

Location: _____

General

Admission/Transfer/Discharge

 Transfer patient Frequency: Once Priority: Routine

Question(s):

Level of Care:

Bed request comments:

Nursing

Vitals

 Vital signs - T/P/R/BP Frequency: Per unit protocol Priority: Routine Comments: On arrival and then routine

Activity

 Activity as tolerated Frequency: Until discontinued Priority: Routine

Question(s):

Specify: Activity as tolerated

Nursing

 Telemetry **Telemetry monitoring** Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box)

Reason for telemetry:

Can be off of Telemetry for baths? Yes

Can be off for transport and tests? Yes

 Telemetry additional setup information Frequency: Continuous Frequency Limit: 48 Hours Priority: Routine

Question(s):

High Heart Rate (BPM): 130.000

Low Heart Rate(BPM): 50.000

High PVC's (per minute): 10.000

 Bedside glucose Frequency: 4 times daily before meals and at bedtime Priority: Routine Specimen Type: Blood
Comments: Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL **Patient to wear mask** Frequency: Until discontinued Priority: Routine Comments: while undergoing tests in other parts of the hospital and when walking in hallway **Daily weights** Frequency: Daily Priority: Routine **Intake and output** Frequency: Every shift Priority: Routine **Pacemaker settings** Frequency: Until discontinued Priority: Routine Comments: MA/Sensitivity can be adjusted to keep capture.

Question(s):

Atrial Setting (MA):

Ventricular Setting (MA):

Sensitivity Setting (millivolts):

AV Interval (milliseconds):

Options:

 Pacer wires attached to generator with a ventricular rate setting greater than 80 beats/min with MA (A and V) settings documented Frequency: Until discontinued Priority: Routine **Backup generator and 2 batteries available at the bedside, documented in the patient record every shift.** Frequency: Until discontinued Priority: Routine **Change temporary pacemaker batteries every 72 hours. Document date/time/initial on generator and note battery change in patient record-if patient is pacemaker dependent.. Back up generator within reach** Frequency: Until discontinued Priority: Routine

Notify

 Notify Frequency: Until discontinued Priority: Routine Comments: Transplant Cardiology Service @ 713-441-1100 when the patient arrives on floor **Notify (General)** Frequency: Until discontinued Priority: Routine Comments: Transplant CV Surgery Service when patient arrives on floor **Notify** Frequency: Until discontinued Priority: Routine Comments: Transplant Cardiology Service @ 713-441-1100 for blood pressure less than 90 systolic or greater than 110 diastolic

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

- Notify (General) Frequency:** Until discontinued **Priority:** Routine **Comments:** Transplant Cardiology Service @ 713-441-1100 for heart rate less than 80 or greater than 130 beats per minute
- Notify (General) Frequency:** Until discontinued **Priority:** Routine **Comments:** Transplant Cardiology Service @ 713-441-1100 for respiratory rate greater than 30 per minute
- Notify (General) Frequency:** Until discontinued **Priority:** Routine **Comments:** Transplant Cardiology Service @ 714-441-1100 for temperature greater than 100.5 degrees F
- Notify Consultants of patient transfer location Frequency:** Until discontinued **Priority:** Routine **Comments:** Consultants of patient's transfer location

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 - Post Transplant Frequency:** Diet effective now **Priority:** Routine **Comments:** Post Transplant

Question(s):Diet(s): Post Transplant

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids**IV Fluids**

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

Admin Instructions:

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

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

Frequency: continuous**Admin Instructions:**

Replace urine output with 0.5 mL IV fluid per mL of urine output.

Replacement fluids not to exceed a maximum of 250 mL/hour and a minimum of 75 mL/hour.

Medications**Restricted Medications**

- No adenosine and No beta-blockers Frequency:** Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):Reason for "No" order: Post-Heart Transplant

- No anti-platelet agents EXcluding aspirin Frequency:** Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):Reason for "No" order: Post-Heart Transplant

- No ketorolac (Toradol) Frequency:** Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):Reason for "No" order: Post-Heart Transplant

- No NSAIDs EXcluding aspirin Frequency:** Until discontinued **Phase of Care:** Post-op **Priority:** STAT

Question(s):Reason for "No" order: Post-Heart Transplant**Proton Pump Inhibitor**

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

- pantoprazole (PROTONIX) 40 mg IV Push Dose:** 40 mg **Route:** intravenous **Frequency:** daily **Phase of Care:** Post-op

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:

Administer over NO LESS than 3 minutes.

- pantoprazole (PROTONIX) EC tablet Dose:** 40 mg **Route:** oral **Frequency:** daily at 0600 **Phase of Care:** Post-op

Question(s):

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

Admin Instructions:

Do NOT Crush.

