

Location: _____

General

Common Present on Admission Diagnosis

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

Admission or Observation (Required)

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

Question(s):

Admitting Physician:

Level of Care:

Patient Condition:

Bed request comments:

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

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

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.

Code Status

@CERMSGREFRESHOPT(674511:21703,,1)@

Code Status

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

Full code Frequency: Continuous Priority: Routine

Question(s):

Code Status decision reached by:

DNR (Do Not Resuscitate) (Required)

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

Question(s):

Did the patient/surrogate require the use of an interpreter?
Did the patient/surrogate require the use of an interpreter?
Does patient have decision-making capacity?
I acknowledge that I have communicated with the patient/surrogate/representative that the Code Status order is NOT Active until Signed by the Responsible Attending Physician.:
Code Status decision reached by:

Consult to Palliative Care Service

Consult to Palliative Care Service Frequency: Once Priority: Routine

Question(s):

Priority:

Reason for Consult?

Order?

Name of referring provider:

Enter call back number:

Reason for Consult?

Process Instructions:

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

Consult to Social Work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

Modified Code Frequency: Continuous Priority: Routine

Question(s):

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

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

Does patient have decision-making capacity?

Modified Code restrictions:

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

Code Status decision reached by:

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

Question(s):

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

Treatment Restriction decision reached by:

Specify Treatment Restrictions:

Code Status decision reached by:

Process Instructions:

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

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

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

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

Isolation

Airborne isolation status

Airborne isolation status Frequency: Continuous Priority: Routine

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

Contact isolation status Frequency: Continuous Priority: Routine

Droplet isolation status Frequency: Continuous Priority: Routine

Enteric isolation status Frequency: Continuous Priority: Routine

Precautions

Aspiration precautions Frequency: Continuous Priority: Routine

Fall precautions Frequency: Continuous Priority: Routine

Question(s):

Increased observation level needed:

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

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

Question(s):

Increased observation level needed:

Nursing

Vital Signs

- Vital signs - Per Unit Protocol** Frequency: Per unit protocol Priority: Routine
- Vital signs-Q4H** Frequency: Every 4 hours Frequency Limit: -1 Occurrences Priority: Routine

Telemetry Order

- 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

Activity

- Strict bed rest** Frequency: Until discontinued Priority: Routine
- Bed rest with bathroom privileges** Frequency: Until discontinued Priority: Routine
Question(s):
Bathroom Privileges: with bathroom privileges
- Ambulate with assistance** Frequency: 3 times daily Priority: Routine
Question(s):
Specify: with assistance
- Activity as tolerated** Frequency: Until discontinued Priority: Routine
Question(s):
Specify: Activity as tolerated

Nursing

- Head of bed 30 degrees** Frequency: Until discontinued Priority: Routine
Question(s):
Head of bed: 30 degrees
- Daily weights** Frequency: Daily Priority: Routine
- Intake and Output** Frequency: Every 8 hours Priority: Routine Comments: Including bowel movements
- Bedside glucose - every 4 hours** Frequency: Every 4 hours Priority: Routine Specimen Type: Blood
- Bedside glucose - AC & HS** Frequency: 4 times daily before meals and at bedtime Priority: Routine Specimen Type: Blood
- Nasogastric Tube Orders**
 - Nasogastric tube insertion** Frequency: Once Priority: Routine
Question(s):
Type:
 - Nasogastric tube maintenance** Frequency: Until discontinued Priority: Routine
Question(s):
Tube Care Orders:
- Insert and maintain Foley**

Insert Foley catheter Frequency: Once Priority: Routine

Question(s):

Type:

Size:

Urinometer needed:

Indication:

Primary Ordering Comments:

Foley catheter may be removed per nursing protocol.

Foley Catheter Care Frequency: Until discontinued Priority: Routine

Question(s):

Orders: Maintain

Change foley catheter Frequency: Once Priority: Routine

Oral care Frequency: Every 8 hours Priority: Routine

Notify

Notify Physician (Specify) Frequency: Until discontinued Priority: Routine Comments: Active bleeding

Notify Physician (Specify) Frequency: Until discontinued Priority: Routine Comments: Change in condition or Glasgow Coma Score less than 13

Notify Physician(vitals,output,pulse ox) Frequency: Until discontinued Priority: Routine

Question(s):

Temperature greater than: 101.5 100.5

Systolic BP greater than: 160

Systolic BP less than: 80 90

Heart rate greater than (BPM): 110 100

Heart rate less than (BPM): 50 60

Respiratory rate greater than: 30 25

Respiratory rate less than: 10 8

Urine Output less than: 30ml/hr or less than 250ml/8 hours

Temperature less than:

Diastolic BP greater than: 100

Diastolic BP less than: 50

MAP less than: 60.000

SpO2 less than: 92

Diet

NPO Frequency: Diet effective now Priority: Routine

Question(s):

NPO:

Pre-Operative fasting options:

Process Instructions:

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

NPO-Except ice chips Frequency: Diet effective now Priority: Routine

Question(s):

NPO: Except Ice chips

Pre-Operative fasting options:

Process Instructions:

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

Diet-500ml fluid restriction Frequency: Diet effective now Priority: Routine

Question(s):

Fluid Restriction: Fluid Restriction 500 ml

Diet(s):

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Foods to Avoid:

Foods to Avoid:

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

Diet-1000ml fluid restriction Frequency: Diet effective now **Priority:** Routine

Question(s):

Fluid Restriction: o Fluid Restriction 1000 ml

Diet(s):

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Foods to Avoid:

Foods to Avoid:

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

Question(s):

Diet(s): o 2 GM Potassium

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

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

Question(s):

Diet(s): o Consistent Carbohydrate

Consistent Carbohydrate: 1800 Kcal/202 gm Carbohydrate

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

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

Question(s):

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

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

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

Question(s):

Diet(s): o Clear Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

Diet-Full liquids Frequency: Diet effective now Priority: Routine

Question(s):

Diet(s): o Full Liquids

Cultural/Special:

Cultural/Special:

Other Options:

Other Options:

Advance Diet as Tolerated?

