

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

**General**

**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 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.

**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**

**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.

**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

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

**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:

#### Consent

**Complete consent for** Frequency: Once Start Date: S Priority: Routine Comments: Right heart catheterization and biopsy. Indication: Heart allograft dysfunction

#### Question(s):

Procedure:  Right heart catheterization and biopsy

Diagnosis/Condition:  Indication: Heart allograft dysfunction

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

**Complete consent for** Frequency: Once Priority: Routine Comments: Left heart catheterization Indication: Heart allograft dysfunction

#### Question(s):

Procedure:  Left heart catheterization

Diagnosis/Condition:  Indication: Heart allograft dysfunction

Physician:

Risks, benefits, and alternatives (as outlined by the Texas Medical Disclosure Panel, as appears on Houston Methodist Medical/Surgical Consent forms) were discussed with patient/surrogate?

#### Nursing

##### Vital Signs

**Vital signs - T/P/R/BP** Frequency: Per unit protocol Priority: Routine

##### Activity

**Activity - Up ad lib** Frequency: Until discontinued Priority: Routine

#### Question(s):

Specify:  Up ad lib

**Ambulate (TID)** Frequency: 3 times daily Priority: Routine

#### Question(s):

Specify:

**Bed rest** Frequency: Until discontinued Priority: Routine

#### Question(s):

Bathroom Privileges:

#### 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

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

**Daily weights** Frequency: Daily Start Date: S Priority: Routine Comments: Weigh patient upon arrival.

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

**Bedside glucose (AC only) Frequency:** 3 times daily before meals **Priority:** Routine **Specimen Type:** Blood **Comments:** Notify physician for blood glucose less than 70 mg/dL OR blood glucose greater than 300 mg / dL

**Bedside glucose (AC & HS) 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

**Ask patient if enrolled in research study 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

**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 -Study Coordinator if patient is enrolled in research study Frequency:** Until discontinued **Priority:** Routine **Comments:** Study Coordinator if patient is enrolled in research study

#### Diet

**NPO Frequency:** Diet effective now **Start Date:** S **Priority:** Routine

##### Question(s):

NPO: o Except meds

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 Diet

##### Question(s):

Diet(s): o 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:

##### 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

**Antibiotics: Gram Negative**

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

**aztreonam (AZACTAM) IV Route:** intravenous **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:**

Please send all cultures prior to starting antibiotic.

**cefepime (MAXIPIME) IV Route:** intravenous **Frequency:** every 8 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:**

Please send all cultures prior to starting antibiotic.

**piperacillin-tazobactam (ZOSYN) IV Route:** intravenous **Frequency:** every 8 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:**

Please send all cultures prior to starting antibiotic.

**Antibiotics: Anaerobic**

**metroNIDAZOLE (FLAGYL) tablet Dose:** 500 mg **Route:** oral **Frequency:** every 8 hours

**Question(s):**

Indication: o Surgical Prophylaxis

**Admin Instructions:**

Give with meals. Do not give with alcohol or drug products with significant alcohol base. Please send all cultures prior to starting antibiotic.

**metronidazole (FLAGYL) IV Dose:** 500 mg **Route:** intravenous **Frequency:** every 6 hours **Priority:** STAT

**Question(s):**

Indication: o Surgical Prophylaxis

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

**Admin Instructions:**

Please send all cultures prior to starting antibiotic.

**Antibiotics: MRSA Suspected**

**IV Vancomycin Loading Dose + Pharmacy Consult**

**vancomycin (VANCOCIN) IV Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences **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:**

Loading Dose

**Pharmacy consult to manage vancomycin Frequency:** Until discontinued **Priority:** Routine

**Question(s):**

Indication:

Anticipated Duration of Vancomycin Therapy (Days):

**Process Instructions:**

All eligible patients to receive Vancomycin at AUC 400-600 and Trough 10-20.

