S+1  
**Question(s):**  
 Indications:  VTE prophylaxis
  - Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Frequency: Until discontinued Priority: STAT  
**Question(s):**  
 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** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700  
 Start Date: S+1  
**Question(s):**  
 Indication(s):  
**Product Admin Instructions:**  
 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** Route: subcutaneous Start Date: S+1  
**Question(s):**  
 Indication(s):  
**Product Admin Instructions:**  
 Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.
- fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1  
**Admin Instructions:**  
 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 Dose:** 5000 Units **Frequency:** every 12 hours scheduled

**HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled

**Not high bleed risk**

**Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

**Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

**Rivaroxaban and Pharmacy Consult (Required)**

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

**Question(s):**

Indications:  VTE prophylaxis

**Admin Instructions:**

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 Frequency:** Until discontinued **Priority:** STAT

**Question(s):**

Indications: VTE prophylaxis

**warfarin (COUMADIN)**

**WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

**Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

Question(s):

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	<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)
      - Moderate risk of VTE Frequency: Once Priority: Routine
      - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine
      - Question(s):  
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 Frequency: Once Priority: Routine
        - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
        - Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
        - Question(s):  
Side: Bilateral  
Select Sleeve(s):
  - Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
    - Moderate risk of VTE Frequency: Once Priority: Routine
    - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine
    - Question(s):  
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 Frequency: Once Priority: Routine
      - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
      - Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
      - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
  - High risk of VTE Frequency: Once Priority: Routine
  - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis Frequency: Once Priority: Routine
  - Question(s):  
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 Frequency: Once Priority: Routine
    - Question(s):  
No mechanical VTE prophylaxis due to the following contraindication(s):
    - Place/Maintain sequential compression device continuous Frequency: Continuous Priority: Routine
    - Question(s):  
Side: Bilateral  
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)
  - High risk of VTE Frequency: Once Priority: Routine

**Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once

Priority: Routine

Question(s):

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** Frequency: Once Priority: Routine

Question(s):

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

**LOW Risk of VTE (Required)**

**Low Risk (Required)**

**Low risk of VTE** Frequency: Once Priority: Routine

Question(s):

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

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

**Moderate Risk (Required)**

**Moderate risk of VTE** Frequency: Once Priority: Routine

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

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

Question(s):

Side: Bilateral

Select Sleeve(s):

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

Question(s):

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

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

Question(s):

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** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

**Admin Instructions:**

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 Dose:** 5000 Units **Frequency:** every 12 hours scheduled
  - HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled
  - Not high bleed risk**
    - Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
    - Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
  - warfarin (COUMADIN)**
    - WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700
    - Question(s):**  
Indication:  
Dose Selection Guidance:
    - Medications**
      - Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine  
**Question(s):**  
Indication:
      - warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral  
**Question(s):**  
Indication:  
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
  - Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine  
**Question(s):**  
No mechanical VTE prophylaxis due to the following contraindication(s):
  - Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine  
**Question(s):**  
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 Frequency:** Once **Priority:** Routine
    - Moderate Risk Pharmacological Prophylaxis - Non-Surgical Patient (Required)**
      - Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device**
        - Contraindications exist for pharmacologic prophylaxis Frequency:** Once **Priority:** Routine  
**Question(s):**  
No pharmacologic VTE prophylaxis due to the following contraindication(s):
        - Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine  
Routine  
**Question(s):**  
Side: Bilateral  
Select Sleeve(s):
      - Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**
        - Contraindications exist for pharmacologic prophylaxis Frequency:** Once **Priority:** Routine  
**Question(s):**  
No pharmacologic VTE prophylaxis due to the following contraindication(s):
        - Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine  
**Question(s):**  
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** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700 Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

**Question(s):**

Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily

**Admin Instructions:**

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

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

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

**Admin Instructions:**

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** Dose: 5000 Units **Frequency:** every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units **Frequency:** every 8 hours scheduled
- Not high bleed risk**
  - Wt > 100 kg** Dose: 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
  - Wt LESS than or equal to 100 kg** Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled

**warfarin (COUMADIN)**

- WITHOUT pharmacy consult** Dose: 1 **Route:** oral **Frequency:** daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

- Pharmacy consult to manage warfarin (COUMADIN)** **Frequency:** Until discontinued **Priority:**