IDDSI Liquid Consistency:

Fluid Restriction:

Foods to Avoid:

Foods to Avoid:

IV Fluids

Peripheral IV Access

Initiate and maintain IV

Insert peripheral IV Frequency: Once Priority: Routine

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

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

IV Fluid

sodium chloride 0.45 % infusion 1000 mL Dose: 0.45 Route: intravenous Frequency: continuous Minimum Infusion Rate: 75.000 mL/hr

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

dextrose 5%-0.45% sodium chloride 1,000 mL infusion Dose: 75 mL/hr Route: intravenous Frequency: continuous

Medications

Pharmacy Consults

Pharmacy consult to manage dosing of medication Frequency: Until discontinued Priority: Routine

Question(s):

Adjust dose for: renal function

Which drug do you need help dosing?

Contact Number:

Medications

zinc sulfate (ZINCATE) capsule Dose: 1 capsule Route: oral Frequency: daily

magnesium oxide tablet Dose: 400 mg Route: oral Frequency: 3 times daily

magnesium sulfate 2 g in sodium chloride 0.45 % 0.45 % 100 mL IVPB Dose: 2 g Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Minimum Infusion Duration: 1.000 Hours

octreotide (SANDOSTATIN) bolus AND maintenance

octreotide (SANDOSTATIN) bolus injection Dose: 50 mcg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Admin Instructions:

Bolus once initial dose. Infusion to start immediately after bolus. May cause Q-T interval prolongation.

octreotide (SandoSTATIN) maintenance infusion Dose: 50 mcg/hr Route: intravenous Frequency: continuous

Admin Instructions:

May cause Q-T interval prolongation

octreotide (SANDOSTATIN) bolus AND maintenance

octreotide (SANDOSTATIN) bolus injection Dose: 50 mcg Route: intravenous Frequency: once Frequency Limit: 1 Occurrences Priority: STAT

Admin Instructions:

Bolus once initial dose. Infusion to start immediately after bolus. May cause Q-T interval prolongation.

octreotide (SandoSTATIN) maintenance infusion Dose: 50 mcg/hr Route: intravenous Frequency: continuous

Admin Instructions:

May cause Q-T interval prolongation

pantoprazole (PROTONIX) IV or Oral or Tube

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

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

Question(s):

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

Admin Instructions:

Give if patient is able to swallow

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

Frequency: daily at 0600

Question(s):

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

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

Admin Instructions:

Give if patient is unable to tolerate oral medication

pantoprazole (PROTONIX) suspension Dose: 40 mg **Route:** feeding tube **Frequency:** daily at 0600

Question(s):

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

Admin Instructions:

Give if patient is unable to swallow

Ascites

furosemide (LASIX) injection Dose: 40 mg **Route:** intravenous **Frequency:** 2 times daily at 0900, 1700

Admin Instructions:

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

furosemide (LASIX) tablet Dose: 40 mg **Route:** oral **Frequency:** 2 times daily at 0900, 1700

spironolactone (ALDACTONE) tablet Dose: 100 mg **Route:** oral **Frequency:** daily

Question(s):

BP HOLD parameters for this order:

Contact Physician if:

Admin Instructions:

MONITOR POTASSIUM LEVELS. AVOID SALT SUBSTITUTES UNLESS APPROVED BY MD.

bumetanide (BUMEX) injection Dose: 1 mg **Route:** intravenous **Frequency:** daily at 0900

bumetanide (BUMEX) tablet Dose: 1 mg **Route:** oral **Frequency:** daily at 0900

hydrochlorothiazide (HYDRODIURIL) Dose: 25 mg **Route:** oral **Frequency:** daily

albumin human 25 % bottle Dose: 50 mL **Route:** intravenous **Frequency:** once **Frequency Limit:** 1 Occurrences

Minimum Infusion Rate: 50.000 mL/hr **Minimum Infusion Duration:** 60.000 Minutes

Question(s):

Indication:

Hepatorenal Syndrome

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

Question(s):

HOLD parameters for this order:

Admin Instructions:

For doses via NG/OG tube, crush tablet and dissolve in water prior to administration

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

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

Infusion Rate: 100.000 mL/hr **Minimum Infusion Duration:** 60.000 Minutes

Question(s):

Indication: ○ Hepatorenal Syndrome

albumin human 5 % solution Dose: 12.5 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 2

Occurrences **Minimum Infusion Duration:** 120.000 Minutes

Question(s):

Indication: ○ Hepatorenal Syndrome

albumin human 5 % solution Dose: 25 g **Route:** intravenous **Frequency:** every 4 hours **Frequency Limit:** 2 Occurrences

Minimum Infusion Duration: 120.000 Minutes

Question(s):

Indication: ○ Hepatorenal Syndrome

Spont. Bacterial Peritonitis

Community Acquired SBP - Ceftriaxone

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

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

Question(s):

Reason for Therapy: Bacterial Infection Suspected

Indication:

Product Admin Instructions:

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

Hospital Acquired SBP (Hospitalization within the past 90 days OR outpatient intravenous therapy within the past 30 days) - Cefepime PLUS Metronidazole PLUS Vancomycin

ceFEPime (MAXIPIME) IV Dose: 1 g **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:

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

metronidazole (FLAGYL) Dose: 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT **Minimum Infusion Duration:** 30.000 Minutes

Question(s):

Reason for Therapy: Bacterial Infection Suspected

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

Indication:

vancomycin 15 mg/kg IV + Pharmacy Consult (Required)

vancomycin (VANCOCIN) Dose: 15 mg/kg **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:

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

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.