Vasodilators

- hydrALAZINE (APRESOLINE) IV Push Dose:** 5 mg **Route:** intravenous **Frequency:** every 6 hours **Phase of Care:** Post-op

Question(s):

BP HOLD parameters for this order:

Contact Physician if:

Admin Instructions:

For Systolic Blood Pressure GREATER than 140 mmHg

PRN Mild Pain (Pain Score 1-3)

(adjust dose for renal/liver function and age)

- acetaminophen (TYLENOL) tablet OR oral suspension**

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

- acetaminophen (TYLENOL) tablet Dose:** 650 mg **Route:** oral **Frequency:** every 6 hours PRN PRN **Reasons:** mild pain (score 1-3)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient able to take oral tablet medication.

Product Admin Instructions:

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

- acetaminophen (TYLENOL)suspension Dose:** 650 mg **Route:** oral **Frequency:** every 6 hours PRN PRN **Reasons:** mild pain (score 1-3)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient cannot receive oral tablet but can receive oral solution.

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

(adjust dose for renal/liver function and age)

- acetaminophen-codeine (TYLENOL #3) tablet OR oral solution**

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

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

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

- acetaminophen-codeine 300 mg-30 mg /12.5 mL solution Dose:** 12.5 mL **Route:** oral **Frequency:** every 6 hours PRN PRN **Reasons:** moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

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

- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** Dose: 1 tablet Route: oral Frequency: every 6 hours

PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

- HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution** Dose: 10 mL Route: oral Frequency: every 6

hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

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

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

- HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet** Dose: 1 tablet Route: oral Frequency: every 6

hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

- HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution** Dose: 15 mL Route: oral Frequency: every 6

hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

- HYDROcodone-acetaminophen (NORCO 10-325) mg per tablet** Dose: 1 tablet Route: oral Frequency: every 6 hours

PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

- HYDROcodone-acetaminophen (HYCET) 7.5-325 mg/15 mL solution** Dose: 20 mL Route: oral Frequency: every 6

hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Use if patient can not swallow tablet.

- traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours** Dose: 50 mg

Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

(Max Daily dose not to exceed 200 mg/day).

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

NOTICE: Before any pain medication is used you MUST NOTIFY MD and get approval.

(adjust dose for renal/liver function and age)

Sign: _____ Printed Name: _____

Date/Time: _____

- acetaminophen-codeine (TYLENOL #3) tablet OR oral solution

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

acetaminophen-codeine (TYLENOL #3) 300-30 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication.

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution Dose: 12.5 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

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

Allowance for Patient Preference:

Admin Instructions:

Use if patient cannot swallow tablet.

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

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

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution Dose: 10 mL Route: oral Frequency: every 6 hours PRN PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

If patient cannot swallow tablet.

- traMADol (ULTRAM) tablet - For eGFR LESS than 30 mL/min, change frequency to every 12 hours) Dose: 25 mg

Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

(Max Daily dose not to exceed 200 mg/day). Give if patient can tolerate oral medication.

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

fentaNYL (SUBLIMAZE) injection Dose: 25 mcg Route: intravenous Frequency: every 2 hour PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

morphine 2 mg/mL injection Dose: 2 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

HYDROmorphine (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

PRN IV for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

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

fentaNYL (SUBLIMAZE) injection Dose: 12.5 mcg Route: intravenous Frequency: every 2 hour PRN Phase of Care:

Post-op PRN Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

morphine 2 mg/mL injection Dose: 1 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN

Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

HYDROmorphine (DILAUDID) injection Dose: 0.2 mg Route: intravenous Frequency: every 3 hours PRN Phase of

Care: Post-op PRN Reasons: moderate pain (score 4-6)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

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

(adjust dose for renal/liver function and age)

HYDROmorphine (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op

PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

morphine (MSIR) tablet Dose: 15 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Do not crush, split, or chew.

oxyCODONE (ROXICODONE) immediate release tablet Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

(adjust dose for renal/liver function and age)

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours

PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet Dose: 1 tablet Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

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

HYDROmorphone (DILAUDID) tablet Dose: 2 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op
PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

morphine (MSIR) tablet Dose: 15 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule. Do not crush, split, or chew.

oxyCODONE (ROXICODONE) immediate release tablet Dose: 5 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient is able to tolerate oral medication

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

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

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

fentaNYL (SUBLIMAZE) injection Dose: 50 mcg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

morphine injection Dose: 4 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

HYDROmorphone (DILAUDID) injection Dose: 0.8 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

PRN IV for Severe Pain (Pain Score 7-10): For Patients GREATER than 65 years old

If you select a PCA option you will not be allowed to also order IV PRN pain medications from this section. (adjust dose for renal/liver function and age)

fentaNYL (SUBLIMAZE) injection Dose: 25 mcg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

morphine injection Dose: 2 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

HYDROmorphone (DILAUDID) injection Dose: 0.5 mg Route: intravenous Frequency: every 3 hours PRN Phase of Care: Post-op PRN Reasons: severe pain (score 7-10)

Admin Instructions:

Use if patient is unable to swallow or faster onset is needed

Bowel Care

sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet Dose: 1 tablet Route: oral Frequency: 2 times daily Phase of Care: Post-op

Admin Instructions:

Hold for diarrhea.