Routine

**Question(s):**

Indication:

- warfarin (COUMADIN) tablet** Dose: 1 **Route:** oral

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

- Contraindications exist for mechanical prophylaxis** **Frequency:** Once **Priority:** Routine

**Question(s):**

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

- Place/Maintain sequential compression device continuous** **Frequency:** Continuous **Priority:** Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

- High Risk (Required)**

- High risk of VTE** **Frequency:** Once **Priority:** Routine

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

- Contraindications exist for pharmacologic prophylaxis** **Frequency:** Once **Priority:** Routine

**Question(s):**

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700  
Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily

Admin Instructions:

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** Dose: 5000 Units Frequency: every 12 hours scheduled

**HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled

Not high bleed risk

**Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled

**Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled

warfarin (COUMADIN)

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

**WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700

**Question(s):**

Indication:

Dose Selection Guidance:

**Medications**

**Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued Priority:

Routine

**Question(s):**

Indication:

**warfarin (COUMADIN) tablet** Dose: 1 Route: oral

**Question(s):**

Indication:

Dose Selection Guidance:

**Mechanical Prophylaxis (Required)**

**Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine

**Question(s):**

Side: Bilateral

Select Sleeve(s):

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

**High Risk (Required)**

**High risk of VTE** Frequency: Once Priority: Routine

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

**Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine

**Question(s):**

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

**aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1

**aspirin (ECOTRIN) enteric coated tablet** Dose: 162 mg Frequency: daily Start Date: S+1

**Apixaban and Pharmacy Consult (Required)**

**apixaban (ELIQUIS) tablet** Dose: 2.5 mg Frequency: 2 times daily Start Date: S+1

**Question(s):**

Indications:  VTE prophylaxis

**Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Frequency: Until discontinued Priority:

STAT

**Question(s):**

Indications: VTE prophylaxis

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

**Patient renal status: @CRCL@**

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

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

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

ENOXAPARIN 30 MG DAILY

**enoxaparin (LOVENOX) injection** Dose: 30 mg Route: subcutaneous Frequency: daily at 1700

Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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** Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

**Product Admin Instructions:**

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

**fondaparinux (ARIXTRA) injection** Dose: 2.5 mg Route: subcutaneous Frequency: daily Start Date: S+1

**Admin Instructions:**

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.

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

- HEParin (porcine) injection - Q12 Hours Dose:** 5000 Units **Frequency:** every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours Dose:** 5000 Units **Frequency:** every 8 hours scheduled
- Not high bleed risk**
- Wt > 100 kg Dose:** 7500 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Wt LESS than or equal to 100 kg Dose:** 5000 Units **Route:** subcutaneous **Frequency:** every 8 hours scheduled
- Rivaroxaban and Pharmacy Consult (Required)**
- rivaroxaban (XARELTO) tablet for hip or knee arthroplasty planned during this admission Dose:** 10 mg **Frequency:** daily at 0600 (TIME CRITICAL)
- Question(s):**  
Indications:  VTE prophylaxis
- Admin Instructions:**  
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 Frequency:** Until discontinued **Priority:** STAT
- Question(s):**  
Indications: VTE prophylaxis
- warfarin (COUMADIN)**
- WITHOUT pharmacy consult Dose:** 1 **Route:** oral **Frequency:** daily at 1700
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Medications**
- Pharmacy consult to manage warfarin (COUMADIN) Frequency:** Until discontinued **Priority:** Routine
- Routine
- Question(s):**  
Indication:
- warfarin (COUMADIN) tablet Dose:** 1 **Route:** oral
- Question(s):**  
Indication:  
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
- Contraindications exist for mechanical prophylaxis Frequency:** Once **Priority:** Routine
- Question(s):**  
No mechanical VTE prophylaxis due to the following contraindication(s):
- Place/Maintain sequential compression device continuous Frequency:** Continuous **Priority:** Routine
- Question(s):**  
Side: Bilateral  
Select Sleeve(s):

**Labs****Labs**

- CBC and differential Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Basic metabolic panel Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Comprehensive metabolic panel Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Hepatic function panel Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Ammonia Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Primary Ordering Comments:**  
Specimen must be placed on ice and delivered immediately to the Core Laboratory.
- Protein, total Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

- Amylase Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Lipase Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Prothrombin time with INR Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Partial thromboplastin time Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Primary Ordering Comments:**

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.