**GI Prophylaxis**

**famotidine (PEPCID) Oral OR IV Doses for Stress Ulcer Prophylaxis**

**famotidine (PEPCID) tablet Dose:** 20 mg **Route:** oral **Frequency:** 2 times daily

**Question(s):**

Indication(s) for H2 Receptor Antagonist (H2RA) Therapy:

**famotidine (PEPCID) injection Dose:** 20 mg **Route:** intravenous **Frequency:** every 12 hours

**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 H2 Receptor Antagonist (H2RA) Therapy:

**Pantoprazole (PROTONIX) Oral or IV or Tube**

**pantoprazole (PROTONIX) EC tablet Dose:** 40 mg **Route:** oral **Frequency:** daily at 0600

**Question(s):**

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

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

**pantoprazole (PROTONIX) 40 mg in sodium chloride 0.9% 10 mL injection** Dose: 40 mg Route: intravenous

Frequency: daily

**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) suspension** Dose: 40 mg Route: feeding tube Frequency: daily

**Question(s):**

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

**Respiratory Medications**

**acetylcysteine 200 mg/mL (20 %) inhalation dose** Dose: 2 mL Route: nebulization Frequency: Respiratory Therapy - 2 times daily

**Question(s):**

Aerosol Delivery Device:

**Admin Instructions:**

Patients should receive an aerosolized bronchodilator 10 to 15 minutes prior to dose

**albuterol (PROVENTIL) nebulizer solution** Dose: 2.5 mg Route: nebulization Frequency: Respiratory Therapy - every 4 hours PRN Reasons: wheezing shortness of breath

**Question(s):**

Aerosol Delivery Device:

**ipratropium (ATROVENT) 0.02 % nebulizer solution** Dose: 0.5 mg Route: nebulization Frequency: Respiratory Therapy - every 4 hours

**Question(s):**

Aerosol Delivery Device:

**amphotericin B liposome (AMBISOME) 50 mg in water for injection, sterile (PF) 6.25 mL inhalation suspension** Route: inhalation

**Admin Instructions:**

For inhalation use only

**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

**Bowel Care**

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

**loperamide (IMODIUM) capsule** Dose: 2 mg Route: oral Frequency: 3 times daily PRN PRN Reasons: diarrhea

**Admin Instructions:**

Do NOT exceed 16mg per 24 hours

**polyethylene glycol (MIRALAX) packet** Dose: 17 g Route: oral Frequency: daily

**Product Admin Instructions:**

Mix in 4-8oz of water.

**docusate sodium (COLACE) capsule** Dose: 100 mg Route: oral Frequency: 2 times daily

Insomnia: For Patients GREATER than or EQUAL to 70 years old

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

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

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

**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**

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

**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 $\geq$ 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:

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.

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 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 &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

 **HEParin (porcine) injection - Q12 Hours** 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:

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
- 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**

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

**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 $\geq$ 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:

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 &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

 HEParin (porcine) injection - Q12 Hours 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 $\geq$ 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:

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:

 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 &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 **High Bleed Risk**

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

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

**HEParin (porcine) injection - Q12 Hours 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:

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

**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	

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

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

**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

**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 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

**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):

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

**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**

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

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

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.

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 &lt; 50 kg

Unstable Hgb

Renal impairment

Plt count &lt; 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

 High Bleed Risk

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

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

 HEParin (porcine) injection - Q12 Hours 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):

**Labs** **COVID-19 Qualitative PCR** **COVID-19 qualitative RT-PCR - Nasal Swab Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine**Question(s):**

Specimen Source: Nasal Swab

Is this for pre-procedure or non-PUI assessment?  Yes

Specimen Source:

**Labs STAT Upon Arrival** **CBC with platelet and differential Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3 **Prothrombin time with INR Frequency:** STAT **Frequency Limit:** 1 Occurrences **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

- Partial thromboplastin time** Frequency: STAT Frequency Limit: 1 Occurrences 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.
- Comprehensive metabolic panel** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- LDH** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Phosphorus level** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Laboratory Tomorrow - AM x 3**

- CBC with platelet and differential** Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Basic metabolic panel** Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium level** Frequency: AM draw repeats Frequency Limit: 3 Days Start Date: S+1 Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**Laboratory Every Morning at 05:30 am**