Sign: _____ Printed Name: _____

Date/Time: _____

bisacodyl (DULCOLAX) suppository Dose: 10 mg Route: rectal Frequency: daily PRN Phase of Care: Post-op PRN Comment: (if with persistent constipation) PRN Reasons: constipation

polyethylene glycol (MIRALAX) packet Dose: 17 g Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: constipation
Product Admin Instructions:
Mix in 4-8oz of water.

docusate sodium (COLACE) capsule Dose: 100 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: constipation

Antiemetics

ondansetron (ZOFTRAN) IV or Oral (Required)

ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet Dose: 4 mg Route: oral Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

Give if patient is able to tolerate oral medication.

Product Admin Instructions:

May cause QTc prolongation.

ondansetron (ZOFTRAN) 4 mg/2 mL injection Dose: 4 mg Route: intravenous Frequency: every 8 hours PRN PRN Reasons: nausea vomiting

Admin Instructions:

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

Product Admin Instructions:

May cause QTc prolongation.

promethazine (PHENERGAN) Oral or IV or Rectal

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: once Frequency Limit: 1 Occurrences PRN Comment: Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication. PRN Reasons: nausea vomiting

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: once Frequency Limit: 1 Occurrences PRN Comment: Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication. PRN Reasons: nausea vomiting

promethazine (PHENERGAN) injection Dose: 12.5 mg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

metoclopramide (REGLAN) injection Dose: 5 mg Route: intravenous Frequency: 3 times daily Phase of Care: Post-op Question(s):

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

Admin Instructions:

Given for Gastric Motility

Itching: For Patients LESS than 70 years old

diphenhydrAMINE (BENADRYL) tablet Dose: 25 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: itching

hydroXYzine (ATARAX) tablet Dose: 10 mg Route: oral Frequency: every 6 hours PRN Phase of Care: Post-op PRN Reasons: itching

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed Dose: 60 mg Route: oral Frequency: 2 times daily PRN Phase of Care: Post-op PRN Reasons: itching

Itching: For Patients between 70-76 years old

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

Itching: For Patients GREATER than 77 years old

cetirizine (ZyrTEC) tablet Dose: 5 mg Route: oral Frequency: daily PRN Phase of Care: Post-op PRN Reasons: itching

Insomnia: For Patients LESS than 70 years old

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

zolpidem (AMBIEN) tablet Dose: 5 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

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

ramelteon (ROZEREM) tablet Dose: 8 mg Route: oral Frequency: nightly PRN PRN Reasons: sleep

Insomnia: For Patients GREATER than 70 years old

ramelteon (ROZEREM) tablet Dose: 8 mg Route: oral Frequency: nightly PRN Phase of Care: Post-op PRN Reasons: sleep

VTE

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

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:

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

Phase of Care: PACU & Post-op

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.

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):
- 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@

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

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

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

ENOXAPARIN 30 MG DAILY

enoxaparin (LOVENOX) injection 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.

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

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 **Phase of Care:** PACU & Post-op

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

Phase of Care: PACU & Post-op

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 Phase of Care: PACU & Post-op

aspirin (ECOTRIN) enteric coated tablet Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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

Phase of Care: PACU & Post-op

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
- 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:
- 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	One or more of the following medical conditions :	One or more of the following medical conditions :
Patient already adequately anticoagulated	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	

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

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

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

- Moderate risk of VTE** 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

Phase of Care: PACU & Post-op

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):

- 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:

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

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.

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 - 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
- Phase of Care:**
- PACU & Post-op
- 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

Phase of Care: PACU & Post-op

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 Phase of Care: PACU & Post-op

aspirin (ECOTRIN) enteric coated tablet Dose: 162 mg Frequency: daily Start Date: S+1 Phase of Care: PACU & Post-op

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

Phase of Care: PACU & Post-op

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
- 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**Laboratory Every Morning x 3 Days**

- CBC with platelet and differential Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Basic metabolic panel Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Comprehensive metabolic panel Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3
- Magnesium level Frequency:** AM draw repeats **Frequency Limit:** 3 Days **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

Phosphorus level Frequency: AM draw repeats Frequency Limit: 3 Days Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Every Morning at 5:30 x 7 Days

FK506 Tacrolimus level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: EVERY MORNING AT 5:30 AM

Primary Ordering Comments:

Nursing Instructions: Draw sample prior to administering dose. Do not delay dose administration for lab results unless specified by provider.