Severe Penicillin Allergy - Aztreonam PLUS Vancomycin +/- Metronidazole

aztreonam (AZACTAM) IV Dose: 2 g **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

Question(s):

Reason for Therapy: Bacterial Infection Suspected

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

Indication:

metronidazole (FLAGYL) Dose: 500 mg **Route:** intravenous **Frequency:** every 8 hours **Priority:** STAT

Question(s):

Reason for Therapy: Bacterial Infection Suspected

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

Indication:

vancomycin 15 mg/kg IV + Pharmacy Consult (Required)

vancomycin (VANCOCIN) Dose: 15 mg/kg **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:

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

Pharmacy consult to manage vancomycin Frequency: Until discontinued Priority: STAT

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.

albumin human 25 % bottle Dose: 50 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences

Question(s):

Indication:

albumin human 25 % bottle Dose: 50 mL Route: intravenous Frequency: once Frequency Limit: 1 Occurrences
Minimum Infusion Rate: 50.000 mL/hr

Question(s):

Indication:

Encephalopathy

lactulose (CHRONULAC) 10 gram/15 mL solution Dose: 10 g Route: oral Frequency: every 1 hour

Admin Instructions:

STOP AFTER FIRST BOWEL MOVEMENT AND START 3 TIMES DAILY DOSING.

lactulose (CHRONULAC) 10 gram/15 mL solution Dose: 10 g Route: oral Frequency: 3 times daily

Admin Instructions:

START AFTER FIRST BOWEL MOVEMENT. HOLD FOR MORE THAN 5 BOWEL MOVEMENTS IN 24 HOURS.

lactulose solution (Enema) Dose: 200 g Route: rectal Frequency: once Frequency Limit: 1 Occurrences

neomycin (MYCIFRADIN) tablet Dose: 1000 mg Route: oral Frequency: 3 times daily

Question(s):

Indication:

rifaximin (XIFAXAN) tablet Dose: 550 mg Route: oral Frequency: 2 times daily

Question(s):

Indication:

Variceal Bleeding / Portal HTN

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

Question(s):

BP & HR HOLD parameters for this order:

Contact Physician if:

carvedilol (COREG) tablet Dose: 6.25 mg Route: oral Frequency: 2 times daily

Question(s):

BP & HR HOLD parameters for this order:

Contact Physician if:

phytonadione (AQUA-MEPHYTON) injection Dose: 10 mg Route: subcutaneous Frequency: daily Frequency Limit: 3

Days

Question(s):

Indication:

Product Admin Instructions:

Subcutaneous absorption variable. Consider IVPB use.

PRN Mild Pain (Pain score 1-3)

(adjust dose for renal/liver function and age)

acetaminophen (TYLENOL) tablet OR oral suspension

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

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

Question(s):

Allowance for Patient Preference:

Admin Instructions:

Give if patient able to take oral tablet medication.

Product Admin Instructions:

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

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

acetaminophen (TYLENOL)suspension Dose: 650 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: mild pain (score 1-3)
Question(s):
Allowance for Patient Preference:
Admin Instructions:
Give if patient cannot receive oral tablet but can receive oral solution.

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)

promethazine (PHENERGAN) 12.5 mg IV Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

promethazine (PHENERGAN) intraMUSCULAR injection Dose: 12.5 mg Route: intramuscular Frequency: every 6 hours PRN PRN Reasons: nausea vomiting
Admin Instructions:
Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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) IV or Oral or Rectal

promethazine (PHENERGAN) injection Dose: 12.5 mg Route: intravenous Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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) IVPB or Oral or Rectal

promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB Dose: 12.5 mg Route: intravenous

Frequency: every 6 hours PRN Minimum Infusion Duration: 30.000 Minutes PRN Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.

promethazine (PHENERGAN) tablet Dose: 12.5 mg Route: oral Frequency: every 6 hours PRN PRN Reasons:

nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.

promethazine (PHENERGAN) suppository Dose: 12.5 mg Route: rectal Frequency: every 6 hours PRN PRN

Reasons: nausea
vomiting

Admin Instructions:

Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

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

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

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

DVT Risk and Prophylaxis Tool 1

1

VTE/DVT Risk Definitions (\\epic-nas.et0922.epichosted.com\static\OrderSets\VTEDVTRISKDEFINITIONS.pdf)

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required)**
 - Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - Moderate risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
 - Question(s):**
Side: Bilateral
Select Sleeve(s):
 - Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - Moderate risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
 - Question(s):**
Side: Bilateral
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - High risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):

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

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

- High risk of VTE** Frequency: Once Priority: Routine
- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
Question(s):
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication.
Therapy for the following:

Place sequential compression device

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

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

LOW Risk of VTE (Required)

Low Risk (Required)

- Low risk of VTE** Frequency: Once Priority: Routine
Question(s):

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

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

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

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

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

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

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

- Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis**

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

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

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

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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:

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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):

VTE Risk and Prophylaxis Tool (Required)

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

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

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

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

Moderate risk of VTE 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 ≥ 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
Question(s):
Side: Bilateral
Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Priority: Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Surgical (Required)

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

VTE Risk and Prophylaxis Tool

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

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

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

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

Moderate risk of VTE Frequency: Once Priority: Routine

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

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

Moderate risk of VTE Frequency: Once Priority: Routine

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

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High risk of VTE Frequency: Once Priority: Routine

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

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High risk of VTE Frequency: Once Priority: Routine

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

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

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 < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

High Risk of VTE - Surgical (Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

High Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

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

heparin

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

High Bleed Risk

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

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

HEPArin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

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

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

High Risk of VTE - Non-Surgical (Required)

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

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

heparin

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

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

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

Address both pharmacologic and mechanical prophylaxis by ordering from Pharmacological and Mechanical Prophylaxis.