- FK506 Tacrolimus level, random** Frequency: AM draw repeats Frequency Limit: 3 Days Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Cyclosporine level, random** Frequency: AM draw repeats Frequency Limit: 3 Days Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Sirolimus level, random** Frequency: AM draw repeats Frequency Limit: 3 Occurrences Priority: Routine Specimen Type: Blood Maximum Quantity: 3

**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.
- Urinalysis screen and microscopy, with reflex to culture** Frequency: Conditional Frequency Priority: STAT Specimen Type: Urine Comments: If temperature greater than 99 degrees Fahrenheit.  
Question(s):  
Specimen Source: Urine  
Specimen Site:  
Primary Ordering Comments:  
Specimen must be received in the laboratory within 2 hours of collection.
- Sputum culture** Frequency: Conditional Frequency Priority: STAT Specimen Type: Sputum Comments: One activation if temperature greater than 99 degrees Fahrenheit.
- Respiratory pathogen panel with COVID-19 RT-PCR** Frequency: STAT Frequency Limit: 1 Occurrences Priority: Routine Specimen Type: Nasopharyngeal

**Laboratory**

- NT-proBNP** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

**Troponin T Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**C1q complement component Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Primary Ordering Comments:**

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

**HLA antibody screen - post transplant Frequency:** Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

**Primary Ordering Comments:**

Collect 1 Red Top tube (6 mL)

{HLAA Post Options:29256}

**Cardiology****Cardiology**

**ECG 12 lead Frequency:** Once **Frequency Limit:** 1 Occurrences **Priority:** STAT **Maximum Quantity:** 6 **Comments:** Heart transplant. Upon arrival to the unit.

**Question(s):**

Clinical Indications:  Post-Op Surgery

Interpreting Physician:

**Echocardiogram complete w contrast and 3D if needed Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences

**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.

**Cardiology**

**Echocardiogram complete w contrast and 3D if needed Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences

**Priority:** STAT **Comments:** STAT; To assess LV Function.

**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.

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

**Echocardiogram complete w contrast and 3D if needed** Frequency: 1 time imaging Priority: Routine Comments: ASAP;

To assess LV Function.

**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.

**Imaging**

**Diagnostics CT**

**CT Chest W Wo Contrast** Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: Today

**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 Chest W Contrast** Frequency: 1 time imaging Frequency Limit: 1 Occurrences Priority: Today

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

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

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

**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 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.\*\*

**Diagnostics X-Ray**

**XR Chest 2 Vw W Apical Lordotic Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT

**Comments:** Upon patient arrival to the unit.

**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 1 Vw Portable Frequency:** 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** STAT **Comments:** on arrival to unit

**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 Frequency:** Conditional Frequency **Priority:** STAT **Comments:** If patient temperature is 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.):

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

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

**Oxygen therapy** Frequency: Continuous Priority: Routine Comments: Keep pulse oximetry between 92%-95%

**Question(s):**

Initial Device:  Nasal Cannula

Titrate FiO2 to keep O2 Sat Above: 92%

Device:

SpO2 Goal:

SpO2 Goal:

Titrate FiO2 to keep O2 saturations:

Notify Physician if:

Indications for O2 therapy:

Indications for O2 therapy:

**Primary Ordering Comments:**

@CERMSG(661071:25704)@

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

**Question(s):**

Frequency of use:  Every hour while awake

**Encourage deep breathing and coughing** Frequency: Every 2 hours Priority: Routine

**Rehab****Consults**

For Physician Consult orders use sidebar

**Consults**

**Consult to PT eval and treat** Frequency: Once Priority: Routine Comments: To evaluate and treat for muscle strengthening

**Question(s):**

Special Instructions: To evaluate and treat for 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 Nutrition Services** Frequency: Once Priority: Routine Comments: Registered Dietitian

**Question(s):**

Reason For Consult?  Other (Specify)

Specify: Nutritional assessment

Purpose/Topic:

Reason for Consult?

**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  Diet / Weight  Insulin Initiation

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

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

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

**Question(s):**

Organ Transplant:  Heart

Reason for Consult?

Reason for Consult?

**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:

**Additional Orders**