- Fibrinogen Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Magnesium Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Phosphorus Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Urinalysis screen and microscopy, with reflex to culture Frequency:** Once **Priority:** Routine **Specimen Type:** Urine

**Question(s):**

Specimen Source: Urine

Specimen Site:

**Primary Ordering Comments:**

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

- Type and screen Frequency:** Once **Priority:** Routine **Specimen Type:** Blood
- Alpha fetoprotein Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Question(s):**

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

**Daily AM Labs**

- Albumin Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Start Date:** S **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Lactate dehydrogenase Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Start Date:** S **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Cystatin C with eGFR Frequency:** AM draw repeats **Frequency Limit:** 5 Days **Start Date:** S **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Comments:** Do not order if patient is ESRD/on dialysis.

**Peritoneal Fluid Study - Tube 1**

- Albumin, misc fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT **Specimen Type:** Peritoneal fluid  
**Question(s):**  
Specimen Source:  Peritoneal
- Amylase level, misc fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** Routine **Specimen Type:** Body fluid  
**Question(s):**  
Specimen Source:  Peritoneal
- Glucose, misc fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT **Specimen Type:** Peritoneal fluid  
**Question(s):**  
Specimen Source:  Peritoneal
- LDH, misc fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT **Specimen Type:** Peritoneal fluid  
**Question(s):**  
Specimen Source:  Peritoneal
- Protein, misc fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT **Specimen Type:** Peritoneal fluid  
**Question(s):**  
Specimen Source:  Peritoneal

**Peritoneal Fluid Study - Tube 2**

- Cell count and differential, body fluid Frequency:** STAT **Frequency Limit:** 1 Occurrences **Start Date:** S **Priority:** STAT **Specimen Type:** Peritoneal fluid  
**Question(s):**  
Specimen Source:  Peritoneal

**Other Container**

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

**Cytology (non-gynecological) request** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Other  
Question(s):  
Collection Date:  S  T  
Collection Time:  51240  N  
Specimen Source:  Peritoneal  
Specimen Type:  Fluid  
Special Stains:  
Clinical History:  
Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

**Process Instructions:**

A paper requisition will print when this order is submitted. The printout must accompany the specimen to the lab.

**Gram stain** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Peritoneal fluid

**Specific gravity, body fluid** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Peritoneal fluid

**Question(s):**

Specimen Source:

**Triglycerides, body fluid** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Peritoneal fluid

**Question(s):**

Specimen Source:

**Aerobic/Anaerobic Cultures**

**Aerobic culture** Frequency: Once Priority: Routine Specimen Type: Peritoneal fluid Comments: Place specimen in blood culture bottle as soon as collected

**Anaerobic culture** Frequency: Once Priority: Routine Specimen Type: Peritoneal fluid Comments: Place specimen in blood culture bottle as soon as collected

**Paracentesis Cultures**

**Fungus culture** Frequency: Once Priority: Routine Specimen Type: Peritoneal fluid

**AFB culture** Frequency: Once Priority: Routine Specimen Type: Peritoneal fluid

**AFB stain** Frequency: Once Priority: Routine Specimen Type: Peritoneal fluid

**Microbiology**

**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** Frequency: Once Priority: Routine Specimen Type: Blood Comments: 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** Frequency: Once Priority: Routine Specimen Type: Blood Comments: 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.

**Cardiology**

**Cardiology**

**ECG 12 lead** Frequency: Once Priority: Routine Maximum Quantity: 6

**Question(s):**

Clinical Indications:

Interpreting Physician:

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

**Echocardiogram 2d complete with contrast** Frequency: 1 time imaging Priority: Routine

**Question(s):**

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:

**Process Instructions:**

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

**Diagnostic Imaging****CT**

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

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

**CT Abdomen Pelvis W Contrast** Frequency: 1 time imaging Priority: Routine

**Question(s):**

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.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution** Dose: 300 Frequency: once

**Admin Instructions:**

\*\*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 Readi-Cat (barium sulfate).

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

**CT Abdomen Pelvis Wo Contrast** Frequency: 1 time imaging Priority: Routine

**Question(s):**

Is the patient pregnant?