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

- aspirin chewable tablet** Dose: 162 mg Frequency: daily Start Date: S+1
- aspirin (ECOTRIN) enteric coated tablet** Dose: 162 mg Frequency: daily Start Date: S+1
- Apixaban and Pharmacy Consult** (Required)
 - apixaban (ELIQUIS) tablet** Dose: 2.5 mg Frequency: 2 times daily Start Date: S+1
Question(s):
 Indications: VTE prophylaxis
 - Pharmacy consult to monitor apixaban (ELIQUIS) therapy** Frequency: Until discontinued Priority: STAT
Question(s):
 Indications: VTE prophylaxis
- Enoxaparin (LOVENOX) for Prophylactic Anticoagulation** (Required)
Patient renal status: @CRCL@

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

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

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

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

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units **Frequency:** every 12 hours scheduled

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

Not high bleed risk

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

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

Rivaroxaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

Admin Instructions:

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

Pharmacy consult to monitor rivaroxaban (XARELTO) therapy Frequency: Until discontinued **Priority:** STAT

Question(s):

Indications: VTE prophylaxis

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

VTE Risk and Prophylaxis Tool

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

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

- Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification (Required)**
 - Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - Moderate risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
 - Question(s):**
Side: Bilateral
Select Sleeve(s):
 - Moderate Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - Moderate risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
 - Question(s):**
Side: Bilateral
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - High risk of VTE** Frequency: Once Priority: Routine
 - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:
 - Place sequential compression device**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
 - Question(s):**
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
 - Question(s):**
Side: Bilateral
Select Sleeve(s):
- High Risk - Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis (Required)**
 - High risk of VTE** Frequency: Once Priority: Routine

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

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

Priority: Routine

Question(s):

No pharmacologic VTE prophylaxis because: patient is already on therapeutic anticoagulation for other indication. Therapy for the following:

Place sequential compression device

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

LOW Risk of VTE (Required)

Low Risk (Required)

Low risk of VTE Frequency: Once Priority: Routine

Question(s):

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

MODERATE Risk of VTE - Surgical (Required)

Moderate Risk (Required)

Moderate risk of VTE Frequency: Once Priority: Routine

Moderate Risk Pharmacological Prophylaxis - Surgical Patient (Required)

Contraindications exist for pharmacologic prophylaxis - Order Sequential compression device

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

Contraindications exist for pharmacologic prophylaxis AND mechanical prophylaxis

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

MODERATE Risk of VTE - Non-Surgical (Required)

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

- Moderate Risk (Required)**

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

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

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

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

Question(s):

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

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

Routine

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

High Bleed Risk

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

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

- HEParin (porcine) injection - Q12 Hours** Dose: 5000 Units Frequency: every 12 hours scheduled
- HEParin (porcine) injection - Q8 Hours** Dose: 5000 Units Frequency: every 8 hours scheduled
- Not high bleed risk**
 - Wt > 100 kg** Dose: 7500 Units Route: subcutaneous Frequency: every 8 hours scheduled
 - Wt LESS than or equal to 100 kg** Dose: 5000 Units Route: subcutaneous Frequency: every 8 hours scheduled
- warfarin (COUMADIN)**
 - WITHOUT pharmacy consult** Dose: 1 Route: oral Frequency: daily at 1700
Question(s):
Indication:
Dose Selection Guidance:
 - Medications**
 - Pharmacy consult to manage warfarin (COUMADIN)** Frequency: Until discontinued
Priority: Routine
Question(s):
Indication:
 - warfarin (COUMADIN) tablet** Dose: 1 Route: oral
Question(s):
Indication:
Dose Selection Guidance:
- Mechanical Prophylaxis (Required)**
 - Contraindications exist for mechanical prophylaxis** Frequency: Once Priority: Routine
Question(s):
No mechanical VTE prophylaxis due to the following contraindication(s):
 - Place/Maintain sequential compression device continuous** Frequency: Continuous Priority: Routine
Question(s):
Side: Bilateral
Select Sleeve(s):
- HIGH Risk of VTE - Surgical (Required)**
 - High Risk (Required)**
 - High risk of VTE** Frequency: Once Priority: Routine
 - High Risk Pharmacological Prophylaxis - Surgical Patient (Required)**
 - Contraindications exist for pharmacologic prophylaxis** Frequency: Once Priority: Routine
Question(s):
No pharmacologic VTE prophylaxis due to the following contraindication(s):
 - Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)**
Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

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

warfarin (COUMADIN)

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

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

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

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

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

HIGH Risk of VTE - Non-Surgical (Required)

- High Risk (Required)**

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

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

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

Question(s):

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

- Enoxaparin for Prophylactic Anticoagulation Nonsurgical (Required)**

Patient renal status: @CRCL@

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

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

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

ENOXAPARIN 30 MG DAILY

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

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

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

High Bleed Risk

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

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

HEParin (porcine) injection - Q12 Hours Dose: 5000 Units Frequency: every 12 hours scheduled

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

Not high bleed risk

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

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

warfarin (COUMADIN)

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

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

Question(s):

Indication:

Dose Selection Guidance:

Medications

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

Routine

Question(s):

Indication:

warfarin (COUMADIN) tablet Dose: 1 Route: oral

Question(s):

Indication:

Dose Selection Guidance:

Mechanical Prophylaxis (Required)

Contraindications exist for mechanical prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

Question(s):

Side: Bilateral

Select Sleeve(s):

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

High Risk (Required)

High risk of VTE Frequency: Once Priority: Routine

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

Contraindications exist for pharmacologic prophylaxis Frequency: Once Priority: Routine

Question(s):

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

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

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

Apixaban and Pharmacy Consult (Required)

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

Question(s):

Indications: VTE prophylaxis

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

STAT

Question(s):