Cyclosporine level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: EVERY MORNING AT 5:30 AM

Primary Ordering Comments:

Nursing Instructions: Draw sample prior to administering dose. Do not delay dose administration for lab results unless specified by provider.

Sirolimus level, trough Frequency: AM draw repeats Frequency Limit: 7 Days Priority: Routine Specimen Type: Blood Maximum Quantity: 3 Comments: EVERY MORNING AT 5:30 AM

Primary Ordering Comments:

Nursing Instructions: Draw sample prior to administering dose. Do not delay dose administration for lab results unless specified by provider.

Laboratory Repeat Every Monday x 3

Comprehensive metabolic panel Frequency: Every Monday Frequency Limit: 3 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cytomegalovirus, quantitative PCR Frequency: Every Monday Frequency Limit: 3 Occurrences Priority: Routine Question(s):

Specimen Source:

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.

Respiratory pathogen panel with COVID-19 RT-PCR Frequency: Once Priority: Routine Specimen Type: Nasopharyngeal

Sputum culture Frequency: Conditional Frequency Priority: Routine Specimen Type: Sputum Comments: CONDITIONAL: One activation if temperature greater than 99.9 degrees Fahrenheit

Urinalysis screen and microscopy, with reflex to culture Frequency: Once Priority: Routine Specimen Type: Urine Comments: CONDITIONAL: One activation if temperature greater than 99.9 degrees Fahrenheit

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

Cardiology

ECG

ECG 12 lead Frequency: Daily Frequency Limit: 14 Days Priority: Routine Maximum Quantity: 6 Comments: Daily for 14 days post op

Question(s):

Clinical Indications:

Interpreting Physician:

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

Imaging**Diagnostic X-Ray**

XR Chest 1 Vw Portable Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: Routine Comments:

Upright

Question(s):

Is the patient pregnant?

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

XR Chest 1 Vw Portable (Daily) Frequency: Daily imaging Frequency Limit: 14 Days Priority: Routine Comments: Daily for 14 days post op

Question(s):

Is the patient pregnant?

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

XR Chest 1 Vw Portable (for temp greater than 99.9) Frequency: Conditional Frequency Frequency Limit: 3 Occurrences Priority: Routine Comments: Conditional - One Activation - If Temperature greater than 99.9 degrees Fahrenheit.

Question(s):

Is the patient pregnant?

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

Other Studies**Respiratory****Rehab****Consults**

For Physician Consult orders use sidebar

Consults

Consult to PT eval and treat Frequency: Once Priority: Routine Comments: For ambulation and muscle strengthening

Question(s):

Special Instructions: For ambulation and muscle strengthening

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

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 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 Comments: Post Transplant Diet Education

Question(s):

Reason For Consult? Other (Specify)

Specify: Post Transplant Diet Education

Purpose/Topic:

Reason for Consult?

Consult to Case Management Frequency: Once Priority: Routine

Question(s):

Consult Reason: Discharge Planning

Reason for Consult?

Process Instructions:

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

Sign: _____ Printed Name: _____

Date/Time: _____

Consult to Diabetes Education Frequency: Once **Priority:** Routine **Comments:** for new onset for blood sugar checks, insulin sliding scale and diet

Question(s):

Reason for Consult: New Onset Self Care / Meter

Reason for Consult?

Process Instructions:

Bedside Nurse Instruction:

Begin insulin teaching at the bedside-do not wait for the Diabetes Educator. Use teach-back and have the patient self-administer (as appropriate) to build early competence.

Prescribing Provider (APP/Physician) Instruction:

Discuss the discharge diabetes plan with the patient and provide initial instructions prior to placing the DE consult. Establishing this baseline understanding allows the Diabetes Educator to focus on insulin administration, skills practice, and teach-back competency

Note: Do NOT hold discharge for diabetes education

Consult Methodist Rehab Associates Frequency: Once **Priority:** Routine

Question(s):

Reason for Consult: PM&R Evaluation

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Consult to Transplant Social Work Frequency: Once **Priority:** Routine **Comments:** Contact Heart Transplant Social Worker for Heart Transplant at 713-441-5451

Question(s):

Organ Transplant: Heart

Reason for Consult?

Reason for Consult?

Consult to Transplant Financial Services Frequency: Once **Priority:** Routine **Comments:** Contact Heart Transplant Financial Services for transplant consultation at 713-441-5451

Question(s):

Reason for Consult? Medication Coverage Post-Transplant

Organ Transplant: Heart

Reason for Consult?

Additional Orders