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

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution** Dose: 300 Frequency: once

**Admin Instructions:**

\*\*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** Frequency: 1 time imaging Priority: Routine

**Question(s):**

Is the patient pregnant?

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

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

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

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

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

**CT Abdomen Pelvis W Wo Contrast** Frequency: 1 time imaging Priority: Routine

**Question(s):**

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.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**iohexol (OMNIPAQUE) 300 mg iodine/mL oral solution Dose: 300 Frequency: once**

**Admin Instructions:**

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

**CT Brain**

**CT Head W Wo Contrast Frequency: 1 time imaging Priority: Routine**

**Question(s):**

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.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**CT Head W Contrast Frequency: 1 time imaging Priority: Routine**

**Question(s):**

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.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**CT Head Wo Contrast Frequency: 1 time imaging Priority: Routine**

**Question(s):**

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 Abdomen W Wo Contrast Pelvis W Contrast** Frequency: 1 time imaging Priority: Routine

**Question(s):**

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.):

**Process Instructions:**

Patients with a known Iodine contrast allergy will require review by the radiologist.

Fasting for this test is not required.

Patients 60 years of age or diabetic will require a creatinine within one month of the CT appointment.

Patients taking metformin may be asked to hold their metformin following their procedure.

Patients who are breastfeeding may pump and discard the breast milk for 24 hours after their procedure, although this is not required.

Patients that are possibly pregnant may be required to have a pregnancy test or be asked to sign a waiver that they are not pregnant prior to their exam.

**X-Ray**

**Chest 1 Vw Portable** Frequency: 1 time imaging Priority: Routine

**Question(s):**

Is the patient pregnant?

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

**Chest 2 Vw** Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: Routine

**Question(s):**

Is the patient pregnant?

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

**US**

**US Hepatic** Frequency: 1 time imaging Priority: Routine

**Question(s):**

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

**Process Instructions:**

NPO 8 hours before exam.

**US Abdominal Doppler** Frequency: 1 time imaging Priority: Routine Comments: Evaluate for portal vein patency

**Question(s):**

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

**Process Instructions:**

NPO 8 hours before exam.

**Other Diagnostic Studies**

**Respiratory**

**Respiratory**

**Incentive spirometry instructions** Frequency: Once Frequency Limit: 1 Occurrences Priority: Routine

**Question(s):**

Frequency of use:  Every hour

**Rehab**

**Consults**

**Ancillary Consults**

**Consult to Case Management** Frequency: Once Priority: Routine

**Question(s):**

Consult Reason:

Reason for Consult?

**Process Instructions:**

If Ordering IV antimicrobial therapy, an additional consult to Case Management OPAT order is needed.

**Consult to Social Work** Frequency: Once Priority: Routine

**Question(s):**

Reason for Consult:

Reason for Consult?

**Consult PT eval and treat** Frequency: Once Priority: Routine

**Question(s):**

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?

**Process Instructions:**

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting physical therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy

**Consult to PT Wound Care Eval and Treat** Frequency: Once Priority: Routine

**Question(s):**

Special Instructions:

Location of Wound?

Reason for PT?

**Consult OT eval and treat** Frequency: Once Priority: Routine

**Question(s):**

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?

**Process Instructions:**

If the patient is not medically/surgically stable for therapy, please obtain the necessary clearance prior to consulting occupational therapy

If the patient currently has an order for bed rest, please consider revising the activity order to accommodate therapy.

**Consult to Nutrition Services** Frequency: Once Priority: Routine

**Question(s):**

Reason For Consult?

Purpose/Topic:

Reason for Consult?

**Consult to Spiritual Care** Frequency: Once Priority: Routine

**Question(s):**

Reason for consult?

Reason for Consult?

**Process Instructions:**

For requests after hours, call the house operator.

**Consult to Speech Language Pathology** Frequency: Once Priority: Routine

**Question(s):**

Reason for consult:

Reason for SLP?

**Consult to Wound Ostomy Care nurse** Frequency: Once Priority: Routine

**Question(s):**

Reason for consult:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Reason for Consult?

**Process Instructions:**

This is NOT for PT Wound Care Consult order.

**Consult to Respiratory Therapy** Frequency: Once Priority: Routine

**Question(s):**

Reason for Consult?

Reason for Consult?

**Additional Orders**

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