Indications: VTE prophylaxis

Enoxaparin (LOVENOX) for Prophylactic Anticoagulation (Required)

Patient renal status: @CRCL@

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

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

ENOXAPARIN 30 MG DAILY

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

Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

ENOXAPARIN SQ DAILY

enoxaparin (LOVENOX) injection Route: subcutaneous Start Date: S+1

Question(s):

Indication(s):

Product Admin Instructions:

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

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

Admin Instructions:

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

heparin

High Risk Bleeding Characteristics

Age \geq 75

Weight < 50 kg

Unstable Hgb

Renal impairment

Plt count < 100 K/uL

Dual antiplatelet therapy

Active cancer

Cirrhosis/hepatic failure

Prior intra-cranial hemorrhage

Prior ischemic stroke

History of bleeding event requiring admission and/or transfusion

Chronic use of NSAIDs/steroids

Active GI ulcer

High Bleed Risk

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

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

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

General

- CBC and differential** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hematocrit** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hemoglobin** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Platelet count** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Partial thromboplastin time** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

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

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

- Prothrombin time with INR** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Comprehensive metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Basic metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatic function panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- BUN** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Creatinine** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Calcium** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Ionized calcium** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Primary Ordering Comments:

Deliver specimen immediately to the Core Laboratory.

- Phosphorus** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Amylase** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lipase** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Bilirubin, direct** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Bilirubin, total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- GGT** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- C-reactive protein** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- FK506 Tacrolimus level, random** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CLO test** Frequency: Once Priority: Routine Specimen Type: Biopsy
- Cyclosporine level, random** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Protein electrophoresis, serum** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CK isoenzymes** 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.

- Erythropoietin** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Sedimentation rate** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lactate dehydrogenase, LDH** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

General - HMSJ

- CBC and differential** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hematocrit** Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hemoglobin** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Platelet count** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Comprehensive metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Basic metabolic panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- BUN** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Creatinine** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatic function panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Amylase** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Erythropoietin** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

- Sedimentation rate** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lactate dehydrogenase, LDH** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lipase** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Bilirubin, direct** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Bilirubin, total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- GGT** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Magnesium** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Calcium** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Urinalysis with microscopic** Frequency: Once Priority: Routine Specimen Type: Urine

Primary Ordering Comments:

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

- C-reactive protein** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- FK506 Tacrolimus level, random** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CLO test** Frequency: Once Priority: Routine Specimen Type: Biopsy
- Cyclosporine level, random** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Protein electrophoresis, serum** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Phosphorus** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- CK isoenzymes** 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.

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

Primary Ordering Comments:

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

- PTH-related peptide** 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.

- Rheumatoid factor** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Syphilis treponema screen with RPR confirmation (reverse algorithm)** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Metabolic

- Hemoglobin A1c** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Lipid panel** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Testosterone, total, immunoassay (for adult males)** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- TSH** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- T3** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- T4** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Ferritin** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Iron** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Total iron binding capacity, percent transferrin saturation, and iron level** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

Question(s):

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

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

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

Cryoglobulin screen with reflex to quantitation and immunofixation Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Alpha-1-antitrypsin Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Alpha-1 antitrypsin phenotype 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.

Uric acid Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Vitamin A 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.

Vitamin B12 Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

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

Vitamin D 25 hydroxy Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Vitamin E 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.

Zinc 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.

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

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

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

CK total Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Carnitine, free and total 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.

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

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

Primary Ordering Comments:

Specimen must be placed on ice and delivered immediately to the Core Laboratory.

Syphilis treponema screen with RPR confirmation (reverse algorithm) Frequency: Once **Priority:** Routine **Specimen Type:** Blood **Maximum Quantity:** 3

Question(s):

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

Urinalysis screen and microscopy, with reflex to culture Frequency: Once **Priority:** Routine **Specimen Type:** Urine

Question(s):

Specimen Source: Urine

Specimen Site:

Primary Ordering Comments:

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

Daily AM labs x5 days

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

Viral Workup - HMH

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

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Hepatitis A antibody, total Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis A antibody, IgM Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B surface antibody Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B surface Ab, quantitative Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B surface antigen Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B core antibody, total Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B core antibody, IgM Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis B e antibody 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.

Hepatitis B e antigen 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.

Hepatitis B virus (HBV), quantitative PCR Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis C Virus (HCV) Antibody With Reflex to PCR Frequency: Once Priority: Routine Maximum Quantity: 3

Hepatitis C genotype 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.

Hepatitis C virus (HCV), quantitative PCR Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Hepatitis delta virus 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.

Hepatitis delta virus (HDV) Ab, IgM 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.

Viral Workup - HMB, HMCL, HMWB, HMW, HMSL, HMTW

Cytomegalovirus antibody, IgG Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cytomegalovirus antibody, IgM Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cytomegalovirus, quantitative PCR Frequency: Once Priority: Routine

Question(s):

Specimen Source: o Plasma

Cytomeg IgG/IgM Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Epstein-Barr virus antibody panel Frequency: Once Priority: Routine Specimen Type: Serum Maximum Quantity: 3

Epstein-Barr virus (EBV), quantitative PCR Frequency: Once Priority: Routine Maximum Quantity: 3

Question(s):

Specimen Source: Plasma

Specimen Source:

HIV 1/2 antigen/antibody, fourth generation, with reflexes Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Hepatitis A antibody, total Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

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

- Hepatitis A antibody, IgM** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B core antibody, IgM** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B core antibody, total** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B e antibody** 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.

- Hepatitis B e antigen** 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.

- Hepatitis B surface antibody** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B surface Ab, quantitative** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B surface antigen** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis B virus (HBV), quantitative PCR** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis C Virus (HCV) Antibody With Reflex to PCR** Frequency: Once Priority: Routine Maximum Quantity: 3
- Hepatitis C genotype** 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.

- Hepatitis C virus (HCV), quantitative PCR** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Hepatitis delta virus** 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.

- Hepatitis delta virus (HDV) Ab, IgM** 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.

- Hepatitis E virus Ab, IgG by ELISA** 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.

- Hepatitis E virus Ab, IgM by ELISA** 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.

- Herpes simplex virus types 1/2 (HSV), qualitative PCR (blood, fluids or swab in universal transport media)**

Frequency: Once Priority: Routine

Question(s):

Specimen Source: Plasma

Autoimmune Workup

- Smooth muscle antibodies with reflex to titer, IFA** Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3
- Deamidated gliadin peptide (DGP) antibodies, IgA and IgG** 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.

- Tissue transglutaminase (tTG) antibody, IgA** 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.

Tissue transglutaminase (tTG) antibody, IgG 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.

Liver-kidney microsome Ab, IgG 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.

Antinuclear antibodies (ANA) with reflex to titer and pattern, immunofluorescence Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Anti-mitochondrial antibodies (AMA), immunofluorescence Frequency: Once Priority: Routine Specimen Type: Serum Maximum Quantity: 3

Immunoglobulin G Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Immunoglobulin A Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Immunoglobulin M Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Immunoglobulin E Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Cancer Workup

Alpha fetoprotein Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

CEA Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Cancer antigen 19-9 Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

CA 125 Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Question(s):

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

Chromogranin A 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.

Gastrin 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.

Copper Studies

Ceruloplasmin Frequency: Once Priority: Routine Specimen Type: Blood Maximum Quantity: 3

Copper, serum 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.

Copper, urine Frequency: Once Priority: Routine Specimen Type: Urine

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.

Stool Studies

Occult blood, stool Frequency: Conditional Frequency Frequency Limit: 3 Occurrences Priority: Routine Specimen Type: Stool Comments: When specimen available

Stool culture Frequency: Once Frequency Limit: 1 Occurrences Ordering Quantity: 1 Priority: Routine Specimen Type: Stool

Ova & Parasites-Concentrated Examination Frequency: Once Priority: Routine

Fecal lactoferrin, qualitative Frequency: Once Priority: Routine Specimen Type: Stool

Giardia antigen Frequency: Once Priority: Routine Specimen Type: Stool

Potassium, stool Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Stool

Sodium, stool Frequency: Once Frequency Limit: 1 Occurrences Start Date: S Priority: Routine Specimen Type: Stool

Fecal fat, qualitative Frequency: Once Priority: Routine Specimen Type: Stool

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.

Cryptosporidium antigen, stool Frequency: Once Priority: Routine Specimen Type: Stool

Porphyryn, total Frequency: Once Priority: Routine Specimen Type: Stool 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.

Gastrointestinal Pathogen Panel / Clostridioides difficile

Gastrointestinal Pathogen Panel / Clostridioides difficile

Gastrointestinal pathogens panel WITHOUT C diff

Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification Frequency: Once Priority: Routine Specimen Type: Stool

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue GI panel order if not collected in 3 days Frequency: Until discontinued Priority: Routine
Comments: This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

Clostridioides difficile toxin

Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)

Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay) Frequency: Once Priority: Routine Specimen Type: Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days Frequency: Until discontinued Priority:

Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Clostridioides difficile toxin antigen (Immunoassay)

Clostridioides difficile toxin antigen (Immunoassay) Frequency: Once Priority: Routine

Specimen Type: Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days Frequency: Until discontinued Priority:

Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Patient has a previous positive C. difficile PCR in the prior 14 days. Repeat testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

@LASTLAB(CDIFFTOX,CDIFFPCR)@

Clostridioides difficile toxin antigen (Immunoassay)

Clostridioides difficile toxin antigen (Immunoassay) Frequency: Once Priority: Routine Specimen

Type: Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days Frequency: Until discontinued Priority: Routine

Comments: This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Gastrointestinal pathogens panel WITHOUT C diff

Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification Frequency: Once

Priority: Routine Specimen Type: Stool

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue GI panel order if not collected in 3 days **Frequency:** Until discontinued **Priority:** Routine
Comments: This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

GI panel has been ordered or resulted negative in the past 72 hours or resulted positive in the past 14 days.
Repeat testing is not indicated at this time. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

@LASTLAB(ADEN4041PCR,ASTROPCR,CAMPYLOPCR,CRYPTOPCR,CCAYETPCR,AGGECOLIPCR,EHIST

Clostridioides difficile toxin

Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay)

Clostridioides difficile toxin gene (Qualitative Real-Time PCR) with reflex to antigen (Immunoassay) **Frequency:** Once **Priority:** Routine **Specimen Type:** Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days **Frequency:** Until discontinued **Priority:**

Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Clostridioides difficile toxin antigen (Immunoassay)

Clostridioides difficile toxin antigen (Immunoassay) **Frequency:** Once **Priority:** Routine

Specimen Type: Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days **Frequency:** Until discontinued **Priority:**

Routine **Comments:** This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Patient has a previous positive C. difficile PCR in the prior 14 days and recent GI panel order or results. Repeat testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

@LASTLAB(CDIFFTOX,CDIFFPCR,ADEN4041PCR,ASTROPCR,CAMPYLOPCR,CRYPTOPCR,CCAYETPCR

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

Clostridioides difficile toxin antigen (Immunoassay)

Clostridioides difficile toxin antigen (Immunoassay) Frequency: Once Priority: Routine Specimen

Type: Stool

Question(s):

Reason to order:

Risk factors:

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue C diff order if not collected in 3 days Frequency: Until discontinued Priority: Routine
Comments: This order only exists to discontinue a C diff order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a C diff order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the C diff lab has already been collected, you can discontinue this order.

Patient has a previous positive C. difficile PCR in the prior 14 days and recent GI panel order or results. Repeat testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330. Frequency: Until discontinued Priority: Routine

C. difficile testing is not appropriate for one of the reasons below. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

C. difficile has been ordered or resulted negative in the past 72 hours.

Patient has received a laxative, enema or medication with laxative effect. C. difficile is not appropriate until laxative medication has been discontinued for 48 hours.

@LAXPRINTGROUP@

@ENEMAPRINTGROUP@

Gastrointestinal pathogens panel WITHOUT C diff

Gastrointestinal pathogens panel WITHOUT C diff by nucleic acid amplification Frequency: Once

Priority: Routine Specimen Type: Stool

Primary Ordering Comments:

Testing should only be performed on watery or loose stool samples. This is defined as the stool sample that takes the shape of the specimen container. Stool samples which are formed or partially formed will be rejected by the microbiology laboratory.

Discontinue GI panel order if not collected in 3 days Frequency: Until discontinued Priority: Routine
Comments: This order only exists to discontinue a GI panel order if it has not been collected in 3 days. There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

Primary Ordering Comments:

This order only exists to discontinue a GI panel order if it has not been collected in 3 days.

There is no action needed from nursing from this order. If the GI panel lab has already been collected, you can discontinue this order.

C. difficile and GI panel testing is not appropriate for one of the reasons below. If you have questions, please call the Microbiology Laboratory at 713-441-0330.

C. difficile has been ordered or resulted negative in the past 72 hours and patient has recent GI panel order or results.

Patient has received a laxative, enema or medication with laxative effect. C. difficile is not appropriate until laxative medication has been discontinued for 48 hours.

@LAXPRINTGROUP@

@ENEMAPRINTGROUP@

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

@LASTLAB(ADEN4041PCR,ASTROPCR,CAMPYLOPCR,CRYPTOPCR,CCAYETPCR,AGGECOLIPCR,EHIST

C. difficile and GI panel testing is not appropriate. If you have questions, please call the Microbiology Laboratory at 713-441-0330. Frequency: Until discontinued **Priority:** Routine
Process Instructions:

Do not use nursing communication for medication or vital sign instructions or parameters

Enteric precautions

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

Misc Referral Lab Test

Hemochromatosis (HFE) 3 mutations 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.

Hepatitis B virus DNA, Qualitative Frequency: Once **Priority:** Routine **Maximum Quantity:** 3 **Comments:** Hepatitis B virus DNA, Qualitative

Question(s):

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

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

DCP (PIVKA II) Frequency: Once **Priority:** Routine **Maximum Quantity:** 3 **Comments:** DCP (PIVKA II)

Question(s):

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

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

AFP-L3% Frequency: Once **Priority:** Routine **Maximum Quantity:** 3 **Comments:** AFP-L3%

Question(s):

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

Process Instructions:

Enter Miscellaneous Test Name in the Comments section.

Microbiology

Blood culture, aerobic and anaerobic x 2

Blood culture, aerobic and anaerobic x 2

Most recent Blood Culture results from the past 7 days:

@LASTPROCRESULT(LAB462)@

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

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

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

Cardiology

Cardiology

Echocardiogram with agitated saline Frequency: 1 time imaging **Priority:** Routine

Question(s):

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Diagnostic Imaging

CT

CT Abdomen W/WO Contrast (Omnipaque)

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

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

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

Question(s):

Protocol:

Is the patient pregnant?

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

Process Instructions:

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

Fasting for this test is not required.

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

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

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

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

MRI/MRA

MRI Abdomen W Wo Contrast Frequency: 1 time imaging **Priority:** Routine **Comments:** Gadolinium contrast

Question(s):

Special Abdomen Protocol:

What are the patient's sedation requirements?

Is the patient pregnant?

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

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

MRI Abdomen W Wo Contrast Frequency: 1 time imaging Priority: Routine Comments: EOVISt contrast

Question(s):

Special Abdomen Protocol:

What are the patient's sedation requirements?

Is the patient pregnant?

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

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

MRI Cholangiogram Frequency: 1 time imaging Priority: Routine

Question(s):

What are the patient's sedation requirements?

Is the patient pregnant?

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

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

MRI Bone Survey Frequency: 1 time imaging Priority: Routine

Question(s):

What are the patient's sedation requirements?

Is the patient pregnant?

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

Process Instructions:

Patients 60yrs and older will need a creatine drawn for mri exams order with and without contrast, or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

Patients younger than 60 yrs history of diabetes, HTN, renal impairment will also need creatine drawn for mri exams with and without or with contrast only. Creatine results can be accepted if within 6 weeks from date of exam.

MRCP exams patient should be NPO 6-8hrs prior to exam.

Patients needing IV sedation should be NPO 6-8hrs prior to exam.

Patients needed General Anesthesia should be NPO 8hrs prior to exam.

If patient is allergic to Gadolinium please contact radiologist for prophylactic instructions if mri exam is ordered with IV contrast.

X-Ray

CHEST 2 VW Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

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

Upper GI and Small Bowel Frequency: 1 time imaging **Priority:** Routine

Question(s):

Has the patient had previous Bariatric or GI surgery or any other issue where double contrast (air) would be contraindicated?

Is the patient pregnant?

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

Process Instructions:

NPO 6 hrs prior to your appointment. You may take medications with a small sip of water.

US

US Abdomen Complete Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Process Instructions:

NPO 8 hours before exam.

US Abdomen Limited Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Process Instructions:

NPO 8 hours before exam.

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

Question(s):

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

Process Instructions:

NPO 8 hours before exam.

US Abdominal Doppler Frequency: 1 time imaging **Priority:** Routine

Question(s):

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

Process Instructions:

NPO 8 hours before exam.

Other Diagnostic Studies

Other Diagnostic Studies

NM Hepatobiliary Frequency: 1 time imaging **Priority:** Routine

Question(s):

Is the patient pregnant?

Decision Support Exception:

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

Process Instructions:

Observe standard radiation precautions if patient is taking radiating isotopes:

- Pregnant women should notify Department prior to scheduling exam.
- Breast feeding patients should pump and discard for 12-24 hours post exam.
- Patients should contact Department if there is any allergies to medications.
- Patients should stay well hydrated before and after exam.

NM Gastric Emptying Frequency: 1 time imaging **Priority:** Routine **Comments:** 4 hours

Question(s):

Is the patient pregnant?

Decision Support Exception:

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

Process Instructions:

Observe standard radiation precautions if patient is taking radiating isotopes:

- Pregnant women should notify Department prior to scheduling exam.
- Breast feeding patients should pump and discard for 12-24 hours post exam.
- Patients should contact Department if there is any allergies to medications.
- Patients should stay well hydrated before and after exam.

IR Consult To Interventional Radiology Frequency: 1 time imaging Priority: Routine Comments: Transjugular liver biopsy with portal pressure measurements.

Question(s):

Please acknowledge reason for placing this order?

Reason for consult:

Is the patient pregnant?

What are the patient's sedation requirements?

What is the expected date for Procedure?

What exam is being requested?

Physician contact number:

What is the patient's sedation requirements?

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

Process Instructions:

Patient cannot eat or drink after midnight on the night before the procedure (must be a minimum of 8 hours prior to the procedure). Patient may take small sips of water with his/her usual medications. Please see special instructions below for diabetic patients or patients currently taking blood-thinners or anti-coagulants.

If patient is allergic to IV contrast medium or iodine or has had an allergic reaction to it in the past, please notify Interventional Radiology staff as soon as possible.

If the patient is diabetic:

Discuss with the patient whether or not to take insulin the morning of the procedure. The patient will not be eating the morning of the exam, so the dosage may need to be altered. For those patients on Metformin, Glucovance, Metaglip or Glucophage, discuss whether it is safe to discontinue these the morning of the procedure.

If the patient is currently taking blood-thinners or anti-coagulants:

Discuss with the patient whether it is safe to discontinue anti-coagulants or blood-thinner medications, including Coumadin, Lovenox, Heparin, Plavix, Aggronox, Arixtra, or Aspirin 5 days prior to the procedure.

The following labs will need to be performed: BUN, Creatinine, PT, PTT, INR, PLT, CBC, BMP.

Image Guidance Biopsy Frequency: 1 time imaging Priority: Routine

Question(s):

Which organ is being biopsied?

Is the patient pregnant?

What is the expected date for Procedure?

What is the patient's sedation requirements?

Physician contact number:

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

Process Instructions:

Patient cannot eat or drink after midnight on the night before the procedure (must be a minimum of 8 hours prior to the procedure). Patient may take small sips of water with his/her usual medications. Please see special instructions below for diabetic patients or patients currently taking blood-thinners or anti-coagulants.

If patient is allergic to IV contrast medium or iodine or has had an allergic reaction to it in the past, please notify Interventional Radiology staff as soon as possible.

If the patient is diabetic:

Discuss with the patient whether or not to take insulin the morning of the procedure. The patient will not be eating the morning of the exam, so the dosage may need to be altered. For those patients on Metformin, Glucovance, Metaglip or Glucophage, discuss whether it is safe to discontinue these the morning of the procedure.

If the patient is currently taking blood-thinners or anti-coagulants:

Discuss with the patient whether it is safe to discontinue anti-coagulants or blood-thinner medications, including Coumadin, Lovenox, Heparin, Plavix, Aggronox, Arixtra, or Aspirin 5 days prior to the procedure.

The following labs will need to be performed: BUN, Creatinine, PT, PTT, INR, PLT, CBC, BMP.

Respiratory

Rehab

Consults

Physician Consults

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

Consult Hepatology Frequency: Once Priority: Routine

Question(s):

Provider Group:

Reason for Consult?

Patient/Clinical information communicated?

Patient/clinical information communicated?

To Provider:

Provider Group:

Ancillary Consults

Consult to case management Frequency: Once Priority: Routine

Question(s):

Consult Reason:

Reason for Consult?

Process Instructions:

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

Consult to social work Frequency: Once Priority: Routine

Question(s):

Reason for Consult:

Reason for Consult?

PT eval and treat Frequency: Once Priority: Routine

Question(s):

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

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for PT?

Process Instructions:

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

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

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

Question(s):

Special Instructions:

Location of Wound?

Reason for PT?

OT eval and treat Frequency: Once Priority: Routine

Question(s):

Reason for referral to Occupational Therapy (mark all that apply):

Are there any restrictions for positioning or mobility?

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

Weight Bearing Status:

Reason for OT?

Process Instructions:

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

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

Consult to Nutrition Frequency: Once Priority: Routine

Question(s):

Reason For Consult?

Purpose/Topic:

Reason for Consult?

Consult to Spiritual Care Frequency: Once Priority: Routine

Question(s):

Reason for consult?

Reason for Consult?

Process Instructions:

For requests after hours, call the house operator.

Sign: _____ Printed Name: _____

Date/Time: _____

Consult to Speech Language Pathology Frequency: Once Priority: Routine

Question(s):

Reason for consult:

Reason for SLP?

Consult to Wound Ostomy Care Nurse Frequency: Once Priority: Routine

Question(s):

Reason for consult:

Reason for consult:

Reason for consult:

Reason for consult:

Consult for NPWT:

Reason for consult:

Reason for consult:

Reason for Consult?

Process Instructions:

This is NOT for PT Wound Care Consult order.

Consult transplant social work Frequency: Once Priority: Routine

Question(s):

Reason for Consult?

Organ Transplant:

Reason for Consult?

Additional Orders